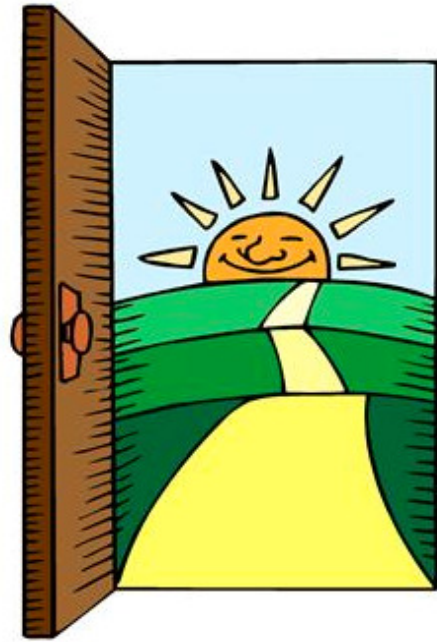


Certified Peer Recovery Specialist



USING LIVED EXPERIENCE AND TRAINING TO BE A GUIDING LIGHT ON THE JOURNEY TO
RECOVERY FROM SUBSTANCE USE DISORDERS AND MENTAL HEALTH DISORDERS



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INTRODUCTION



Welcome to the Certified Peer Recovery Specialist (CPRS) booklet. The booklet introduces the role of peer support, the benefits of peer services, the history of peer services, and local peer resources. We hope you find this booklet informative and helpful.

We could not have completed this booklet without the valuable contributions from the following people or groups:

DBHDS Office of Recovery Services

VOCAL

Region 4 Peer Recovery Specialists

Region 4 Peer Recovery Specialist Supervisors

Luis I. Quintero, CPRS

Thank you all for your assistance.

Sincerely,

Carla E. Heath, CPRS

Dianna Taylor, MA, QMPH-A, CPRS

Region 4 Peer Recovery Specialist Coordinators

Region 4 Peer Recovery Services Vision Statement

We endeavor to create strong collaboration between peer recovery specialists, clinical staff, peers served and stakeholders. To ensure that peer services are valued and utilized, and are a meaningful part of the process of providing recovery-oriented services. To recognize that working together we can make the goal of recovery a reality for all those who we serve.

Our Core Values

- Collaboration
- Empowerment
- Respect
- Compassion
- Harmony
- Support
- Dignity
- Integrity
- Teamwork

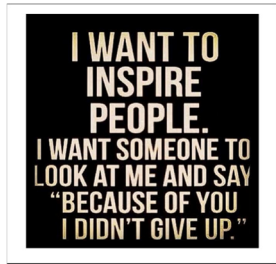
What is a CPRS?

A CPRS stands for Certified Peer Recovery Specialist (sometimes referred to as a “Recovery Coach” in addiction-related recovery). A CPRS is a person with lived experience from mental health challenges and/or substance use disorder who has received specialized training to work with his/her peers. The CPRS role is to meet people where they are and walk alongside individuals providing hope, problem-solving skills, coping skills, identify barriers to goals, and provide education on wellness and recovery in a strengths-based way.

Region 4 Peer Recovery Services -*Working together to make recovery a reality.*

The Role of a CPRS:

This role of a CPRS listed here was created from the practice standards developed by the Office of Recovery Services under the Virginia Department of Behavioral Health and Developmental Services.



Provide Hope

Share parts of their recovery story in a way that provides hope to others.



Serve as a Role Model

Serve as a role model for recovery, wellness, and self- advocacy.



Provide Feedback

Provide feedback and insight into the value of every individual's unique recovery.



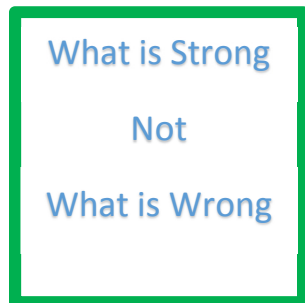
Assist With Plan

Assist with personal wellness/recovery plan and identify ways to reach goals using a person-centered plan.



