# SKAGIT COUNTY PUBLIC HEALTH

# NOTICE OF FUNDING AVAILABILITY (NOFA)

# BEHAVIORAL HEALTH RECOVERY CENTER

STAFF CONTACT:

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**NOTICE OF FUNDING AVAILABILITY**

**Program name: RECOVERY CENTER**

Skagit County Public Health is accepting proposals for a Behavioral Health Recovery Center. Proposals must be submitted to: Skagit County Public Health, Attn: McKinzie Gales, 700 S. 2nd St., Room 301, Mount Vernon, WA 98273, or emailed to mgales@co.skagit.wa.us no later **4:30pm on September 30th, 2021**. Late proposals will not be accepted.

Applicants are encouraged to submit questions to the County for additional information. Questions should be submitted via email to mgales@co.skagit.wa.us by 4:30pm on September 13th with "Recovery Center NOFA Questions" as the subject line. Responses to questions will be added to the County's website by 4:30pm on September 17th, 2021.

Skagit County reserves the right to reject, in whole or in part, any and all proposals received. Skagit County reserves the right to negotiate contract terms subsequent to the submissions of proposals from the selected qualified proposers. Skagit County reserves the right to require any projects selected for funding to undertake the project in a manner specified by the County in the contract, which may include, but is not limited to, coordination with specific programs, services, or other resources. All awards are contingent on the availability of funding.

All proposals are public information and subject to public disclosure.

The County is not liable for any costs incurred by proposers prior to entering into a contract. Costs associated with developing the proposal, preparing for oral presentations, and any other expenses incurred by the proposer in responding to the NOFA are entirely the responsibility of the proposer, and shall not be reimbursed in any manner by the County.

## I. BACKGROUND

To increase recovery supports and decrease substance misuse, Skagit County Public Health is seeking proposals from qualified organizations to offer comprehensive Recovery Support Services (RSS), in the form of a physical recovery center. Common functions of RSS include:

- Meeting those with behavioral health disorders – mental health and substance use disorders – where they are at, which includes pre-and-post treatment;
- Working with individuals to create an individualized recovery plan;
- Facilitating and supporting individual's engagement with behavioral health treatment and transitions between levels of care;
- Linking individuals to health and social service providers;
- Providing other recovery support services including trainings and basic needs assistance to improve the quality of life for people seeking recovery or in recovery, and their families.

RSS are provided by professionals and/or peers and are delivered through various methods including 12-step groups, drop-in recovery centers, Recovery Cafés, recovery coaching, and more.

The County seeks to fund a recovery center that employs a Recovery-Oriented Systems of Care (ROSC) model for RSS, which are comprehensive non-clinical services that assist individuals and families working towards recovery from mental health, substance use and co-occurring disorders. Based on research and identified community needs, Skagit County will prioritize applications that (1) incorporate recovery center and recovery coaching/peer support best practices (see Attachment C: RSS Definitions and Best Practices), (2) provide outreach to diverse communities including farmworkers, LGBTQ+ and youth, and (3) have and/or are willing to hire staff and peers who represent diverse populations including those with lived experience.

The intent of this NOFA is to improve the health and wellness of individuals living with behavioral health conditions, with a focus on individuals who experience barriers to receiving services, experience co-occurring mental health and substance use conditions, and have experience with trauma and homelessness.

## II. NOFA TIMELINE

In administering this NOFA, Skagit County will adhere to the below timeline.

| Action | Date | Time |
|---|---|---|
| NOFA Release | August 16th, 2021 | 8:00am |
| Questions Due | September 13th, 2021 | 4:30pm |
| Responses Posted | September 17th, 2021 | 4:30pm |
| Proposals Due | September 30th, 2021 | 4:30pm |
| Award Announced | On or before November 1st, 2021 | 4:30pm |
| Contracts Begin | January 1st, 2021 | 8:00am |

## III. COMPENSATION

Maximum annual compensation shall be $400,000.00. If necessary, additional one-time startup costs, up to $400,000.00, shall be available and considered according to need and proposal for use.

