

Recovery Education Center Non-Medicaid Billable

Service Definition and Required Components

A Recovery Education Center (REC) is an adult services program which utilizes an educational and peer support model in order to facilitate skill-building and wellness self-management. At RECs, individuals with mental health and/or addiction challenges are encouraged to view themselves as “students” that take classes in recovery and wellness topics in order to further develop their expertise in managing their own recovery. REC’s are distinct from Psychosocial Rehabilitation programs, Drop-In Centers and/or traditional outpatient services in that the REC offers an environment of self-direction and empowerment which is primarily focused on structured educational group offerings (classes, seminars, workshops, labs) with only limited focus on individual support and counseling provided by program staff. The core educational offerings of the REC reflect evidence-based practice curriculums and approaches to skill-development while additional “elective” offerings reflect the ever-changing interests and needs of current students. The basic educational structure of the REC is supplemented with additional milieu components that are designed to facilitate self-study, assist students in developing the skills necessary to become their own “case managers” and provide regular opportunities for socialization and peer support. Within the educational model, there is regular opportunity for acknowledgement of achievement and celebration of success as the students complete courses and discover their own tools for recovery.

Core classes within the REC are intended to either reflect 1) evidence-based practice curriculums designed to build recovery skills or 2) well-accepted recovery practices/topics that can be considered foundational for wellness management. The following are examples of curriculums/practices which may be developed as REC core classes:

- Wellness Recovery Action Planning (developed by Mary Ellen Copeland)
- Wellness Management and Recovery (based on the IMR toolkit developed by SAMSHA)
- Seeking Safety (developed by Lisa Najavits)
- Addiction psychoeducation (various material organized into a curriculum)
- DBT (Dialectical Behavior Therapy) strategies for wellness management (various activities and materials based on the four key skill domains identified by Marsha Linehan)
- CBT (Cognitive-Behavioral Therapy) strategies for wellness management (various activities and material organized into a curriculum)
- Medication self-management (various material organized into a curriculum)

- Success with Housing and Employment (various material organized into a curriculum)

Typically Core classes are organized into a semester structure and continue for extended periods of time (e.g. 8-12 weeks) though each session is taught in a self-contained format in order to maintain an open enrollment policy (individuals are invited to enter the class at any point in time during the semester) which facilitates immediate access to services. REC "electives" are more limited in duration, often lasting only 1-3 sessions, and are more topic-driven, focusing on specific wellness management tools, exploring specific recovery topics, or providing a more experiential opportunity to practice skills introduced in core classes.

When clinical services are provided within the context of an REC program (i.e. assessments, individual counseling to increase readiness to participate in educational offerings), the services are recovery-oriented in their approach and reflect an integrated balance with the educational and peer support components of the program. In addition to structured offerings, individualized support and counseling and a recovery milieu, the REC also provides extensive outreach and engagement to individuals that do not show for appointments, cannot access the REC or discontinue services without explanation.

Provider Requirements

Recovery Education Center services must be delivered by a mental health provider organization that meets the provider qualification policies, procedures, and standards established by DMH and the requirements of 10A NCAC 27G. These policies and procedures set forth the administrative, financial, quality improvement, and information services infrastructure necessary to provide services. The organization must be established as a legally recognized entity in the United States and qualified/registered to do business as a corporate entity in the State of North Carolina.

Staffing Requirements

Recovery Education Center services should be provided by an integrated team of individuals that share responsibility for the delivery of REC services to all of the students participating in the REC. Ideally, the team is comprised of a 50/50 mix of traditional qualified professional staff and peer support staff though this ratio may be influenced by the inclusion of clinical responsibilities within the program (e.g. assessment activity) which dictate a higher percentage of clinically-trained staff. The goal of the staffing pattern within the REC is to provide a model of integrated care and an opportunity for REC students to receive service and support from individuals with an array of credentials, experience and perspectives. The team is expected to function in a fully integrated manner, utilizing the unique contributions of each type of credential while holding all team members equally accountable for the recovery tone and culture of the REC environment.

REC Team Leader/Program Director: The Recovery Education Center has a full-time team leader with administrative and supervisory responsibility for the team and the oversight of the program. The Team Leader also directly provides services as a Recovery Educator on the team. The Team Leader is not required to have formal clinical training, however, should have the following qualifications:

- a. Meets the requirements specified for QP status according to 10A NCAC 27G.0104.
- b. Has at least one year prior supervisory experience
- c. Is familiar with the challenges of mental illness and/or addiction, either through formal training or lived experience
- d. Is familiar with the recovery movement and philosophy of service delivery.

