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# PRSS Facilitating Organization

Annual Report FY 2018-2019



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## PRSS Terms Defined

**Peer Recovery Support Services (PRSS):** Social support designed and delivered by people who have experienced Substance Use Disorder and recovery. This peer-based model helps individuals engage in the recovery process and embodies a message of hope for the recovering community (SAHMSA, 2009).

**Recovery Coaching (RC):** One-to-one mentoring wherein focus is to work with the service recipient in development and accountability with a personal Recovery Wellness Plan. Help with barrier reduction and systems navigation is also expected. Relationship is ongoing until terminated by either party.

**Telephone Recovery Support (TRS):** Weekly outgoing calls to individuals for brief check-ins on his or her status and progress in recovery. Referral to other resources is expected. Relationship usually lasts the length of each call, with multiple RCO representatives calling daily lists of program participants.

**Recovery Community Organization (RCO):** “An independent, non-profit organization led and governed by representatives of local communities of recovery. These organizations organize recovery-focused policy advocacy activities, carry out recovery-focused community education and outreach programs, and/or provide peer-based recovery support services” (P. Valentine, W. White, P. Taylor, 2007).

**Recovery Community Center (RCC):** Peer operated centers that serve as local resources of community based recovery support and help build recovery capital among individuals and the community (Recovery Research Institute). A single RCO can have multiple centers.

**Recovery Capital:** Conceptually linked to protective factors and wellness, Recovery Capital can be divided into three categories; personal, family or social, and community. These categories encompass factors such as physical health, basic needs, social relationships, attitudes, policies, and other resources (W. White, W. Cloud, 2008).

## Summary

Harbor Homes, Inc. was contracted in July 2016 to serve as the Facilitating Organization (FO) for the State of New Hampshire's effort to support the sustainable and integrated development of Recovery Community Organizations (RCO) and their delivery of Peer-Based Recovery Support Services (PRSS). RCOs and Recovery Community Centers (RCCs) were known elsewhere in the country to fill gaps in addiction treatment and recovery infrastructures and to grow numbers of people accessing vital supports to achieve and sustain long-term recovery. New Hampshire's innovation of funding a Facilitating Organization to aggressively grow a collaborative workforce of community-based PRSS providers is sure to contribute to an improved system of care for people affected by addiction.



From *Housing As Health Care: A Road Map for States*, <http://ngahousingroadmap.cwsit.org/housingroadmap.pdf>

The PRSS field, though new relative to clinical disciplines and unorganized peer support fellowships, has demonstrated measurably improved outcomes for program participants before, during, after, and in lieu of traditional addiction treatment services. Dramatic outcomes are demonstrated in New Hampshire by way of personal accounts and the beginnings of measurable outcome data through use of the Recovery Data Platform (RDP).

In summer 2016, the FO completed an environmental scan to identify the readiness of grassroots organizations for accreditation by the Council on Accreditation of Peer Recovery Support Services (CAPRSS). In September 2016, the

FO subcontracted three organizations in three Public Health Network Regions, providing those organizations with technical and operational support, start-up funding, and monthly reimbursement-based funding after the first two months. Two additional organizations were subcontracted in December 2016; two more between January and May 2017, and two more were contracted in July 2018 to position FO-supported RCOs in eight of the state's thirteen Public Health Network Regions. We have identified upwards of four additional RCOs to contract in FY20, pending funding availability.

Prior to the FO Contract, only one organization had opened an RCC which offered PRSS in New Hampshire; to date there are twelve RCC's in New Hampshire that are open, active, and receiving support from the FO.