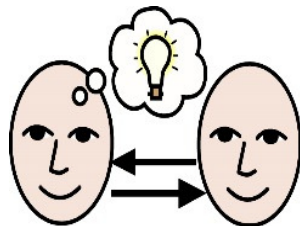
Identify Barriers

Once individuals have established their own goals the CPRS explores any barriers the individuals may have to achieving their goals and positive strategies for developing coping skills & wellness tools.



Identify Strengths

Increase the individuals' resiliency by assisting them in recognizing and augmenting personal strengths.



Share Strategies

Share effective and positive strategies for developing coping skills & wellness tools.

**I Can Speak
For
Myself!**

Clarify and Enhance Self-Advocacy Skills

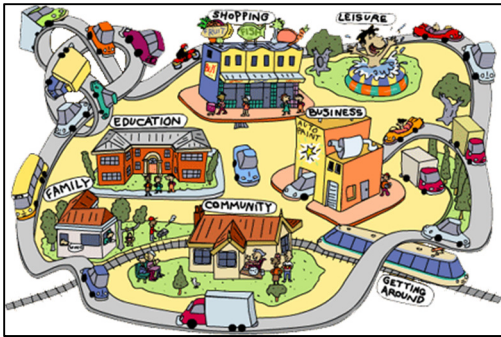
Encourage peers to develop independent behaviors that are based on informed choice. Assisting peers in developing empowerment skills through self-advocacy.



Have a Mutual Relationship

Establish and maintain a peer relationship based on mutuality rather than a hierarchical relationship. Partner to facilitate recovery dialogues and other evidence-based and/or best practice methods.

Mentor Community Integration



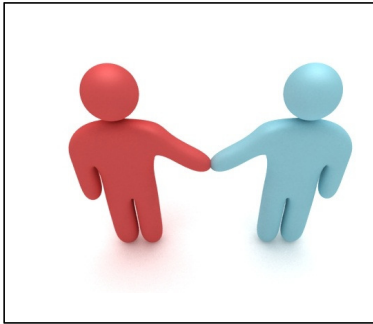
- Provide community networking and linkage with social, recreational, spiritual, volunteer, educational or vocational resources. Assist the person in identifying traditional and non-traditional community based support that sustains a healthy life style. Provide opportunities to practice socialization, interaction, and engagement abilities in the community. Support, encourage, and enhance the development of natural support systems and independent choice and participation.
- Assist in the development of a community integration plan that sets milestones for an increased independent community involvement, showing a decrease of dependency on the CPRS.
- Support for day-to-day problem solving related to integration/reintegration into the positive community of choice.
- Assist other behavioral health care service providers in identifying program and service environments that are conducive to recovery.



Provide Education on Wellness and Recovery

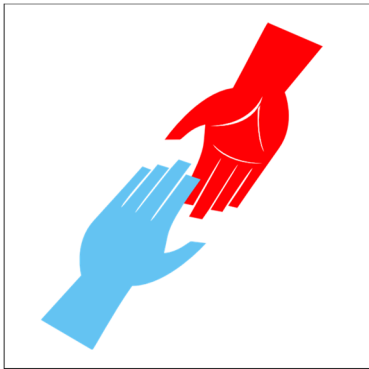
- Facilitate peer-to-peer evidence-based practices or best practices, such as Wellness Recovery Action Planning (WRAP), Dual Recovery, 12-Step groups, Whole Health Action Management (WHAM), High Fidelity Wraparound, etc.
- Facilitate non-clinical peer to peer recovery education and wellness coaching through group activities or one on one in topics such as stress management, healthy leisure activities, alternative treatment options, self-affirmation, recovery, wellness, etc.

Accompany people through intake and discharge process



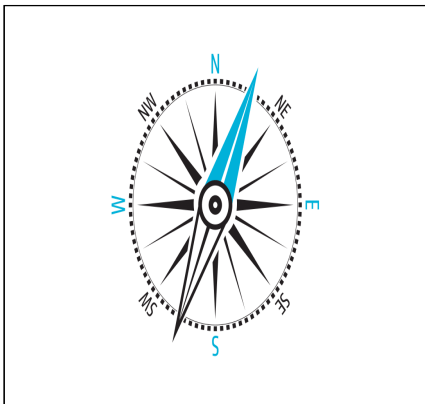
Accompany people through the behavioral health service intake process. Accompany people through the discharge process, with person-to-person, face-to-face follow up after discharge of person. Help people identify and implement service exit strategies.

