Implementing Effective Peer-Led Recovery Services Across the Continuum of Care



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Abatement Academy

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VIRGINIA

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Introducing Robyn and Tom



Robyn Hantelman is a Registered Peer Recovery Specialist and a PRS Trainer. As a steadfast advocate of multiple pathways to recovery, harm reduction, whole family recovery and resilience, bridging gaps between clinical and peer support, and removing barriers to medication-assisted recovery, Robyn spends her days as Recovery Coordinator at Goochland Powhatan Community Services, which includes rural opioid overdose response coordination with first responders via The ROOT Project. Her evenings, in addition to being a wife to Peter and a Mom to Sawyer, consist of serving as co-chair of the Virginia Year of the Peer 2023 initiative, organizing through Virginia Recovery Advocacy Project, attending every Foo Fighters show possible, and wrapping up her first book (co-authored by Sawyer and showcasing his perspective of having a Mom in Recovery).

Tom Jackson's 'day job' as the Peer Recovery Programs Manager at Virginia's Western State Hospital and his 'night job' as an Organizer with the Virginia Recovery Advocacy Project work together to support and advocate for people with co-occurring mental health and substance use conditions. His 50+ years of advocacy, his personal recovery since 1991, his 21 years in public mental health, and his training in Relational Organizing engage and call others to action to fix our broken recovery and treatment systems. He finds hope in the dedication and recovery of the clients he works with, in his personal recovery work, in the new PRS Hope BrokersTM he trains, and in motivating and supporting others to end the war on drugs and to Make Recovery the Epidemic.

Agenda

Introductions

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Why We're Here

A Story

A Quote

What Is A Peer Anyway?

Understanding Peer Support

Recovery Pathways

Dimensions of Wellness

Some Questions About the Peer Workforce Conclusions

Q&A



VIRGINIA

VA RAP is working to build an impactful grassroots advocacy network in demand of community and public policy-based solutions in response to America's long-standing addiction crisis.

WE BELIEVE IN EQUITABLE ACCESS FOR ALL

... to same-day, authentic peer recovery support services. ... to safe, non-discriminatory, affirming recovery housing. ... to peer-led recovery community organizations. ... to life-saving, harm reduction recovery support & resources. ... to early recovery system

navigation & resources.

WHEN WE INVEST IN RECOVERY. we build STRONGER FAMILIES. we create SAFER COMMUNITIES, and we produce HEALTHIER CITIZENS.

WE BELIEVE IN PEER RECOVERY SUPPORT SERVICES...

... that value community-based, non-governmental organizations as primary providers.

... that are inclusive & culturally competent to LGBTQIA+, BIPOC, & other marginalized communities. ... that are supported by realistic Medicaid reimbursement rates.

WE BELIEVE IN **ELIMINATING BARRIERS** TO RECOVERY ...

... by supporting diversion & alternative sentencing for justice-involved individuals. ... by promoting reclassification of simple possession & expungement. ... by removing barrier crime hurdles to employment & housing. ... by ensuring cannabis tax revenue & opioid settlement funds support community-based recovery.

ENDORSE THE PLATFORM



Scan here >>

Disclaimers

As Tom and Robyn both work for government agencies, we have to tell you the following:

Everything we say is our own opinion - and we have lots of them.

We do not represent our agencies and do not speak for them.

In addition, no agency resources have been used to prepare or deliver the parts of the presentation that represent our opinions.

The presenters assume no responsibility or liability for errors, omissions, or updates to the content presented today, and in no way benefit financially from presenting this information.

And please excuse Tom's occasional language slips. He tries really hard to keep it PG-rated but when he gets passionate sometimes things just come out.

Why We're Here

You can take a moral judgment approach to addiction and people who still use drugs (PWUDs) all you want, but it's never solved the problem. In fact, these days especially, it can just lead even faster to overdose and death. And we're all here to save lives.

So you have to ask yourself, "Do I actually want to solve the problem?"

You're here because you do. That means using facts and peoples' life experience and that pesky thing called science. We've got a ton of evidence of the advantages peer support brings to building recovery capital* and saving lives.

