



Recommendation for Establishing Alternative Peer Groups (APGs) for Youth in Oregon



To: Oregon Department of Education
From: Recovery Schools Advisory Committee (RSAC)
Date: February 2025
RE: Recommendations on Establishing a Framework for Alternative Peer Groups (APGs) Serving Youth in Oregon Recovery Schools

The Recovery Schools Advisory Committee (RSAC) formally recommends to the Oregon Department of Education (ODE) the following framework for supporting the establishment of Alternative Peer Groups (APGs) for youth in recovery in every community with a recovery school. Anticipated audiences for this document include ODE, Oregon education leadership, state policymakers and advisory groups, and organizations interested in operating an APG in coordination with a Recovery School.

Introduction

Youth in recovery from substance use disorders face unique challenges that extend beyond academic achievement. Recovery schools in Oregon are designed to support students in maintaining sobriety while completing their education. However, the absence of structured, regionally located Alternative Peer Groups (APGs) undermines the broader recovery ecosystem. APGs¹ provide essential peer support, prosocial activities, and clinical interventions that complement the recovery journey for youth who identify as being in early or continued recovery. This recommendation outlines a framework for establishing youth-centered APGs in Oregon, aligned with the design principles for the state's recovery high schools and national standards set by the Association of Recovery Schools (ARS).

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¹ Nash, A., & Collier, C. (2016). The Alternative Peer Group: A Developmentally Appropriate Recovery Support Model for Adolescents. *Journal of Addictions Nursing*, 27(2), 10-119.
<https://doi.org/10.1097/JAN.0000000000000122>

Definitions and Background

Definitions

- **Alternative Peer Groups (APGs):** An adolescent recovery support model incorporating structured, community-based activities and peer recovery support through prosocial activities, peer engagement, and clinical interventions for youth in recovery from substance use disorders.
- **Approved Recovery School:** A publicly funded school established with the Oregon Department of Education and operated by an educational service district, school district, or public charter school to provide students enrolled in the school with educational services leading up to a diploma for grades 9 through 12 and behavioral health services related to recovery and relapse prevention from substance use disorders.²
- **Behavioral Health Services:** Recovery Support Services for substance use disorders and mental health. For the purpose of operating an approved recovery school, this does not include clinical SUD treatment services, medical or psychiatric services. Examples include: Certified Recovery Mentors, Peer Support Specialists and Certified Alcohol & Drug Counselors.³
- **Recovery:** Recovery as defined by the Association for Recovery Schools Accreditation Manual is, “a process of change focused on substance use abstinence, through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”⁴

Historical Context⁵

APGs have a proven track record nationally, operating as critical extensions of recovery high schools.⁶ They offer a bridge for youth to sustain their recovery outside of school hours, fostering an environment of support and accountability. APGs have been in existence for about 50 years, starting with a recovery community for adolescents and young adults in Houston, TX to provide community based recovery support services to families with

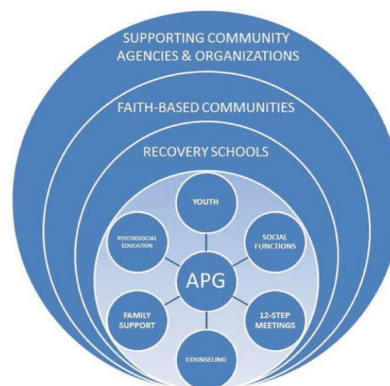


FIGURE 2 Diagram of Alternative Peer Group Recovery Community Depicting the Alternative Peer Group in Relation to the Recovery Community (color figure available online).

²OAR 581-030-0005(4)-(a), (b).

³ OAR 581-030-0005(5)-(a), (b). This definition is specific to the OAR for Recovery Schools and does not necessarily encompass the definition of behavioral health in the wider mental health field.

⁴ Finch, A. (2005). *Starting a recovery school: A How to Manual from the Hazelden Professional Library*. Hazelden Publishing.

⁵ Graphic retrieved from page 7 of Collier, C., Hilliker, R., Onwuegbuzie, A. (2014). Alternative Peer Group: A model for Youth Recovery. *Journal of Groups in Addiction & Recovery*, 9. DOI: 10.1080/1446035X.2013.836899

⁶ Smith, N. Z., Vasquez, P. J., Emelogu, N. A., Hayes, A. E., Engebretson, J., & Nash, A. J. (2020). The Good, the bad, and recovery: Adolescents describe the advantages and disadvantages of alternative peer groups. *Substance Abuse Research and Treatment*, 14. <https://doi.org/10.1177/1178221820909354>

youth experiencing SUD.⁷ APGs for youth have a history of connecting youth and their families with peer and professional support, including partnerships with local agencies, organizations, faith-based communities⁸, and recovery schools that work collaboratively to support adolescent recovery.⁹ However, Oregon lacks an organized framework for APGs, potentially limiting the effectiveness of its recovery schools.