Provide Outreach



Provide outreach to people who have frequent inpatient experiences. Provide outreach to people who have been reluctant to engage with the behavioral health system.

Help Navigate



Enhance the person's/family's ability to navigate the systems of service delivery related to the person's written wellness-recovery plan or individual service plan.



Support Vocational and Educational Choices

Support the vocational and educational choices of peers and assist them in developing strategies for overcoming educational or job-related behavioral health challenges that lead to independence.

Attend Meetings



- Attend treatment team and program development meetings.
- Promote the use of self-directed recovery and wellness tools in individualized treatment planning.
- Facilitate the inclusion of the person being served in all meetings that relate to the delivery of their services and their healthcare.
- Share his or her unique perspective on recovery from mental illness or substance use disorder with non-peer staff.
- Assist non-peer staff in identifying programs and environments that are advantageous to supporting recovery and wellness outcomes.

THE FOLLOWING
IS WHAT A
CPRS IS NOT

What a CPRS IS NOT:



Enabler

Enabling occurs when individuals are not supported to do for themselves and it leads to dependence. You can also enable a person by allowing them to continue an unacceptable behavior we would not accept from others. A CPRS is not enabling and believes everyone has the ability to learn and grow.



Having Power over Relationship

Peer support is about self-determination and mutuality.



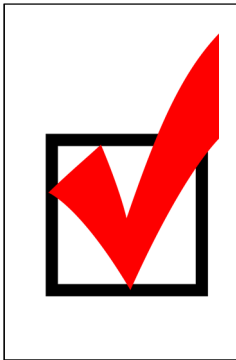
There to push an agenda

Peer workers do not make/force/coerce people into doing something.



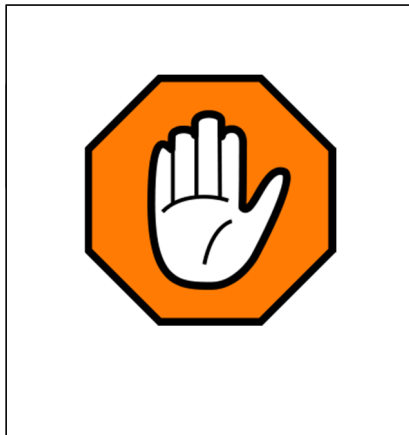
A People Fixer

Peer Recovery Specialists are not there to fix people. They are there to support people as they help themselves.



Lived Experience Only

Not all people with lived experience of mental health challenges or addiction challenges are destined to be Peer Recovery Specialists. People need to have other skills and attributes for the job to make it a good career choice for them.



Vocational Rehabilitation

Though Peer Recovery Specialist work may have a secondary benefit of being beneficial to their own recovery, it should only be a career choice if the individual has the other characteristics of being qualified for the job. It should NOT be the only career choice for a person with lived experience.



A Practice Job

A CPRS is a unique field and the Certified Peer Recovery Specialist should be utilizing peer values not mimicking other professions, such as clinicians, case managers, therapist, etc.

Characteristics of a CPRS

You may be interested in becoming a CPRS. While lived experience of having mental health challenges or substance use disorders is one requirement for working in this field, you should also possess the following characteristics.



Suggested Characteristics of a Qualified Peer Recovery Specialist

(As stated in the Peer Recovery Specialist Training Manual developed by the Office of Recovery Services under the Virginia Department of Behavioral Health and Developmental Services.)