("Recovery capital" refers to the quantity and quality of resources available to individuals to initiate and sustain their recovery from problematic substance use. (SAMHSA Tip 64))

But before we get to more slides and information, Robyn has a story to tell.

Why We're Here - Challenging Shame, Prejudice and Discrimination

Stigma - who actually can define it? Practically no one!

So let's use words we all understand. It has 3 parts to it: Shame - Internal and External Prejudice - Our attitudes Discrimination - Our behaviors

But before we get to more slides and information, Robyn has a story to tell.

My Story: The Evidence Behind Peer Support











So the opposite of addiction is not sobriety. It is human connection.

Johann Hari



A Quote: Tom's Motivation

"Our house is on fire and you're talking about the chemistry of the paint. What are you doing to put out this fire?"

-A parent of a child in crisis, as told to Tom Insel in *Healing*.

The director of the center where that exchange took place then told Tom about the 3 Ps: People, Place and Purpose.



What is a Peer anyway?

In the context of this presentation, we are talking about Virginia Certified Peer Recovery Specialists, people who combine rigorous training, a supervised internship, ongoing education and professional supervision, their life experience, and certification by an independent body.

There are other people in recovery spaces who use training and life experience and are called recovery allies and recovery coaches and other titles, but we are only talking about CPRSs here.

What is a Peer?

- Training Requirements
- Virginia Certification Info:
 - CPRS Supervision and Testing

Requirements

- RPRS Requirements
- National Model Standard (as of April 2023)
- Virginia Year of the Peer 2023





Virginia Certification Requirements Compared to the National Model Standard (And who is SAMHSA anyway?)

Item	Virginia Requirement	National Model Standard
Training Hours	72	40-60
Supervised Practice Hours	500	120
Examination	Yes (standardized) and NOT EASY!	Yes
Prerequisite education	HS/GED	"Literacy and fluency in the language in which they will be providing services."
Background check	Certification = Self-report with waivable crimes Employment = Yes, with few waivable barrier crimes (discuss)	Part of employment not certification
Ethics	6 hours training every 2 years	None

SAMHSA's National Model Standards for Peer Support Certification, https://store.samhsa.gov/sites/default/files/pep23-10-01-001.pdf (2023)

Peer Recovery, Resiliency and Wellness Support Domains

What Are the Peer Recovery, Resiliency and Wellness Support Domains?

In other words, what do peers do that works to engage people and help move them toward and then sustain their recovery?

- Peers develop relationships
- Peers establish communities of recovery
- Peers foster workspace and vocational engagement
- Peers develop and provide access to resources
- Peers provide access to and provide education
- Peers create homes

Understanding Peer Support

Characteristics of Peer Recovery Specialists

- ★Self-aware and connected to their authentic selves
- ★Open-minded and accepting of themselves and others
- ★ Respectful
- ★Flexible and adaptable
- ★ Empathetic
- ★ Responsible
- ★Willing to grow and continue learning

★ Self-empowered

★Honest

★Mindful and able to be in the present

★Inspiring

- ★Talented at seeing strengths in others
- ★Able to react in a mutual manner with peers

Understanding Peer Support

Virginia MH/SU* Peers in the Workforce: Programs/Locations That Currently Use Peers

- 1. Assertive Community Treatment
- 2. Community Services Boards
- 3. Crisis Intervention Team Programs
- 4. Crisis Stabilization Programs
- 5. Case Management Adjunct
- 6. Psychosocial Rehabilitation Programs
- 7. Drop-in centers
- 8. MOUD/Outpatient Clinics
- 9. Community Support Programs
- 10. Hospital Emergency Department
- 11. Independent Peer Programs
- 12. Veterans Court
- 13. MH/SUD Court
- 14. Intensive Case Management
- 15. Inpatient Settings
- 16. Incarceration Diversion Programs

- 17. Partial Hospitalization or Day Programs
- 18. Incarceration-Based Treatment Programs
- 19. Respite Residential Programs
- 20. Supportive Employment
- 21. Supportive Housing Services
- 22. Therapeutic Recreation
- 23. Faith-based Recovery Programs
- 24. Primary Healthcare Clinics
- 25. Specialized Healthcare Clinics (Cancer/Surgery)
- 26. Suicide Prevention
- 27. Veterans Affairs Community-Based Outpatient Clinics
- 28. Fire/EMS
- 29. Police and Sheriff's Departments
- 30. Probation and Parole
- 31. Harm Reduction Centers
- 32. Mobile Crisis Units