RCO/ Address	Original Contract Date	Public Health Region
<b>SOS Recovery Community Organization</b> <i>4 Broadway Dover, NH 03820</i> <i>63 S. Main St. Rochester, NH 03867</i>	September 2016	Strafford County
<b>White Horse Recovery Center</b> <i>68 NH-16B Center Ossipee, NH 03814</i> <i>2977 White Mountain Hwy. N. Conway, NH 03860</i>	September 2016	Carrol County
<b>Safe Harbor Recovery Center</b> <i>865 Islington St. Portsmouth, NH 03801</i>	September 2016	Seacoast
<b>Keene Serenity Center</b> <i>34 Mechanic St. Keene, NH 03431</i>	December 2016	Greater Monadnock
<b>Revive Recovery Resource Center</b> <i>263 Main St. Nashua, NH 03060</i>	December 2016	Greater Nashua
<b>Greater Tilton Area Family Resource Center</b> <i>5 Prospect St. Tilton, NH 03276</i>	February 2017	Winnepesaukee
<b>North Country Serenity Center</b> <i>33 W. Main St. Littleton, NH 03561</i>	May 2017	North Country
<b>Navigating Recovery of the Lakes Region</b> <i>102 Court St. Laconia, NH 03246</i>	July 2017	Winnepesaukee
<b>Center for Recovery Resources</b> <i>1 Pleasant St. Suite 104 Claremont, NH 03743</i>	July 2018	Greater Sullivan
<b>MWV Supports Recovery</b> <i>1620 E. Main St. Center Conway, NH 03813</i>	July 2018	Carrol County

## Highlights

- HHI expanded grant for Sober Parenting Journey to include six subcontractors.
- HHI subcontracted with two new RCOs; MWV Supports Recovery in Ossipee and The Center for Recovery Resources in Claremont.
- HHI continues to maintain NHRecoveryhub.org in partnership with BDAS.
- HHI released an e-newsletter connected to NH recovery Hub known as the Recovery Fix.
- Three centers now have achieved CAPRSS accreditation. 2 Centers awaiting notification from CAPRSS of results of site visits.
- Finalized procedures for RCO's to utilize the Recovery Data Platform (RDP). As of July 2018 all subcontracted RCO's are expected to utilize this data platform.
- HHI expanded our staff from 4 to 9 including five new Project Managers, Assistant Project Director, and Contract Specialist.

- HHI coordinated or facilitated 39 RCO trainings totaling 280 hours – 500 participants.
- HHI engaged in 206 activities regarding RCO training, program development, site visits, outreach, or education.
- HHI conducted 74 site visits to subcontracted recovery community organizations.
- HHI provided back-of-office services and technical assistance to increased number of RCOs.
- HHI collaborated with Department of Justice on grant for tele-PRSS delivery in rural/remote areas; funding pending.
- HHI secured AmeriCorps contract in November 2018 so far placing 16 RecoveryCorps members at 8 RCCs for a year-long service contract.
- HHI supported RCO's in Medicaid applications and MCO applications, 8 centers have their Medicaid ID and are awaiting final billing protocols.
- HHI provided RCO tours and education about PRSS to NH Healthy Families, Managed Care Organization, and BDAS.
- HHI identified up to four RCOs that are interested in joining the FO.

## Accreditation

**To date, three of the subcontracted RCOs is accredited through the Council on Accreditation of Peer Recovery Support Services (CAPRSS)**, a program of Faces & Voices of Recovery. SOS Recovery Community Organization, which had been assessed as 'most ready' for accreditation during our initial RCO scan, received an Exemplary five-year accreditation status in June 2018. Navigating Recovery of the Lakes Region and Safe Harbor received Standard three-year accreditation status in January 2019. CAPRSS's accreditation measures include four core areas of standards (Principles, People, Practices, Performance) and thirty domains of those standards that are assessed by the RCOs themselves and through a peer review process (See Figure 5). Each RCO is currently engaged in the accreditation process at an appropriate stage relative to its organizational capacity and maturity in developing, delivering, and documenting PRSS. Of the tasks involved in the accreditation process, completion of the Organizational Profile on the CAPRSS online portal requires the most preparation and time to complete with authentic data and documentation. In addition to client demographics, fifty-five documents are required of each RCO, ranging from a weekly schedule of events to strategic and risk management plans. The authenticity of all submitted materials is evaluated during the accreditation site visit. Site visits also include interviews of clients, the organization's Peer Advisory Council, staff, board members, and community stakeholders. (Note: In March 2017 CAPRSS instituted a policy that an organization must demonstrate two years of PRSS delivery before establishing a site visit.) RCO progression towards CAPRSS Accreditation is as expected given their individual capacities and contract dates. We expect at least two more RCOs to receive CAPRSS accreditation in FY20.

