



# **Live Free Adolescent Recovery School Based Peer Recovery Model™ District Implementation Proposal**

**School Peer Recovery Trainer and Peer Leader Training Program**

**Developed by Bob Faghan, MLADC  
Program Director-Live Free Adolescent Recovery**

**Linda Faghan MSW  
Clinical Director-Live Free Adolescent Recovery**

# Brief Overview and Strategic Rationale

## The Challenge Facing Schools

School districts are experiencing:

- Rising student mental health and substance use concerns
- Increased crisis response demands
- Overextended counselors and administrators
- Escalation to costly out-of-district placements
- Compliance and documentation pressures

In many schools, student support staff operate in **reactive crisis mode**, diverting thousands of hours annually from prevention, academic counseling, and school climate improvement.

## The Strategic Solution

The **Live Free Adolescent Recovery School Based Peer Recovery Model™** provides a structured, supervised peer leadership and early intervention framework designed to:

- Strengthen school connectedness
- Improve early identification of behavioral health risk
- Support MTSS Tier 1 & Tier 2 systems
- Reduce escalation to crisis and external placements
- Restore staff time from reactive response to proactive prevention

This is not a counseling replacement model.

It is a **capacity-building system** that strengthens existing district infrastructure.

## How the Model Works

1. Adult staff are certified as Peer Trainers
2. Selected students are trained as peer leaders
3. Peer leaders operate within defined scope and boundaries
4. Clear referral and escalation protocols are implemented
5. Documentation and supervision structures ensure safety and compliance

The result is a supervised peer-to-adult pathway that strengthens early intervention without increasing counselor caseloads.

## **Alignment With District Priorities**

### **The Program Supports**

- MTSS implementation
- School climate improvement initiatives
- Student safety plans
- Behavioral health frameworks
- Attendance improvement goals
- Graduation rate improvement efforts

## **Financial Impact, Capacity Restoration & ROI**

### **Cost Avoidance: Prevention vs Placement**

**Out-of-district placements in New Hampshire often range from:**

- \$70,000–\$120,000 annually (day programs)
- \$150,000–\$300,000+ annually (residential programs)

Using a conservative example of \$90,000 per placement:

If the Peer Leader Program prevents **one placement**:

\$90,000 net benefit

If it prevents **two placements**:

\$165,000 net benefit

### **Hidden Financial Impact of Crisis Response**

Even without placement avoidance, districts incur significant costs through:

- Emergency evaluations
- Crisis response staffing hours
- Administrative hearings
- Documentation and compliance workload
- Absenteeism-related funding loss
- Staff burnout and turnover

Conservative modeling suggests that reactive crisis environments can divert **2,000+ staff hours annually** in a mid-sized district — *the equivalent of more than one full-time position.*

Live Free Adolescent School Based Peer Recovery Program reduces escalation frequency and restores professional time to:

- Academic counseling
- College and career planning
- Tier 1 prevention programming
- School climate initiatives
- Graduation tracking

## **Workforce Sustainability**

**Nationally and regionally:**

- Counselor burnout remains high
- Student-to-counselor ratios exceed recommended levels
- Behavioral health workforce shortages persist

Structured prevention systems reduce reliance on overextended staff and improve retention by lowering crisis intensity and frequency.

## **Implementation Timeline**

Trainer Certification: 6 hours

Peer Leader Training: 6-8 hours + ongoing supervision

Full School Implementation: 60–90 days

Scalable District Wide.

## **Summary**

School Based Peer Recovery Represents:

1. A prevention-focused safety strategy
2. A fiscally responsible investment
3. A capacity restoration model
4. A compliance-aligned supervision framework
5. A scalable district-wide system

**If this program prevents even one external placement, it pays for itself several times over. If it prevents two, it becomes one of the highest return-on-investment initiatives in the district.**

# Full Program Overview

## Presenting Problem

School districts across New Hampshire and nationally are facing increasing challenges related to student behavioral health, substance use risk, disengagement, and chronic absenteeism.

Adolescents are uniquely influenced by peer norms, and behavioral risk often emerges within peer environments before it is visible to adults. Students experiencing emotional distress, substance use, or social isolation frequently disengage from school, leading to increased absenteeism, disciplinary incidents, and decreased academic performance.

