**Supplemental Information: Additional Studies DMA reviewed for the**

**Peer Support Worker Comparison Chart and Recovery Coach Workforce Scan**

In background research for the Bureau of Substance Addiction Services, Recovery Coach Workforce Scan and the Peer Support Worker Comparison Chart, DMA found relevant materials that can supplement resources shared by others with the Commission. We list them below, and look forward to forthcoming research continuing to strengthen the body of evidence on Recovery Coaching.

**Research:**

Ashford, R. D., Meeks, M., Curtis, B., & Brown, A. M. (2019). Utilization of peer-based substance use disorder and recovery interventions in rural emergency departments: Patient characteristics and exploratory analysis. *Journal of Rural Mental Health, 43*(1), 17-29. Accessed 4/3/19, [http://dx.doi.org/10.1037/rmh0000106](https://psycnet.apa.org/doi/10.1037/rmh0000106)

Magidsen, et al. (2018). “Reduced Hospitalizations and Increased Abstinence Six Months After Recovery Coach Contact” ([poster](https://www.eventscribe.com/2018/ASAM/ajaxcalls/PosterInfo.asp?efp=Tk5JV0RMTEEzNDgz&PosterID=125204&rnd=0.9485711) at the American Society of Addiction Medicine).

Magnum, et al. (2017 & 2018). Recovery Support Services Project “Fiscal Year 2016 Final Evaluation” and “2018 Interim Process Evaluation” reports.

These evaluations of a Texas initiative provide quantitative analysis in the 2016 report and qualitative analysis in the 2018 report, on recovery coaching services provided between 2014 and 2018. Coaching participants completed post-enrollment check-ups at three-month intervals up to a year, and change in outcomes from enrollment to check-up were reported; participant characteristics for enrollees who completed the first check-in were compared with non-enrollees.

Ogbannaya, I. N., Keeney, A. J. (2018). A systematic review of the effectiveness of interagency and cross-system collaborations in the United States to improve child welfare. *Children and Youth Services Review*, Vol. 94, 225-245.

Adding a recovery coach to a drug court intervention increased the likelihood of family reunification in child welfare cases.

Ryan, J.P., et al., (2008). Recovery coaches and substance exposed births: An experiment in child welfare. *Child Abuse & Neglect,* Vol. 32, Issue 11, 1072-1079.

Longitudinal experimental design. Women in the experimental group were significantly less likely to be associated with a new substance exposed births than those in the control group receiving services as usual.

Samuels, E. A., et al. (2019). Adoption and Utilization of an Emergency Department Naloxone Distribution and Peer Recovery Coach Consultation Program. *Academic Emergency Medicine*, Vol. 26(2), 160-173

Samuels, E. A., et al. (2018). Peer navigation and take-home naloxone for opioid overdose emergency department patients: Preliminary patient outcomes*. Journal of Substance Abuse Treatment*, Vol. 94, 29–34.

Observational retrospective cohort study, with comparison group. Among those who got a recovery coach and naloxone, median time to initiation of medication for OUD was shorter and mortality rates lower.

Wakeman, S. E., Rigotti, N. A., Chang, Y., et al. (2019). Effect of Integrating Substance Use Disorder Treatment into Primary Care on Inpatient and Emergency Department Utilization. *J GEN INTERN MED*. Accessed 4/3/19, https://doi.org/10.1007/s11606-018-4807-x.

This study included multiple interventions, one of which was recovery coaching, and used a propensity-matching strategy to compare intervention and control groups.

