



Bureau of Justice Assistance (BJA)

Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP)

Culturally Responsive Pathways to Peer Programming in Tribal Communities

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Overview

Individuals and families recovering from substance use disorder (SUD) have been providing support to one another in various forms for nearly 300 years. As they have come to be known today, peer-based recovery supports (P-BRS), or peer recovery support services (PRSS) draw from the lived experience and expertise of individuals who have successfully achieved recovery from addiction. While “peer support” is a widely known and utilized term today, the first known PRSS likely occurred within and among American Indian/Alaska Native (AI/AN) tribes in traditional forms such as talking circles and sweat lodges. While these forms of PRSS differ from more commonly recognized Western approaches, traditional AI/AN approaches to engaging in peer services have been found to be more effective in supporting and sustaining recovery among AI/AN communities. PRSS have historically been and remain a key intervention for tribal communities and individuals, since they effectively address high rates of substance use and limited resources.

While the tight-knit nature of tribal communities can lend itself to the development of effective

peer support structures, that same dynamic can perpetuate the stigma associated with SUD that can be particularly prevalent among tribal communities. Difficulty finding confidential services can prevent people from accessing the help and resources they need. However, incorporating traditional practices such as peacemaking and beadwork can help alleviate participant hesitancy to access support through the creation of meaningful and culturally relevant interventions. Cultural responsiveness, combined with continued research on the efficacy of PRSS among tribal communities, can also help reduce stigma and garner buy-in and support from tribal leaders, elders, and agencies that may be hesitant to integrate PRSS into their communities.

Implementing PRSS in tribal communities presents even further unique challenges. Evidence-based practices (EBPs) often dictate where scarce financial resources are targeted. Although there are several SUD best practices that include PRSS, research specific to AI/AN populations is currently limited. Therefore, tribal SUD programs may utilize EBP models that are validated among the general population but have

not yet been validated among AI/AN populations. In addition, the certification process can be exceptionally challenging for tribal populations. Services provided by certified peer practitioners often provide access to a reliable funding stream, since those services can be billable through Medicaid. However, in tribal communities most peer programs do not charge

“The essence of empowerment is the ability of people to participate in decisions that affect their lives and join together with others in similar circumstances to advocate on issues of common concern. Peer recovery support is an expression of such empowerment”

(White, 2009).

Medicaid for their services. Additional barriers to certification in tribal communities include not obtaining the required training, not maintaining a suitable period in recovery without a return to use, lack of required education, lack of appropriate supervision, and criminal history and justice system involvement constraints.

The Sequential Intercept Model (SIM) helps communities develop a comprehensive picture of how people with behavioral health disorders flow through the criminal justice system along six intercept points and is often used as a strategic planning tool to assess available resources, determine gaps in services, and plan for community change. However, the complexities of tribal systems warrant a conceptualization of the SIM that allows for exceptions and alternative methods of referral, service delivery, and treatment that may

lie outside those typically adhered to in westernized communities.

With this sentiment in the forefront, this publication will expand on the importance of incorporating culture into PRSS delivery, as well as best practices for the development and implementation of PRSS for AI/AN populations. It will also highlight the role of peer practitioners in tribal settings across the SIM, provide an alternative conceptualization of the SIM, specific to providing PRSS for tribal populations, and provide exemplary models of peer support programs currently being implemented and expanded on throughout the United States. Finally, this publication will explore two EBP models of substance use intervention that include a peer support component, both of which have been validated based on research with AI/AN populations: the White Bison Program and Circle Peacemaking.

The History of PRSS in AI/AN Tribal Communities

The history of addiction treatment and recovery in the United States contains a rich “wounded healer” tradition. The term wounded healer refers to an individual whose personal experience of illness, trauma, or substance use serves the individual in offering support to others who have experienced a similar journey. For over 275 years, individuals and families recovering from substance use have provided P-BRS to help others who are struggling. Peer-based means that supports and services are drawn from the experience of individuals who have successfully achieved recovery from addiction, which can enhance the service recipient’s sense of mutual identification, trust, confidence, and safety. Therefore, what constitutes a peer is defined by each individual served, rather than by an organization. Recovery in this context, then, involves the critical element of

sobriety, improvement in global health, and positive participation in and contribution to community life.

Historically, recovery mutual-aid movements have risen in the absence, underfunding, ineffectiveness, or collapse of professional systems of care. It is under these circumstances that people in recovery turn to one another for empathic support. Historical research has placed the beginnings of P-BRS within mid-eighteenth-century AI/AN tribes. When alcohol problems first arose within American Indian communities, a series of Indigenous movements offered cultural pathways of recovery for individuals, families, and tribes. The earliest of these movements included the Handsome Lake Movement (1799), the Indian Prophet Movements (1805–1830s), the Indian Shaker Church (1882), and the AI/AN Church (1918). This tradition continued in the contemporary period through the “Indianization of Alcoholics Anonymous,” the Red Road, and the AI/AN Wellbriety movement. The collective experience of AI/AN people struggling with substance use ultimately set the stage for the rise of addiction recovery support groups and the specialized field of addiction treatment (White, 2009).¹

The history of Indigenous healing practices utilized by AI/AN tribes to address substance use and mental health disorders has traditionally been quite different from Western approaches, and Western approaches to addressing such issues have been largely ineffective among AI/AN communities. As a result, tribal communities have sought a return to traditional intervention practices that include a cultural component (e.g., talking circles, sweat lodges, prayer, and smudging) as a way of managing community and social challenges. These programs have also been extended to non-Native urban settings to provide services to AI/ANs living there, and have been adapted by other cultural and spiritual entities, including Christian churches. PRSS were one such tradition, which began in the form of sobriety circles that were

utilized in AI/AN communities as early as the 1750s, in which the healing process was led by those who had recovered from substance use and encouraged others in the community who were struggling with a SUD to return to tribal values.²

AI/AN communities have historically faced significant concerns regarding substance use within their communities. Don Coyhis, a recovery counselor who experienced his own sobriety journey, sought to address this intergenerational challenge by conceptualizing an Indigenous program in the late twentieth century called the Wellbriety Program to address substance use within AI/AN communities. The Wellbriety Program was formed based on information gathered from various AI/AN communities and urban community centers throughout the United States during a series of nationwide tours called “Hoop Journeys.” In keeping with AI/AN values, elders and tribal leaders were consulted throughout the “Hoop Journeys” series for their perspective on the Wellbriety Program approach. Their feedback resulted in the Seven Trainings of the Firestarters (Firestarter), which was developed and piloted in 19 demonstration sites as part of the Recovery Community Support Program (RCSP) under Substance Abuse and Mental Health Services Administration (SAMHSA) federal funding. From 2004 to 2008, the Wellbriety movement joined the second wave of grant-funded projects that refined the organizational structure, peer practices, ethics, and evaluation methods for RCSP.³

Researchers from Johns Hopkins and Argosy Universities subsequently tracked 326 of the 388 individuals who completed the four-year Firestarter training beginning in 2004. The expectation was that these individuals would return to their home communities to provide peer recovery support, facilitate Medicine Wheel Circles (12-step groups for men, women, family, and friends), and facilitate community coalitions. Of those 326 individuals, 309

White Buffalo Recovery Center

The White Buffalo Recovery Center (The Center) on the Wind River Reservation in Wyoming provides a Wellbriety Program to tribal members. The Wind River Reservation is home to two AI/AN tribes: the Eastern Shoshone and the Northern Arapaho Tribes. Located in central-western Wyoming, the reservation is estimated to have more than 25,000 residents, based on the 2010 United States census, and covers approximately 2 million acres and 3,500 square miles. The White Buffalo Recovery Center provides outpatient treatment services to Northern Arapaho tribal members, as well as members from other tribes, and works closely with the Tribal Healing to Wellness Court. The Wellbriety Program includes check-in groups and individual sessions and a Northern Arapaho cultural component, which includes resources, sweat lodges, smudging, and language, arts, and crafts classes. The cultural component is optional for those who are in recovery. The Center utilizes the 12-Step Medicine Wheel and Mending Broken Hearts approaches to address substance use within the context of historical trauma. The White Buffalo Recovery Center currently has six PRSS specialists with plans to hire three additional staff members. All PRSS specialists have a recovery history and are certified by the state of Wyoming, which based their certification on the Center's program. For additional information on the White Buffalo Recovery Center, see Section 4, "The Models of Peer Support in Tribal Communities."