Traditional school interventions rely almost exclusively on adult-led responses, which are essential but often reactive rather than preventive. Research consistently demonstrates that peer influence is the most powerful behavioral driver during adolescence. When peer leadership is structured, supervised, and aligned with school policy, it becomes one of the most effective tools for improving school engagement, strengthening protective factors, and supporting early intervention. Despite this, most school districts lack a standardized, clinically informed framework to safely and effectively leverage peer leadership as part of their behavioral health and prevention infrastructure.

Recent statewide data from the 2023 New Hampshire Youth Risk Behavior Survey (YRBS) show that a substantial proportion of high school students continue to experience significant behavioral health challenges that affect school engagement and academic success. Roughly 40% of New Hampshire high school students reported persistent feelings of sadness or hopelessness in the past year, even as that figure moderates slightly from prior peaks, indicating ongoing emotional distress among adolescents that contributes to disengagement and difficulty concentrating in class.

At the same time, substance-related behaviors remain a concern: students who perceive that it is very easy to access marijuana are more likely to report persistent sadness and suicidal planning, underscoring the connection between early substance use and poor mental health outcomes.

Compounding these behavioral health indicators is a troubling pattern of attendance: chronic absenteeism in New Hampshire has risen sharply in recent years, with data showing an increase from about 13% of students missing more than 10% of the school year pre-pandemic to approximately 24% in 2023. Chronic absence is strongly linked with lower achievement, reduced on-time graduation rates, and increased discipline referrals — especially among students experiencing emotional distress and substance-related risk behaviors.

For districts, these trends matter on multiple levels. From a policy perspective, elevated rates of emotional distress and substance-related risk behaviors create barriers to meeting state accountability goals for attendance, academic performance, and graduation. From a personal and community perspective, students who struggle with well-being are at higher risk for disengagement, behavioral incidents, and long-term negative outcomes if the underlying causes are not addressed. By understanding and responding to the intersections of mental health, substance use risk, and attendance, districts can design prevention-focused, trauma-informed systems — including structured peer support and recovery pathways — that improve student well-being, strengthen connectedness, and support academic success for ALL students.

# New Hampshire Behavioral Health and Attendance Context

New Hampshire schools are currently navigating several interconnected behavioral health and attendance challenges:

- Chronic absenteeism increased from 13% to approximately 24% of students between 2019 and 2023.
- Approximately one in three New Hampshire students was chronically absent during peak post-pandemic disruption.
- Average high school attendance is approximately 90.8%, meaning nearly 1 in 10 instructional days are lost across the student population.
- The Youth Risk Behavior Survey monitors mental health and substance use behaviors among New Hampshire students and confirms ongoing behavioral health risks affecting student engagement and well-being.

These trends highlight the need for structured, school-based prevention and engagement programs that address the underlying social and behavioral factors contributing to disengagement.

Research and statewide experience consistently demonstrate that peer relationships play a central role in adolescent behavior, engagement, and help-seeking.

## Benefits of a Structured Youth Peer Leadership Program

A structured, supervised youth peer leadership and recovery support program strengthens the district at multiple levels simultaneously. For the district, it provides a prevention-focused, policy-aligned option that directly supports attendance improvement, reduced repeat behavioral incidents, and stronger graduation outcomes. By embedding trained peer mentors within a clearly supervised framework, schools harness the most powerful influence in adolescence — peer norms — in a way that increases engagement rather than removing students from instruction. For students experiencing substance-related risk or emotional distress, the program offers structured accountability, connection, and skill-building before behaviors escalate into chronic absenteeism or disciplinary consequences. For the peer leaders themselves, the model develops measurable leadership competencies, communication skills, responsibility, and pro-social identity — protective factors strongly associated with long-term academic success and well-being. In short, the program does not simply respond to substance use; it builds a healthier peer culture that reinforces attendance, belonging, and student success across the entire school community.