APGs also align with the Oregon Alcohol and Drug Commission's (ADPC)'s (2024) findings, which found that Oregon lacks a statewide system of care to provide holistic access to SUD prevention, early intervention, treatment and support for youth and their families.¹⁰ As one part of recommended actions to develop a youth and family-centered SUD system of care, the ADPC workgroups made recommendations to the state legislature to fully fund Oregon Recovery Schools and establish APGs in every region of Oregon that will have a Recovery School.¹¹ APGs are an important building block to address the gap between need and available services for youth, as they would engage youth across the continuum of readiness to change, either before, during or after enrollment in a Recovery High School. Additionally, APGs are designed to provide education, therapeutic support, sober prosocial activities and community for family members of recovering youth.

Oregon House Bill 2767 (2023)¹² established a limited number of approved Recovery High Schools in Oregon. These schools, under agreement with the Department of Education, will provide students with a specialized high school education experience, tailored to meet the needs of students in recovery from substance use disorder and co-occurring behavioral health concerns. While HB 2767 exponentially increases Oregon Department of Education's ability to provide education, mental health support and an environment of abstinence for students in recovery from substances, there is not currently an organized system of support for students to pursue extracurricular activities in similar prosocial environments. **The RSAC is proposing the adaptation of a blended public and private funding model that would be a national innovation to youth-oriented APG models.** This model would greatly reduce the cost-prohibitive elements of APGs, many of which are currently funded by charging individual families for participation, increasing the equitability of access to APGs for families of all socioeconomic groups.

⁷ Collier, C., Hilliker, R., Onwuegbuzie, A. (2014). Alternative Peer Group: A model for Youth Recovery. *Journal of Groups in Addiction & Recovery*, 9. DOI: 10.1080/1446035X.2013.836899

⁸ Faith-based institutions that operate Alternative Provision Groups (APGs) must prioritize neutrality and inclusivity to ensure that all youth, regardless of their religious beliefs or backgrounds, feel welcome and supported. While such institutions can maintain their core religious values, it is crucial they provide an environment where every student, irrespective of faith, can access the educational services and opportunities they need without discrimination or bias. This approach fosters a respectful, diverse learning atmosphere conducive to the well-being and success of all participants.

⁹ Ibid 6.

¹⁰ Alcohol and Drug Policy Commission, (2024). *Alcohol and Drug Policy Commission (ADPC) Preliminary Report and Recommendations in Accordance with House Bill 4002 Section 11*. Retrieved 1/14/2025 from <https://olis.oregonlegislature.gov/liz/202311/Downloads/CommitteeMeetingDocument/285870>

¹¹ Ibid 7.

¹² H.B.2767 - 82nd Oregon Legislative Assembly (2023): Establishes requirements for approving recovery schools. (2023). <https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2767/Introduced>

Bridging the Continuum of Care for Youth in Recovery Schools

Currently, there is one APG in Oregon serving youth in Portland¹³, yet Oregon has a significant number of youth across the state experiencing substance use disorder and in need of treatment and supportive recovery services. In fact, as of 2022 “when compared to the United States more broadly, Oregon’s substance use disorder rates for youth age 12 – 17 (5.77%) and young adults age 18 – 25 (17.49%) are higher than the national rates for the comparative age groups.”¹⁴ Oregon ranks third highest nationally for substance use disorder among adolescents and third lowest in the nation for youth access to mental health services.¹⁵ One actionable path forward is to develop a network of Alternative Peer Groups in Oregon for youth in recovery.

APGs offer a way to bridge the continuum of care for youth in recovery beyond the academic scope and school year calendar. The Association of Alternative Peer Groups¹⁶ suggests that APGs are designed to support individuals in early recovery and who want to integrate into an abstinent community. They provide an engaging and healthy way to increase motivation and encourage peer support, while continuing in an active program of recovery. Oregon’s youth APG model would be open to adolescents in every stage of readiness to engage in recovery, from a youth who is precontemplative having an introductory exposure to peers abstaining from substances while having fun to supporting the engagement and retention of students who are already enrolled in a recovery school and living a recovery lifestyle. APGs offer a range of support conducted in an environment of abstinence from substances, from therapeutic services to community service to fun pro-social activities. Below are some examples of activities APGs may include in their programming:

Activity Examples:

- **Recovery-focused support:** Group and/or individual therapy, recovery meetings, case management and peer mentoring.
- **Prosocial activities:** Art classes, music sessions, sports leagues, outdoor adventures and other fun social functions.
- **Skill-building workshops:** Life skills, financial literacy, college preparation and career development.
- **Family support groups:** Educational workshops, psychosocial education, and family therapy sessions.
- **Community service:** Volunteer projects fostering a sense of purpose and connection.