## IV. MINIMUM REQUIREMENTS

At a minimum, applicants must meet the following qualifications to be considered for funding:

- Operate a drop-in service location in Skagit County;
- Conduct outreach to people who have multiple barriers to receiving services, experience co-occurring conditions, and/or have experience with trauma and homelessness;
- Provide recovery coaching and peer support;
- Connect and refer individuals to treatment and harm reduction programs as appropriate;
- Provide support services that help people navigate the complex social services system to gain and maintain housing, health care, mental health services, legal assistance, and a base of support to maintain positive and consistent relationships with service providers;
- And track and report program results to Skagit County Public Health.

A proposer's overall capability, specialized experience, reputation, past performance for similar services, technical competence, financial stability, ability to meet program goals, performance under contract terms and fee schedule will be considered in the award decision.

The chosen contractor should expect Skagit County Public Health to assess program/organizational performance measures and/or outcomes throughout the funding cycle. Contract monitoring will comprise of in-person site visits, and data reports submitted to Public Health by the contractor.

## V. PROPOSALSUBMISSION REQUIREMENTS

Please include the following:

- Attachment A: Application Cover Sheet
- Responses to Application Questions (see below)
- Attachment B: Budget and Narrative
- Most recent organizational financial audit

The proposal must be signed by a person with the ability to bind the proposing entity and must submit the name of the central contact person, along with their phone number(s) and email address.

## Application Questions

1. **Program Summary (30pts)**
   Provide a detailed description – up to a maximum of three pages – of the proposed program/project, target populations, partnerships, and services/activities to be delivered. Include a description of how the program/project is aligned with best practices (see Attachment C: RSS Definitions and Best Practices).

   *Please complete and include the table below to indicate which RSS best practices are or are not included and/or offered in the proposed program/project. Note: The table does not count against the three-page limit and applicants are not required to answer "yes" to every best practice category.*

| RSS Best Practices | Offered? (Yes/No) | Comments |
|---|---|---|
| **Recovery Center** | | |
| Includes a physical location where individuals can meet and obtain requested information, services, and supplies | | |
| Can be accessed anytime during open hours without an appointment | | |
| Can be accessed free of charge and does not require individuals to be insured | | |
| Follows a consumer-controlled model, meaning individuals can participate with the center to the extent that they choose | | |
| Supports individuals no matter what phase of recovery they may be in: | | |
| • Active Use – harm reduction and linkage to treatment supports | | |
| • Entering/Early Recovery supports | | |
| • Long-term Recovery supports | | |
| Offers a variety of activities, which could include: | | |
| • Self-help group meetings, also called 12-step, mutual support, mutual aid, or rap sessions | | |
| • Food and/or group meals | | |
| • Weekly or monthly socials and/or "sober parties/activities" | | |
| • Excursions – events outside of the center | | |
| • Consumer speakers' bureaus – many drop-in centers educate the public about behavioral health issues by sharing peers' stories and lived experiences | | |
| • Individualized support and advocacy | | |
| • Systems advocacy | | |
| • Referrals to other community resources, supports and services | | |
| • Computers, phones, and other electronic devices | | |

| | | |
|---|---|---|
| • Guest speakers/workshops | | |
| • Assistance with employment and basic needs (e.g., housing, insurance, etc.) | | |
| **Peer Recovery Support Services (e.g., Recovery Coaching)** | | |
| Have and/or will hire staff and peers who represent diverse populations, including those with lived experiences | | |
| Have and/or will hire at least one bilingual staff/peer | | |
| Staff and peers have completed some form of recovery coaching training and/or certification program | | |
| Some staff and peers identify as being in long-term recovery and will aid in others recovery by using four types of support: | | |
| • Emotional support (e.g., engaging peers in collaborative and caring relationships, crisis management, etc.) | | |
| • Informational support (e.g., knowledge and vocational assistance – shares lived experiences, recovery planning, education and skills building) | | |
| • Instrumental support (e.g., concrete assistance to help individuals gain access to health and social services – linkage, referrals, and resources) | | |
| • Affiliation support (e.g., introductions to healthy social networks and recreational pursuits) | | |
| Staff and peers support different pathways to recovery and do not presume that the same path will work for everyone they coach | | |
| Staff and peers are embedded in the community in a variety of settings | | |