## **Alignment with New Hampshire DOE Multi-Tiered System of Support for Behavioral Health and Wellness (MTSS-B)**

The Live Free Adolescent Recovery School Based Peer Recovery Model™ aligns directly with the New Hampshire Department of Education’s Multi-Tiered System of Support for Behavioral Health and Wellness (MTSS-B), which emphasizes prevention, early intervention, and graduated levels of support to improve student outcomes. MTSS-B recognizes that student behavioral health and wellness are foundational to academic success, attendance, and school engagement. The Live Free Peer Leader Training and Trainer Certification programs strengthen districts’ capacity to implement Tier 1 universal prevention and Tier 2 early intervention supports by leveraging structured, supervised peer leadership to reinforce protective factors, increase school connectedness, and promote help-seeking behaviors.

At the Tier 1 universal level, the Peer Leader Training Program enhances the school climate by establishing positive peer norms and strengthening student connection to the school community. Research consistently demonstrates that school connectedness is one of the strongest protective factors against substance use, mental health distress, and absenteeism. By training selected students as certified peer leaders, schools create visible, accessible peer supports that promote inclusion, engagement, and early identification of student needs. This universal approach supports all students and aligns with MTSS-B goals of creating safe, supportive learning environments that prevent behavioral health concerns before they escalate.

At the Tier 2 targeted intervention level, the program provides an additional layer of structured support for students at elevated risk for disengagement, substance use, or behavioral health concerns. Certified peer leaders, under the supervision of trained school staff, help identify students who may benefit from additional adult support and facilitate connection to appropriate school resources. This early identification and referral process strengthens the effectiveness of existing Tier 2 interventions such as counseling, student assistance programs, and behavioral support plans, improving access and responsiveness while maintaining appropriate clinical and educational boundaries.

The Trainer Certification component ensures sustainability and fidelity within the MTSS-B framework by equipping school personnel to implement, supervise, and integrate the peer

leadership program into existing behavioral health and student support systems. By building internal staff capacity, districts can maintain consistent implementation aligned with MTSS-B best practices, including data-informed decision-making, prevention-focused programming, and coordinated support across tiers. This integrated approach enhances district capacity to improve attendance, reduce behavioral incidents, strengthen school climate, and support student wellness, all of which are core objectives of the New Hampshire MTSS-B model.

## MTSS-B Alignment Summary

Tier 3: Intensive Support	Provides a structured pathway for identifying and referring high-risk students to school counselors, behavioral health providers, and individualized intervention services.
Tier 2: Targeted Intervention	Peer leaders support early identification of at-risk students and help connect them to appropriate adult support, strengthening responsiveness of counseling and student assistance services.
Tier 1: Universal Prevention	Peer leadership strengthens school connectedness, improves school climate, reinforces positive norms, and promotes protective factors for all students.

## Program Purpose

The Live Free Adolescent Recovery School Based Peer Recovery Model™ provides districts with a structured, evidence-informed framework to implement supervised peer leadership and peer recovery support programs while maintaining appropriate adult oversight, safety protocols, and program fidelity.

The program includes two integrated components:

1. School Peer Recovery Trainer Program (for staff)
2. Student Peer Leader Program

Together, these components create a sustainable internal capacity within the district to implement and maintain structured peer support programs aligned with educational, behavioral health, and policy priorities.

# Program Structure Overview

The Live Free Adolescent Recovery School Based Peer Recovery Model™ is implemented through a structured two-tier system:

Tier 1: Staff Trainer Certification

Tier 2: Student Peer Leader Certification

Staff trainers provide ongoing supervision, ensuring sustainability and fidelity of the program within the district.

## Component 1: School Based Peer Recovery

### Trainer Program

#### **Audience: School Staff**

Participants may include:

- School counselors
- Student assistance coordinators
- School social workers
- Administrators
- Behavioral health staff
- Prevention coordinators

The Trainer Program prepares designated school personnel to safely implement, supervise, and sustain peer leadership and peer recovery programs within the school environment.

Trainers are responsible for:

- Training student peer leaders
- Supervising peer leadership activities
- Maintaining program fidelity
- Ensuring safety and escalation protocols
- Supporting program sustainability

# **Trainer Certification Modules**

## **Module 1: Foundations of the Live Free School Based Recovery Model**

Participants learn the clinical and behavioral foundations of the model, including adolescent behavioral development, peer influence, and the role of structured peer leadership in prevention and early intervention.