Of the remaining RCO's Keene Serenity Center and Greater Tilton Family Resource center have completed all preparations, the required site visits, and are awaiting Accreditation results. "The Shed" White Horse Addiction Center and Revive Recovery Center have Completed the Organizational Profile, all Welcome Walk-throughs, and the Tier II Self-Assessment. They will be next to schedule site visits for the end of this calendar year. North Country Serenity Center has elected their Accreditation team, built a robust Policy and Procedure manual, and are in the process of their Tier I Self-Assessment. Mount Washington Valley and The Center for Recovery Resources have begun tracking participant data in RDP for their Organizational profile and engaging in monthly technical assistance with FO staff for "Organizing your Organization" to assist in meeting the requirements of their Tier I Self-Assessment.

The FO provides accountability and technical assistance for each RCO's progress towards CAPRSS accreditation. Moving forward the FO will develop a process to ensure RCO's are meeting CAPRSS' set standards. Subcontractors will then have the option of moving forward with receiving their formal accreditation status or not.

RCO/ Address	CAPRSS Accreditation Status
<b>SOS Recovery Community Organization</b> <i>4 Broadway Dover, NH 03820</i> <i>63 S. Main St. Rochester, NH 03867</i>	Exemplary 5-year Accreditation (June 2018)
<b>White Horse Recovery Center</b> <i>68 NH-16B Center Ossipee, NH 03814</i> <i>2977 White Mountain Hwy. N. Conway, NH 03860</i>	Ready and Scheduling for Site Visit
<b>Safe Harbor Recovery Center</b> <i>865 Islington St. Portsmouth, NH 03801</i>	Standard 3-year Accreditation (January 2019)
<b>Keene Serenity Center</b> <i>34 Mechanic St. Keene, NH 03431</i>	Completed site visit (May 2019)
<b>Revive Recovery Resource Center</b> <i>263 Main St. Nashua, NH 03060</i>	Ready and Scheduling for Site Visit
<b>Greater Tilton Area Family Resource Center</b> <i>5 Prospect St. Tilton, NH 03276</i>	Completed site visit (May 2019)
<b>North Country Serenity Center</b> <i>33 W. Main St. Littleton, NH 03561</i>	Tier I Self-Assessment
<b>Navigating Recovery of the Lakes Region</b> <i>102 Court St. Laconia, NH 03246</i>	Standard 3-year Accreditation (January 2019)
<b>Center for Recovery Resources</b> <i>1 Pleasant St. Suite 104 Claremont, NH 03743</i>	Organizing your Organization
<b>MWV Supports Recovery</b> <i>1620 E. Main St. Center Conway, NH 03813</i>	Organizing your Organization

## Data Collection

After many difficulties finalizing an appropriate software platform for data collection and reporting, Harbor Homes contracted with Faces & Voices of Recovery for licenses, training, technical assistance, and use of the Recovery Data Platform (RDP) in June 2018. All RCOs under the FO contract are expected to report activities and outcomes data using RDP as of July 1, 2018.

The Recovery Data Platform (RDP) was developed in part by the Faces and Voices of Recovery (FAVOR) and Recovery Trek. RDP is a cloud-based data system that allows easy access to manage and complete participant information and forms. It includes several evidence-based assessment tools to help collect recovery data on a systemic, regional, and/or national scale.