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

Benefits of a CPRS

Studies indicate having a Certified Peer Recovery Specialist as part of the workforce helps in the following ways:

- Reduced hospitalization and reduced number of days spent as inpatient.
- Decreased use of emergency rooms.
- Reduced substance use among persons with co-occurring substance use disorders.
- A decrease in participants' level of distressing symptoms and symptoms overall.
- Decreased experience of depression.
- Increased the degree to which participants felt their care was responsive and inclusive of non-treatment issues.
- Additional sense of control and ability to bring about changes in their lives.
- Increased sense of hope and degree of engagement in managing their challenges, degree of satisfaction with family life, positive feelings about themselves and their lives, social support, and sense of community belonging.
- Enlarged social networks and enhanced quality of life.
- Peer supports generate superior outcomes in terms of engagement of "difficult-to reach" people.

National Evolution of Peer Support

1770's- The earliest sign of peer support began in the 1770's among Native Americans struggling with substance use issues.

1935-Dr. Bob & Bill W. founded AA and Lois Wilson founded Al Anon. These 12 step peer support programs spread worldwide as a pathway to recovery from drugs and alcohol.

The following groups formed the foundation of the modern peer support and recovery movement. These groups wanted people to be treated with dignity and respect:

1948-WANA-We Are Not Alone formed.

1970-Insane Liberation Front in Portland, OR formed.

1971-Mental Patients Liberation Front in Boston formed.

1972-Network Against Psychiatric Assault in San Francisco formed.

*The following people were considered the “grandmothers” of the peer movement in the **1960-1970's**:*

Judi Chamberlin was an activist, leader, organizer, author and public speaker and educator in the psychiatric survivor's movement. Her political activism followed her involuntary confinement in a psychiatric facility in the 1960's.

Patricia E. Deegan is a disability-rights advocate, psychologist and researcher living in the United States. She is known as an advocate of the mental health recovery movement and is an international speaker and trainer in the field of mental health.

Sally Zinman became a ground-breaking activist after a negative experience in a mental health institution. Sally led efforts for state and national funding for recovery peer-based models of mental health treatment.

Some of the early leaders in the movement in the 1980-1990's were:

Daniel Fisher became a psychiatrist after a psychotic episode at age 25. He is the co-founder and Executive Director of the National Empowerment Center. He was a member of the White House Commission on Mental Health from 2002-03.

Joseph Rogers has been recognized for pioneering reforms in mental health care that empowered consumers of mental health services and helped abate the stigma associated with mental illness. After being diagnosed with schizophrenia and being homeless, he became President and CEO of the Mental Health Association of Southeastern Pennsylvania.

The momentum of the peer movement was increasing in the 80's and 90's with the following milestones:

1985-The first Alternatives Conference was held Baltimore, Maryland.

1990's-SAMHSA starts funding "statewide peer networks for recovery and resiliency."

1997- WRAP (Wellness Recovery Action Plan) was developed by a group of people who were searching for ways to overcome their own mental health issues and move on to fulfilling their life dreams and goals. WRAP is a self-designed prevention and wellness process that anyone can use to get well, stay well, and make their life the way they want it to be. It is now used extensively by people in all kinds of circumstances and by health care and mental health systems all over the world to address all kinds of physical, mental health, and life issues. WRAP has been studied extensively in rigorous research projects and is listed in the National Registry of Evidence-based Programs and Practices.

2003-President's New Freedom Commission on Mental Health Achieving the Promise – Transforming Mental Health report.

2004-The International Association of Peer Supporters (iNAPS) was founded by a group of avid peer specialists in the state of Michigan, the organization has quickly grown with members from every state and now includes members from several countries outside the U.S. iNAPS is a 501(c)(3), non-profit organization dedicated to growing the peer support movement worldwide.

2006-National Coalition for Mental Health Recovery formed. The mission for the National Coalition for Mental Health Recovery is that they will ensure that consumer/survivors have a major voice in the development and implementation of health care, mental health, and social policies at the state and national levels, empowering people to recovery and lead a full life in the community.

From 2000 to present people with mental health issues have increased involvement in the mental health system, many states have statewide peer networks, and many states have Peer Specialist Certification Programs.

Virginia's Evolution of Peer Support

1937- MHAV (Mental Health America of Virginia) was founded. MHAV is the oldest mental health advocacy organization in Virginia.

1992- Virginia Mental Health Consumers Association formed.