## **Module 2: Trainer Role, Scope, and Safety Protocol**

This module defines the trainer's role and establishes safety boundaries, escalation protocols, and policy alignment to ensure the program operates safely and within school and legal guidelines.

## **Module 3: Peer Leader Training and Supervision**

Participants learn how to train student peer leaders, facilitate training sessions, supervise peer interactions, and reinforce appropriate leadership boundaries.

## **Module 4: Risk Identification and Escalation**

This module provides clear procedures for responding to student disclosures, behavioral risk indicators, and safety concerns, ensuring timely escalation to appropriate school personnel.

## **Module 5: Program Fidelity and Implementation**

Participants learn how to maintain consistent implementation, monitor program effectiveness, and document program activities to support district oversight and program sustainability.

## **Module 6: Legal and Ethical Responsibilities**

Participants learn legal and ethical responsibility and how to operate within clearly defined professional boundaries and in full compliance with state laws, school district policies, and program protocols.

# **Component 2: Student Peer Leader Program**

## **Audience: Selected Student Peer Leaders**

Peer leaders are students selected by school staff based on leadership potential, responsibility, and ability to serve as positive peer role models.

Peer leaders do not provide counseling or clinical services. Their role is to provide structured peer leadership, support, and engagement under adult supervision.

## **Purpose of Peer Leader Training**

The Peer Leader Program prepares students to:

- Serve as positive peer role models
- Support student engagement and inclusion
- Reinforce positive behavioral norms
- Encourage help-seeking behaviors
- Strengthen school connectedness

Peer leaders operate under the supervision of staff at all times.

# Peer Leader Training Modules

## **Module 1: Program Overview**

Students learn their role, responsibilities, and the importance of maintaining appropriate boundaries.

## **Module 2: Boundaries and Ethics**

Students practice role clarity; learn confidentiality limits, modeling appropriate behavior, appropriate self-disclosure and setting boundaries as a peer leader

## **Module 3: Identifying Risk and Responding Appropriately**

Students learn how to recognize when peers may need adult support and how to appropriately involve supervising staff.

## **Module 4: Communication and Helping Skills**

Students develop effective listening, communication, and leadership skills appropriate to their peer leadership role

## **Module 5: Group Co-Facilitation**

Students practice methods of group co-facilitation including establishing group norms, promoting inclusion and supporting a safe and respectful environment

## **Module 6: Review, Quiz, Completion**

## **Implementation Model**

The Live Free Adolescent Recovery School Based Peer Recovery Model™ is designed to integrate into existing school infrastructure without requiring major structural changes.

Implementation includes:

- Training of designated staff trainers
- Training and of student peer leaders

- Ongoing supervision and support by certified staff
- Annual review and program maintenance

This model allows districts to build sustainable internal capacity while maintaining safety and program consistency.

## **Alignment with District Strategic Priorities**

The program directly supports district priorities, including:

- Improving student attendance
- Strengthening school climate
- Supporting student mental health and behavioral health
- Reducing disciplinary incidents
- Improving student engagement and academic success
- Supporting safe and inclusive school environments

## **Expected Outcomes and Return on Investment**

The Live Free Adolescent Recovery School Based Peer Recovery Model™ is designed to produce measurable improvements in key district performance indicators.

Expected measurable outcomes include:

### **Attendance and Engagement**

- Reduction in chronic absenteeism
- Improved daily attendance rates
- Increased student engagement

Even modest attendance improvements yield significant instructional gains. For example, reducing chronic absenteeism by 5% can return thousands of instructional hours to the district annually.

### **Behavioral and School Climate Outcomes**

Expected improvements include:

- Reduction in behavioral incidents
- Reduction in substance-related disciplinary incidents
- Increased student connection and belonging
- Improved school climate indicators

Peer leadership programs are particularly effective because adolescents are strongly influenced by peer norms and relationships.

## **Academic and Graduation Outcomes**

Improved attendance and engagement contribute directly to:

- Improved academic performance
- Improved graduation rates
- Reduced dropout risk

New Hampshire currently maintains an overall graduation rate of approximately 87%, but attendance and behavioral health challenges remain key factors affecting individual district outcomes.

## **Cost Efficiency and Sustainability**

The model builds internal district capacity by developing staff trainers, eliminating reliance on ongoing external service delivery.