Understanding Peer Support

Virginia MH/SUD Peers in the Workforce: Areas/Programs of Opportunity

- 1. Post-surgical recovery
- 2. Pharmacies (MAT Education, harm reduction, safe storage of meds)
- 3. Holistic Wellness clinics
 - a. Acupuncture (AcuWellness)
 - b. Yoga/Qi Gong
 - c. Breathwork
 - d. Floatation Spa
- 4. OB/GYN: Pregnant, Postpartum, and Parenting Families
- 5. Lactation Consultants
- 6. Military Family Peer Support
- 7. Schools, for Youth and Parents
- 8. Financial Wellness
- 9. Physical Wellness (gyms, physical therapy)

Peers Provide Services Across ALL Wellness Domains

Some of the supports that a PRS can provide

- 1. Recovery Role Modeling
- 2. Crisis Support
- 3. Addressing Community Barriers
- 4. Employment Seeking Skills
- 5. Location of Housing Resources
- 6. Life Skills Development
- 7. Outreach Services
- 8. Recreational Activities
- 9. Support Groups
- 10.Art and Music Activities
- 11.Telephone Support Lines
- 12.One-to-One Peer Support
- 13.Educational Support

14. Accessing Appointments **15.Developing Friendships** 16.Advocacy (self, community, legislative) **17.Education Regarding Advance Directives** 18. Encourage Participation in Veteran Peer-Led Programs **19.Promotion of Peer Involvement** 20.Addressing Stigma in the Community 21. Encouragement of Self-Determination 22. Developing Interpersonal Skills 23.Assistance with Governmental Paperwork 24. Encouragement of Personal Responsibility

Peers Hold the Hope for Future Possibilities

Some more of the supports that a PRS can provide

- 1. Encouragement in Goal-Setting and Goal Attainment
- 2. Transitioning to/from Out-of-State & Regional Hospitals
- 3. Encouragement & Support for Whole-Health Needs
- 4. Benefits of Good Nutrition
- 5. Benefits Acquisition
- 6. Education on Recovery
- 7. Military Transitioning Barriers
- 8. Wellness Techniques
- 9. Orientation to Services
- 10.Pathways to Recovery Socialization

11.Volunteer Work 12.Navigation of Veterans Affairs System 13.Assist at Drop-In Centers **14.Peer Mentors 15.**Transportation with Providers 16.Family Engagement & Support Techniques **17.Recovery Education Facilitation 18.Illness Management 19.Addressing Hopelessness** 20.Linkage to Community Resources

Evidence for Utilizing Peer Support Services

There is much evidence showing that Peer Support:

- Reduces recurrence rates
- Increases treatment motivation
- Increases treatment engagement
- Increases treatment retention
- Improves relationships with providers, friends and family members, and social supports



Substance Abuse and Mental Health Services Administration. Incorporating Peer Support Into Substance Use Disorder Treatment Services. Treatment Improvement Protocol (TIP) Series 64. Publication No. PEP23-02-01-001. Rockville, MD: Substance Abuse and Mental Health Services Administration (2023), citing Bassuk (2016), Reif (2014), Eddie (2019), and Stack (2022).

Key Concepts

Defining Wellness and Recovery Multiple Recovery Pathways Dimensions of Wellness Recovery-Oriented Language

Resources

Defining Wellness and Recovery

Question:

What's the difference between Wellness and Recovery? They often get tossed around interchangeably.

Simplest Answer:

"Wellness is the destination, and Recovery is the journey."

Defining Wellness and Recovery

Question:

Where does Recovery start?

Simplest Answer:

"At the intersection of readiness and opportunity."

Your grantees can provide those opportunities.

Multiple Recovery Pathways:

No two stories look the same!

People may use two or more pathways on their road to recovery, at the same time or one after the other. Each person must find their own "right" pathway. Many discuss having tried multiple methods to address their addiction, and failing, often several times, before they found the pathway that worked for them.

