

Palm Beach County, Florida, Program Highlights the Necessity of Peer Support in Recovery

According to the [Centers for Disease Control and Prevention's \(CDC\) National Center for Health Statistics](#), approximately 107,622 drug overdose deaths occurred nationwide in 2021, a 15 percent increase from 2020. Of those deaths, overdose fatalities involving opioids increased from approximately 70,000 to nearly 90,000 over the same year.

According to the CDC's [Overdose Data to Action \(OD2A\) Program](#), Palm Beach County (PBC) was a leading county in Florida for fatal and nonfatal overdoses in 2021, with 8,827 total emergency department visits for suspected overdoses. Opioids were suspected in 35.1 percent of overdoses, stimulants in 10.5 percent, and benzodiazepines in 5.8 percent.

In the face of this daunting challenge, the Florida Department of Health (FDOH) in Palm Beach County has been committed to addressing underserved populations who experience stigma and health care disparities and aims to increase surveillance of suspected drug overdoses and use that data to drive action, policy change, and community outreach. Armed with this information from FDOH, the Palm Beach County Community Services Department's Office of Behavioral Health, Substance Use and Co-Occurring Disorders (OBHSUCOD) got to work on making changes.

The OBHSUCOD focuses on overdose prevention and early intervention for people who suffer from substance use disorder (SUD) and on addressing the social determinants of health. With funding from the Bureau of Justice Assistance's Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP)—formerly the Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)—the PBC COSSUP was formed.

During the first year, pivotal partnerships were created to bring the goals of the program to fruition. The Florida Atlantic University Sandler School of Social Work; the Southeast Florida Behavioral Health Network (the managing entity); recovery housing organizations; and Rebel Recovery, a recovery community organization, provided the resources needed to provide care coordination, peer navigation, and housing and financial



Members of the Palm Beach County COSSUP project (left to right): Wendy Guastafarro, co-investigator, Florida Atlantic University (FAU); Heather Howard, principal investigator, FAU; Faith Montoya, peer worker, Rebel Recovery; Nancy McConnell, chief executive officer, Rebel Recovery; Christina Mitchell, care coordinator, Rebel Recovery

support for individuals with a history of incarceration and SUD. Working from a bottom-up perspective and utilizing a collaborative framework to share ideas generated support from community leaders, such as the Palm Beach Board of County Commissioners, as well.

PBC COSSUP has many working parts, but the bread and butter of the operation is its peer support specialists (PSSs). "This program demonstrates in one year the importance of peer support specialists, care coordination, and building community connections to increase personal capital, which aids in long-term recovery and reducing recidivism rates," said Heather Howard, Associate Professor in Florida Atlantic University's Sandler School of Social Work.

(Personal capital—defined as a stable income, housing, employment, and education—plays a major role in the success of an individual on the path of recovery; significant racial disparities that impact individuals' abilities to accumulate personal capital are an important factor to take into consideration when working with individuals who comprise a program's target population.)

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“The components of the peer support relationship that support early recovery are comfortability, relatability, and supportiveness,” said Professor Howard.

Utilizing a shared decision-making model is a contributing factor to realizing the three components of the peer relationship with the clients. According to the [Substance Abuse and Mental Health Services Administration](#), shared decision making is an emerging best practice in behavioral health that aims to help people in treatment and recovery make objective, informed decisions with providers about their health care services. This allows individuals in the program to weigh information against their personal preferences and values and empowers them to work together with their service providers and be active participants in their own treatment.

This model, combined with a trauma-informed culture and authenticity in supporting participants’ long-term recovery, helps build intimacy and strong bonds with the individuals and their PSSs. One PSS shared what this looks like in the program’s organizational culture: “The relationship does become intimate in a good way because trust is built from the beginning, and transparency is obviously key. And they see that we are physically here as a team to help them. And they see the progress made. And they see that when we say something to them, we follow through with what we have promised.”

The stigma surrounding the provision of housing for individuals with a history of SUD is similar to that facing other communities around housing. However, the program’s staff members and its clients acknowledge the importance of housing to recover. “I think that when you’re in transitional housing, it’s a lot easier to get in the swing of doing recovery. When you’re housed, it’s one less thing these guys have to worry about because if you’re on the street, your first priority is not going to be staying sober. It’s going to be eating and shelter and stuff like that. So when they are housed, I think that recovery can take a precedent over the basic stuff,” said Dan (last name withheld), another PSS with the program.

Another challenge the program faced when working with clients was exorbitant court fees. The PBC COSSUP coordinator was able to mitigate this problem by writing letters to the clerk’s office seeking to waive the fees. The program also came up with creative ways to help clients overcome barriers. With “flex funding” built into its budget, PBC COSSUP was able to fund a down payment

for a scooter for one individual and help them secure registration for the scooter.

“Without this program, without COSSUP, where was I going to go? What was going to happen? Because of COSSUP, there’s avenues to do it [increase personal capital such as obtaining housing, transportation, and employment] because there’s funding there to allow some of these things to happen,” said one client of PBC COSSUP. The client also shared their belief that had COSSUP been around after the first time they were released from jail, they would not have recidivated. “This program should have been here. If it was, I should have been allowed to know about it because I wouldn’t be sitting here right now. I would’ve already flourished and already returned this favor 1,000 times by offering a service or volunteer service or whatever at this point in my life. But you have to scoop [incarcerated individuals] up right then [upon release], and then get them through a program like this.”

Guidance for Implementing Similar Projects

PBC COSSUP attributes its success to developing partnerships with individuals and groups who are invested in the recovery community. Some examples of partners that have been instrumental for this program are the Palm Beach County Public Defender’s Office, the Addiction Stabilization Unit at HCA Florida JFK Hospital (formerly JFK Medical Center), and the Florida Association of Recovery Residences (FARR). FARR was particularly helpful for its housing support, specifically its certification of recovery residences. When certified recovery residences were not available, private housing was found and funding was used to secure housing for up to 6 months based on the participants’ financial needs. One hundred percent of individuals involved in the program were housed and 70 percent employed within 90 days in year one. Of the 36 participants, 86 percent did not have a rearrest. Of the 14 percent who had a rearrest, only one participant had a new charge; the other arrests were based on legal technicalities.

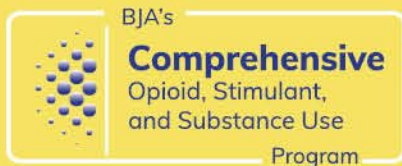
Building recovery capital is also an important aspect of the program’s success. Program staff members recommend using a validated measurement tool to identify areas of strength and areas where additional support is needed for social, cultural, and personal capital. The recovery capital tool used in this project was the Recovery Capital Index.

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Data were collected at the baseline and every month for 6 months. The tool takes approximately 15 minutes to complete on a personal smartphone.

Lastly, the program would not have been successful without PSSs working within a recovery-oriented system of care that worked closed with every individual to lay the foundation for a successful recovery.

Said one PBC COSSUP participant, "I was able to come right out and tell this story [to the care coordinator]. She looked at me. Because [she's] my peer here, she's impartial, nonjudgmental, and she comes from the same walk of life that I did, which is another amazing part of this."



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