¹³ Collective Roots APG. <https://collectiverootsapg.org/>

¹⁴ Oregon Health Authority, (2023). *Youth and Young Adult Substance Use Prevention, Treatment and Recovery*. Retrieved January 19, 2025 from <https://www.oregon.gov/oha/HSD/BH-Child-Family/Documents/Youth-Young-Adult-SUD-Treatment-Recovery-Report-EN.pdf>

¹⁵ Mental Health America, (2024). *State of Mental Health in America*. Retrieved from https://mhanational.org/issues/2024/ranking-states#youth_data

¹⁶ Association of Alternative Peer Groups. Retrieved 1.6.2025 from <https://aapg-recovery.org/>

Organizing Principles for Oregon's APG Framework

The RSAC recommends that any state efforts to establish APGs for youth in coordination with Approved Recovery Schools prioritize the following standards:

1. **Regional Accessibility:** APGs should be located in close proximity to each recovery high school at a location that is inclusive, respectful, physically accessible and safe, ensuring accessibility for all interested students and their families.
 2. **Integration with Recovery High Schools:** Given Oregon's K-12 regulations and financial structure and the scope of APGs to function primarily for social and behavioral health support outside of school hours, APGs should not be directly operated by or through an Approved Recovery School. Rather, APGs should be run by other entities in the community, either one entity or a collaboration of entities, and formally partner with the local recovery school. APGs must align with the design principles of Oregon's Recovery Schools and ARS standards to provide cohesive, abstinence-focused support. APGs can serve youth before, during or after attending a recovery school, offering an opportunity to provide readiness support for youth before enrolling in a recovery high school, motivation to continue sobriety for youth in school, and continued community care if and when youth move on from their recovery high school.
 3. **Diversity, Equity and Inclusion:** APGs must prioritize culturally responsive programming and equitable access, addressing the needs of diverse populations and individuals with disabilities in each community where there is a Recovery School. Equitable access should be prioritized through low-barrier entrance (low or no fees) and transportation options available to all youth. APGs should provide youth with opportunities to experience multiple pathways to sustained recovery. While programming is developed for youth as part of a continuum of care integrated with Recovery Schools, APGs should be open to youth in recovery who are choosing other alternate educational paths as well. Overall, programs should be responsive to youth and family voice, offering a process for youth and families to co-develop programming ideas with paid staff and feedback on a regular basis for program evaluation.
 4. **Evidence-Based Programming:** APGs should hire and train a qualified staff of clinical professionals and peers with lived experiences which reflect that of the youth population in the area, who are able to provide youth and their families with evidence-based therapeutic interventions, programming and support that reflects best practices in working with adolescents experiencing substance use disorder, co-occurring mental health needs and recovery. APGs should implement an evaluative process that includes family member feedback to ensure that services are equitable, effective and meet contractual requirements.
 5. **Sustainability:** Programs should incorporate an array of funding mechanisms, including grants, foundation support, or in kind donation. Other opportunities for sustainable funding include legislative support for stable funding through general fund dollars in combination with offering billable behavioral health and substance use treatment services through private health insurance, Oregon Health Plan, and Medicaid.
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Core Tenets for APGs Connected to Oregon Recovery Schools

Integrating Alternative Peer Groups with Oregon Recovery Schools offers a comprehensive approach to recovery and learning for youth and their families. Establishing a robust framework for APGs in Oregon requires clear, evidence-based core recommendations that reflect the needs of youth in recovery, align with best practices, and support long-term sustainability. These core recommendations are designed to ensure that APGs provide safe, equitable, effective, and accessible services that meet the unique needs of adolescents and Recovery School students.

1. Proximity to Recovery High Schools

- **Recommendation:** APGs are accessible and reasonable in location based on the local geography of each recovery high school to ensure easy access for students and families. In rural areas, APGs may leverage existing community centers or virtual programming to address geographical challenges.
- **Rationale:** Research shows that access to recovery support services is a critical factor in increasing recovery capital¹⁷ and sustained sobriety.¹⁸ Students attending recovery schools would benefit from organized community-based support systems and engaging activities with abstinent peers. Having APGs close to each recovery school can provide enrolled students with the opportunities to build a thriving community and vibrant life beyond the school day. Many youth attending recovery schools need support with transportation and locating the APG close to the recovery school reduces transportation-related issues for students. This is especially an important factor for youth in rural or underserved areas who often face transportation barriers, making proximity to services essential for participation and engagement.