Until FY19, only activities, or 'outputs' have been reported. RDP has allowed RCOs to capture client-level outcomes related to their activities and services provided. This data will not only demonstrate the efficacy of PRSS in New Hampshire but will also feed national outcome data maintained by Faces and Voices of Recovery. It was not until a final data platform was selected that allowed the Bureau of Drug and Alcohol Services (BDAS), the FO, and subcontracted agencies to finalize reporting requirements based on the selected data platforms capacity. A data reporting protocol was finalized and distribute in April 2019 in collaboration with the Center for Excellence, BDAS, and the FO. Reporting requirements include participant demographics, participant services and participant outcomes.

## Participant Demographics

Participant demographics include age, gender, race, ethnicity, and veteran status. The below data tables represent total demographic information for new participants in FY19. The primary demographic for peer recovery support services at subcontracted RCOs are 25-44-year-old, white, non-Hispanic, men who are not veterans.

Age					
	FY19Q1	FY19Q2	FY19Q3	FY19Q4	FY Totals
<i>17 and Under</i>	5	5	0	3	<b>13</b>
<i>18-24</i>	168	128	58	36	<b>390</b>
<i>25-44</i>	1472	1141	293	284	<b>3190</b>
<i>45-64</i>	428	306	81	75	<b>890</b>
<i>65+</i>	45	163	6	7	<b>221</b>

Gender					
	FY19Q1	FY19Q2	FY19Q3	FY19Q4	FY Totals
<i>Male</i>	1302	1005	290	246	<b>2843</b>
<i>Female</i>	968	684	204	163	<b>2019</b>
<i>Non-binary</i>	2	2	0	1	<b>5</b>
<i>Other</i>	5	4	3	1	<b>13</b>

Race					
	FY19Q1	FY19Q2	FY19Q3	FY19Q4	FY Totals
<i>White</i>	2108	1558	455	377	<b>4498</b>
<i>Hispanic</i>	41	35	8	11	<b>95</b>
<i>Black/African American</i>	41	32	14	7	<b>94</b>
<i>American Indian/Alaska Native</i>	13	10	4	5	<b>32</b>
<i>Asian/Native Hawaiian/ Other Pacific Islander</i>	14	14	7	1	<b>36</b>
<i>More than One Race</i>	25	22	7	4	<b>58</b>
<i>Other</i>	37	25	2	6	<b>70</b>

Ethnicity					
	FY19Q1	FY19Q2	FY19Q3	FY19Q4	FY Totals
<i>Hispanic</i>	74	63	18	16	<b>171</b>
<i>Non-Hispanic</i>	1856	1376	350	373	<b>3955</b>
<i>Other</i>	40	31	12	8	<b>91</b>



Veteran Status					
	FY19Q1	FY19Q2	FY19Q3	FY19Q4	FY Totals
<i>Veteran Status</i>	97	78	20	16	<b>211</b>
<i>Not a Veteran</i>	2135	1572	410	385	<b>4502</b>

## Participant Services

PRSS as they are defined for purposes of potential Medicaid billing are exclusive to Recovery Coaching and Telephone Recovery Support Services. However, PRSS as delivered by our state’s RCOs include a broad array of services, including: police-assisted recovery response programs; housing and other basic needs assistance; treatment/health systems navigation; group facilitation at in/outpatient treatment programs; services delivered to family members; community outreach and education through the form of presentations and community events, adventure outings, naloxone training and distribution, etc. The FO collects and reports data for all PRSS activities and services. ***In FY19 subcontracted RCOs engaged 80,001 individuals through activities, outreach, and services.*** This fiscal year has shown significant enhancements in service capacity amongst center-based activities including a ***178% increase in number of referrals, an 11% increase in the number of recovery group attendees, a 43% increase in recovery coaching sessions, and a 43% increase in number of successful telephone recovery support contacts.***

The following tables offer fiscal year totals for services provided by subcontracted RCOs including interactions, telephone recovery support, recovery coaching, meetings, recovery groups, presentations, community events, and trainings.