White, W. (2009). Peer-based Addiction Recovery Support Services: History, Theory, Practice and Scientific Evaluation, Great Lakes, ATTC. Accessed 4/3/19, http://www.williamwhitepapers.com/pr/2009Peer-BasedRecoverySupportServices.pdf

***Forthcoming research:***

“Recovery Coach Efficacy 2018 Report” from Massachusetts General Hospital. The following quote was provided to BSAS:

*“6 months after engagement with a recovery coach, compared to the 6 months prior to the engagement with a recovery coach, patients have a 44% increase in attendance at outpatient primary care and behavioral health visits, a 25% decrease in inpatient admissions, and a 13% decrease in Emergency Department visits.”*

Brigham and Women’s Hospital’s study “Initiating Substance Use Disorder Treatment for Hospitalized Opioid Use Disorder Patients (ISTOP)” with Joji Suzuki, MD, as Principal Investigator. Study description states “Studies of recovery coaches have demonstrated greater treatment retention, reduced substance use, and reduced inpatient utilization.” Accessed 4/3/19, <https://clinicaltrials.gov/ct2/show/NCT03212794>.

Boston Medical Center’s Project RECOVER, (Referral, Engagement, Case management and Overdose preVention Education in Recovery), Ricardo Cruz, MD, MA, MPH Principal Investigator. <http://www.bumc.bu.edu/care/research-studies/project-recover/>

**Publications related to Adoption:**

Chapman, S. A. et al. (2018). Emerging Roles for Peer Providers in Mental Health and Substance Use Disorders. *Am J Prev Med,* 54(6S3):S267–S274.

Gagne, C. A., et al. (2018). Peer Workers in the Behavioral and Integrated Health Workforce: Opportunities and Future Directions. *Am J Prev Med,* 54(6S3):S258–S266.

Jack, H. E., et al. (2018), Addressing substance use disorder in primary care: The role, integration, and impact of recovery coaches. *Subst Abus*, 39(3):307-314. doi: 10.1080/08897077.2017.1389802.

Sightes. E., et al. (2017). “The Use of Peer Recovery Coaches to Combat Barriers to Opioid Use Disorder Treatment in Indiana” Accessed 4/3/2019, <https://fsph.iupui.edu/doc/research-centers/recovery-issue-brief.pdf>

Recovery LIVE! “What Does the Data Say? Effective Use of Recovery Supports in Various Treatment and Healthcare Settings” (January 24, 2019).

Data from Connecticut Community for Addiction Recovery Emergency Department Recovery Coaching. In particular a list of benefits on slide 5 were shared and an example of the Recovery Data Platform <https://facesandvoicesofrecovery.org/rdp/recovery-data-platform.html> was shown in a snapshot during the presentation.

Recovery Live! “Integrating Peers in the Workforce: Supervision and Organizational Culture” (March 17, 2016) [https://center4si.adobeconnect.com/\_a966410469/p2k7kf5dxi9/ ?launcher=false&fcsContent=true&pbMode=normal&proto=true](https://center4si.adobeconnect.com/_a966410469/p2k7kf5dxi9/%20?launcher=false&fcsContent=true&pbMode=normal&proto=true)

Recovery LIVE! “Strategies for Supervising Peer Support Workers” (April 2017, 58 min)

[https://www.youtube.com/watch?v=v49QD-UaQK4&list=PLBXgZMI\_zqfSRZVtxRBWg7cDja\_ qy2e-M&index=5](https://www.youtube.com/watch?v=v49QD-UaQK4&list=PLBXgZMI_zqfSRZVtxRBWg7cDja_%20qy2e-M&index=5)

BRSS TACS, Bringing Recovery Supports to Scale, Technical Assistance Center Strategy *“Supervision of Peer Workers Technical Assistance”* This document was supported by contract number HHAA2832012000351/HHSS28342002T from the Substance Abuse and Mental Health Services Administration (SAMHSA). Accessed 4/3/2019, <https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/brss-209_supervision_of_peer_workers_overview_cp6.pdf>

Department of Public Health and the Department of Mental Health Collaboration (2013). Bringing Peer Recovery Supports to Scale in Massachusetts: Final Report, Substance Abuse and Mental Health Services Administration. Accessed 4/3/2019, <https://www.umassmed.edu/globalassets/center-for-mental-health-services-research/documents/brss-tacs-.pdf>

Wake Forest Baptist Medical Center Finds Addiction-Focused Peer Support Program Reduces

Readmissions. (2018). *Open Minds* *News Report.* Accessed 4/3/19, <https://www.openminds.com/market-intelligence/news/wake-forest-baptist-hospital-in-north-carolina-reports-addiction-focused-peer-support-program-helped-reduce-readmissions/>

News report of pilot data not released as of June 2018 and no further information as of 3/2019.