This allows districts to:

- Sustain the program long-term
- Expand the program internally
- Maintain fidelity and consistency

## **Long-Term Strategic Value for Districts**

The Live Free Adolescent Recovery School Based Peer Recovery Model™ provides districts with:

- Sustainable internal prevention infrastructure
- Improved attendance and engagement
- Enhanced behavioral health support capacity
- Strengthened student leadership
- Improved school climate
- The model aligns directly with district strategic priorities related to attendance, engagement, prevention, and student success.

# Summary

New Hampshire schools are facing significant behavioral health and engagement challenges that directly impact attendance, academic performance, and student well-being.

The Live Free Adolescent Recovery School Based Peer Recovery Model™ provides districts with a structured, evidence-informed solution that leverages supervised peer leadership to improve student engagement, strengthen school climate, and support early intervention.

By certifying staff trainers and student peer leaders, districts build sustainable internal capacity to improve student outcomes while maintaining safety, supervision, and program fidelity.

Research consistently shows that peer influence drives adolescent behavior more strongly than adult authority during decision-making.

Structured peer-led models — when supervised and integrated properly — have demonstrated reductions in risk behaviors and increases in protective factors.

What the literature makes clear is this:

Peer influence is happening whether schools structure it or not.

The question is whether we design it intentionally, with supervision and safeguards.

# References

**American School Counselor Association. (n.d.).** ASCA recommended ratios & role statement.

<https://www.schoolcounselor.org>

**Attendance Works. (2023).** Chronic absence remains a significant challenge for schools.

<https://www.attendanceworks.org>

**Carsey School of Public Policy. (2023).** New Hampshire behavioral health workforce staff vacancies report. University of New Hampshire. <https://carsey.unh.edu>

**Centers for Disease Control and Prevention. (2022).** School connectedness: Strategies for increasing protective factors among youth. U.S. Department of Health and Human Services.

<https://www.cdc.gov/healthyouth>

**Centers for Disease Control and Prevention. (2023).** Youth Risk Behavior Survey data summary & trends report: 2013–2023. U.S. Department of Health and Human Services.

<https://www.cdc.gov/yrbs>

**FairFundingNH. (2025).** New Hampshire graduation rates and student outcomes report.

<https://fairfundingnh.org>

**Hooked on Innovation. (2022, November 2).** How to recruit and retain school counselors in your district. <https://hookedoninnovation.com>

**National Academies of Sciences, Engineering, and Medicine. (2019).** Fostering healthy mental, emotional, and behavioral development in children and youth. The National Academies Press. <https://doi.org/10.17226/25201>

**National Education Association. (2023).** Schools need more counselors: Student-to-counselor ratios remain above recommended levels. <https://www.nea.org>

**New Futures. (2024).** New Hampshire child well-being and school engagement indicators.

<https://new-futures.org>

**New Hampshire Department of Education. (2024).** Attendance and chronic absenteeism data reports. <https://www.education.nh.gov>

**New Hampshire Department of Health and Human Services. (2023).** Youth Risk Behavior Survey: State and regional results. <https://www.dhhs.nh.gov>

**Ryan, A. M. (2001).** The peer group as a context for the development of young adolescent motivation and achievement. *Child Development*, 72(4), 1135–1150.  
<https://doi.org/10.1111/1467-8624.00338>