Qualified Professional Staff: If the team leader is a QP who is not licensed or licensed-eligible, a minimum of one FTE master's level, license-eligible QP shall be employed in the REC. If the team leader meets this requirement, then an additional .5 FTE license-eligible staff is required. Within the REC program, licensed or license-eligible staff provide clinical assessments, as necessary and/or required, and function as recovery educators, teaching REC classes and providing limited individual counseling and support. They are also available for more formalized assessment of risk, clinical consultation and support for non-clinical staff and education planning. Not all RECs will provide traditional clinical activities such as assessments; however, licensed or license-eligible qualified professionals provide valuable clinical resource that is integrated into the REC team rather than provided by individuals external to the program who may not be familiar with the recovery culture of the program.

Peer Support Specialists: A minimum of 1.5 FTE's Peer Support Specialist shall be employed in the REC. A Peer Support Specialist is an individual who self-identifies as having lived experience with a mental health or addiction issue which significantly impacted their life at some point in the past. Certified Peer Support Specialists are fully integrated team members of the Recovery Education Center team, working side-by-side with traditionally trained professionals to provide a "cross-disciplinary" approach to support and service. To be certified within the state of North Carolina, a Peer Support Specialist must meet the following qualifications:

- Possess a minimum of six (6) months paid work experience as a PSS, and be currently employed as a PSS.
- Be a current or former consumer of services (mental health and/or substance abuse).
- Submit training certification that demonstrates attendance and successful completion of a state certified PSS training curriculum that is a minimum of 40 hours.

- Submit an additional 20 hours of training certificates. These trainings should compliment the PSS in his/her ability to complete job responsibilities. WRAP (Wellness Recovery Action Plan) can be applied towards the 20 hours of training.
- Have a minimum of 1 year of demonstrated recovery time between diagnosis and application as PSS.
- Submit a completed Supervisory Reference form (Per instructions below).
- Submit two (2) completed Personal Reference forms (Per instructions below).

All PSS providing services in the REC are required to register as a “Peer Support Specialist In Training” within 90 days of employment and to obtain North Carolina certification within 1 year of employment. This allows PSS to obtain the experience and training requirements of state certification during their first year of employment as a PSS.

Peer Support Specialists must be supervised by a QP according to supervision requirements specified in 10A NCAC 27G.0204. Certified Peer Support Specialists provide expertise and consultation to the entire team in creating a recovery culture and assuring that the viewpoint and preferences of the individuals served are recognized, respected and integrated into the approaches and interventions of the program.

Other REC staff: Other REC staff may meet Qualified Professional or Associate Professional status according to 10A NCAC 27G.0104. Paraprofessionals who do identify with lived experience and do not intend to pursue full credentialing as a Peer Support Specialist generally will not be hired within Recovery Education Centers. All Associate Professionals must be supervised by a QP according to supervisions requirements specified in 10A NCAC 27G.0204.

Within the REC program, staff are generally expected to overlap considerably with respect to role functioning, both providing educational services as well as individualized support and crisis intervention. Typically, the approach and content of the intervention will vary based on the training and experience of each individual staffperson. Peer Support Specialists are trained to use their lived experience to connect with individuals from a perspective of mutuality while academically trained staff are more likely to utilize clinical theory and research within their interventions and supports. Within the REC model, both perspectives are valued. Facilitation of WRAP classes and extensive self-disclosure of lived experience is considered the unique domain of Peer Support Specialists while formal assessment activities and clinical consultation regarding diagnosis and level of risk to self and/or others is considered the unique domain of licensed and license-eligible QP staff.

All REC staff are expected to demonstrate competency in the following areas:

- Mental health and substance abuse recovery philosophy, principles and approach to service delivery
- Practical understanding of a range of clinical issues
- Motivational Interviewing
- Evidence-based practice curriculums
- Adult education and learning
- Crisis intervention and support

At a minimum, 3 hours of training in each of these competency areas will be provided during the first year of employment in an REC.