2. Youth-Centered Programming

- **Recommendation:** Programming must be designed specifically for young people, recognizing their developmental needs and prioritizing prosocial peer engagement. Programmatic recommendations from youth in recovery include: offering a mixture of vocational skill-building, case management support for families and youth transitioning into adulthood, free time to socialize with peers, and engaging hands-on activities.
- **Rationale:** Adolescents require distinct approaches compared to adults, as they are in critical stages of brain and social development. Youth-centered APGs allow for tailored interventions that resonate with young people. Youth who have

¹⁷ White, W. (2009). *Recovery capital scale*. Retrieved from <https://facesandvoicesofrecovery.org/wp-content/uploads/2019/06/Recovery-Capital-Scale.pdf>

¹⁸ Davidson, L., White, W., Sells, D., Schmutte, T., O'Connell, M., Bellamy, C., & Rowe, M. (2010). Enabling or engaging? The role of recovery support services in addiction recovery. *Alcoholism Treatment Quarterly*, 28(4), 391–416. <https://doi.org/10.1080/07347324.2010.511057>

participated in APGs report benefits including: feeling a sense of belonging, increased meaning, accountability in a structured program, and resolution of ambivalence or increased commitment to working a recovery program.¹⁹

Adolescents are particularly vulnerable to social pressure from peers, to this point positive peer influence and participation in mutual aid groups can play a fundamental role in abstaining from substances and preventing relapse.²⁰ “Youth with more time in the APG who have achieved such change model healthy, sober behaviors and exert positive peer pressure on newcomers who might eventually become new leaders who repeat the process.”²¹ Social functions, community recovery support and family support can be offered through programs such as: teen support groups, family support groups, 1:1 mentoring, life skills training, mindfulness for recovery, crisis intervention & case management, system and resource navigation, recovery planning, coordination of care with local recovery high school, and fun sober outings and activities.²²

- APG providers may adjust the age range of youth their APG will serve. RSAC recommends APG providers make age eligibility based on the following considerations:
 - Recovery Schools serve students ages 14 - 21.
 - The safety and developmental needs of minors and young adults should be prioritized when developing guidelines around age for an APG.
 - APGs may consider providing services for youth ages 14-17 and/or separate services for young adults ages 18-21 to mitigate risk and increase safety for all participants.
 - APGs may consider utilizing secondary qualifiers for APG participants 18 years of age and older such as attending a recovery school.
 - Each APG is responsible for evaluating and monitoring safety of youth participants of all ages.

3. Clinical Supports

- **Recommendation:** APGs staffing includes licensed and certified professionals, such as counselors, social workers, certified drug and alcohol counselors, or qualified mental health professionals (QMHPs), who provide therapeutic support including psychosocial education, counseling, case management and family support to improve symptoms of co-occurring mental health challenges and support sustained recovery.

¹⁹ Ibid 1.

²⁰ Finch, A.J., Jurinsky, J., & Anderson, B.M. (2020). Recovery and Youth: An Integrative Review. Alcohol Research, 40(3), n.p., doi:10.35946.v40.3.06. Retrieved from <https://pmc.ncbi.nlm.nih.gov/articles/PMC7732345/>

²¹ Ibid 6.

²² Collective Roots APG Activities Flyer. (n.d.) <https://collectiverootsapg.org/what-we-do>

- **Rationale:** Adolescents with substance use disorders have high rates of co-occurring mental health diagnoses, including mood and anxiety disorders, conduct disorder, and attention deficit/hyperactivity disorder.²³ Trauma also impacts many youth in recovery as adolescents with substance use disorder are likely to have at least one adverse childhood experience (ACE) and each additional ACE increases the likelihood of substance use.²⁴ Clinical support ensures that APGs are staffed with qualified professionals who can support youth with behavioral health needs to build skills and strategies which improve their health and wellbeing without coping through substance use.

4. Peer Mentorship

- **Recommendation:** Programs include peer recovery mentors who are certified, trained to provide services to youth, can relate to adolescents in recovery and have lived experience as a person with an active program of recovery (e.g., Oregon Certified Recovery Mentor).
- **Rationale:** Peer mentors serve as role models and provide relatable guidance, fostering a sense of belonging and hope for recovery. Their lived experience allows them to build trust and credibility with participants. Peer support can help youth through their initial ambivalence or stigma about building a community of abstinent peers to provide natural support and encourage youth retention in their own path of recovery.²⁵ Research shows that peer-led interventions are promising interventions which reduce risky behavior such as substance use among teens. One of the foundational recovery mutual aid groups, Alcoholics Anonymous (AA), is based on the idea of peer support.²⁶ In this way, peer support follows a long-standing tradition in 12-step recovery of “one addict helping another.” Further, Youth involved with APGs that include peer support and access to age-appropriate 12-step programs experienced increased motivation to their sobriety commitment, improved mental health symptoms, increased happiness and stronger positive relationships.²⁷ Finally, to ensure continuous healthy relationships between peers and youth, all peer mentors should have access to regular, supportive supervision which provides ongoing training and skill building for mentors.

²³ NIDA. (2024, September 30.) *Co-Occurring Disorders and Health Conditions*. National Institute of Health. Retrieved from <https://nida.nih.gov/research-topics/co-occurring-disorders-health-conditions> on 2025, January 3.

