



Stabilizing and Expanding Recovery Community Supports in NH

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Background

Third Horizon Strategies (THS) is pleased to provide Harbor Care, its Facilitating Organization for Recovery Community Centers (FO), Recovery Community Centers (RCCs), and partners this report on the current state of the recovery support system in New Hampshire and recommendations for the future vitality, impact, and sustainability of the ecosystem.

To assemble this report, THS reviewed publicly-available performance and finance reports and other materials from RCCs and their community partners and conducted interviews with leaders from the RCCs' Facilitating Organization (FO).

Defining Recovery Community Supports

Recovery support services (RSS) refer to the collection of community services that can provide emotional and practical support for continuing remission, and the daily structures and rewarding alternatives to substance use. Examples include housing, education, employment, social resources, and support for better overall health and well-being.

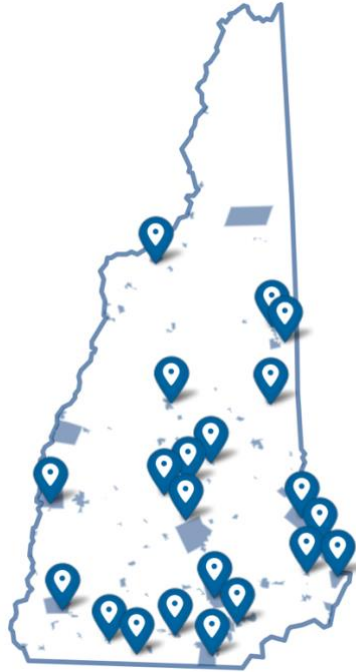
Individuals with personal lived experience in recovery most often deliver RSS. RSS can also support individuals throughout the arc of their recovery journey, across the entire service continuum, whether they are still actively using or identify as being in recovery for decades.

Current Structure of the Recovery System in NH

RSS exist across the state. At the core of New Hampshire's recovery ecosystem are services originating from local, peer-led RCCs.

Recovery Community Centers (RCCs)

RCCs help individuals build relationships and recovery supports necessary to maintain recovery. Importantly, peers often run RCCs and operate as "community centers" where individuals can build recovery capital through evidence-based recovery supports and community-building activities. Paid directors and staff run each center. Twelve different nonprofit organizations operate 21 peer-run RCCs in New Hampshire.



Because relationships with fellow individuals in recovery are paramount, RCCs fulfill an essential role in active recovery and provide a wide array of services to support individuals and their families at all stages of their care journey. Whether relationships are grown with peers that run the center, others in recovery, or one’s family, RCCs provide the ideal environment for building recovery capital. RCCs may also connect individuals with vital social services, including housing, employment, and similar assistance.

Facilitating Organization (FO)

Similar to several other states, New Hampshire uses a “Facilitating Organization” (FO) structure to support RCCs. The FO serves several functions on behalf of RCCs:

- Streamlined contracting with the state, allowing one contract to channel funding support into the RCC ecosystem
- Technical assistance and training to support RCC development, operations, and sustainability
- Oversight of data collection and evaluation services, including Recovery Link™ to track outcomes
- Back-office administrative support for RCCs, including Medicaid billing and other administrative functions

Peer Recovery Support Services (PRSS)

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines peer providers as “a person who uses their lived experience of recovery from mental illness and addiction, plus skills learned in formal training, to deliver service in behavioral health settings. To promote mind-body recovery and

resilience.”¹ Peer Recovery Support Services (PRSS) have been essential to long-term recovery success dating back to Alcoholics Anonymous (AA) formation in 1935.² In addition to community engagement, pro-social and other services to support individuals in recovery in their communities, PRSS are a central activity of all the RCCs in New Hampshire. Individuals who deliver PRSS in long-term recovery have completed additional training and received state certification as a Certified Recovery Support Worker (CRSW).

PRSS delivered in treatment, health system, and community center settings helps individuals in recovery reduce substance use and substance use disorder (SUD) reoccurrence rates, improve relationships with treatment providers and social supports, and increase treatment retention and satisfaction.³ In New Hampshire, two specific PRSS services are required within RCCs: Peer Recovery Coaching and continuous recovery monitoring, the latter of which is provided through telephone support. In addition to being offered within RCCs, PRSS are also found in hospitals, clinical treatment, drug courts, and other referral settings, often delivered in a partnership between the community program and the local RCC.

Recovery Housing

As New Hampshire grapples with broad challenges in housing security and accessibility for many, significant gaps remain in solutions that target those at risk of or are in recovery for SUDs. Housing insecurity and homelessness are important risk factors that can accelerate the development of SUDs in those without a safe and consistent living environment. Similarly, individuals recovering from SUDs are at risk of a reoccurrence of use if they cannot access stable, secure home environments that can support long-term recovery.

