

## Peer Recovery Support Services (PRSS) Community of Practice (CoP)

January 23, 2017

### Roles for Peers Providing Recovery Support

#### Questions & Answers

**Q1: Have you had success through telephone supports with families to refer them to family support groups (question directed to Goodwin)?**

**A1:** *Telephone recovery supports was just rolled out so level of engagement has been low. The goal is to refer them to in-person support because families isolate. Hopefully through this process families will get the face-to-face support but it's still too early to tell.*

**Q2: Is the Goodwin Model (where a Community Health Center is so closely related to a Recovery Center) unique?**

**A2:** *This model is unique for NH but it is not unique for national work. Thundermist in RI (<http://www.thundermisthealth.org/>), Bridgeport, CT or other FQHCs in New England use this model.*

*The model came about from using Goodwin as the 501(c)(3) as the fiduciary and now they are between a fiduciary and a program of Goodwin; it has not been clearly defined yet. It seems to be more of a program because Goodwin provides staffing for the Recovery Centers. There is integration between Goodwin and SOS and then there is the true recovery center model going on outside of Goodwin.*

*There are two options in development: (1) Areas could do close collaboration even though they're not integrated as one financial organization, the FQHC can develop ways to work with their community recovery organization and (2) Some FQHCs are considering hiring people right into their agencies as they develop more services for people with SUD. Recovery coaches in an FQHC could still have those connections in the community.*

**Q3: Why are there only 7 Drug Courts in NH?**

**A3:** *The Drug Court program is currently looking to expand into Coos, Carroll, and Merrimack County. There are 11 Superior Courts in NH which the programs operate out of; if there could be a program in every Superior Court, they would be in every County except Sullivan. Current Legislation requires an Implementation Grant, so those three counties (Coos, Carroll, and Merrimack) are working on getting implementation grants through the Federal Government. If they get the grants, they could begin operations in September/October, if they don't receive these funds, it will be funded through the state.*

**Q4: How can providers get training for Drug Court?**

**A4:** *Alex Casale hopes to offer a presentation in the future to discuss this.*

**Q5: Is Drug Court Training provided through the Training Institute?**

**A5:** *No, it has historically been relatively small discussions with individual providers. Perhaps something larger could be developed with the help of the Center.*

**Q6: Could we change the language around community service being a negative consequence (as described by the drug court model)?**

**A6:** *Community service would ideally be involved with a recovery center; however, while that work still takes place it cannot really be offered as an incentive. If it was taken away as a sanctioning tool, the courts would be limited in what could be used as sanctions and that move would be to greater incarceration rates which does not help someone with SUD. It should be the work of the case manager to explain the benefits of community service, but the justice role is different.*

**Q7: How long is a person typically incarcerated before being successfully enrolled in drug court? How does a successful enrollment take place?**

**A7:** *Someone needs to be referred to drug court whether by themselves, their lawyer, their public defender, or by their family. Then the county attorney does a legal screen and they are sent for a clinical assessment. Often times a clinical assessment includes a risk assessment or the risk assessment may happen separately. Once that process is complete and it's approved, they would be pleading in within a week. The Drug Court would then contact the courts and the lawyers involved and the lawyers would likely contact the family. This process has been completed in as little as 3 days and as long as 4-5 month (these are outliers). On average it would take a month (30 days), but it depends on the court and availability of counselors. The best time to intervene is immediately – as soon as the person is ready to get into treatment. After an event that triggers a willingness to accept treatment, there is typically 45 days before the event will have very little effect on success; therefore, it would be ideal to complete this process in less than 45 days, but it doesn't always happen.*

**Q8: What is the graduation success rate of drug court?**

**A8:** *The graduation success rate varies based on the program. The target is 50%, and in NH some programs have a higher rate, which is fantastic, and some get a little lower which is okay. If a program has a 100% success rate they're not addressing the right population because participants should be people with the highest risk and highest need. If the program success rate is below 40% the program may need to be adjusted but if the program was at 90% then you'd look at who the target population is – perhaps they're targeting people who could do well on their own and don't necessarily need the drug court. Follow up studies conducted in Grafton and Stafford counties suggest that at 3 years post-graduation the recidivism rate is about 22%. Over 75% never integrate back into criminal justice system, while other populations are 60-65% recidivism.*