2. **Outreach and Access (30pts)**
   Provide a maximum two-page summary of how the proposed new program will reach and be accessed by the target population(s), any anticipated barriers to program access, and how these barriers will be addressed. Also describe any exclusionary criteria used by the program (such as criminal background, sobriety/abstinence requirements, etc.), and why these criteria were selected.

   *Please complete and include the table below to indicate which outreach activities are or are not included and/or offered in the proposed program/project.*

| Outreach to Community | Yes/No | Comments |
|---|---|---|
| Staff and/or peer(s) participate in County or community partner workgroups/meetings. | | |
| Will connect with community partners and service providers to: | | |
| • Increase knowledge of this RSS program/project. | | |

| | | |
|---|---|---|
| • Implement communications/referral system for individuals utilizing RSS program/project. | | |
| Communicate and provide outreach to the general community through various methods (e.g., events, signage, social media or physical marketing materials, radio ads, and more). | | |
| Have a plan for reaching diverse community members: | | |
| • Those experiencing homelessness | | |
| • Farmworkers and non-English speaking populations | | |
| • LGBTQ+ | | |
| • Youth | | |

3. **Program Outputs and Outcomes (20pts)**
   Provide a description of proposed outputs and outcomes. Please outline performance measures, including outcomes and outputs in the following categories, and how they will be measured and tracked, as applicable:

   1. Service Capacity Measures (i.e., how much?)
      - Number of people served
      - Number of visits
      - Number of referrals and/or connections to outside services
      - Other service capacity measures

   2. Service Quality Measures (i.e., how well?)
      - Increased use of community services
      - Improved wellness and self-management

   3. Improved Outcome Measures (i.e., how are people better off?). Examples include reduced behavioral health risk factors, improved wellness and social relationships, fewer crisis events, etc.

4. **Budget and Budget Narrative (20pts)**
   Complete attached budget and narrative form (Attachment B). Describe efforts by the agency to obtain alternative future sources of funding to support the proposed project. Provide any other relevant narrative accompaniment to the project budget that you would like the review team to know. Preference will be given to projects that leverage private, state, and federal funds.

## VI. PROPOSAL EVALUATION SCORING CRITERIA AND PROCESS

PROPOSAL EVALUATION SCORING RUBERIC

Evaluation of proposals that meet the minimum requirements will be based on the following criteria:

| Criteria | Weight |
|---|---|
| Program Summary and Alignment with Best Practices | 30% |
| Outreach and Access Plan | 30% |
| Experience with Similar Projects (Outputs and Outcomes) | 20% |
| Budget and Budget Narrative | 20% |
| Total Criteria Weight | 100% |

PROPOSAL EVALUATION PROCESS

Skagit County Public Health intends to select the proposal that is most qualified to meet the County's needs. The proposal submitted must fully address the requirements listed in this solicitation and the proposer's degree of experience, knowledge, and ability to provide experienced staff and qualified services as proposed. Public Health reserves the right to reject any and all proposals received by reason of this request or to negotiate separately with any source whatsoever, in any manner deemed to be in the best interests of the County.

Public Health staff will conduct an initial review to eliminate any proposals that do not meet minimum qualifications. Following this review, staff will score all proposals that meet minimum qualifications. During the evaluation period, Public Health staff may contact applicants to obtain clarifying information related to the application, including evidence of managerial, financial, or other abilities prior to award of the contract. Any costs associated with the preparation of requested information will be at the expense of the proposing organization. Proposal scoring will be reviewed with the Skagit County Behavioral Health Treatment Sales Tax Advisory Committee for approval of a funding recommendation. The Board of Skagit County Commissioners will make the final decision regarding program contracting.