The lack of housing as part of the continuum of care contributes to limitations in treatment engagement and poor treatment and recovery outcomes. Additionally, the lack of housing creates log jams in the treatment system. Hospitals and other high-intensity clinical programs lag in releasing patients back to the community because individuals lack access to safe and supportive housing.

Much like treatment and recovery supports themselves, housing needs fall along a continuum of structured and unstructured housing programs – each tailored to address individuals across a spectrum of SUD diagnoses.

In 2015, the New Hampshire Governor’s Commission on Alcohol and Other Drugs Recovery Task Force recommended the adoption of the National Association of Recovery Residencies (NARR) standards for quality recovery housing services. NARR standards provide operating and quality guidelines across a continuum of housing support types based on the recovery needs of residents. The commission subsequently made funds available to the New Hampshire Coalition of Recovery Residencies (NHCORR), to administer a certification aligned with NARR standards for residences in the state. Though the

¹ Myrick, K. & del Vecchio, P. (2016). Peer Support Services in the Behavioral Health Workforce: State of the Field. *Psychiatric Rehabilitation Journal*. Volume 39, Number 3, 197-203. Retrieved from: <https://doi.org/10.1037/prj0000188>

² Whitter, M. & Mahvi, A. (2011). An Environmental Scan: Certified Peer Specialists/Recovery Coaches in the Substance Use Disorder Field. Retrieved from <https://bit.ly/3hIYJSj>

³ Eddie, D., Hoffman, L., Vilsaint, C., Abry, A., Bergman, B., Hoepfner, B., Weinstein, C., & Kelly, J.F. (2019). Lived Experience in New Models of Care for Substance Use Disorder: A Systematic Review of Peer Recovery Support Services and Recovery Coaching. *Frontiers in Psychology*. Retrieved from <https://doi.org/10.3389/fpsyg.2019.01052>

certificate is currently voluntary, state referral guidance only recommends housing programs that have received NHCORR certification. As of May 2022, [NHCORR had certified 72 recovery residences](#) in New Hampshire, with a capacity to house 961 individuals (268 female, 693 male).

Other Recovery-based Initiatives

In addition to RCCs and Recovery Housing, New Hampshire has additional interventions that support individuals in recovery. [The Recovery Friendly Workplace Initiative](#) seeks to promote workplace policies that support healing and create better linkages between the employers and those in recovery seeking employment. Almost 200 employers have committed to providing recovery-friendly work environments to recruit and retain employees.

Current Financing

New Hampshire's RCCs are funded with public and private resources. According to financial reports provided by the FO and reviewed by THS, New Hampshire invested approximately \$9.4 million in RCCs in State Fiscal Year (SFY) 2022. A significant portion of this funding came from state and federal resources, including the Substance Abuse Block Grant (SABG), the State Opioid Response (SOR) Grant, and the state's Alcohol Fund, which is administered by the Governor's Commission on Alcohol and Other Drugs (The Commission). The remaining resources in the ecosystem came mainly from local philanthropy, grants, and fundraising pursued by the individual RCCs.

New Hampshire was one of the first states to develop Medicaid benefits for PRSS. While this financing does generate revenue for the RCCs and allows for the delivery of peer recovery support services, such services are only one part of what RCCs provide. This, coupled with low reimbursement rates, means that revenues from Medicaid are not a significant resource to cover the full suite of operating and service delivery costs associated with a comprehensive RCC, making funding from other public and private resources critical to manage and sustain centers.

Recovery housing programs are primarily funded through private and public funds. However, most of the funds that will cover the capital expenses of purchasing or renovating a property are typically not used for providing services. Meanwhile, programmatic funding sources such as SABG and SOR are restricted from covering capital expenses. This can be a barrier to the expansion of recovery housing stock, especially levels of recovery housing where Medication Assisted Treatment, clinical support, or other programming take place within the context of the housing program.

Monitoring for Outcomes: Recovery Capital and Service Utilization

New Hampshire has adopted the "recovery capital" framework to monitor the outcomes of recovery services. Recovery capital measures internal and external assets that recoverees can access and utilize to

initiate and sustain recovery.⁴ The first standardized measure of recovery capital, the Assessment of Recovery Capital (ARC; Groshkova, Best, & White, 2013), identified ten primary domains to monitor the health and wellbeing of those receiving recovery support. The ten domains include five focused on the person's external behaviors and surroundings (social), and five domains concentrate on personal health and risk tolerance (personal).