Staffing requirement and ratios will differ according to the size of the Recovery Education Center, the number of REC students being supported over time and the average utilization of the students within the REC. In general, a minimum of 3.5 FTE's will be required for smaller Recovery Education Centers (15 referrals or less a week) or REC's in more rural settings while a minimum of 6 FTE's will often be required in larger REC's (more than 15 referrals a week) or larger urban environments. In general, REC staffing should be adequate to assure that, during most time periods, staff are simultaneously available to teach classes and provide support for scheduled and unscheduled needs.

Service Type/Setting

Generally, Recovery Education Center services are provided in a facility though the REC environment is intended to present as more of an educational milieu rather than a traditional treatment clinic. Services provided include both face-to-face interventions and support as well as telephonic support and assertive outreach and engagement. As capacity allows, REC staff may also provide community-based support and outreach for individuals who are unable to come to the REC or require more gradual engagement. Additionally, Recovery Education Centers may choose to offer "satellite classes" at other locations in the community. Recovery Education Center services may be provided to an individual or a group of individuals though the majority of services will be provided in a group format.

Program Requirements:

A Recovery Education Center should operate at least five days a week and provide a minimum of 20 hours of structured educational time (i.e. classes, seminars, workshops, labs) during the week, including educational offerings at least one evening.

Recovery Education Centers are not responsible for functioning as "clinical homes" in a manner consistent with other enhanced services. Therefore the REC is not responsible for developing Person-Centered Plans, in accordance with state guidelines, or meeting first-responder requirements. The REC will assist students in developing education plans, developing crisis plans and/or Psychiatric Advanced Directives, in order to support them in preventing hospitalization, and linking with crisis support services within the community.

In order to meet immediate access needs as well as provide unscheduled support to individuals with more urgent needs, the REC's are required to maintain open enrollment policies for at least 70% of their classes. Class size should not routinely exceed 12-15 participants.

Utilization Management

Authorization may or may not be required, depending upon the funding arrangement established between the LME and REC provider. Some components of the Recovery Education Center may be billed to Medicaid as Basic Benefit services and subject to authorization requirements established for Basic Benefit services. Individuals participating in the REC should have an Education Plan developed within 30 days of initial participation which outlines their recovery goals and identifies the REC offerings that may be helpful to them in meeting their recovery goals. For individuals who have a clinical home outside of the REC, REC participation should be included in their Person-Centered Plan.

Entrance Criteria:

The recipient is eligible for this service when:

A. He or she is 18 years of age or older

AND

B. An Axis I or II diagnosis present

AND

C. Meet Level of Care and/or ASAM Level I.

AND

D. He or she is experiencing difficulties in one or more of the following areas:

1. Experiencing symptoms associated with a mental health challenge which create distress and/or impairment

2. Maintaining active recovery from addiction

3. Experiencing functional problems in the home, workplace or community

4. Recently or periodically in need of crisis support

AND

He or she would benefit from increased skill development in one or more of the following areas:

1. Developing recovery goals and strategies

2. Learning symptom/wellness management

3. Engaging informal recovery supports

4. Utilizing empowerment, self-direction and self-advocacy

Continued Stay Criteria

The desired outcome or recovery progress has not been accomplished, the individual continues to be at risk for negative outcome or the individual continues to report benefit from the interventions and supports provided by the service.

Discharge Criteria

Any of the following apply:

- A. The individual has achieved his/her recovery goals and chooses to withdraw from the program.
- B. The individual has indicated a preference to withdraw from the services.
- C. The individual needs a more intensive level of care or service.

Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.

Expected Outcomes

Individuals receiving this service are expected to experience progress in their recovery as evidenced by increased wellness self-management skills and symptom stability, decreased negative outcomes associated with homelessness, hospitalization and involvement in the legal system, and achievement of the highest level of functioning within the community and home.

Documentation Requirements

Minimum standard is a daily service note that includes the recipient's name, date of service, purpose of contact, describes the provider's interventions, the time spent performing the intervention, the effectiveness of interventions and the signature of the staff providing the service. In documenting REC services, students are encouraged and supported to participate in the development of the service note, including describing the effectiveness of the service and providing a signature.

Service Exclusions

There are no service exclusions for Recovery Education Centers. The REC service may be delivered as a stand-alone service or as a supplemental service with other services.

Service Code

TBA

Unit of Service

One hour of face to face or telephonic direct service to recipient. Does not include participation in REC milieu.