Most participants in one study explained that the right pathway frequently involves participation in both traditional and non-traditional services and supports over many years or, for some individuals, over a lifetime. While many participants have found 12-step programs essential to their recovery, others have felt excluded by them, have trauma, especially related to religion, they find in conflict with them*, or felt a lack of personal connection with the program. (*There are ways around this, however!)



The Foundations of Recovery Pathways

<u>Hope</u>

There can be a thin line between hope and denial. Some researchers (Bidwell and Badisky) suggest that the difference between being hopeful and unrealistic expectations is an unwavering commitment to truth and reality. They say, *True hope takes into account the real threats that exist and seeks to navigate the best path around them.* Hoping and wishing are two different experiences. Wishing tends to result in passive behavior, whereas hope requires action. Wishing is pretending that everything will turn out OK. Hope is putting feet to the hard work. Hope is present, ordinary and 'normal'.

Long-term studies have consistently found that one-half to two-thirds of people diagnosed with mental illness go on to a significant or complete recovery. Data shows that even in the second or third decade a person can still go on to complete recovery. I believe you can be one of the ones to recover. I am here to support your journey of recovery. Pat Deegan, quoted in CPMC Manual.

The Foundations of Recovery Pathways

Person-Centered

We need to behave as if we are, and demand that we be treated as, human beings in our own right.

"Live a self-directed life" (from SAMHSA Definition of Recovery)

<u>Empowerment</u> Nothing About Us Without Us!

Recovery Pathways

Themes Common to Many Pathways

- Clinical Treatment that may include medication
- Empowerment
- Support
- Education/Knowledge
- Self/Mutual-Help
- Spirituality/Meaning/Connection
- Employment/Meaningful Activity

Recovery Pathways

Definition of Recovery

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Dimensions

- Health: Overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem— and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.
- Home: A stable and safe place to live
- Purpose: Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society
- Community: Relationships and social networks that provide support, friendship, love, and hope

Recovery Pathways: SAMHSA

10 Guiding Principles

- ●Норе
- Person-Driven
- Many Pathways
- Holistic
- Peer Support
- Relational
- •Culture
- Addresses Trauma
- Strengths/Responsibility
- Respect



Recovery Pathways and Language: Strong Not Wrong A Different Approach to Discovering Recovery & Resiliency

- The focus is on what is strong not wrong
- The person receiving services is in charge of the helping relationship
- Recovery, reclamation and transformation are available to ALL
- The relationship is primary and essential
- The community is an oasis of natural resources. However there are all too many Recovery Deserts these days. You can help fix that.
- The community is the primary setting for strength-based support

Eight Dimensions of Wellness: SAMHSA

SAMHSA envisions wellness not as the absence of disease, illness, and stress, but as the presence of a positive purpose in life, satisfying work and play, joyful relationships, a healthy body and living environment, and happiness.

And we discuss Eight Dimensions of Wellness:

- Emotional
- Spiritual
- Intellectual
- Physical
- Environmental
- Financial
- Occupational/Vocational
- Social

We can even use this list as a daily check-in on how we're doing and specific areas we need to pay attention to that day. And anyone can do that, not just people in recovery!



Questions About Peer in the Workforce

Research shows that peer-led recovery services are highly effective in improving outcomes for people with substance use disorder. Unfortunately, in the real world, there is much misunderstanding, prejudice and even outright discrimination toward peers in the workforce:

- Are they "stable"?
- What happens if they return to use or have a mental health crisis?
- What are their training, certification and job promotion paths?
- How can they be integrated into a team of highly trained clinicians?
- What is recovery anyway?
- How much do I have to pay them?

These and many other questions are ones that the localities and state agencies reviewing funding requests, as well as the OAA itself, need the answers to as they prepare to fund and ultimately evaluate the success of community requests that include peer services.

Recovery-Oriented Language Guides

- Shatterproof Language Guide
- Recovery Research Institute's

"Addictionary"

• Other Visual Aids like the

"<u>Recovery Dialects</u>"

infographic crosswalk



SOURCE: Ashford, R. D., Brown, A. M., & Curtis, B. (2018). Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias. Drug and Alcohol Dependence, 189, 131–138.

2 & A

Ask Anything!

There are no wrong questions!

Thank You!

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