Interactions			
RCO	Total Interactions	Interactions w/ Referrals	% Interactions w/Referrals
GTAFCR	825	430	52%
KSC	1108	1066	96%
MWV	449	280	62%
NRLR	324	150	46%
NCSC	86	76	88%
Revive	1288	1101	85%
Safe Harbor	335	309	92%
SOS	1139	610	54%
CRR	1031	295	29%
White Horse	1003	988	99%
<b>TOTAL SERVICES</b>	<b>7588</b>	<b>5305</b>	<b>70%</b>
<p><i>Interactions w/Referrals: subset of total interaction that contain one or more referrals. % Interactions w/referrals: the percentage of interaction the contained one or more referrals.</i></p>			

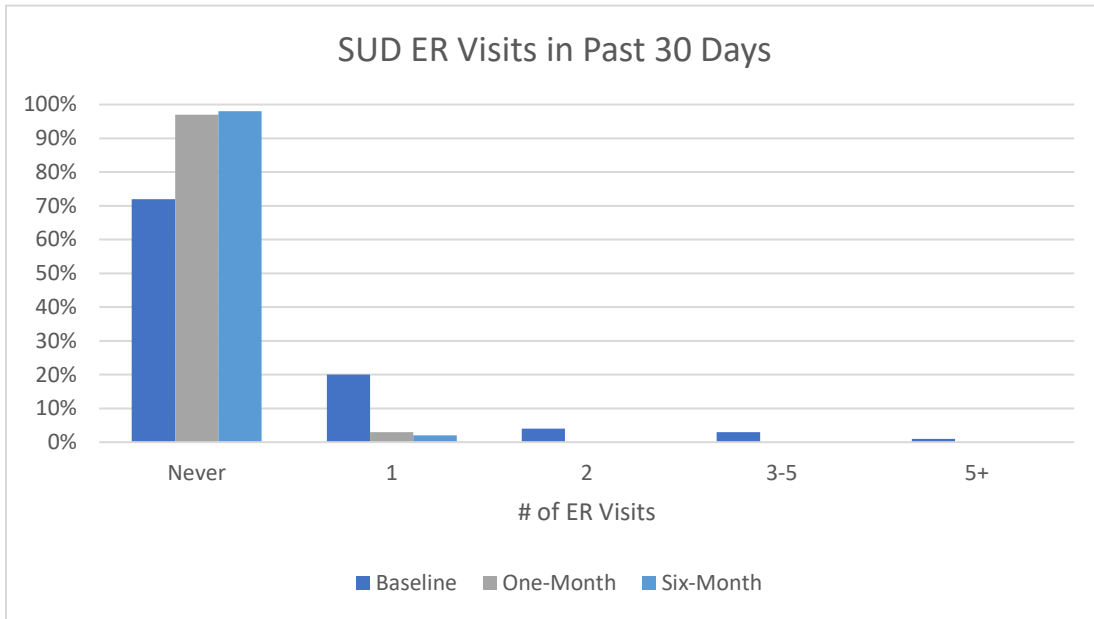
Total PRSS Services					
RCO	# RC Session	# TRS Attempted Contacts	# TRS Contacts	% TRS Contacts	Total
GTAFCR	622	1614	1013	63%	1635
KSC	339	1785	325	18%	664
MWV	42	0	0	0%	42
NRLR	750	147	47	32%	797
NCSC	77	132	81	61%	158
Revive	348	78	58	74%	406
Safe Harbor	61	225	184	82%	245
SOS	478	3282	876	27%	1354
CRR	147	51	50	98%	197
White Horse	65	49	32	65%	97
<b>TOTAL SERVICES</b>	<b>2929</b>	<b>7363</b>	<b>2666</b>	<b>36%</b>	<b>5595</b>
<i># TRS Attempted Contacts: the total number of TRS call regardless of succesful contact. # TRS Contacts: the subset of attempted contacts where contact was made. % TRS Contacts: percentage of TRS calls that have a succesful contact.</i>					