Firestarters (96.9 percent) were found to be abstinent from drugs and alcohol six months after the training.⁴ These individuals impacted their communities' readiness for change and began mobilizing the development of local recovery communities. The Wellbriety Program currently consists of a number of different program adaptations including the Mending Broken Hearts Program, which provides culturally based healing from grief, loss, and intergenerational trauma for AI/AN participants. The Wellbriety Program has also developed a community reentry program called Warrior Down. As a whole, the Wellbriety Program has positively impacted tribal communities' understanding of the substance use issues within their communities and the development of a model of community substance use intervention, the "Community of Clans."⁵

The Wellbriety Program has led to the development of White Bison, a peer-designed and peer-delivered curriculum and training for substance use recovery that incorporates some or all of the aforementioned programs. There are currently 17 Wellbriety Certified Treatment Centers serving AI/AN participants across the United States. Results of a pilot project of the Warrior Down community reentry program demonstrated that 80 percent of participants maintained sobriety and did not engage in criminal recidivism behavior.⁶ Evaluations have been conducted using the Government Performance and Results Act (GPRA) to ensure that cultural components are included in the Wellbriety Program, including authenticity (the character of the leaders) and servant leadership (the actions of the leaders). The evaluations specifically measured cultural self-efficacy, civic character, and peer leadership among the Firestarters. The study demonstrated that the Firestarters

maintained self-development and brought Wellbriety services to their communities.⁷

As a result of the work of pioneers in developing AI/AN peer recovery supports, formal PRSS are now being delivered through diverse organizations and roles and are being designed to extend the current acute-care model of addiction treatment toward the goal of elevating long-term recovery outcomes, using “community guides” to lead marginalized individuals and families back into full participation in community life. PRSS are being delivered within a variety of organizational contexts and spanning volunteer, not-for-profit, for-profit, and criminal justice entities to provide those in recovery with a connection to local communities of recovery.

Cultural Responsiveness in Peer Programming

View of recovery in Tribal communities

Substance use has negative impacts, on the individual who is using, as well as on family members. For those who want to be in recovery, there is also often stigma associated with receiving recovery support services. In most tribal communities, relationships are tight-knit and finding confidential services can be difficult.

Within tribal communities, multiple health services are located within the same health-care agency and building, often preventing people from accessing services, for fear of seeing someone they know at their recovery-related health appointments. Some tribal communities do not provide substance use treatment services and must rely on local counties to provide these services. However, tribal PRSS may still be housed in the same building where other health services are provided, which can present an additional

challenge for tribal members who want to utilize these services.

Tribal health professionals who work in collaboration with PRSS report having an understanding of the importance of receiving PRSS for those in need and have been working to combat the stigma attached to receiving these services within tribal communities. PRSS practitioners have become more widely accepted and less stigmatized more recently, since increased evidence supports the success of these services and improves buy-in from tribal leaders and communities.

Importance of culture

AI/AN tribes have a deep understanding of who they are and where they came from, and individuals are connected to the earth spiritually. These understandings and connections can be shown through each tribe’s unique culture and practices. While substance use treatment programs cannot not always incorporate tribal culture, PRSS programs within tribal communities utilize their cultures to support substance use recovery. Various traditional practices to include sweat lodges, peacemaking talking circles, powwows, classes for beadwork, cooking, making moccasins, fishing, tanning deer hides, attending cultural events, walking through natural environments gathering herbs, making drums and stickball sticks, and making traditional regalia are all used to incorporate cultural responsiveness into tribal PRSS programming.

Using traditional practices within the tribal justice system can be particularly helpful in resolving disputes, imposing appropriate accountability for harmful behavior, or connecting tribal members with their cultures and traditions in meaningful interventions designed to support substance-free living, reduce recidivism, and provide healing and wellness.⁸

Four Directions Treatment Center

Fort Hall Indian Reservation

Shoshone Bannock Tribes

Fort Hall, Idaho

<https://www.sbtribes.com/fourdirections/>

The Four Directions Treatment Center is located on the Fort Hall Indian Reservation in Idaho. The Fort Hall Indian Reservation is home to the Shoshone and Bannock Tribes, which are now part of the Shoshone Bannock Tribes. Located in southeastern Idaho, the reservation is estimated to have more than 4,000 residents (5,000 total enrolled members) on a reservation comprising approximately 520,000 acres.

The Four Directions Treatment Center provides outpatient treatment and includes a Recovery Coach Program and Academy. There are currently four recovery coaches working for the Center. These are full-time employees who provide outreach and individual client support through classes and groups. The coaches speak at community events and staff booths at events such as Family Days. The recovery coaches help with cultural activities such as tending to the Center's garden, gathering herbs and medicines, preparing fish and meat, and leading sweat lodges. They also conduct cedar-ing ceremonies, both in the treatment center and in the Recovery Coach Program building, which uses a drop-in center model where clients can come at any time and spend time in the day room. Next door, clinical treatment services are available.

The recovery coaches are required to become certified by the state of Idaho and to complete 30 hours of training, to include ethics training. The recovery coach positions are paid for by federal grant funding (Coordinated Tribal Assistance Solicitation (CTAS) Purpose Area 3. CTAS grants allow tribes to submit a single application for most of the Justice Department's tribal grant programs). The grant expired in September 2021 and the Shoshone–Bannock Tribes have been working to identify additional funding for the positions. The tribe does not receive Medicaid funding for the recovery coach services, and obtaining this as a funding option is another goal of the tribe. The coaches became state certified for that reason to assist with being able to bill Medicaid.

The Treatment Center serves approximately 30 to 50 clients per month for clinical services. Approximately 10 of these clients voluntarily participate in the Recovery Coach Program. Court mandated clients do not typically take advantage of the Recovery Coach Program, while voluntary participants seem to appreciate working with a recovery coach. While there is no formal outcome data, anecdotal evidence suggests that those who return to use engage in treatment more quickly, based on participation in the Recovery Coach Program.

Some of the disparities in treatment that occur among AI/AN populations can be mitigated through increased availability of culturally responsive treatment programs.⁹ Local adaptations of treatment protocols are needed to address the significant diversity among

AI/ANs, since there are important differences in the language, culture, and customs of the 573 federally recognized American Indian and Alaska Native tribes and communities.

Studies have shown that cultural identity and spirituality are important issues for AI/ANs seeking help for SUD, and these individuals may experience better outcomes when traditional healing approaches are incorporated into treatment programs.¹⁰

Key Informant Interviews

As part of the development of this PRSS resource document, nine tribal PRSS practitioners were interviewed to better understand the importance of culture and traditions, and how these components have been utilized within tribes that have PRSS programming interventions. In an analysis of the interview content using the qualitative research software NVIVO, some of the words that were most prominently featured included community, people, culture, work, and housing.

This word cloud demonstrates the use of culturally relevant words by the nine key informants regarding tribal-specific PRSS:

Examples of these interventions are described in excerpted quotes by informants below.

Commonalities with peer philosophy and values

Peer support specialists (PSSs) have individual values that have been shaped by their environment and culture. These values have adapted over time based on new environments such as work, socialization, and community. Because there are many PSSs and many have lived experience with their own recovery that will influence their philosophies, there is no one path to recovery that all peer support specialists follow. As discussed throughout this section, culture

Excerpts From Key Informant Interviews

“We use cedar and sage, including in the building, to bless ourselves. We use a sweat lodge. During COVID, we did online prayers. We would take people to gather medicines and herbs. We would engage in ceremonies. We would use cultural food like salmon. Clients had not eaten it because they didn’t know how to cook it. We taught them how to cook it. We were also planning for instruction on how to tan deer hides. We did classes in crafting, beads and making moccasins. We would make clothing for the sweat lodge. I grew up with the tribal traditions but not everyone in the tribe did. Most had no teachings and no connection to their identity. People had a hard time coping and adapting. We used culture to help overcome that.”

“For those that are seeking recovery and by incorporating culture into peer recovery support services, it allows and encourages them to regain their identity and spiritual connection. Peers and peer specialists utilize culture and traditional values in recovery that are specific to their tribal communities. It is important for them to understand the culture and to have awareness of opportunities for cultural engagement that can impact the recovery journey.”

“We focus on a sense of identity, getting people re-grounded, and having purpose. Some people are within themselves. Spirituality helps them to see there is something higher than them. Instead of AA, we use culture and skills.”

Yellowhawk Tribal Health Center

Confederated Tribes of the Umatilla Indian
Reservation

Pendleton, Oregon

<https://yellowhawk.org/>

The Yellowhawk Tribal Health Center is located on the Confederated Tribes of the Umatilla Indian Reservation (CTUIR) in Oregon. The CTUIR is home to three AI/AN tribes: the Cayuse, the Umatilla, and the Walla Walla. Located in northeastern Oregon and southeastern Washington, the reservation is estimated to have 3,152 residents, according to the tribal website, and covers approximately 172,000 acres.

The Yellowhawk Tribal Health Center provides outpatient (Level 1) substance use treatment to CTUIR members as well as other AI/ANs living in the area. Programming includes services provided by certified drug and alcohol counselors and recovery mentors. The staff members utilize the Matrix Model and motivational interviewing to encourage participation in the recovery program. The program provides after-care and support services utilizing peer-led groups based on Narcotics Anonymous,

Alcoholics Anonymous, and the culturally specific Wellbriety groups.

There are two sober transitional housing facilities, one for men and one for women, that include peer recovery mentors and house monitors who staff the facilities 24 hours per day. The program includes cultural components such as sweat lodges, beading, and drumming. Staff members have also started an equine therapy program, in keeping with the tribal history with horses. The program receives referrals from both the tribal and county courts, and takes clients from the treatment program, those leaving a detoxification program, and those reentering from prison.

