

What are Peer Recovery Support Services (PRSS)?

PRSS are non-clinical services that help people achieve long-term recovery from addiction. Delivered by peers who have “lived experience,” PRSS help others initiate and maintain recovery and enhance their quality of life. They are neither treatment nor mutual aid supports. PRSS include peer recovery coaching, telephone support, peer-facilitated support and educational groups, resource and systems navigation, and instrumental support, such as recovery-oriented employment and housing. PRSS also include recovery community centers such as Unity Hall – Recovery Communities in the City of Fairfield in Solano County, places where peer services and recovery activities take place in community settings.

Why is there a need for PRSS?

Utilization of peer support is a common practice in many medical fields and offered as a valuable adjunct to professional and clinical services. *Improved outcomes are particularly notable when peer support services are provided to people with chronic conditions that require long-term self-management. PRSS are a vital link between systems that address substance use disorders in a clinical or prison setting and the larger communities in which people seeking to achieve and sustain recovery live.*

How do Peer Recovery Support Services help people get better?

- Ø Improve health and wellness in individuals, families, and communities
- Ø Build recovery capital (internal and external supports that reinforce sustained recovery)
- Ø Help individuals play an active role in managing their own recovery from addiction
- Ø Provide outreach to hard-to-reach populations and diverse communities
- Ø Reduce relapse and recidivism rates
- Ø Lift barriers and increase access to medical and other supportive services

What kinds of outcomes are generated by PRSS?

According to 2010 GPRA data (Government Performance and Results Act) from the Substance Abuse and Mental Health Services Administration (SAMHSA), the following outcomes (baseline data with 6 month follow up) of individuals involved with a Recovery Community Support Program shows (Hill & Taylor, 2010):

- Ø 75 % of clients reporting no substance use, an increase of 19%
- Ø 96 % of clients reported no arrests at 6-month follow-up
- Ø 50% of clients reporting being employed, an increase of 31%
- Ø 52% of clients reporting being housed, an increase of 27%
- Ø 21% Clients experiencing serious depression decreased 21%
- Ø Clients experiencing serious anxiety decreased 21%
- Ø Clients experiencing trouble understanding, concentrating, or remembering decreased 26%
- Ø Clients attempting suicide decreased 29%

References:

Taylor, P., Valentine, P., and White, W. (2007). *The Recovery Community Organization: Toward a Working Definition and Description*. Faces & Voices of Recovery, Washington, DC.

Substance Abuse and Mental Health Services Administration (2009). *What Are Peer Recovery Support Services?*, US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment

Hill, T., and Taylor, P. (2010). *Addiction Recovery Peer Service Roles: Recovery Management in Health Reform*. Faces & Voices of Recovery, Washington, DC.