## VII. CONTRACT TERMS

Upon selection, the proposer must enter into a contract with Skagit County. If a contract agreement is not able to be reached with the selected proposer, Skagit County reserves the right to negotiate a contract with another applicant.

The services to be performed under executed contract are anticipated to begin on or around January 1st, 2022. The initial term of this contract shall be through December 31st, 2022. Upon sole discretion of the County, the County may extend this contract on an annual basis. The County has the right to terminate the contract for public convenience with 30 days' notice.

**Attachment A: Application Cover Sheet**

Name and Title of Authorized Representative: _____

Name of Organization: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____ Fax: _____

E-mail: _____

Please check the appropriate box below and provide the information requested:

☐ Incorporated as a private non-profit corporation in the State of Washington and has been granted 501(c) (3) tax exempt status by the U.S. Internal Revenue Service. IRS Employer Identification Number (EIN): _____

☐ A public corporation, commission, or authority established pursuant to applicable Washington State law

☐ Other _____

State of Washington Business License Number(s): _____

Program Licensure or Certification Status, if applicable: _____

Has there been any Audit Finding or Management Letters (within the last 3 years) from any public funder? If so, please attach.

**Total Operating Funding Requested:** $_____
**Total Start-up Funding Requested:** $_____

I understand the terms and conditions of the NOFA and certify that the above-named agency will comply with all Skagit County requirements if a contract award is made. All information contained in this application is true and accurate to the best of my knowledge.

**Project Sponsor**

_____ _____
Print Name Title

_____ _____
Signature Date

**Attachment B: Budget and Narrative**

## Instructions and Definitions

**BUDGET NARRATIVE:** The Budget Narrative includes explanation of computations as well as the justification of how and/or why a line item helps to meet the program goals and outcomes.

**COMPUTATION:** Show basis/formula of requested dollar amount.

**COLUMN A** (Total County Funds): This column reflects all of the funds from Skagit County Public Health to cover the program or project to be accomplished.

**COLUMN B** (Total Funds from Other Sources): This column reflects all of the funds secured or requested from other sources to support this program or project, including other grants and donations.

**COLUMN C** (Total Value of In-Kind/Non-cash Support): In-kind support is non-dollar contributions such as space and office equipment.

**COLUMN D** (Total Budget A+B+C=D): This column reflects the total sum necessary to implement the program or project.

**PERSONNEL COSTS:** Provide salaries and wages of all employees, whether part-time, full-time, temporary, or volunteer in-kind value. List each position by title. Show the annual salary rate and the percentage of time to be devoted to the project. Attach a separate sheet of paper if necessary.

**EMPLOYEE BENEFITS:** Fringe benefits are for the personnel listed and only for the percentage of time devoted to the project. Include commonly accepted fringe benefits paid on behalf of employees, such as FICA, health and life insurance, retirement, worker's compensation, unemployment insurance, and other approved payroll-related costs. Fringe benefits should be based on actual known costs or an established formula.

**FACILITY:** Include estimated rent or mortgage payments.

**OFFICE SUPPLIES AND EXPENSES:** Include all basic office accessories and supplies, including copier materials, printing and postage, etc. Generally, supplies include any materials that are expendable or consumed during the course of the project.

**COMMUNICATIONS:** Include phone service, long distance charges and e-mail/internet account fees.

**TRAVEL:** Itemize travel expenses by purpose (e.g. staff to training, field interviews, advisory group meetings, etc.). Show the basis of computation (e.g. six people to three-day training at $x airfare, $x lodging, $x meals).

**CONTRACTED SERVICES:** Provide a description of the product or service to be procured by contract.

**DIRECT CLIENT SERVICES/COSTS:** Miscellaneous items such as incentives, client workbooks, etc.

**OTHER:** Include all program expenses not included above. Please itemize any expense of more than $500.

**ADMINISTRATIVE OVERHEAD/INDIRECT COSTS:** Ten percent (10%) of the total project budget based on the net of direct service costs. Funds designated for administrative overhead are fixed amounts and not subject to cost-related provisions.