1997- DISTRICT 19 CSB was the first CSB to include a Peer Specialist on the PACT (Assertive Community Treatment) Team.

1999- What would become VOCAL (Virginia Organization of Consumers Asserting Leadership) began in Charlottesville, VA. SAARA-CVA (The Substance Abuse & Addiction Recovery Alliance of Central Virginia) was formed. At SAARA-CVA they work to advocate for the well-being and care of those in recovery from substance use disorders and seek to foster environments where those in recovery can flourish.

2000- VOCAL was incorporated. VOCAL is Virginia's statewide consumer network.

2001- The VHST (Virginia Human Services Training) was established with startup funding from the Department of Behavioral Health and Developmental Services. It was designed to meet and exceed the DMAS training requirements for billable paraprofessional providers.

2002- PACT was expanded to twelve CSBs. Regulation 12 VAC35-105-1370 required a peer specialist to be a part of PACT Team staffing. This regulation, for the first time in Virginia, made the peer's lived experience a "Bona Fide Occupational Qualification."

2003- The REACH program under VOCAL offered WRAP facilitator trainings.

2004- DBHDS was awarded a grant from the Centers for Medicare and Medicaid Services (CMS) entitled "Mental Health System Transformation: Real Choice Systems Change." Among a number of efforts to advance recovery-oriented practices through this project, Peer Specialist Training programs were evaluated and introduced to Virginia.

2005- As a result of the grant “Mental Health System Transformation: Real Choice Systems Change” a white paper was issued entitled, “Implementing Illness and Recovery Management in Virginia’s Mental Health Service System: A Report of the Steering Committee of the Mental Health System Transformation Real Choice Systems Change Grant.” In response, DBHDS, DMAS, and DRS agreed to “collaborate with consumers, peer providers and community mental health services staff to design and implement peer specialist/provider training programs to expand the number and type of trained, reimbursable peer providers within Virginia’s mental health services system. “

2006-The Planning Conference on Peer Support and Peer Specialist Training was held in Charlottesville to provide speakers, consumers and providers with opportunities to discuss (a) Peer Support Services--what they are, what they can be, and how to go about providing them; and, (b) options for Peer Specialist training programs in Virginia.

2008- The Mental Health Association of Southeastern Pennsylvania (“MHASP”) was awarded a contract to provide four Peer Specialist training events in Virginia. A total of 79 consumers were trained and awarded the Certified Peer Specialist designation from the MHASP Institute for Community Integration and Recovery.

2008-The Virginia Peer Support Coalition was formed. The mission of the Virginia Peer Support Coalition is to promote the growth and quality of Peer Support Services, develop a strong and united Peer Workforce, and advocate for Recovery and systems transformation in Virginia.

2009-18 PACT Teams plus three locally-funded ICT Teams operate in Virginia with Peer Specialists as valued staff members. In addition, there are now approximately 124 Peer Specialists, and an estimated 95 (77%) are employed in community mental health settings.

2015-Peer Recovery Specialists for Mental Health and Substance Use Disorders are certified by the Virginia Certification Board. As of 2016, approximately 500 peers hold this certification.

2017-The Office of Recovery Services under the Department of Behavioral Health and Developmental Services develops Virginia’s Certified Peer Specialist Training.

Statewide Resources

VOCAL- VOCAL is Virginia's statewide, peer-led organization. VOCAL's mission is to create a climate in Virginia where peers are empowered to understand and find their own recovery through programs that achieve: a) personal transformation; b) community transformation; and, c) systems transformation. We do this through advocacy, networking, supporting peer-run programs, offering training and educational opportunities, and more. Membership is free. Visit www.vocalvirginia.org or call 804-343-1777 for more information.