²⁴ Afifi, T. O., Taillieu, T., Salmon, S., Davila, I. G., Stewart-Tufescu, A., Fortier, J., Struck, S., Asmundson, G. J. G., Sareen, J., & MacMillan, H. L. (2020). Adverse childhood experiences (ACES), peer victimization, and substance use among adolescents. *Child Abuse & Neglect*, 106, 104504. <https://doi.org/10.1016/j.chiabu.2020.104504>

²⁵ Nash, A. J. (2020). The twelve steps and adolescent recovery: A concise review. *Substance Abuse: Research and Treatment*, 14. <https://doi.org/10.1177/1178221820904397>

²⁶ Veenstra, R., & Laninga-Wijnen, L. (2022). Peer Network Studies and Interventions in adolescence. *Current Opinion in Psychology*, 44, 157–163. <https://doi.org/10.1016/j.copsyc.2021.09.015>

²⁷ Ibid 16.

5. Family Involvement

- **Recommendation:** APGs have a plan to actively engage and involve family members through programming such as educational workshops, family counseling, and parent support groups. Youth should not be excluded from APG participation if their family is unable to be safely involved or if they prefer to define their family as chosen members.
- **Rationale:** Family relationships, biological or chosen, play a significant role in youth recovery. Outreach, education and engagement of families in the adolescent's recovery process can lead to improved communication, reduced enabling behaviors, and foster a supportive home environment. Research suggests that "active family involvement is developmentally crucial for effecting positive outcomes and sustaining long-term recovery among youth."²⁸ Parents who participated in APGs shared that relationships and communication with their teens improved after spending quality time participating in recovery-related activities together.²⁹ They had increased understanding and support to parent their children through addiction and recovery, and they had more strategies to encourage youth participation in SUD treatment and recovery-related activities. Youth also reported experiencing improved family relationships from participating in APGs.³⁰

6. Safe and Inclusive Environments

- **Recommendation:** APGs prioritize equity by creating safe, inclusive spaces and services free from stigma, judgment, and discrimination. This includes providing culturally responsive programming to youth and their families. As well as hiring staff that celebrate and can relate to Oregon's youth, who accept all pathways to recovery and model healthy boundaries.
- **Rationale:** Adolescents are more likely to engage in recovery programs when they feel understood and accepted. Tailored programming ensures that APGs are inclusive of all youth, including LGBTQIA+ youth, youth with disabilities, and youth of color. LGBTQIA+ youth surveyed in 2021 by the Trevor Project had higher rates of alcohol and marijuana use than the general population of US high school students, which may suggest that youth are using substances to cope with "minority stress and negative experiences in unsupportive, anti-LGBTQ

²⁸ Hogue, A., Becker, S. J., Wenzel, K., Henderson, C. E., Bobek, M., Levy, S., & Fishman, M. (2021). Family involvement in treatment and recovery for substance use disorders among transition-age youth: Research Bedrocks and opportunities. *Journal of Substance Abuse Treatment*, 129, 108402. <https://doi.org/10.1016/j.jsat.2021.108402>

²⁹ Hennessy, E. A., Jurinsky, J., Simpson, H., & Nash, A. (2022). Parenting to provide Social Recovery Capital: A qualitative study. *Addiction Research & Theory*, 30(5), 368–374. <https://doi.org/10.1080/16066359.2022.2055000>

³⁰ Ibid 1.

environments.”³¹ Additionally, Native Americans have the highest rates of substance use of all other ethnic groups, as 10.1% of the American Indian & Alaskan Native people 12 years and older experience substance use disorder.³² Indigenous Americans also experience multiple barriers to adequate SUD treatment, including generational trauma, insurance barriers and stigma.³³ This highlights the importance of a stigma-free space for youth to build community.

7. Structured Prosocial Activities

- **Recommendation:** APGs offer a wide range of structured prosocial activities. Examples of activities can include: art workshops, sports leagues, outdoor adventures, and volunteer projects.
- **Rationale:** Prosocial activities help youth develop healthy relationships, build confidence, social emotional wellness, and find joy in living a life abstinent of substances. These activities replace risky social situations with meaningful peer engagement and provide opportunities for youth to positively support each other and to practice abstinence in real-world scenarios. When teens are more involved with their community through prosocial activities with other teens, they are influenced toward prosocial behaviors like cooperation and empathy.³⁴ “The hallmark of [the APG] model is the basic assumption that peer relationships, much like the ones that initiate and support drug and alcohol use, are necessary to facilitate recovery.”³⁵ Other positive outcomes of social influence can include increased school engagement, an increased desire to volunteer and reinforcing prosocial values, norms and attitudes. Generally, research shows that adolescents who spend time in prosocial groups are more likely to experience positive development and internalize prosocial norms.³⁶

8. Sustainability Through Funding and Billing

- **Recommendation:** APGs should have a variety of funding sources. It is recommended that the organization running the APG should fund operations in a manner that ensures equitable access to APG activities and services at low or

³¹ The Trevor Project, (2022). *Substance Use and Suicide Risk Among LGBTQ Youth: National Survey 2021*. Retrieved from <https://www.thetrevorproject.org/research-briefs/substance-use-and-suicide-risk-among-lgbtq-youth-jan-2022/>

³² Regan, J. (2023). Substance Abuse Among Indigenous Americans. Retrieved on January 19, 2025 from <https://americanaddictioncenters.org/blog/substance-abuse-among-indigenous-americans>

³³ Ibid 31.