**Organization:** _____
**Project Name:** _____
**Name and Title of Person Completing Budget:** _____

I. **ONE-TIME START UP AND ANNUAL OPERATING BUDGET**

ONE-TIME START UP BUDGET

| **EXPENSES** | **County Funds** |
|---|---|
| | |
| | |
| | |
| | |
| ***GRAND TOTAL*** | |

ANNUAL OPERATING BUDGET

| | A | B | C | D |
|---|---|---|---|---|
| **EXPENSES** | **County Funds** | **Funds from Other Sources (Outline in II)** | **Value of In-kind or Non-cash Support** | **Total Budget (A+B+C+D)** |
| Personal Costs | | | | |
| | | | | |
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| | | | | |
| | | | | |
| SALARY SUBTOTAL | | | | |
| Employee Benefits | | | | |
| TOTAL PERSONNEL | | | | |
| Facility | | | | |
| Office Supplies /Expenses | | | | |
| Communications | | | | |
| Travel | | | | |
| Contracted Services | | | | |
| | | | | |
| | | | | |
| | | | | |
| Direct Client Svcs/Costs | | | | |
| | | | | |
| Other | | | | |
| | | | | |
| | | | | |
| TOTAL NON-PERSONNEL | | | | |
| Overhead/Indirect Costs | | | | |
| ***GRAND TOTAL*** | | | | |

II. **FUNDING SOURCES**

List the funding sources for the amounts in Column B.

| Funding Source | Amount of Funds | Secured/Requested |
|---|---|---|
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| | | |
| ***TOTAL (must equal Column B of page 1)*** | | |

III. **BUDGET NARRATIVE**

Personnel Costs:

Employee Benefits:

Facility:

Office Supplies/Expenses:

Communications:

Travel:

Contracted Services:

Direct Client Services/Costs:

Other:

**Attachment C: RSS Definitions and Best Practices**

**Definitions/Terminology:**

*Four Pillars of Recovery* – Health, Home, Purpose and Community.[1]

*Health* – Overcoming or managing one's disease(s) or symptoms – for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one had an addiction problem – and for everyone in recovery, making informed healthy choices that support physical and emotional wellbeing.

*Home* – A stable and safe place to live.

*Purpose* – Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society.

*Community* – Relationships and social networks that provide support, friendship, love, and hope.

*Individual seeking support services* – an individual who is either actively using a substance, new to recovery or in long-term recovery and is interested in seeking recovery support. Common terms for individual seeking support services including member, mentee, client, consumer, patient, participant and/or peer.

*Peer* – all individuals who share the experiences of addiction and recovery, either directly or as family members or significant others.[2]

*Peer Recovery Support Services (PRSS)* – a peer-helping peer service alliance in which a peer leader in stable recovery provides social support services to a peer who is seeking help in establishing or maintaining their recovery.[2]

*Other terms for peer recovery support services include consumer-run services, peer-based services, peer-led services, peer-run support, peer-to-peer support, peer-centered care, peer participatory processes.

*Recovery* – A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.[1]

*Recovery Capital*– the volume of internal and external assets to initiate and sustain recovery from severe alcohol or other drug problems. Recovery capital can also be described as the total resources that a person has available to find and maintain their recovery. There are four types of recovery capital[11]:

*Personal recovery capital* – health, healthcare, financial resources, clothing, food safe and habitable shelter, transportation, and abilities/skills like knowledge, problem-solving, education, self-esteem, ability to navigate challenging situations, interpersonal skills, etc.

*Family/social recovery capital* – resources related to relationships with friends and family, people in recovery, supportive partners, and the availability of recovery-related social events.

*Community recovery capital* – attitudes, policies, and resources specifically related to helping individuals resolve substance use disorders. They can include: recovery activism and advocacy aimed at reducing stigma, a full range of addiction treatment resources, peer-led support, recovery community organizations, recovery support institutions, educational-based recovery support, recovery ministries and churches, visible and diverse local recovery role models, and resources to sustain recovery and early intervention program s like employee assistance programs, and drug courts.