1. Substance use and sobriety (social)
2. Global psychological health (personal)
3. Global physical health (personal)
4. Citizenship and community involvement (social)
5. Social support (social)
6. Meaningful activities (social)
7. Housing and safety (social)
8. Risk-taking (personal)
9. Coping and life functioning (personal)
10. Recovery experience (personal)

To track the status of these domains in the lives of those in recovery, RCCs and other recovery-support service providers utilize an instrument known as the [Brief Assessment of Recovery Capital \(BARC-10\)](#). The BARC-10 is a standardized, validated instrument that can be administered at several points along the recovery journey. BARC-10 data results can be utilized in ongoing care management by recoverees and their peer supporters, program design and service strategy for the RCCs and other providers, and as an evaluation tool to measure the effectiveness of RSS.

RCCs and the FO regularly report data to the New Hampshire Department of Health and Human Services. An external evaluation of the RCC ecosystem and individual outcomes is ongoing as of June 2022, though early iterations of the analysis demonstrate positive outcomes attributable to the services delivered by RCCs.

In addition, RCCs and the FO routinely monitor the utilization of services across the RCCs and their community partners. Many centers were forced to close their physical locations during the COVID-19 pandemic, transitioning services to remote peer recovery supports and virtual recovery group meetings. Utilization of online and phone-based support proved critical, and quick adoption by the RCCs provided continuity of care to thousands of New Hampshire residents who relied upon ongoing connection to their recovery community.

As public health guidelines from the pandemic have relaxed, the RCCs have seen a significant increase in engagement, including a 17 percent increase year over year in PRSS engagement. Current reporting projects that 34,000 different engagements in PRSS will take place by the end of SFY 2022. As RCCs have reopened physical centers, they have also retained online activity options. The availability of hybrid activities has led to a 10 percent overall increase in activities offered by RCCs alone and dramatic increases in recovery-oriented activities provided by partner organizations in the communities where RCCs are based. Overall, RCCs and their community partners have seen a 3 percent increase in the

⁴ Cloud, W., Granfield, R. Conceptualizing recovery capital: expansion of a theoretical construct. (2008). *Subst Use Misuse*. 2008;43(12-13):1971-86. doi: 10.1080/10826080802289762. PMID: 19016174.

number of individuals accessing these services. The RCCs demonstrate high demand for their services and active engagement by thousands of Granite Staters in recovery when taken in total.

Systemic Challenges

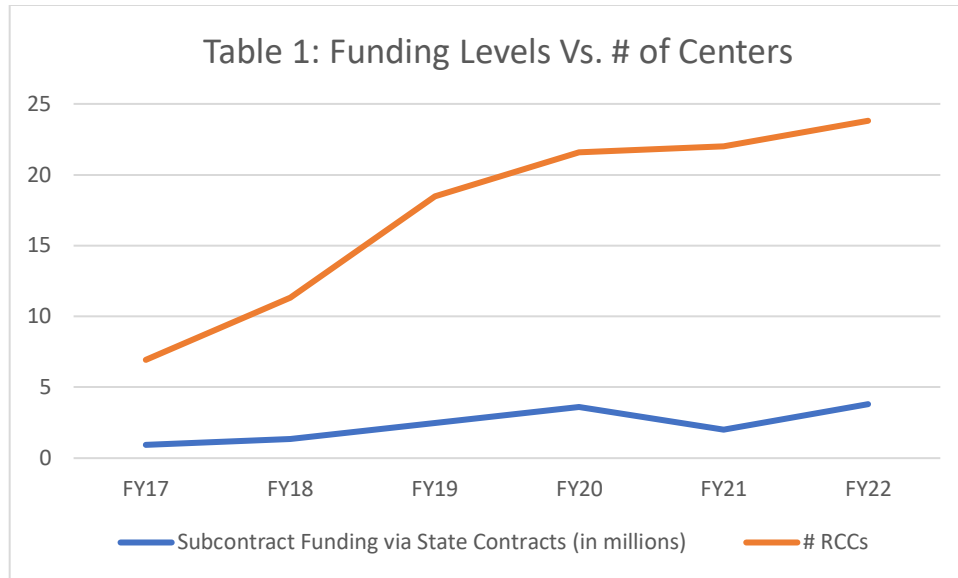
New Hampshire has seen remarkable growth in its capacity to deliver recovery support services over the past decade. New Hampshire invested over \$9 million in recovery support services in the most recent fiscal year, drawing from state and federally provided resources. New Hampshire's decision to follow early adopters such as Georgia to include coverage for PRSS in the state's Medicaid program is also laudable. However, despite these gains, there remains significant volatility in the recovery support system that threatens the stability and growth necessary to meet current and future demand. Further, growing gaps in workforce capacity, financing, and limitations on other complementary services place the current RCC system under threat of significant service disruption or collapse if not addressed.

Workforce

Shortages in the recovery community workforce have challenged the growth in overall utilization and demand for PRSS. Staffing capacity started at 0.15 percent (or about one Peer Recovery Support Specialist to six participants) in FY21 and FY22. Capacity continued to decrease throughout the year in both fiscal years. However, the decreases have been more dramatic in FY22, meaning staff is stretching themselves thinner to work with more participants. In Q3 FY22, capacity is 0.06, or about one Peer Recovery Support Specialist for every 17 participants. In regular reports by RCCs, system leaders have noted significant concerns around the decrease in available peer recovery coaches. In addition to existing positions being vacant, many RCCs cannot consider adding additional new jobs to meet the rising demand for services.