³⁴ U.S. Department of Health and Human Services. (2024, June 18). *The power of peers*. National Institutes of Health. <https://newsinhealth.nih.gov/2021/09/power-peers>

³⁵ Ibid 7.

³⁶ Telzer, E. H., van Hoorn, J., Rogers, C. R., & Do, K. T. (2018). Social influence on Positive Youth Development: A developmental neuroscience perspective. *Advances in Child Development and Behavior*, 215–258. <https://doi.org/10.1016/bs.acdb.2017.10.003>

no-cost, to the greatest extent possible, though some APGs may need to utilize pay-to-play models to generate revenue for social outings and activities.

- **Rationale:** Sustainable funding models ensure that APGs remain accessible and operational in the long term. Considerations include braided grant funding with implementing systems to bill health insurance, such as Oregon Health Plan or Medicaid for eligible services like individual or group therapy. Programs are encouraged to build community partnerships to secure grant funding and community support for additional activities. Billing for clinical services offsets costs and reduces reliance on soft funding sources. Many APGs are nonprofits and are funded through in-kind donations from the community and foundation grants. APGs in other states have had success with the following ideas:
 - “APGs can be run as a for-profit business or non-profit organization depending upon the needs and resources of the community. APGs in Houston, Texas are funded from a variety of public and private sources as well as fees paid by the APG client families.”³⁷
 - In New Hampshire the Division of Behavioral Health and Department of Health and Human Services (DHHS) allocated funding for a collegiate APG.³⁸
 - An APG in Ohio is being funded for recovery high school students by a grant from a recovery foundation in the state.³⁹
 - Pacific Northwest Alternative Peer Groups have been funded by a combination of foundation grants.⁴⁰

³⁷ Nash A, Collier, C., & Barron, X. (2017, July 12). *The Alternative Peer Group: A Developmentally Appropriate Recovery Support Model for Youth* [Webinar]. Build Up your Teen Treatment IQ. https://attcnetwork.org/wp-content/uploads/2020/01/FAQ_Questions_TeenTxIQ_Webinar_07-12-2017_Final_0.pdf

³⁸ Hadley Barndollar, N.H.B.O. (n.d.). *College students in recovery to receive peer support services through State Funding • New Hampshire Bulletin*. New Hampshire Bulletin. <https://newhampshirebulletin.com/briefs/college-students-in-recovery-to-receive-peer-support-services-through-state-funding/>

³⁹ Heartland High School. (2024, December 12). *Heartland High School receives funding from the ONEOHIO Recovery Foundation*. Heartland High School. <https://www.heartlandhighschool.org/post/heartland-high-school-receives-funding-from-the-oneohio-recovery-foundation>

⁴⁰ Instrumentl. (2023). *Pacific Northwest Alternative Peer Groups: 990 report*. <https://www.instrumentl.com/990-report/pacific-northwest-alternative-peer-groups>

Staffing and Training

APGs need qualified staff with access to relevant professional development opportunities in order to operate effectively and meet the needs of youth. Each APG should hire a combination of the following staff roles. The RSAC recommends that APGs prioritize hiring a staff with a blend of lived experience, administrative experience and professional therapeutic qualifications and provide appropriate training for all staff and volunteers.

Sample Staff Roles & Qualifications

Title	Role	Qualification
Program Coordinator	Staff recruitment and training, case management and community liaison, data entry and tracking, continuous quality improvement activities, coordination of contracts and special events planning	Bachelor's degree or Qualified Mental Health Associate (QMHA) in social work, education, or a related field; experience working in youth programs and/or with case management and resource navigation
Licensed Clinician or Certified Drug & Alcohol Counselor	Individual and family therapy, supervise peer recovery coaches, therapeutic group facilitation, and behavioral management supervision and support to all staff	Master's degree in counseling (LPC, LMFT), social work (LCSW), Certified Drug and Alcohol Counselor (CADC I or II), or a related field; licensed/certified in Oregon. Experience working with youth experiencing SUD and their families
Peer Recovery Coach	1:1 mentoring, facilitate support group for families, connection with resources and system navigation, building recovery capital	Lived experience with recovery; certification in peer support (e.g., Oregon Youth Peer Support Specialist (PSS) and/or Certified Recovery Mentor (CRM))
Youth Facilitator	Volunteer or staff who are able to organize recreational activities, staff outings, and teach life skills	Ability to relate to youth through work experience or lived experience, brings skills to run groups and organize recreational activities/outings
Administrative Support Staff	Billing, calendar development, event planning support, contract management, transportation logistics, building operations	Experience in managing billing and program logistics