*Cultural capital* – resources resonate with individuals cultural and faith-based beliefs, such as resources for Native Americans and people of religious faiths.

*Recovery Coach* – Recovery coaches are often those peers in long term recovery who walk side by side with individuals seeking recovery from substance use disorders. They help people create their own recovery plans and develop their own recovery pathways. Recovery coaches provide many different types of support, including emotional, informational, instrumental and affiliation support. See 'Recovery Coach' section below for greater detail.[12]

*Other terms for recovery coach include recovery mentor, peer mentor, peer coach, peer worker, peer specialist, peer recovery specialist, guide, peer services interventionist, peer resource specialist, recovery friends, peer bridger, experts by experience and or Firestarter (Firestarters are peer leaders responsible for building local recovery communities in native American communities.)

*12-step* –is a set of principles that assist people suffering from alcohol abuse and addiction by providing individual action steps. In 1939, Alcoholics Anonymous published its original 12-step method of recovery and many programs have starts as offshoots. These programs have expanded to encompass drug addiction, compulsion, and depression.[13]

* Other terms for 12-step include mutual help, mutual support, and/or mutual aid groups.

**Background[3&4]:**

Peer Recovery Support Services (PRSS) first arose in the 1990s and emerged from a variety of earlier interventions including patient navigator models and community-based 12-step mutual support. Common functions of PRSS include facilitating and supporting patients' engagement with behavioral health disorder including substance use disorder (SUD) treatment and transition between levels of care (e.g., between inpatient and outpatient programs), in addition to connecting patients with community-based recovery support services and mutual help organizations. PRSS can help individuals navigate systems to build recovery capital, attain employment, attend mutual-help and address criminal justice issues.

**Research is limited on efficacy of PRSS models and additional research is needed to parse out for whom and under what conditions PRSS interventions have the most utility, how peers should be trained and what, if any certifications should be required for peer work in order to inform the development of "best practice" models. However, based on the current literature PRSS were commonly associated with:**

- ↓ **Reduced substance use and substance use disorder relapse rates**
- ↑ **Improved relationships with treatment providers and social supports**
- ↑ **Increased treatment retention and greater satisfaction with treatment**
- ↑ **Greater levels of consumer activation (willingness/ability to independently manage their health care) and levels of consumer hopefulness for recovery.**

Given these positive outcomes, mechanisms of PRSS (i.e., Drop-in Recovery Centers, Recovery Cafés, and Recovery Coaching) have been investigated and described below.

**Drop-in Recovery Centers[5&6]:**

Drop-in Recovery Centers, also called Recovery Community Centers, Self-help Centers and/or Peer Support Centers, are places that people with behavioral health disorders can visit – without an appointment, to seek support from peers, participate in social activities, seek help obtaining services and benefits, or simply relax and have fun.[5] Often times, Recovery Community Centers are ran and supported by adults from the community who are living in recovery from mental health and/or substance use challenges and who serve as a resource for adults with similar life experiences who are struggling to find or sustain recovery. These adults may or may not be referred to as Peer Recovery Coaches. Many recovery community centers are typically operated by a recovery community organization.

Drop-in Recovery Centers provide opportunities in a safe, comforting and judgement free space for one-on-one connections and group activities focused in education, information sharing, skill-building, and socialization. These Centers may host mutual aid group meetings and offer recovery coaching, recovery focused education and social events, access to resources including housing, education and employment, telephone-based recovery services, and additional recovery community education, advocacy, and service events.