The Yellowhawk Tribal Health Center currently has two peer recovery mentors and would like to have eight to be fully staffed. The Center would like to enhance the credentials of its peer recovery mentors so that the services provided through the housing program can be reimbursed. Peer recovery mentors provide culturally specific and responsive services, assist clients with seeking benefits to include suitable housing, and support them with treatment engagement and sustainment.

and traditions incorporated into PRSS for tribal communities may have a similar basis, but there are many differences that influence peer support service pathways and philosophies. It is a best practice for PSSs to understand the basics of their roles and tailor them to their tribal cultures, traditions, and personal lived experience.

Best practices for obtaining buy-in and support

Buy-in from tribal leaders, elders, agencies, and communities for PRSS may look different than in nontribal programs because culture and tradition have a profound impact on the work of tribal programs. Tribal organizations and communities have a holistic approach that is family-centered and requires support

from the tribal organizations' leaders, as well as the community. The inclusion of cultural competency and responsiveness within PRSS increases the likelihood of buy-in and support within tribal communities.

Supporting recovery requires that mental health and addiction services:

- ◀ Be responsive to and respectful of the health beliefs, practices, and cultural and linguistic needs of diverse people and groups.
- ◀ Actively address diversity in the delivery of services.
- ◀ Seek to reduce health disparities in access and outcomes.

Cultural competence describes the ability of an individual or organization to interact effectively with people of different cultures. To produce positive change, practitioners must understand the cultural context of the community that they serve and have the willingness and skills to work within this context. This means drawing on community-based values, traditions, and customs and working with knowledgeable people from the community to plan, implement, and evaluate recovery activities.

Individuals, families, and communities that have experienced social and economic disadvantages are more likely to face greater obstacles to overall health. Characteristics such as race or ethnicity, religion, low socioeconomic status, gender, age, mental health, disability, sexual orientation or gender identity, geographic location, or other characteristics historically linked to exclusion or discrimination are known to influence health status. Challenges related to employment, housing, and community connectedness need to be addressed as part of the recovery process.

Culturally competent and responsive approaches to gaining tribal leadership and community buy-in will vary by setting, but should incorporate the following:

- ◀ Give before you get—An example could be a peer recovery specialist giving a presentation to the community and/or leaders about how PRSS impact those who are searching for recovery services.
- ◀ Be interested in other peoples' agendas—Listening to the needs of others and being willing to compromise with potential partners will assist in the development of trust and buy-in.
- ◀ Create community partnerships with other agencies, tribal leadership, and community members and groups, including tribal elders and spiritual advisors.
- ◀ Meet people where they are—literally and metaphorically. Increase partnerships and communication literally and meet people metaphorically by understanding their wants and needs in pursuit of building a mutually beneficial relationship.
- ◀ Be a constant presence—To build a relationship or partnership with people, you need to be in contact with them regularly, to obtain support now, and to continue a long-term partnership for their benefit and yours.
- ◀ Be a champion for resource distribution—Demonstrate an investment in the wants and needs of the recovery community.

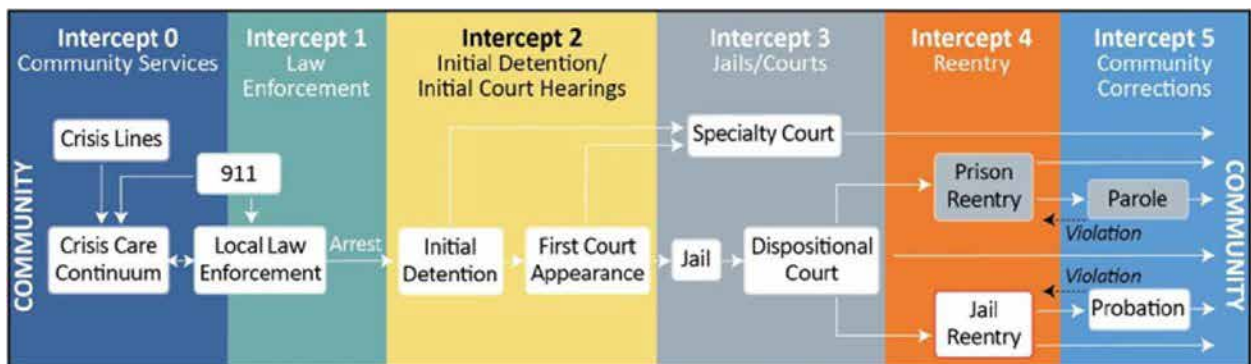
Peer Practice Within Tribal Community Intercepts

The link between substance use and criminal justice involvement is well-recognized.¹¹ The criminal justice population has a disproportionately high rate of SUDs, as well as co-occurring mental health issues and SUDs, compared with the general population. The substance misuse and dependence rates of offenders are more than four times those of the general population (Bronson, 2017). Of the more than 2 million people incarcerated in prisons and jails, nearly all of them—95 percent—will eventually return to the community.

Many of these individuals struggle with SUDs and co-occurring disorders before, during, and after their release from the criminal justice system.

Across the different settings in which individuals may find the need for recovery services, there are six key opportunities for linking individuals to services that address behavioral health conditions and SUDs, and promote reduced recidivism and improved life outcomes. PRSS have emerged as important resources for engaging and supporting individuals and families in their recovery at each of these points. Figure 1 below portrays the SIM, which describes each of

these settings in detail. The SIM helps communities develop a comprehensive picture of how people with behavioral health and SUDs flow through the criminal justice system along six intercept points.¹² It is often used by communities as a strategic planning tool to assess available resources, determine gaps in services, and plan for community change. Below each intercept, there are examples of the roles of peer recovery specialists at that intercept, and the scope of the services they could be expected to provide. People with lived experience can and should be represented across the intercepts in positions of leadership to help design, inform, and guide programming for individuals



Examples of Peer Titles and Services at Each Intercept

<p>Peer Navigators assist with service linkages and follow-up for individuals who survive overdose</p> <p>Peer Crisis Interventionists integrated into mobile crisis outreach/crisis intervention teams and Assertive Community Treatment (ACT) teams</p> <p>Peer Recovery Specialists offer comprehensive peer supports—including harm reduction and recovery planning, support group facilitations, and telephone/virtual recovery supports—in recovery community organizations, other community-based settings, and within behavioral health treatment programs</p>	<p>In pre-arrest deflection or diversion programs that engage individuals based on risk factors and needs, Peer Recovery Coaches help to develop recovery plans, connect to community services, and keep people engaged through a variety of activities</p>	<p>Peer Advocates help individuals to process what has happened and prepare for what is coming next, explain the arrest, detention, and arraignment processes, ensure that the individual feels safe and respected, and give the individual hope that they can cope with criminal justice system involvement while recovering from mental and substance use disorders</p>	<p>Through specialty courts and diversion programs, Forensic Peer Specialists offer comprehensive peer supports, including recovery planning, recovery coaching, support groups, and other recovery supports as part of their services</p> <p>Within jails, Peer Recovery Coaches offer peer support groups and connect individuals with a range of recovery supports that can be accessed when a person is released on bail</p>	<p>In correctional peer programs, Peer Recovery Coaches provide emotional support, promote addiction and mental health recovery, and foster general health and wellness</p> <p>Peer Re-entry Coaches assertively connect individuals with community-based services, including comprehensive peer recovery supports as a part of planning for re-entry; offer recovery planning, recovery management, and system navigation, including connection to recovery housing; and support reaching goals for desistance, employment, and education</p>	<p>Peer Navigators ensure individuals under community supervision have access to recovery supports that help maintain a life in recovery, balancing the responsibilities of meeting the provisions and conditions of their probation or parole with other daily-living needs, including housing, employment, and benefits</p>
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in recovery. This is also true at each intercept and tribal program that provides recovery support services for individuals struggling with a SUD. The SIM as recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA), follows a linear path. But as seen in many communities, such as tribal communities, the journey of recovery is often not linear, as noted in the example below.¹³

Given the systemic complexities in tribal communities, the SIM may need to be adjusted to identify

bidirectional connections between any of the different intercepts. There are often gaps in services, resources, and criminal justice programming in tribal communities; therefore, certain intercepts may be provided by non-tribal entities or skipped altogether. Many times, tribal members with a SUD may not be identified through a tribal criminal justice system, or any criminal justice system, and may be referred for services through less formal mechanisms. While in westernized communities at the state and city levels, the criminal justice system is a primary driver of

Hannahville Behavioral Health Center

Hannahville Indian Community

Wilson, Michigan

<https://hannahvillehealthcenter.com/behavioral-health/>

The Hannahville Behavioral Center is located in the Hannahville Indian Community in Michigan. The community is a federally recognized Potawatomi Tribe. Located in the Upper Peninsula of Michigan, the tribe is home to just under 1,000 enrolled members on an approximately nine-square-mile reservation.