Training programs and considerations for APGs:

Recommended Certifications

- Certified Recovery Mentor (CRM)⁴¹ / Youth Peer Support Specialist (PSS)^{42,43} 40-hour training through an accredited training organization in Oregon with the addition of passing a test through MHACBO (Mental Health and Addictions Board of Oregon).⁴⁴
- Qualified Mental Health Associates (QMHA)⁴⁵ have a qualifying bachelor degree or 1000 hours of supervised work experience and are certified through MHACBO testing.
- All staff should be certified in First Aid and CPR through an accredited training organization and complete an annual child abuse reporting training.⁴⁶

Ongoing Professional Development

APG staff should have opportunities to participate in relevant professional development training. The Association of Alternative Peer Groups (AAPG)⁴⁷ offers education and training on topics such as: professional growth, best practices, resource management, cultural competence, ensuring effective long-term recovery support. RSAC recommends that APG staff have competencies in the following foundational SUD and recovery topics and evidence-based intervention strategies:

- Motivational Interviewing⁴⁸
- Boundaries and Ethics
- Cultural Responsiveness & Inclusion
- Family Support Interventions such as Invitation to Change⁴⁹ and Community Reinforcement And Family Training (CRAFT)⁵⁰
- Collaborative Problem Solving⁵¹
- Trauma Informed Practice & Adolescent Childhood Experiences (ACEs)
- Group Facilitation Skills such as “Strengthening Facilitation Skills with Youth”⁵²
- Relapse Prevention & Recovery Planning

⁴¹ Certified Recovery Mentor application and requirements: <https://mhacbo.org/en/crm-application/>

⁴² Peer Support Specialist guidelines and training: <https://www.oregon.gov/oha/HSD/AMH-PD/Pages/Training-Certification.aspx>

⁴³ Youth Peer Support Specialist Qualifications: <https://www.oregon.gov/oha/EI/Pages/THW-PSS.aspx>

⁴⁴ Mental Health and Addictions Board of Oregon (MHACBO) website: <https://mhacbo.org/en/>

⁴⁵ Qualified Mental Health Associate application and requirements: <https://mhacbo.org/en/mentalhealth/qmha-r/>

⁴⁶ ORS 419B.010; Duty of officials to report child abuse.

⁴⁷ Association of Alternative Peer Groups website: <https://aapg-recovery.org/>

⁴⁸ Miller, W. R., & Rollnick, S. (2023). *Motivational interviewing: Helping people change*. The Guilford Press.

⁴⁹ CMC: Foundation for Change. (2025). *The Invitation to Change: A Short Guide*. Retrieved from: <https://invitationtochange.com/>

⁵⁰ CRAFT Connect: Mindful Family Support. (2019). CRAFT Connect: Family Support Program. Retrieved from: <https://www.craftconnectfs.com/family-support>

⁵¹ Massachusetts General Hospital. *Collaborative Problem Solving*. <https://thinkkids.org/cps-overview/>

⁵² Roby, S., Eddins, K., Welch, E., Knab, J., Asheer, S., & Baumgartner, S. (2022). *Strengthening Facilitation Skills with Youth: A Trainer's Guide*. Office of Planning, Research and Evaluation at The Administration for Children and Family. Retrieved from [Strengthening Facilitation Skills with Youth: A Trainer's Guide](#) on January 7, 2025.

General Operating Budget Category Considerations

A start-up APG may require an annual budget ranging from \$300,000-\$400,000.

Expenses to consider include:

- Staff Salaries
- Facility and Utility Costs
- Program Supplies / Curriculum
- Technology
- Certification and Ongoing Professional Development
- Marketing and Outreach
- Transportation Costs

Here is a sample of the general operating budget for an alternative peer group (APG) serving approximately 10 youth and their families. This table includes estimated categories, taking into account 2024 Oregon wages and typical expenses:

Budget Category	Description	Estimated Amount	Assumptions
Staff Salaries	Compensation for all full-time and part-time staff.	\$220,000	Assumes 3.5 staff members with annual salary range of \$50,000 - \$80,000 depending on role.
Facility and Utility Costs	Rent or lease, utilities, maintenance.	\$40,000	Assumes the program operates in a rented building with utilities (water, electricity, heating).
Program Supplies / Curriculum	Educational materials, therapy tools, recreational equipment.	\$30,000	Includes gear for prosocial therapeutic activities (e.g., tents, climbing gear, arts and crafts supplies) and curriculum-related materials.
Technology	Computers, software, communication tools, etc.	\$10,000	Includes initial investment in hardware/software, phones, and communication systems.
Certification and Ongoing Professional Development	Training for staff certifications and workshops.	\$5,000	Assumes annual costs for peer certifications, CPR/first aid, and other professional development programs.