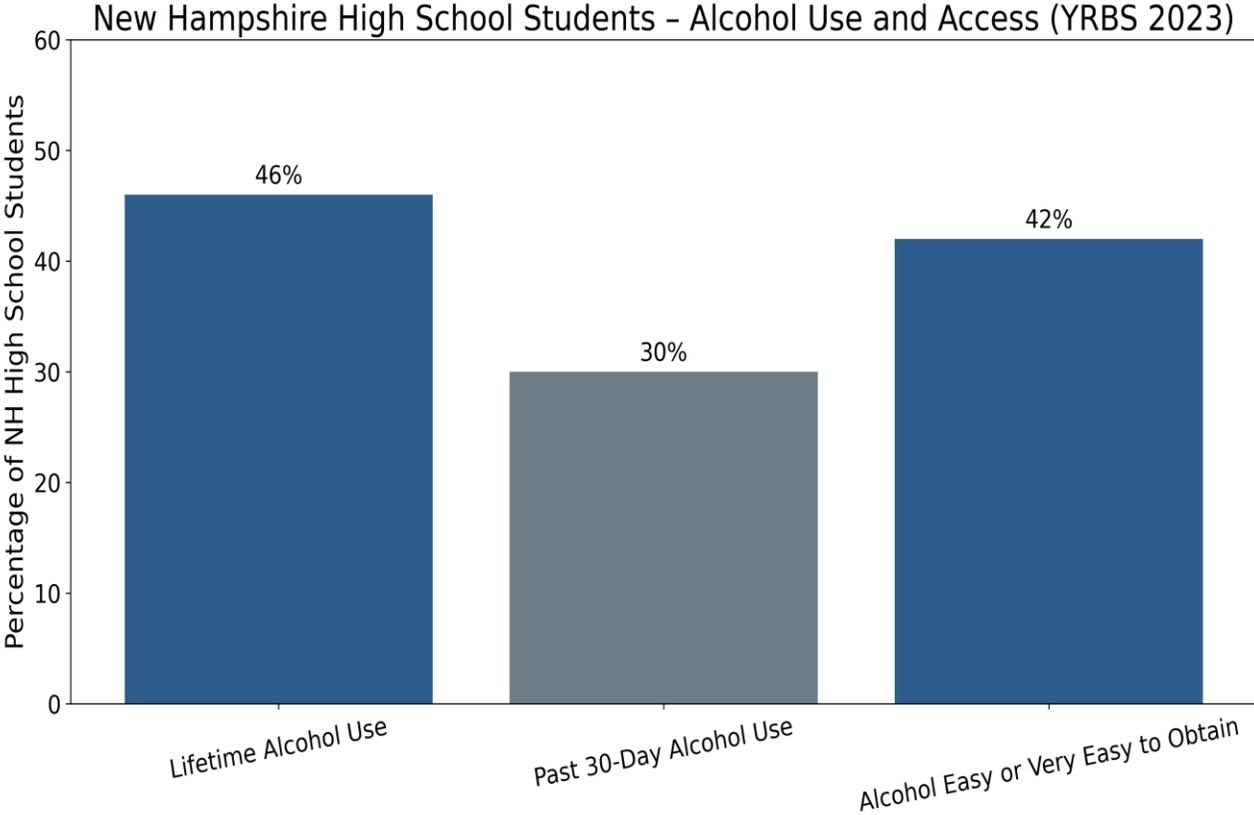
**SAMHSA. (2020).** National model standards for peer support certification. Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov>

**SAMHSA. (2022).** School-based prevention and behavioral health programs: Evidence and implementation guide. Substance Abuse and Mental Health Services Administration.  
<https://www.samhsa.gov>

**Wentzel, K. R., & Muenks, K. (2016).** Peer influence on students' motivation, academic achievement, and social behavior. In K. R. Wentzel & G. B. Ramani (Eds.), *Handbook of social influences in school contexts* (pp. 13–30). Routledge.