The Hannahville Behavioral Health Center is an outpatient treatment program for substance use and mental health services. The Center uses peer recovery coaches as part of the substance use program. Currently, the Center has a male and a female recovery coach. The recovery coaches facilitate groups, conduct home visits, conduct community-based meetings, provide outreach, and transport clients to treatment, which can be up to 100 miles away. The recovery coaches also transport clients to probation meetings and job interviews and provide other support services.

They incorporate culture through traditional healing, pipe ceremonies, and sweat lodges. Clients have the option of participating, or not, in the cultural events. Finally, the recovery coaches provide professional presentations.

The recovery coach positions were both initially paid for by a federal grant, but the tribe has now funded one of the recovery positions. The initial grant funding was a pilot project for all Michigan tribes through the Inter-Tribal Council, and the Hannahville Behavioral Health Center was the originator of the program. The program is hopeful that the second recovery coach position will also ultimately also be funded by the tribe. The positions do not currently seek Medicaid reimbursement.

The recovery coaches are certified by the Michigan Certification Board for Addiction Professionals, based on a week-long training and interning. The tribe helped develop the certification protocol. The Hannahville Behavioral Center is a model peer recovery support services program.

Keweenaw Bay Indian Community Substance Abuse Programs

Keweenaw Bay Indian Community
L'Anse, Michigan
<https://www.kbicsap.com/>

The Keweenaw Bay Indian Community Substance Abuse Programs are in the Keweenaw Bay Indian Community in Michigan. Located in the Upper Peninsula of Michigan, the Keweenaw Bay Indian Community is estimated to have more than 3,500 residents per census data on approximately 92 square miles of land.

The Keweenaw Bay Indian Community Substance Abuse Programs provides inpatient, outpatient, and intensive outpatient substance use treatment services to AI/ANs from four states across the upper Midwest, as well as non-Natives from the Upper Peninsula of Michigan. The tribe also has plans to open a halfway house program.

The New Day inpatient treatment center uses peer recovery mentors as unit managers. They are also planning to employ two peer recovery mentors as part of the new halfway house program. These two staff members are currently working toward Michigan state certification, which consists of training and supervision. The New Day Program also uses volunteer sponsors as part of the program. The unit manager positions are funded by two federal grants, one of which is part of a Michigan Inter-Tribal Council initiative. In addition, the state of Michigan funds some of the program's treatment beds through block grant Medicaid funding.

The program incorporates tribal culture, including cultural teachings and working in the community garden. The program collects data as part of its accreditation and work with the Inter-Tribal Council.

substance use intervention, in tribal communities this may not be the case, since community members prefer more traditionally Indigenous practices.

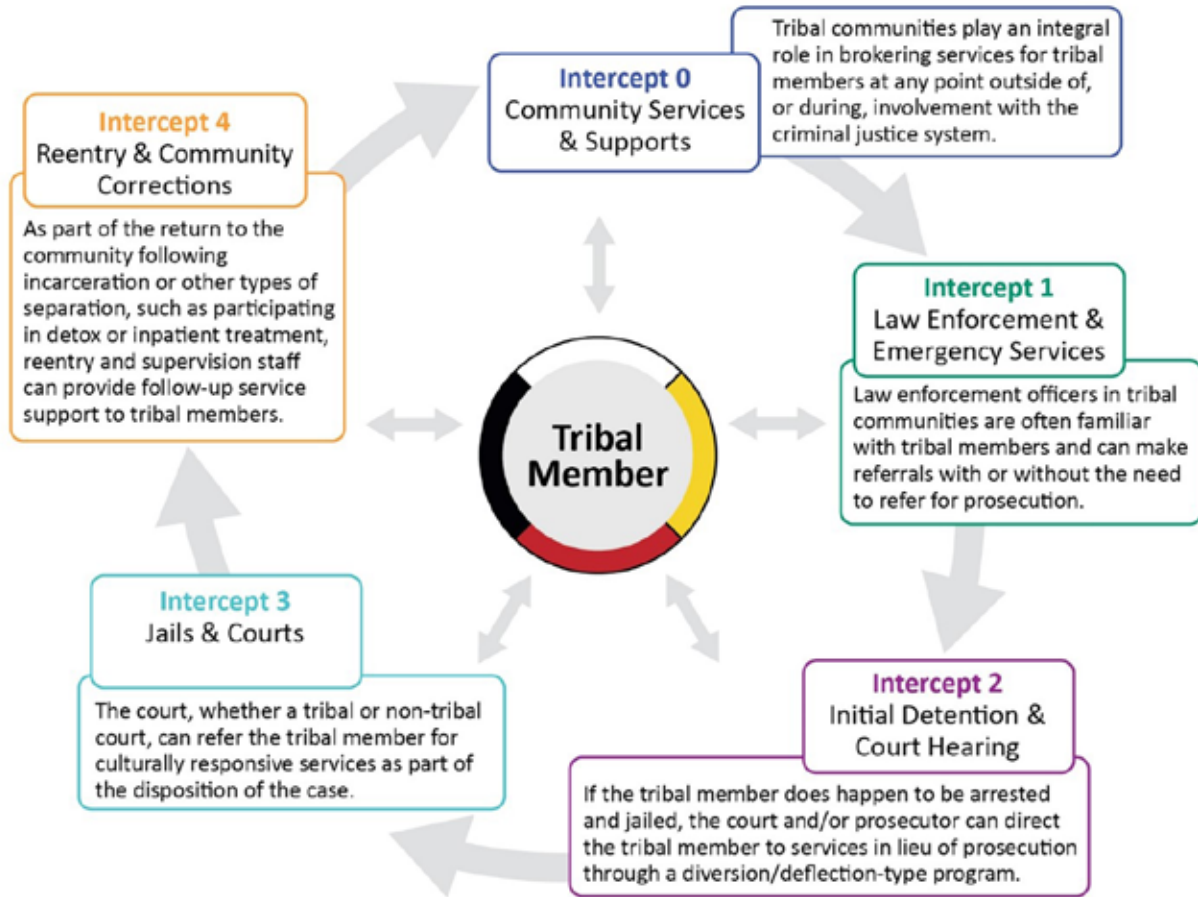
The tribal community takes on the role of facilitator of services, compared with the more bureaucratic government system, as the primary driver. Therefore, for example, community support may occur at any, or every point, along the tribal SIM. Finally, tribal intercept roles may not be as narrowly defined as in non-tribal communities, with different participants often wearing multiple hats and performing a variety of roles (e.g., tribal law enforcement using deflection/diversion strategies and brokering needed services, if they are available in the tribal community, and not arresting and detaining only). The diagram below

provides a tribal-specific visual representation of the intercepts AI/AN populations experience when moving through the process of receiving SUD, behavioral health, and criminal justice services, as well as details about the roles of peer recovery specialists within tribal communities at each intercept.

The tribal SIM helps tribal communities develop a comprehensive picture of how people with behavioral health disorders might access services as they engage with the community and/or criminal justice system at different intercept points. It is often used by tribal communities as a strategic planning tool to assess available resources, determine gaps in services, and plan for community change.

Tribal Sequential Intercept Model

Sequential Intercept Model – Tribal Adaptation developed by the National Criminal Justice Training Center (March 2023)



Below the tribal SIM, there are examples for the role of peer recovery specialists and the scope of what they should provide. As discussed in more detail throughout this paper, people with lived experience can and should be represented across the Intercepts in positions of leadership to help design, inform, and guide programming that centers on people with behavioral health needs, including peer recovery specialists, and those peer recovery specialists should be involved at every intercept and within each of the programs within the tribe that provides support services for substance use.

Intercept 0: Community Services and Supports

(Hospital, Crisis Intervention, Respite Care, Detox/Sobering, and Peer Services)

- ◀ There are limited community services resources for tribal populations. Resources often require utilizing local county or state services that may be some distance from the tribal community.
- ◀ The tribe may or may not have a dedicated substance use treatment program. Referrals for care may come from general tribal behavioral health programs.
- ◀ For those tribal communities that do have intensive substance use treatment services such

as inpatient treatment and/or a detoxification program, tribal members may be referred for follow-up community-based intervention services through tribal behavioral health or substance use treatment programs. The referral for services may be supported by peer recovery specialists who assist in the transition period and encourage tribal members to engage with follow-up community-based care.

- ◀ The need for care may be identified by other community members, including family members seeking assistance for their loved ones.
- ◀ Tribal community supports within the Community Services and Support Intercept may look different than in non-tribal communities. The meaning of “community” may be defined more broadly in tribal communities, depending on the individual community. Tribal communities can include tribal elders, leaders, family members, spiritual advisors, and, sometimes, the entire community at large. Therefore, the broader network of tribal community supports may be integral to providing direct and indirect support, including the brokering of needed housing, employment, and substance use intervention resources, since tribal communities often prefer addressing substance use as a communal problem with community-based solutions.
- ◀ Tribal communities may have a historical mistrust of westernized criminal justice systems, given the historical trauma perpetrated by such systems. Thus, tribal communities may utilize law enforcement, detention, and the court as springboards to needed supports and services and seek to offer alternative pathways to healing and recovery, rather than pathologizing and criminalizing a tribal member with a SUD.
- ◀ The goal of this intercept is to connect tribal members with culturally based services as early as possible.