For technical guidance, view the "Consumer-run Drop-in Centers Technical Assistance Guide" here: http://164.156.7.185/parecovery/documents/Drop_In_Tech_Assist.pdf

**Drop-in Recovery Center Best Practices**

- Support individuals no matter what phase of use or recovery they may be in.
- There are no required activities for those accessing the Center.
- Guests can visit the Center anytime during open hours without an appointment and have the freedom to choose what activities/services they want to participate in/with.
- No cost and/or insurance is needed.
- Offer a variety of activities which could include:
    - Self-help group meetings (also called mutual support or rap sessions). Examples include center run meetings, Alcoholics Anonymous (AA), Cocaine Anonymous (CA), Narcotics Anonymous (NA), etc.;
    - group meals;
    - Weekly or monthly socials and/or "sober parties";
    - Excursions – events outside of the center;
    - Consumer speakers' bureaus. Many drop-in centers educate the public about behavioral health issues by sharing peers' stories and lived experience;
    - Individual advocacy;
    - Systems advocacy;
    - Referrals to other community resources/supports/services;
    - Computers and other helpful electronic devices;
    - Employment services;
    - Guest speakers/workshops;
    - Assistance with basic needs and more.
- Follow a consumer-controlled model.

**Recovery Cafés[7]:**

Recovery Café was founded in 2003 as a direct response to the critical, unmet need for those who suffer from behavioral health challenges and need long-term recovery support. Recovery Café is a specific program, designed to help people maintain recovery, reduce relapse, and fulfill their potential. Like Drop-in Recovery Centers, Recovery Cafés are essentially spaces that provide support and access to housing, social and health services, healthy relationships, education, and employment.

**Important elements/best practices of this work include:**

- A space that hosts free, nutritious meals, coffee, tea and lattes, birthday celebrations, Open Mic nights, access to a computer lab, daily encouragement, and a robust delivery of the message YOU MATTER.
- Small, loving accountability groups called Recovery Circles which offer peer-to-peer support. They are facilitated by a staff person, trained community volunteer, or a long-term member.
- Volunteer opportunities allow members to: learn the rewards of giving back, improve communication abilities, develop leadership skill, and learn to interact effectively and

productively with staff, other members and outside volunteers who spend time at the Café sharing their gifts.

- Education through the School for Recovery, a school available to Members and Volunteers featuring classes that address the underlying causes of addiction, teach coping skills, develop knowledge, and build recovery capital.
- 12-step meetings are held in a dedicated space including Alcoholics Anonymous (Spanish and English), Narcotics Anonymous, and Overeaters Anonymous.
- Referral Services. Recovery Café partners with a wide network of complementary service providers to help members gain and maintain housing, healthcare, mental health services, legal assistance, and a base of support as they navigate the complex social services system. Recovery Café doesn't seek to duplicate services but rather be a place of stability so members can access the services they need.

Recovery Café is equipped to help individuals whether in crisis, new to recovery, in long-term recovery, after a relapse, during a difficult life change, or mental health transition.

For outcomes and reports, visit Recovery Café's website here: https://recoverycafe.org/annual-report/

**Recovery Coaching**[2,4&8]**:**

Although the name given to this service activity varies from project to project, the term recovery coach refers to a one-on-on relationship in which a peer leader with more recovery experience than the person served encourages, motivates, and supports a peer who is seeking to establish or strengthen their recovery. Voluntary and paid recovery coach positions are a fairly new development in the behavioral health field. Coaches do not provide treatment, but often help individuals discharging from treatment to connect to community services while addressing any barriers or problems that may hinder the recovery process.

The nature and functions of mentoring or coaching vary from one project and/or setting to another. Generally, coaches assist peers with tasks such as setting recovery goals, developing recovery action plans, and solving problems directly related to recovery, including finding sober housing, making new friends, finding new uses of spare time, and improving one's job skills. They may also aid with issues that arise in connection with collateral problems such as having a criminal justice record or coexisting physical and mental challenges.