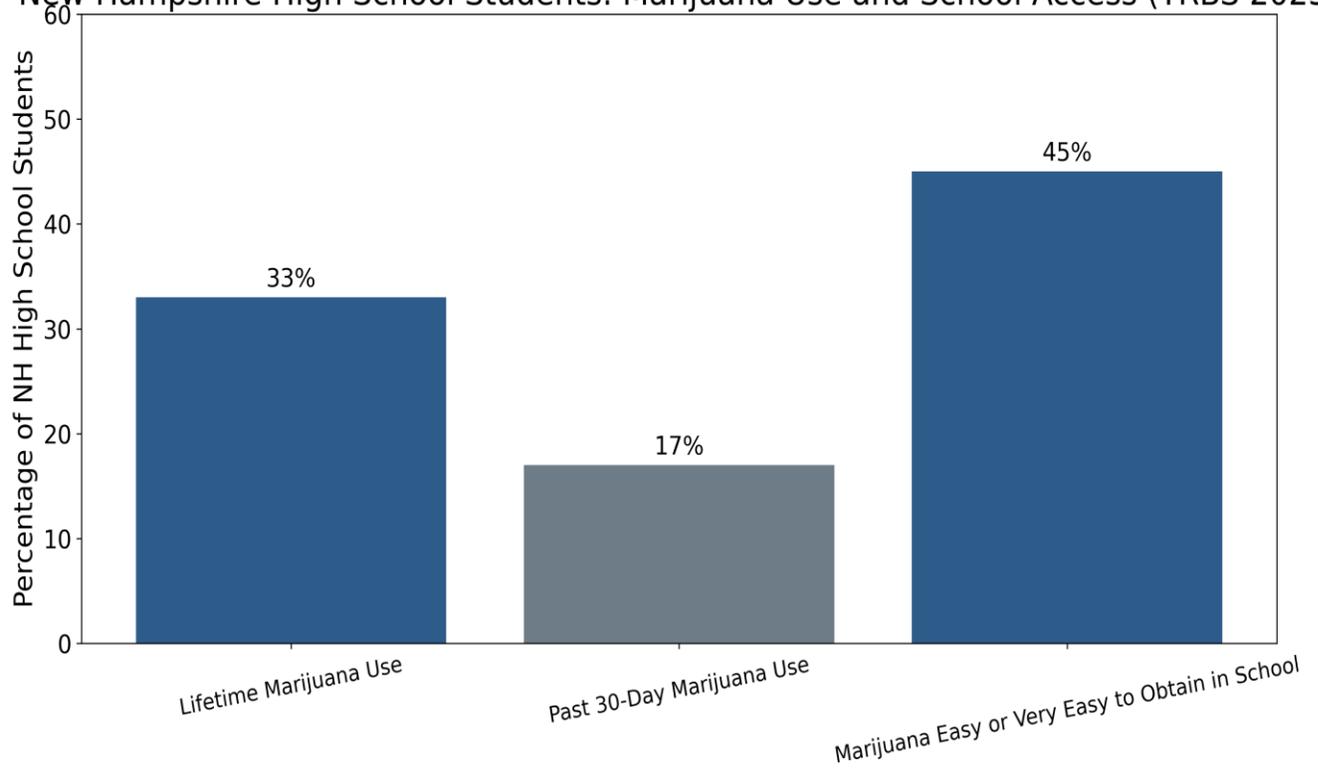
**Young, A., & Lambie, G. W. (2018).** Burnout among school counselors: Implications for professional practice. *Journal of Counselor Practice*, 9(1), 75–89.