Intercept 1: Law Enforcement & Emergency Services

- ◀ Law enforcement services within tribal communities are quite diverse. Depending on whether the tribe resides within a Public Law 280 state,¹⁴ law enforcement services may be provided by state or county/city law enforcement. If the tribe does provide its own law enforcement services, this could consist of tribal police or Bureau of Indian Affairs police. For Alaska Native villages, village public safety officers may be the first point of law enforcement contact.
- ◀ Law enforcement in tribal communities consists of arrest and detention, but could also include other alternatives, including Law Enforcement Assisted Deflection and Diversion. This could consist of a referral to substance use recovery services in lieu of summons, arrest, charging, and detention. Support for the referral may be reinforced by peer recovery specialists who are contacted by law enforcement or substance use recovery services staff members. Peer recovery specialists can then help support the tribal member in initially engaging in tribal intervention services and maintaining program engagement.. This may be particularly challenging in tribal communities, since the closest resources may be many miles away, and law enforcement may become tasked with transport to services.
- ◀ For Alaska Native villages, village public safety officers may contact the Alaska State Police for assistance but may refer to services prior to formal police contact given the limited scope of their authority. Formal charging, arrest, and detention may not occur as a result.
- ◀ Tribal members who have police contact with state or county/city law enforcement police officers may not be known by tribal agency staff members and may not be notified of the need for substance use

services. Enhanced information sharing may be needed to facilitate such coordination.

Intercept 2: Initial Detention & Initial Court Hearings

- ◀ Detention and court hearings can occur within tribal court, state or county court, or federal court, depending on the criminal justice jurisdiction. The initial detention and court hearing may or may not be coordinated with tribal services for substance use, and tribal members may be referred to state or county services without the tribal government's awareness.
- ◀ Many tribal members with SUD often do not make it to an initial detention or court hearing because of a lack of prosecution of associated crimes. As such, there may be a revolving door of police contact prior to services being engaged.
- ◀ In lieu of detention only, the initial detention and court process may consist of attempting to encourage, support, and identify needed services, which may not be available nearby, or may include an extensive wait list. In that case, detention might be used as a bridge to necessary services.
- ◀ Peer recovery specialists may become involved with tribal members at the time of initial detention or court hearing, supporting the movement of the case to non-criminal justice intervention services, or by providing support to the tribal member in seeking services, while concurrently proceeding through the criminal justice system.

Intercept 3: Jails and Courts

- ◀ Depending on criminal justice jurisdiction, court involvement may involve federal, state, county, or tribal courts. Some tribal communities have tribal courts, including wellness courts, which may have limited criminal justice jurisdiction but can broker

services. Memoranda of understanding (MOUs) can be helpful for tribal communities and programs to provide support to non-tribal court processes and ensure that tribal members receive culturally relevant intervention services.

- ◀ There is often little or no coordination between the various types of courts, or between the courts and tribal substance use resources. Development of information sharing and collaborative processes may be needed. For example, if state or county courts were aware of the availability of tribal-specific services, they might refer tribal members to these services rather than services as normal, which would lead to better tribal member outcomes.
- ◀ One model is for state/county courts and tribal courts to hear cases together as part of a dual jurisdiction model. This allows tribal members to be referred for tribal services as part of a diversion program. A tribal court position can be established to monitor adherence to the terms of the diversionary period including participation in services.
- ◀ Tribal members may go through a non-tribal court process without the awareness of tribal government or tribal resource agencies. As a result, tribal communities and agencies that are unaware of a tribal member going through a state or county court are unable to offer the tribal member services or follow-up care. In the absence of such services, tribal members may relapse, in part, because of a lack of support and provision of services.
- ◀ Peer recovery specialists may begin their involvement with tribal members during incarceration or court hearings, developing relationships and providing support upon release. Peer recovery specialists can assist tribal members with SUDs to reintegrate into the community and connect them with necessary resources.

Intercept 4: Reentry

- ◀ Reentry may look different depending on whether the tribal member is reentering from tribal criminal justice system involvement, or a federal, state, or county court and detention process. Tribal communities may be unaware of the specifics of non-tribal court involvement, or the needs of a returning tribal member following criminal justice system involvement.
- ◀ Reentry programs for tribal members may include return from incarceration but also transition from and between different levels of care, including stepping down from residential treatment or detoxification. Programs can include community support models and brokering needed resources such as housing and employment. Some tribal communities offer transitional housing programs to bridge the gap as tribal members return to the community and need support in obtaining resources that will support their recovery.
- ◀ Tribal communities often look to reentry models that best support and utilize community culture and values rather than emphasize Western styles of criminal justice reintegration and treatment. These programs often involve tribal leaders, elders, community members, and family supports. Reentry programs are much more often community-based than individual-based. Circle peacemaking serves as one example. Given the inability of behavioral health professionals to always provide cultural and spiritually based services, peer recovery specialists will often provide such services. These services can include supporting tribal members with community reintegration through engagement with other tribal members and resources.
- ◀ Tribal members may be released in the jurisdiction where they were being held if they were incarcerated without connections to return to the tribal community. Reentry programs may be located far from the tribal community, particularly in Alaska, where there are remote Alaska Native villages. Therefore, resources such as housing and employment may be based in the jurisdiction of criminal justice system involvement rather than in the tribal community, and reentry into the tribal community may occur later and without support. In addition, tribal members may or may not want to return to the tribal community because of the potential for negative influences to recovery and/or triggers within the tribal community.
- ◀ Community corrections including probation and parole may look different depending on the criminal justice system jurisdiction. This could include federal, state, county, or tribal community corrections. Non-tribal community corrections may be less integrated with tribal government and resources and may refer supervisees to non-tribal based services.
- ◀ Tribal government and agencies may not always be aware of non-tribal community corrections involvement, hindering their ability to provide needed resources or community support.
- ◀ In cases where tribal communities are aware of a tribal member returning to the community, peer recovery specialists may provide assistance in the transition back into the community. They also may interface with the community corrections system to advocate for tribal members to participate in tribal-based services in lieu of federal, state, or local services.

Best-Practice Models of Substance Use Intervention in Tribal Communities: Integration of Peer Recovery Support Services

Evidence-based practices (EBPs), often referred to as best practices, are those models of intervention that are based on research support to demonstrate their effectiveness in addressing behavior. Criminal justice

and behavioral health practitioners and policymakers rely on EBPs to direct scarce resources to the most appropriate targets. In particular, tribal substance use interventions are often federally funded with the requirement that EBPs be utilized. However, although there are a number of substance use best practices that include peer recovery support services, research specific to AI/AN populations is relatively scarce. Therefore, tribal substance use programs may utilize EBP models that are evidence-based among the

Llangarwik: A Place of Awakening Recovery Camp

Chugachmiut Corporation
Chugach Region, Alaska

<https://www.chugachmiut.org/wp-content/uploads/2019/01/Recovery-Camp-2019.pdf>

Llangarwik is located in the Chugach Region in Alaska. Chugachmiut is a consortium made up of the seven Native communities within the region: Eyak (Cordova), Seward, Valdez, Port Graham, Chenega, Nanwalek (English Bay), and Tatitlek. The region has more than 12,000 residents, based on a 2014 Chugach report, and includes more than 5,000 miles of coastline along the southern tip of the Kenai Peninsula, through the Kenai Fjords, Prince William Sound, and the Gulf of Alaska.

Llangarwik is a residential treatment program for Alaska Natives and includes both Western and traditional approaches. The approach is holistic, natural, and traditional and includes family members where possible. The program does not use high levels of confrontation and does not use a correctional model. The program utilizes the Matrix Model to engage and treat Native community members.

The Llangarwik includes a quarterly two-week camp, called A Place of Awakening Recovery Camp, as part of the program, with a focus on historical trauma, traditional healing practices, ceremony and ritual, canning, gardening, arts and crafts, and harvesting. In addition, the program includes substance use counseling and education, 12-step after-care, and community activities.

The Camps include volunteer peer recovery support specialists, who have been sober for at least one year. The Llangarwik A Place of Awakening Recovery Camp currently has one peer specialist who is participating in the program.

The Camp is seeking to increase the number of peer specialists participating in the treatment program and Camps. The Camps have been funded by federal grants, while the PRSS position is currently unpaid. The participation of the PRSS is an important component of the Camp. The Camp includes beach activities involving rocks, cultural cooking, and drum and mask making.

general population but have not yet been validated among AI/AN populations. Care should be used in applying such models to AI/AN populations.

This section will explore three EBP models of substance use intervention that include a peer support component, the latter two validated based on research with AI/AN populations: the Matrix Model, the White Bison Program, and Circle Peacemaking.

Matrix Model

There are a number of evidence-based substance use intervention programs that include components consistent with a peer recovery support services (PRSS) model. One such example is the Matrix Model. This model provides a framework for engaging those struggling with stimulant use (e.g., methamphetamine, cocaine) through treatment, psychoeducation, and various support groups. In this approach, the therapist assumes a coaching or mentoring role that fosters support and seeks to empower the client's self-esteem and sense of dignity, with an overall goal of improving client engagement in treatment.