**Recovery Coach Core Competencies/Best Practices**

- Recovery coaches identify as being in recovery and help others with behavioral health disorders to achieve and maintain recovery using four types of support:
    1. Emotional (empathy, caring, concern)
        - Engage peers in collaborative and caring relationships
        - Helps individuals manage crises
    2. Informational (practical knowledge and vocational assistance)
        - Shares lived experiences of recovery
        - Aids in recovery planning
        - Provides information about skills related to health, wellness, and recovery.
    3. Instrumental (concrete assistance to help individuals gain access to health and social services)
        - Links individual to resources and supports.
    4. Affiliation (introductions to healthy social contracts and recreational pursuits).
        - Promotes independence, leadership, advocacy, growth, and development.
- They personalize peer support and do not presume that the same path toward recovery will work for everyone they coach.
- The relationship of the peer leader to the peer receiving help is highly supportive, rather than directive.
- They are embedded in the community in a variety of settings, including recovery community organizations - community health, mental health or addition clinics, sober living homes and recovery residences, and recovery high school and collegiate recovery programs.
- They work in various treatment and recovery contexts including primary care, emergency departments, mental health clinics, criminal justice, child welfare, homeless agencies, and crisis outreach teams.

Recovery Coaches are not:

- Substance use disorder treatment counselors. They do not diagnose or provide formal treatment. Rather, they focus on instilling hope and modeling recovery through the personal, lived experience of addiction recovery.
- Case managers. Case management typically involves professional or patient service delivery models. The terms “peer” and “recovery coach” are used purposely to reflect a mutual, peer-based collaboration to help people achieve sustained recovery.
- AA or NA sponsors. Peer recovery coaches do not espouse any specific recovery pathway or orientation but rather facilitate all pathways to recovery.
- Nationally standardized, with manuals describing their activities. Peer recovery coaches vary around the country. This stems from the newness of this practice and the diversity of the populations that recovery coaches serve. As use of this type of support expands, some national norms of practice and behavior will likely form over time, but with significant flexibility to enable sensitivity to local realities.

While no national standardized approach to training peer recovery coaches has been developed, most states require peers to complete a training and certification program before providing recovery support services to individuals. It is unclear if Washington State has any training and/or certification requirements to become a peer recovery coach.

*As of July 1, 2019, peer support services are now included in both the mental health and substance use sections of the Medicaid State Plan. This allows appropriate licensed behavioral health agencies to provide peer support services for both mental health and substance use disorders and bill them as Medicaid reimbursable encounters. As stated above, peer counselors are not the same as peer recovery coaches. Peer recovery coaches are not able to provide Medicaid reimbursable services.

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Two rigorous systemic reviews found that recovery coaching has a positive impact on participants. Recovery coaching is associated with[12]:

- ↑ Improved relationship with treatment providers
- ↑ Increased treatment retention
- ↑ Increased satisfaction with overall treatment experience
- ↑ Improved access to social supports
- ↑ Greater housing stability
- ↓ Decreased criminal justice involvement
- ↓ Decreased emergency service utilization
- ↓ Reduced relapse rates
- ↓ Reduced re-hospitalization rates
- ↓ Reduced substance use

**Long-term Recovery Management Protocols[6]:**

Recovery-oriented care often use long-term recovery management protocols, such as recovery management check-ups (RMCs), and telephone case monitoring.

The RMC model for substance use disorders draws heavily from monitoring and early reintervention protocols used for other chronic diseases, such as diabetes and hypertension. With the core components of tracking assessment, linkage, engagement, and retention, patients are monitored quarterly for several years following initial treatment. If a relapse occurs, the patient is connected with the necessary services and encouraged to remain in treatment. The main assumption is that early detection and treatment of relapse will improve long-term outcomes.

A clinical trial showed that, compared with patients assigned to usual care, individuals receiving RMCs returned to treatment sooner after relapses, had fewer misuse problems, had more days of abstinence, and were less likely to need treatment at follow-up 2 and 4 years later. Recovery management check-ups have also been shown to be effective for people who have co-occurring substance use disorders and mental illnesses and for women with substance use disorders who have been released from jail. RMC's

are also cost-effective. Although the check-ups add somewhat to annual care costs, a randomized study showed that they produce greater reductions in cost associated with health care and criminal justice.

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