# Appendix A



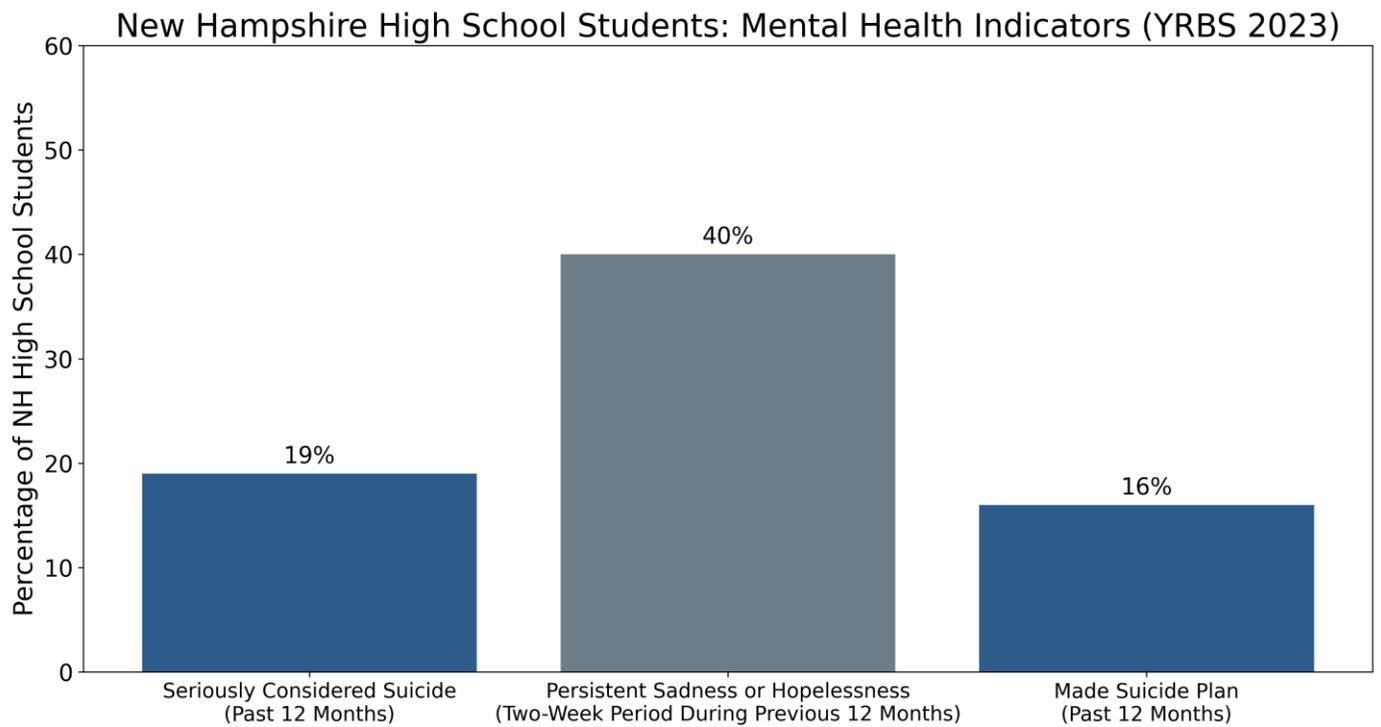
# Appendix B

New Hampshire High School Students: Marijuana Use and School Access (YRBS 2023)



Source: New Hampshire Youth Risk Behavior Survey (YRBS), NH DHHS & NH DOE, 2023

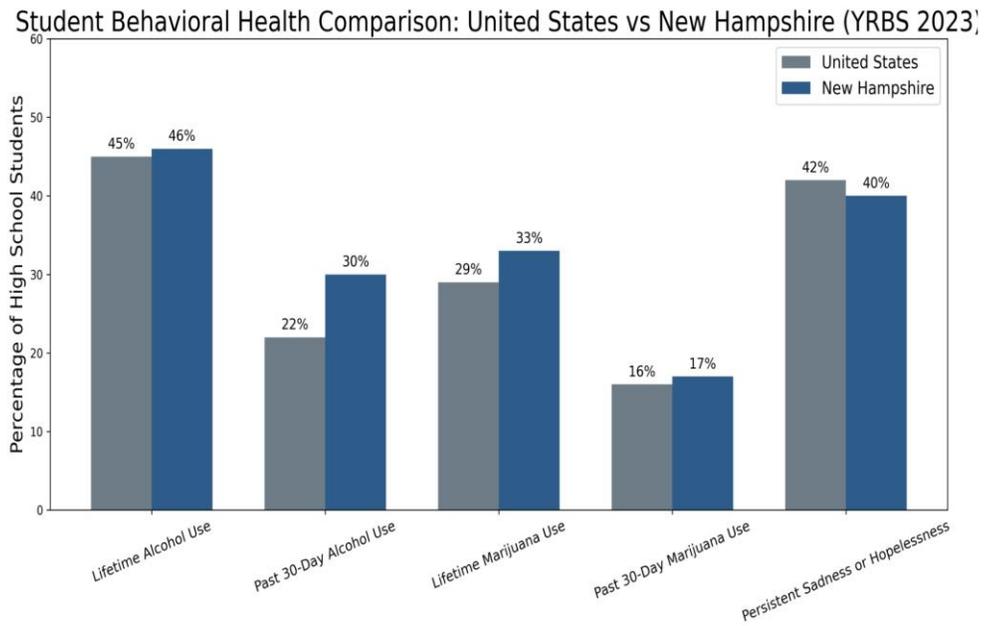
# Appendix C



Source: New Hampshire Youth Risk Behavior Survey (YRBS), NH DHHS & NH DOE, 2023

# Appendix D

## Student Behavioral Health Comparison: United States vs New Hampshire (YRBS 2023)



Source: CDC Youth Risk Behavior Survey (YRBS), 2023; NH DHHS, 2023