State Medicaid Reimbursement for Peer Support. (2018). *Open Minds Reference Guide.* Accessed 4/3/19, <https://www.openminds.com/wp-content/uploads/OMCircle_ReferenceGuide_PeerSupport.pdf>

Twenty-seven (27) states’ Medicaid programs are reimbursing for Peer Supports, including Recovery Coaching, for Mental Health and Substance Abuse together (23), or just Substance Abuse (4).

Threnhauser, S. C. (2019). Bringing Peer Support to Scale in Service Delivery. *Open Minds Executive Briefing.* Accessed 4/3/19, <https://www.openminds.com/market-intelligence/executive-briefings/bringing-peer-support-to-scale-in-service-delivery/>.

In 2017, a national survey reported that 51% of health and human service specialty provider organizations have adopted Peer Support Services in their organization

**Initial reference documents provided by BSAS:**

Philadelphia Dept. of Behavioral Health and Intellectual Disabilities Services and Achara Consulting Inc. (2017). Peer Support Toolkit. Philadelphia, PA: DBHIDS. Accessed 4/3/19, <https://dbhids.org/wp-content/uploads/1970/01/PCCI_Peer-Support-Toolkit.pdf> [see references page 272, some specifically on SUD]

Davidson, L., et al. (2010). “Enabling or Engaging? The Role of Recovery Support Services in Addiction Recovery. *Alcoholism Treatment Quarterly* 28(4):391-416 DOI: 10.1080/07347324.2010.511057.

FAVOR: 10 Reasons to Support Recovery Support Services, Faces & Voices of Recovery. Accessed 4/3/19, <https://facesandvoicesofrecovery.org/file_download/inline/cbf5ab23-d3ea-4f6f-a984-9fe416eaf86b>

“Peers Supporting Recovery from Substance Use Disorders” from SAMHSA’s Bringing Recovery Supports to Scale. Accessed 4/3/19, [https://www.samhsa.gov/sites/default/files/programs\_campaigns/ brss\_tacs/peers-supporting-recovery-substance-use-disorders-2017.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/%20brss_tacs/peers-supporting-recovery-substance-use-disorders-2017.pdf) cites multiple studies.

Schuyler, A., Brown, J., White, W. (2012). The Recovery Coach: ROLE CLARITY MATRIX. Accessed 4/3/19, <http://www.williamwhitepapers.com/pr/Recovery%20Coach%20%28Role%20Clarity%20Matrix%29.pdf>

Co-author Brown served as a subject matter expert on the development of the International Credentialing and Reciprocity Consortium’s (IC&RC) peer recovery credential, and White has been involved in evaluations of peer recovery services.

U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health. Washington, DC: HHS, November 2016. Accessed 4/3/19, <https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf>.

Pages 5-10 and 5-11 have multiple citations on effectiveness of Recovery Coaching

White, W. (2006). Sponsor, Recovery Coach, Addiction Counselor: The Importance of Role Clarity and Role Integrity. Philadelphia, PA: Philadelphia Department of Behavioral Health and Mental Retardation Services. Accessed 4/3/19, <http://www.bumc.bu.edu/care/files/2018/12/Recovery-Coach-Article_William-White.pdf>

McDaid, C. (2011) in <https://www.nhchc.org/wp-content/uploads/2013/11/healinghandsfall2013.pdf>; see also McDaid, “Critical services and workers in the modern health care system” presentation <http://www.williamwhitepapers.com/pr/Recovery%20Coaches%20%26%20Health%20Care%20Sytem%20McDaid%202011.pdf>

White, W. (2019). Peer-based Recovery Support Services: The Connecticut Experience, An Interview with Phillip Valentine. MA Great Lakes Addiction Technology Transfer Center. Accessed 4/3/19 <http://vtrecoverynetwork.org/data/Recovery_Symposium/GLATTCInterviewValentine.pdf>