The Matrix Model integrates substance use treatment with key peer recovery support service components, fostering pro-social support and utilizing a coaching model of care. Research suggests that participation in the Matrix Model leads to a significant reduction in substance use and improvement in psychological indicators such as depression and other mental health disorders.^{15, 16, 17}

Given that the Matrix Model is an EBP intervention for substance use, programs treating AI/AN individuals, such as the Chugachmiut Corporation in the Chugach Region, Alaska, have incorporated this model into their programs (see case example below). While some of the elements of the Matrix Model may be applicable to AI/AN populations experiencing substance

use problems if offered in a culturally relevant manner, the research on this model is not specific to this population and does not address cultural considerations specific to AI/AN groups. While the model may allow flexibility to do so, no specific AI/AN program has yet been produced or culturally specific research conducted. Multiple studies have shown the benefits of the treatment based on extending recovery and client consistency. Beyond stimulants, the model is also helpful for a range of substance use issues. The efficacy has been so clear that many organizations support the treatment protocol, including the National Institute on Drug Abuse (NIDA).

The White Bison Program

One substance use intervention EBP that is more culturally relevant for AN/AN populations is the White

Wellbriety Movement of the White Bison

The Wellbriety Movement of the White Bison, a culturally based healing approach, includes:

- ◀ A recognition that changes are the result of implementing natural laws
- ◀ The importance of a Supreme Being
- ◀ The use of elders and community members to support change
- ◀ The recognition of the healing circle and the four directions of change
- ◀ The vision of change before change can take place
- ◀ Creating a healing forest
- ◀ The acknowledgment that AI/AN culture is necessary for prevention

<https://wellbrietymovement.com/>

Bison Program, a best-practice model based on the work of Don Coyhis, its founder. The White Bison Program frames AI/AN healing from substance use within the context of a Wellbriety movement. While many substance use interventions focus primarily on recovery from substance use, Wellbriety prioritizes the goal of achieving wellness.¹⁸

White Bison has been effective in training 388 peer recovery support persons, known as Firestarters, to implement standardized, Native-focused, peer recovery programs based on the traditional knowledge of tribal elders. Following the elders' Four Laws of Change, White Bison has demonstrated the program's capacity to build Indigenous support communities of

Wellbriety, which are facilitated by these healthy and sober spiritual leaders. Using the Native paradigm of evidence-based model programs, effectiveness has been measured and validated through success in generating this human capital of civic leadership. In turn, using a clan model of Wellbriety, community coalitions have begun to emerge to sustain the work of the Firestarters through local Healing Forests, which correct for multigenerational family problems that have grown up in the wake of high rates of addiction.¹⁹

The Wellbriety movement is a culturally relevant, community-based approach. The supporting research for this intervention was derived from various AI/AN rural and urban communities by identifying the keys

Warm Springs Community Counseling Center

Confederated Tribes of Warm Springs
Warm Springs Indian Reservation
Warm Springs, Oregon
[https://warmsprings-nsn.gov/program/
community-counseling/](https://warmsprings-nsn.gov/program/community-counseling/)

The Warm Springs Community Counseling Center is located on the Warm Springs Indian Reservation in Oregon. The Warm Springs Indian Reservation is home to the Confederated Tribes of Warm Springs: the Wascoes, the Teninos (Warm Springs), and the Paiutes. Located in central Oregon, the reservation is estimated to have 3,300 residents (5,000 total enrolled members) on the approximately 640,000-acre reservation.

The Warm Springs Community Counseling Center provides mental health and substance use assessments, as well as individual and group counseling services, to tribal members. The

Center works with local courts, schools, probation/parole, and other agencies to provide assessment information, with client permission. The Center provides crisis intervention services and prevention/education for substance use and tobacco use prevention, while supporting mental health wellness, aiding in suicide prevention, and promoting overall improved well-being.

The Warm Springs Community Counseling Center is in the process of developing a peer mentorship program as part of the substance use program. The program is envisioned to provide outreach for the opiate recovery program and will be funded by the Center. It has hired several peer mentors who will work alongside the health center staff members. The Confederated Tribes of Warm Springs have been consulting with other tribes regarding peer mentorship and are currently in the process of defining the peer mentor role.

to healing from substance use, as defined by tribal community members,²⁰ through a process called “the Sacred Hoop of 100 Feathers.” More than 100 AI/AN communities participated to provide a feather that was attached to the Sacred Hoop of Four Colors (yellow, red, black, and white), representing the four directions (east, south, west, and north) and a focus on addressing recovery on a community level.

The White Bison Program has been replicated in over 100 AI/AN communities to meet the needs of tribal communities, since it recognizes culture as key to sustaining recovery from substance use. In addition, the White Bison Program includes such features as “Mending Broken Hearts,” “Warrior Down,” the “Medicine Wheel,” and 12-step components.

Mending Broken Hearts

Mending Broken Hearts focuses on culturally based healing from grief, loss, and intergenerational trauma for AI/AN populations. Unresolved grief, or a “sick forest,” as it is called, leads to a shame-based culture that may result in substance use. A “healing forest” and “circles” are created in response, to positively effect a community model of change. This community approach to healing and wellness relies on education and engagement to view the problem of substance use at a community level and seeks community-generated and community-driven solutions, such as using ceremonies and rituals, to prevent and intervene in substance use.

Warrior Down

Warrior Down is a program that supports AI/ANs’ return to their communities following incarceration by providing resources, including peer mentors and coaches, to share their lived experiences with those in need of support in community reintegration.

Medicine Wheel

Finally, the Medicine Wheel approach provides a culturally appropriate 12-step component for AI/ANs based on the teachings of the Medicine Wheel and the Four Laws of Change. The Medicine Wheel is a traditional method for teaching about life’s challenges and how to positively impact attitudes, behaviors, and values. The Medicine Wheel can be adapted to each tribal community using different colors and symbols of significance and importance to the tribal community to personalize this approach (e.g., use of a specific animal important to the community). This method also relies on community and peer supports to assist with individual healing and recovery.

In summary, the White Bison Program is a tribal substance use best-practice program that incorporates components of PRSS such as community and peer mentor support. The value of such a program is its AI/AN-specific components, to include the incorporation of tribal culture and values.

Circle Peacemaking

The Western-style criminal justice system often addresses law violations, such as illegal substance use, through legal processes that punish those responsible and address the interests of those who are victimized during the law violation. In contrast, circle peacemaking is a historical and Indigenous alternative intervention process that relies on dispute resolution through the repair of conflicts in relationships and the community, rather than focusing more exclusively on punishment of the law breaker. Similar to a Western-style criminal justice approach, circle peacemaking holds the person who broke the law responsible and seeks to support reparation to the person(s) victimized by the law breaking, while also focusing on healing and strengthening the community.²¹

Circle Peacemaking

Organized Village of Kake, Alaska

<https://www.atjrc.org/circle-peacemaking/>

The Organized Village of Kake is a federally recognized tribe that serves approximately 550 people living in the Kake region of southeastern Alaska, the majority of whom are Tlingit. Kake is a village of 14 square miles (6 of which are ocean) located on Kuprenof Island in the Alexander Archipelago. Kake is accessible only by boat or plane.

The Organized Village of Kake Circle Peacemaking Program is an alternative to a Western-style criminal justice program that incorporates Tlingit culture into the intervention approach for those who engage in substance use. The program includes an annual culture camp facilitated by peer mentors in which individuals in recovery can participate. The approach uses traditional circle peacemaking to address SUD issues and serves both youth and adults.

The Circle Peacemaking Program is an alternative to a criminal justice sentencing process for law enforcement, as well as for prosecutors to consider

in lieu of prosecution in Alaska state court. It also takes referrals directly from the community for those who wish to resolve conflicts outside the criminal justice system. The program is focused on engaging the community through culturally relevant Tlingit traditions and customs to work with individuals who struggle with SUD.

Circle peacemaking is a facilitated process involving the person who is engaging in substance use as well as family members and interested community members. Each member of the circle speaks his or her story, including those who have their own lived experience and recovery journeys, and a consensus agreement is developed to address the individual's behavior, support those adversely impacted by the behavior, and improve relationships. The consensus agreement can include participation in inpatient treatment through the Kake behavioral health center or inpatient treatment at an outside program, as well as steps for community and victim reparation. Community members monitor the successful completion of the agreement. Ninety-seven percent of program participants complete the program without repeating their offenses.²⁴

In circle peacemaking, a person with a substance use problem meets in a facilitated circle with other interested parties, including family and community members. The purpose of the circle is to address the negative impact and damaged relationships caused by the person's substance use. Rather than incarcerating and removing the person from the community, circle peacemaking requires the person to be directly accountable for his or her behavior and seeks to strengthen social and community support for change.