FY19 Activities						
RCO	Meetings	Recovery Groups	Presentations	Community Events	Trainings	Total
GTAFCR	2268	1172	35	20	363	3858
KSC	11655	2332	0	2142	167	16296
MWV	11	63	5	55	0	134
NRLR	3279	2692	0	740	0	6711
NCSC	1659	1475	464	442	50	4090
Revive	2098	1805	3	845	411	5162
Safe Harbor	3355	2275	575	1462	33	7700
SOS	2684	5886	3371	4643	835	17419
CRR	64	926	266	127	139	1522
White Horse	293	253	75	871	20	1512
<b>TOTAL SERVICES</b>	<b>27366</b>	<b>18879</b>	<b>4794</b>	<b>11347</b>	<b>2018</b>	<b>64404</b>

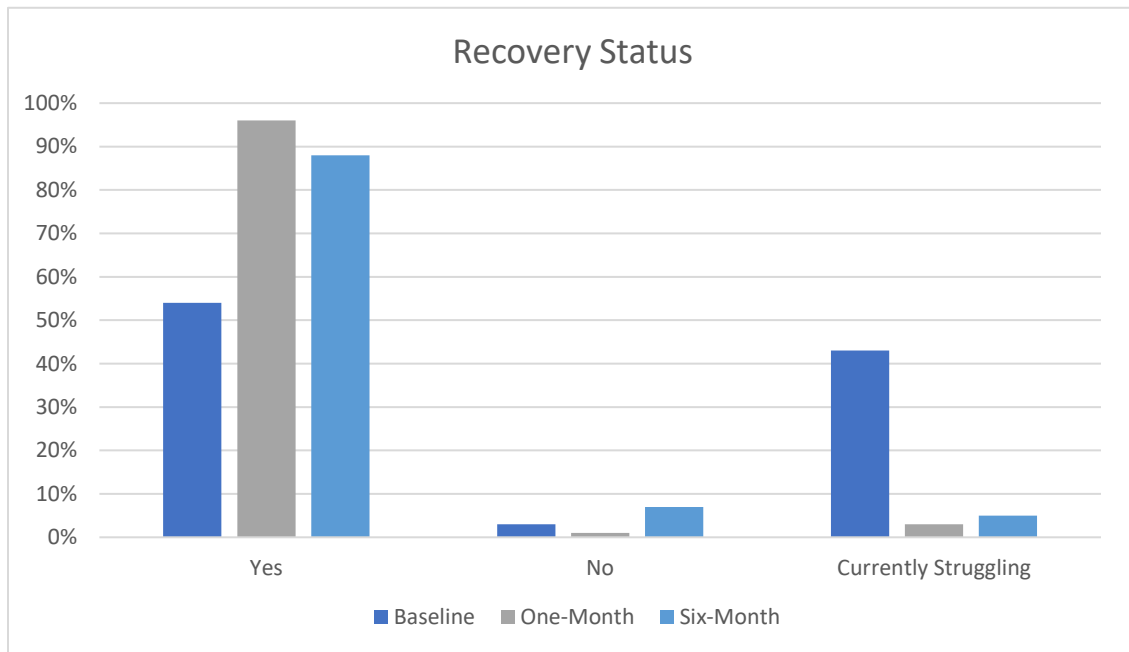
## Participant Outcomes

Evaluation protocols were finalized in April 2019 in collaboration with the Center for Excellence, The Bureau of Drug and Alcohol Services, and the Peer Recovery Support Services Facilitating Organization. The agreed upon outcome measures include probation and parole, recent arrests, current substance use, recent emergency room visits, Narcan use, treatment and recovery support utilization, stable living, employment, mental and physical health, recovery status, health insurance, etc. In July 2019, measures including voter registration, Narcan training

and possession, tobacco use, and absenteeism were added to the evaluation protocol. Subcontracted recovery centers collect these measures monthly for participants who have received either recovery coaching or telephone recovery support at one month and six months after date of intake. All collected data is then submitted into a Survey Monkey where aggregate data is then exported and analyzed. The following preliminary outcome measure data is based on three months of implementation, it does not represent specific cohorts of individuals but rather collective responses.