Financing

RCC leadership overwhelmingly sees funding as the current system's most significant challenge. Though New Hampshire has been at the forefront of investments to expand recovery infrastructure in the state, the level of funding has not kept pace with the expanded number of recovery community centers and other recovery services that need flexible capital to meet demand. Table 1 below illustrates funding made available in recovery supports since SFY17. This includes funding from various state and federal resources, some time-limited. While there have been some ebbs and flows in overall funding, over time, the funding level has been essentially flat – while at the same time, New Hampshire saw the number of RCCs go from six to over 20. As a result, more centers reflect significant financial challenges as a barrier to sustaining and expanding services and retaining and recruiting enough of a workforce to meet demand.



Other Community Services

As noted earlier, New Hampshire’s growth in available recovery housing programs is hampered by funding limitations, regulatory oversight gaps, and a limited number of organizations that possess the financial and development acumen to expand housing options. Restrictions on housing access can interfere with the flow of recovery, often increasing the likelihood of relapse and hampering care transitions when safe housing is a barrier to moving forward in one’s recovery journey.

Recommendations to Expand and Stabilize Care

New Hampshire’s recovery ecosystem is robust but, like most social service systems emerging from the pandemic, under threat from increasing demand and limited resources. This threat is currently underestimated: as communities continue to grapple with the behavioral health impacts of the pandemic on individuals and families, PRSS and RCCs will become even more critical to mitigate the harms caused by the pandemic and restore total health and wellbeing to thousands of New Hampshire residents. Policymakers, state leaders and communities should carefully consider the following recommendations to ensure continued availability of these critical resources going forward.

Revisit funding levels to provide equitable funding across all RCCs

Given the demonstrated demand for services and the likely increase in demand going forward, increasing and stabilizing funding for RCCs and their infrastructure is critical to continue building upon its success as demand for behavioral health services increases; state and local funders should consider expanding the RCC system's permanent, stable, and consistent funding methodologies. Policymakers and state agencies should look to further investments utilizing stable funds such as the SABG and the state’s Alcohol Fund,

rather than attempting to stabilize the infrastructure using time-limited grant funds that will inevitably sunset.

More should also be done to maximize Medicaid reimbursement while recognizing its limitations. Alternative payment models, waivers, and other recovery-oriented payment reforms can add value but require administrative capacity across the RCC system that is currently inconsistent. Often, the administrative burden reduces the cost/benefit of financing through such a vehicle. Increasing core investments in operating infrastructure and workforce could allow for further payment innovations to spur quality, reduce health care costs, and improve outcomes for individuals and their families.

Continue to utilize the Facilitating Organization structure

Centralizing contracting, data collection, reporting, and technical assistance has proven effective in quickly achieving scale in the recovery ecosystem. Currently, less than one-quarter of funds for recovery services go towards the cost of operating the FO, proving a more cost-effective strategy to aid the RCCs than decentralized financing and limited administrative support that often hampers newer organizations. Given workforce challenges and turnover, the FO also provides critical institutional knowledge and guidance that is particularly critical to newer, smaller, or more fragile RCCs. New Hampshire was wise to implement an FO structure to launch its recovery system and would be wise to retain the innovation as it works to stabilize and grow recovery supports to meet increasing demand.

Address workforce issues

Like other social and health-care-related services, recovery supports face significant challenges in expanding and retaining a workforce to deliver care. Policymakers, regulators, and funders should consider ways to streamline and ease credentialing and contemplate wage increases in calculating the investment scale in the RCC system.

Continue to close the housing and employment gap

New Hampshire's Council on Housing Stability's 2021-2024 strategic plan⁵ prioritizes activities to better finance, expand, and support housing needs for vulnerable individuals while recognizing the need for expanded capacity to serve individuals in recovery and struggling with other attendant health issues for which housing instability is a determinant. Continuing to expand available recovery housing, including higher levels of recovery housing that include on-site clinical and recovery services, should be considered.

As the U.S. economy remains volatile, initiatives such as the Recovery Friendly Workplace can be crucial to expand opportunities for those in recovery to reenter the workforce and find upward economic mobility. Beyond certification of businesses committed to being recovery-friendly, New Hampshire's initiative should continue to guide employers around ways to bring their career and employment opportunities directly to those in recovery and bring employers into deeper partnership with local RCCs.

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⁵ <https://nhchs.org/wp-content/uploads/2021/07/Council-on-Housing-Stability-2021—2024-Strategic-Plan.pdf>