As part of the circle intervention, the person may be required to complete substance use treatment or other appropriate interventions.²²

Research related to circle peacemaking suggests that participants were much more likely to comply with the circle requirements as a diversionary measure rather than return to criminal court for sentencing, and all the early program youth participants referred for underage drinking successfully completed the program.²³

In summary, circle peacemaking has much in common with peer recovery support services including the use of community members as mentors, some of whom presumably have their own lived experience, and the provision of prosocial support for the person undergoing the intervention.

Best-practice intervention models that have been utilized in AI/AN populations facing SUD include the Matrix Model, the White Bison Program, and Circle Peacemaking. All these models include, directly or indirectly, a component of PRSS. The implementation of PRSS best-practice models as part of a research-supported substance use intervention program can improve program attrition and consumer engagement in services to address substance use issues at both the community and the individual level.

Essential Elements for Peer Programming

Moving From Individual Practice to a Peer Recovery Support Services Program

Peer-based recovery support (P-BRS) is the process of giving and receiving individualized, non-clinical assistance to others with the goal of achieving long-term recovery from alcohol and/or other substance

Program Planning: Key Drivers of Success

There are several key drivers of success that should guide peer program implementation, to include:

https://www.uscourts.gov/sites/default/files/84_02_08_0.pdf

use problems. P-BRS is provided by people who have lived experience of substance use and recovery. There are substantial differences between models of peer recovery support, such as a 12-step support group, and models of professionally directed addiction treatment, such as a family systems intervention model. P-BRS can be delivered through a variety of organizational venues and service roles, including paid and volunteer recovery support roles. The governance structures of P-BRS vary and are particularly unique as they pertain to AI/AN programs. Most are connected to a tribal agency, are grant funded, and are connected to other tribal substance use services in the community.²⁵

Peer-based recovery support services (P-BRSS) are a form of P-BRS delivered through more formal organizations and specialized roles. The core functions of P-BRSS can be conceptualized as assisting participants in the recovery initiation/stabilization process, maintaining support in the recovery process and preventing attrition, and supporting community reentry and/or reintegration. P-BRSS are distinguished by their:

- ◀ Recovery focus
- ◀ Mobilization of personal, family, and community recovery capital to support long-term recovery
- ◀ Respect for diverse pathways and styles of recovery
- ◀ Focus on immediate recovery-linked needs
- ◀ Use of self as a helping instrument
- ◀ Emphasis on continuity of recovery support over time

P-BRSS may serve as an adjunct or alternative to professionally directed addiction treatment.¹ Many P-BRS programs begin with individual practice and have the goal of offering more formal P-BRSS through more specialized roles with a larger range of services. As the need for more services grows, the integration of P-BRSS programs can take form with the utilization

of resources and funding. P-BRSS programs offer not only individual peer support services, but a comprehensive range of assistance that helps promote recovery. To successfully begin to implement P-BRSS, organizations must be ready to encompass a recovery-oriented approach that appropriately integrates peers by providing supportive policies and procedures and adequate supervision. A tool for assessing your organizational readiness for implementing a PRSS program can be found in the [Five Steps to Effective Integration of Peer Recovery Support Services in the Criminal Justice System](#).

Exploring the Essential Elements of PRSS Programs

The essential elements of implementing P-BRSS programs may be used and adapted in various settings.²⁶ Details can be found in [Peer Recovery Support Services in New York Opioid Intervention Courts: Essential Elements and Processes for Effective Integration](#).

Integration of Culture and Values

Western treatment models for SUD often have boundaries that are rigid and less conducive to integrating diverse culture and values. In particular, professional ethics for behavioral health practitioners dictate that clinicians are not to bring up values and beliefs unless a client initiates the conversation; therefore, the clinicians are more constrained in having such open dialogues. Peer recovery supports allow for this connection and are an essential component of the recovery journey for AI/AN populations. Peer recovery specialists frequently use cultural activities and discussion to begin and provide ongoing support for recovery work; they do not have the same limitations faced by clinicians.

Early Engagement With Peer Recovery Specialists

Peer recovery specialists can engage people outside the formal structures of clinical practice. Research suggests that outreach by peer specialists may increase individuals' self-awareness of problematic substance use and lead to greater use of services among those needing treatment.

Choice

Choice, self-direction, and empowerment are foundational values of P-BRSS. Tribal peer support programs put these values into practice by valuing the autonomy of a person seeking recovery. Tribal peers aim to provide support and informational resources when an individual is ready to seek recovery, and they offer themselves as a resource through community engagement and navigation. Additional support for autonomy is practiced by supporting many pathways to recovery and respecting an individual's goals, objectives, and preferences.

Access

Peer supports and peer support providers need to be highly and easily accessible, in terms of location and time of day, so that supports are available when and where needed. There are several strategies for facilitating access: offering mobile support, providing access to peers in community-based settings, and offering technology-assisted (phone, text, Web-based) peer supports. Common tribal examples include talking while providing transport to appointments, attending community and ceremonial events, frequenting drop-in centers, and meeting within the community.

Additional Key Elements of PRSS Programs Recovery Capital Assessment

Recovery is a journey that involves the growth of recovery capital, which is the sum of the internal and external strengths and supports available to help someone initiate and sustain long-term recovery from addiction. A recovery capital assessment is a strengths-based tool to measure the strengths, resources, motivation, and aspirations that court participants have to support them in their recovery. It is also a tool that programs can use to quantify individual and programmatic recovery outcomes, as opposed to treatment outcomes.

Certified Peers

While certification standardizes the core body of knowledge and competencies for peer providers at the entry level, and with candidates demonstrating their proficiency in meeting the requirements through an examination and/or other competency assessment, the certification process can be exceptionally challenging for tribal populations. Services provided by certified peers often allow access to a reliable funding stream, since those services can be billable through Medicaid.

However, in tribal communities, most peer programs do not charge Medicaid for their services based on the challenges of meeting the requirements for peer providers to be qualified for service reimbursement. Barriers to certification and Medicaid billing in tribal communities include not obtaining the required training, not having a suitable period in recovery without a return to use, lack of required education and experiential requirements, lack of supervision, and criminal history and system involvement constraints.

Recovery Planning and Recovery Check-Ins

Recovery planning assists individuals in (a) articulating and visualizing the kind of life they would like to

have in recovery, (b) outlining their personal recovery goals, and (c) developing action steps to achieve their recovery-related goals for sustainability:

- ◀ A safe and affordable place to live
- ◀ Steady employment and job readiness
- ◀ Education and vocational skills
- ◀ Life and recovery skills
- ◀ Health and wellness
- ◀ Sense of belonging and purpose
- ◀ Community and civic engagement
- ◀ Recovery support networks

Recovery check-ins improve the likelihood of sustained sobriety and engagement in a recovery program and provide an opportunity for participants to reflect on progress toward the goals they set in their recovery plans, talk about challenges and barriers, and identify resources. Often, recovery check-ins are scheduled at regular intervals, more frequently in early recovery and at transition points in recovery, less frequently as time progresses and as participants become more established in their recovery.

Recovery Peer Support Groups

In addition to one-on-one support, peer-facilitated or peer-led groups can help individuals with their recovery. Groups can be structured or semi-structured, educational or for emotional support, or have mixed components. They can be formed around shared identity, such as belonging to a common cultural group or gender, or around shared experience related to building a life in recovery. Common examples pertaining to AI/AN culture include NA/AA and Wellbriety Medicine Wheel 12-step groups, as well as other culturally based groups and activities such as talking circles, sweat lodges, and beading, among others.

Program Planning: Key Drivers of Success

There are several key drivers of success that should guide peer program implementation, to include:

Vision	Defining how peer supports will benefit participants, clarity on the general role of peer supporters.
Alignment	Ensuring compatible organizational philosophy, partner philosophies, and core philosophies of peer practice.
Engagement	Fostering deep participation of persons with lived experience in planning and refining program design.
Selection	Recruiting, hiring, and onboarding individuals who can use lived experience as a tool for inspiring hope, engendering empathy and compassion; finding the right persons for the positions, which requires role clarity.
Environment/ climate	Organizational context, setting, and culture can have a profound effect on the nature and quality of peer support. Creating a safe environment in which positive, trusting, peer-to-peer relationships can thrive.
Infrastructure and resources	Ensuring infrastructure and resources necessary for effective peer practice (including supervision).
Ethical framework for service delivery	Comprises the certification domain related to ethics, the certification board Code of Conduct, the organization-specific ethics guidelines, and the program-specific code of ethics. Regular supervision and check-ins on ethics and boundary issues that arise (e.g., one-on-one problem-solving during supervision; group problem-solving). Appropriate boundaries.
Training and support (including supervision)	Building and enhancing competencies of peer supporters, program supervisors, and agency and partner staff members, including an introduction to the criminal justice system
Data and decision- making	Collecting and using data to support and inform; measurements that are recovery- and recovery-capital oriented rather than focused solely on abstinence or recidivism.

https://www.uscourts.gov/sites/default/files/84_02_08_0.pdf

Connection to Community and Tribal Identity and Culture

Linking participants to a broader recovery community assists them in building a life in and sustaining recovery for three key reasons: (1) it can offer a positive sense of identity, belonging, and purpose; (2) it builds prosocial, recovery-oriented networks; and (3) it

increases opportunities to access community recovery capital. This encourages participants to connect with the community and to further enhance their lives while on their sobriety journeys. Many tribal participants have become disconnected from family, culture, and even their AI/AN identities. Peer support can assist participants with reintegrating into their communities

and becoming more connected to their cultural identities.