***\*The above graph displays responses to the number of Substance Use Disorder Emergency Room visits at the time of initial intake and entry into peer support services, one month and six months after engagement in peer support services.***



***\*The above graph displays the responses to the self-reported question "do you consider yourself in recovery" at the time of initial intake and entry into peer support services, one month and six months after engagement in peer support services.***

Additional preliminary outcome data includes:

- 92% of individuals have health insurance after one month of engagement, a 27% increase from baseline.
- 93% if individuals report their life has improved as a result of receiving peer recovery support services.
- 64% of individuals report being employed full or part time after one month of engagement, a 31% increase from baseline.
- 95% of individuals report having a stable place to live after six months of engagement, a 22% increase from baseline.
- 57% of individuals report using no substances in the last 30 days after one-month of engagement, a 38% increase from baseline.
- Outcome data shows a 40% decrease in arrests since receiving services.

## Back Office Support

<b>Back Office Support</b>				
<b>RCO</b>	<b>Human Resources</b>	<b>Financial</b>	<b>Medicaid Billing</b>	<b>Technical Assistance</b>
<b>Keene Serenity Center</b>	X	X	X	X
<b>Revive Recovery Center</b>	X	X	X	X
<b>North County Serenity Center</b>	X	X	X	X
<b>Greater Tilton Area Family Resource Center</b>	X	X	X	X
<b>Navigating Recovery of the Lakes Region</b>		X	X	X
<b>SOS Recovery Community Organization</b>		X		X
<b>White Horse</b>		X		X
<b>Safe Harbor</b>		X		X
<b>MWV Supports Recovery</b>		X	X	X
<b>Center for Recovery Resources</b>	X	X	X	X
<b>*Plymouth Area Recovery Connection</b>				X
<b>*Reality Check</b>				X
<b>*Gates Recovery Center</b>				X

*\*RCO is not subcontracted with the FO.*

## Training

Subcontracted RCOs have participated in diverse and practical trainings aimed at broadening the scope of PRSS and improving PRSS delivery, organizational capacity, and sustainability. The FO has collaborated with the NH Center for Excellence, BDAS, Faces and Voices of Recovery, New Futures, The NH Harm Reduction Coalition, RCOs, and independent contractors to provide RCOs with interactive in-person trainings and webinars on the following topics, totaling 39 sessions and 280 hours.

### **Trainings delivered in FY 2019 include:**

- Recovery Coach Academy
- Ethical Considerations for Recovery Coaches
- HIV/AIDS Prevention

- Suicide Prevention
- Sober Parenting Journey Facilitation
- Recovery Data Platform
- Telephone Recovery Support
- Data Collection and Reporting
- Harm Reduction
- Human Trafficking
- Families Sharing without Shame
- Community of Practice

## Sustainability

Each RCO has been successful in leveraging FO funds for service contracts and grants which expand the beneficiaries' scope of work. RCOs are written into each Integrated Delivery Network regional plan for funded services touching the Medicaid population statewide. A Majority of subcontracted RCO's receive additional funding for a variety of programs including but not limited to recovery coaching in the emergency department, probation and parole relationships, Recovery Friendly Workplace initiatives, etc. All RCO's are in close working relationships with their regional Doorways, although no additional funding has resulted from this relationship as of yet. Most RCOs still face capacity issues relative to their expanded roles in their communities. Sustainability needs will become clear once Medicaid billing protocols with contracted Managed Care Organizations are finalized and implemented.

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