Marketing and Outreach	Advertising, website, social media, brochures, etc.	\$20,000	Includes digital marketing, local outreach efforts, and printed materials for program promotion.
Transportation Costs	Vehicles, fuel, maintenance, and vehicle-related expenses.	\$25,000	Includes transportation for transporting staff and participants. Assumes 2 vehicles and fuel costs for multiple trips per year.
Miscellaneous / Contingency	Unexpected expenses, small project costs, etc.	\$10,000	For unforeseen costs that may arise throughout the year.

Total Estimated Budget | | \$360,000 | Estimate for typical range of start-up APG programs.

Notes:

- **Staff Salaries:** For 2024 in Oregon, a CADC I might earn \$50,000–\$60,000, a LCSW may earn \$80,000 - \$100,000, and a CRM may earn \$40,000 - \$50,000 annually, depending on experience.⁵³⁵⁴⁵⁵ The estimate assumes staffing of: 1.0 Clinician, 1.0 CRM, 1.0 Program Coordinator and a .5 Administrative Assistant. Different regions in Oregon will have different average wages and the salary listed does not include true cost (excludes benefits and organizational expenses).
- **Facility and Utility Costs:** Costs vary significantly depending on location and whether the program owns or rents facilities. In rural Oregon, the cost of leasing a property may be lower, but utility costs could add up.
- **Program Supplies:** This category includes the purchase of necessary equipment and materials for prosocial activities, therapeutic programs, and arts/crafts supplies for self-expression.
- **Technology:** This category covers the cost of laptops, phones, software, and any necessary communication devices.
- **Marketing and Outreach:** Essential for attracting participants and building awareness. This can include SEO, ads in local newspapers, and partnerships with relevant organizations.
- **Transportation:** Budget assumes vehicles are used for participant transport, especially in remote areas with limited access.
- **Miscellaneous:** To allow for flexibility in the budget.

⁵³ Zip Recruiter, 2025. Addiction Counselor Salary in Oregon. Retrieved from <https://www.ziprecruiter.com/Salaries/Addiction-Counselor-Salary--in-Oregon>

⁵⁴ Zip Recruiter, 2025. LCSW Salary in Oregon. Retrieved from <https://www.ziprecruiter.com/Salaries/Lcsw-Salary--in-Oregon#:~:text=How%20much%20does%20a%20Lcsw,%2Fweek%20or%20%248%2C296%2Fmonth>.

⁵⁵ Zip Recruiter, 2025. Recovery Mentor Salaries in Portland, OR. <https://www.ziprecruiter.com/Salaries/Recovery-Mentor-Salary-in-Portland,OR#:~:text=How%20much%20does%20a%20Recovery,Portland%20is%20%2427.40%20an%20hour>.

Recommendations for Implementation

To successfully develop and implement Alternative Peer Groups (APGs) in Oregon, the Oregon Department of Education (ODE) should collaborate with other state agencies, Oregon Recovery Schools, and nonprofit organizations interested in supporting or operating APGs to support these efforts.

Key recommendations include:

1. Advocate for policy changes to establish and fund youth APGs in regions where there are operating recovery schools to ensure that APGs are fiscal and programmatic sustainability.
 - a. Foster stakeholder engagement and legislative support through statewide public awareness campaigns.
2. Establish a grant program to fund APG development and startup.
3. Pilot APG models in collaboration with Recovery Schools.
4. Partner with RSAC to develop, implement and evaluate APGs in Oregon.
5. Build cross-sector partnerships with schools, healthcare providers, and community organizations.
6. Develop cross-system coordination between state agencies best suited to support and manage APG startup, grant funding, and ongoing oversight.
 - a. ODE can play a critical role in forming a technical assistance team, creating resource materials, coordinating with existing Recovery Schools and community treatment providers or recovery supports, and providing training to APG developers.
 - b. Collaboration with the Oregon Health Authority and Medicaid representatives can identify insurance billing mechanisms.
7. Integrate APGs into broader state recovery initiatives to secure long-term funding and maximize their impact on youth recovery.

Conclusion

Oregon has a unique opportunity to lead in supporting youth recovery through the creation of a robust network of Alternative Peer Groups. By integrating research-driven best practice approaches, clinical supports, peer mentoring, prosocial activities, and recovery-focused services, APGs will complement Oregon Recovery Schools and strengthen outcomes for students in recovery. With a well-defined framework, Oregon can empower communities, reduce youth substance use, and foster long-term recovery for young people and their families.