Securing funding

To successfully integrate P-BRSS programming into your agency, you must identify and establish secure funding sources. There are many different payment models, to include grant-based programs, public insurance, Medicaid administrative funds, Medicaid managed care, Medicaid Section 1115 waivers, and direct reimbursement.²⁷ The most common payment model for peer programming for AI/AN populations who are struggling with substance use and/or a mental health disorder are grant-funded through the Bureau of Justice Assistance's (BJA) Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP, predecessor to COSSUP); the Substance Abuse and Mental Health Services Administration (SAMHSA); Medicaid; and tribal consortiums such as the Inter-Tribal Council in Michigan, Rocky Mountain Tribal Leader Council, Montana Peer Network, and Alaska Training Cooperative. Funding may be provided directly to the tribe or to one of the tribal consortiums. In turn, these organizations work with their members by securing funding and then doing sub-awards with specific tribal communities, and do not fund of their own accord. Data collection and program evaluation is also a best practice in peer programming that highlights the impact of programmatic objectives, thus advocating for continued and future funding security through additional grants or tribal agency funding. Securing funding for a P-BRSS program enhances sustainability of the program.

Sustainability Planning

In preparing to build or expand a PRSS program, it is essential to begin sustainability planning, as well as continuously monitoring and completing a readiness assessment at the beginning of program

development and implementation. An effective and sustainable program requires careful assessment of organizational and community capacity, clearly described protocols, appropriate processes to recruit and select peer supporters, and proper training before peer supporters' deployment. Sustaining a successful peer program should incorporate individual, organizational, fiscal, and systematic considerations.³ Many times tribal programs that are funded by grants must disperse when the grant ends. Therefore, there is a need to identify ongoing grant funding or move to integrate into the tribal budget, either of which requires significant community and leadership support, and a perception that the program is effective.

To sustain behavior change, ongoing follow-up and support is required. This should be integrated in the design of P-BRSS interventions as well as educational, clinical, and community resources. Key features for ongoing follow-up and support for P-BRSS include personal ongoing relationships between peers and participants, the availability of peers on demand through flexible modes of communication and formats as well as frequency, proactive contact by peers, partnerships with community partners to enhance social support, and peer support offered through a variety of programs that could include support groups, exercise classes, etc.³

The culture of an organization or AI/AN tribe is influential on the community, worksite, housing, and health-care organizations. It affects the values, work dynamics, and attitudes of leaders and staff members, as well as policies and procedures. When developing or strengthening a peer support program, be aware that organizational culture often shapes the structure of a peer support program and directs its developmental pathway. Peer support approaches need to be tailored to the characteristics of the organizational culture. It is important to have support from the management level;

Tribal Case Example: Seneca Strong on the Seneca Nation of Indians in New York

Seneca Strong
Seneca Nation of Indians
Seneca Nation Health System
Irving and Salamanca, New York
<https://www.senecahealth.org/>

The Seneca Strong Program within the Seneca Nation Health System is located in the Seneca Nation of Indians in New York. The Seneca Nation of Indians is home to two reservations: the Cattaraugus Reservation and the Allegany Indian Reservation. Located in western New York, the Seneca Nation is estimated to have more than 8,000 residents, based on the 2010 census, and covers territory that is generally rural with several residential areas across approximately 42,000 acres within the two reservation areas.

Seneca Strong is attached to the Behavioral Health Unit of the Seneca Nation Health System. The program provides peer support services through its paid outreach coordinator staff positions. Services include needs assessment and meeting basic needs, referrals, transportation, support, a drop-in recreation center, and various group options including support groups and local 12-step groups. Seneca Strong utilizes customs and practices handed down from tribal ancestors and has one peer on staff designated as a cultural peer. The program offers holistic healing through meditation, nature connections, energy healing, and hypnotherapy and employs talking circles and a Red Road to Wellbriety group.

Seneca Strong currently has three staff positions at each of its two tribal reservation locations. Staff

members, referred to as peer recovery guides, have a lived experience in terms of addiction and recovery. Some peer recovery guides have New York State certification, while others are in the process of working towards certification. Peers are positive role models and are trained in many areas of trauma and support.

Peer recovery guides provide prevention and education in the community and do outreach to support those in need of addressing substance abuse and trauma issues. They provide linkage to and engagement with treatment, access to safe and sober housing, and assistance with employment and education, social relationships, community participation, advocacy, and support.

Peer recovery guides are paid tribal positions funded by tribal Substance Abuse and Mental Health Services Administration (SAMHSA) grant funding. The tribe has considered seeking Medicaid reimbursement for these services but has not yet done so.

Seneca Strong has not collected any outcome data and is currently reviewing whether to seek additional Medicaid funding for the services, as well as whether the peer recovery guides should be providing formal treatment. In terms of lessons learned for tribes considering implementation of peer recovery guides, these services are seen as essential to assisting tribal members in recovery with accessing and staying engaged in treatment. The program is actively working to ensure that the local county courts utilize the Seneca Strong services.

proper planning; buy-in from tribal council, leadership elders, and the community; and intra-organizational advocacy and support. It is also important to be flexible and adaptable because as the culture changes and transitions in tribal leadership occur, the program will also need to make changes to sustain support.

Another key component of sustainability is organizational integration. Integration of peer support and clinical delivery systems has its niche in increasing patient-centeredness, reducing care fragmentation, and improving the comprehensiveness of care.³ The systemic integration of P-BRSS in behavioral health is becoming more well-known, which makes the peers a natural bridge for integrating behavioral health and primary care. There is no one-size-fits-all approach to integration, but strengthening the linkages to clinical care and community resources through an in-house referral system and community partnerships pushes integration efforts forward and further promotes the sustainability and success of P-BRSS programs.

Conclusion

Multiple studies have been conducted to demonstrate the efficacy of P-BRSS and identify gaps in services for addressing substance use. PRSS has been shown to decrease substance use, increase rates of recovery, increase community involvement, and increase the identification and sustained utilization of social support. By implementing P-BRSS into communities and using the data to demonstrate effectiveness, communities can continue to provide these services and touch lives that otherwise may not have been reached. By providing successful outcomes and solutions, evaluation and data can help support PRSS programs to secure funding, enhance/expand services, increase staffing to include peer providers, and provide life in recovery to those who are struggling.

A qualitative case-study approach focused on P-BRSS provided experiences of the first year of a tribal-led, AI/AN community-based PRSS project in two AI/AN communities. The research sought to answer considerations for implementing PRSS in an AI/AN community, and results showed that PRSS fill a much-needed gap where recovery support services are limited and substance use is pervasive.²⁸ After monitoring participants in another study that was designed to understand the impact of PRSS, it was found that those involved in the PRSS program had a significant decrease in substance use and an increased attendance at voluntary self-help groups, while also receiving support from family and friends.²⁹

PRSS is a key intervention for AI/AN communities and individuals, as they address high rates of substance use and limited resources. AI/AN populations were among the first to use concepts of peer recovery services through abstinence-based revitalization movements and ceremonies. Many tribal communities have integrated PRSS into their SUD programs and services. Programs such as Seneca Strong have incorporated tribal customs and ancestral practices and utilize AI/AN best practices such as Wellbriety and Circle Peacemaking. At the heart of such efforts are PRSS to provide the bridge between the tribal member, the community, state and local courts, and SUD treatment. Utilizing PRSS provides support to the tribal member, integration with the community, and a liaison to the criminal justice system. This may be one option for tribes to consider as part of a holistic approach to the problem of substance use in the community.

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About Altarum

Altarum is a nonprofit organization that works with federal and state agencies and foundations to design and implement solutions to improve the health of individuals with fewer financial resources and populations disenfranchised by the health care system. We achieve measurable results by combining our expertise in public health and health care delivery with technology, workforce training and continuing education, applied research, and technical assistance. Our innovative solutions lead to better health for beneficiaries and better value for payers. Under a grant from the Bureau of Justice Assistance (BJA), Altarum provides nationwide training and technical assistance to COSSUP grantees, states, and communities to build, enhance, and sustain peer recovery support services programs as part of multidisciplinary criminal justice responses to the opioid epidemic. To learn more about peer recovery training and support, visit <https://altarum.org/services/solution/coap-bja>. To learn more about Altarum, visit www.altarum.org.

Visit the Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) Resource Center at www.cossup.org.

About BJA

BJA provides leadership and services in grant administration and criminal justice policy development to support local, state, and tribal law enforcement in achieving safer communities. To learn more about BJA, visit www.bja.gov and follow us on Facebook (www.facebook.com/DOJBJA) and Twitter (@DOJBJA). BJA is part of the U.S. Department of Justice's Office of Justice Programs.

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