Mental Health America of Virginia-(MHAV) is a 501(c)(3) non-profit mental health organization working with recovery, wellness, and healing as the foundational tenets behind our educational peer-run programs. Our mission is to educate, empower, and advocate on behalf of individuals, communities, and organizations to improve mental health and reduce the conditions which impede mental wellness. MHAV's vision is that all people in Virginia can achieve optimal mental wellness. For more information go to www.mhav.org or call 804 257-5591. Toll free line 866-400-6428

Mental Health American of Virginia warm line-If you are in distress or just need someone to talk to: 1 866-400-MHAV (6428)

NAMI Virginia-Our mission is to promote recovery and improve the quality of life of Virginians with serious mental illness through support, education, and advocacy. We envision a world where all people affected by mental illness get the help, hope, and support that they need. For more information go to www.namivirginia.org or call 804-285-8264.

Regional Resources

ALIVE RVA Warm Line-A 24 hour seven day a week resource line for individuals that live with Mental Health and Substance Use disorders. The trained peer that works on the Warm Line will assist the caller with a listening ear of empathy and compassion; and, the Peer will also link the caller with contacts to resources such as housing, treatment centers, shelters, food pantry's, clothing closets, and medical care. 833-4PEERVA (833-473-3782)

Friends 4 Recovery-a peer-run whole health center working to help people manage their mental health challenges, grow in their recovery, as well as find and maintain overall well-being. The center offers recovery-based education, social support, and individualized wellness coaching. For more information go to www.friends4recovery.org or call 804-308-1366.

HANDUP Resource Center-a nonprofit 501(c)(3), center providing; a food pantry, peer counseling, mentoring, residential and case management services and much more, in Richmond, Virginia. For more information go to www.handupresource.com or call 804-269-4073.

Robin's Hope- Our mission is to provide hope and resilience to those impacted by traumatic events in life. Trauma knows no bounds and it can leave us feeling very alone and isolated. We utilize the strengths of those with lived experience and professional experience. We keep it real and we are serious about connecting, growing, and healing. Our calendar is online at www.robinshope.com or give us a call at (804) 608-9389.

The Healing Place-provides a pathway to recovery for men struggling with drug and alcohol addiction. Our long-term nationally-recognized recovery program is a place where hope is found and change happens. For more information go to www.caritasva.org or call 804-358-0964.

The SAARA Center for Recovery-a peer run Recovery Community Center Monday through Friday, the Center offers groups and one-on-one peer support to those in recovery from addiction and/or mental health challenges. For more information go www.saara.org or call 804-762-4445.

References

Studies referencing benefits of CPRS as part of the workforce

- Reduced rates of hospitalization and days spent as inpatient (Solomon and Drain, 1995; Rowe, et al, 2007; Sledge, et al., 2011)
- Decrease in use of emergency rooms (Davidson et al., 2012)
- Decreased substance use among persons with co-occurring substance abuse issues (Rowe, et al., 2007, Sledge, et al., 2011)
- Decreased participants' level of distressing symptoms (Tondora, et al., 2010)
- Decreased experience of depression (Sledge, et al, 2011)
- Reduced overall symptoms (Campbell, J. et al, 2004)
- Increased the degree to which participants felt their care was responsive and inclusive of non-treatment issues (such as housing and employment) (Davidson, et al., 2012)
- Increased sense of control and ability to bring about changes in their lives. (Tondora, et al., 2010)
- Increased sense of hope and degree of engagement in managing their challenges, degree of satisfaction with family life, positive feelings about themselves and their lives, social support, and sense of community belonging. (Tondora, et al., 2010)
- Increased hope, self-care and sense of well-being (Sledge, et al. 2011)
- Enlarged social networks and enhanced quality of life, especially when peer supports are offered with traditional mental health services, according to a multiyear study by the Center for Mental Health Services (Campbell, J. et al, 2004)
- Enhanced quality of life when peer workers are integrated into an intensive case management program (Felton, et al, 1995)
- Peer supports generating superior outcomes in terms of engagement of "difficult-to reach" people (Davidson, et al., 2000)



IN CLOSING



If you are interested in receiving peer services, please contact your case manager. Not all agencies offer the same peer services. Check to see what peer services are available at your Community Service Board or facility.

If you are interested in becoming a CPRS, go to the Virginia Certification Board website www.vacertboard.org or call the Virginia Certification Board at 804-741-2319 to find out the requirements and to find out where trainings are being held.

Thank you for taking the time to read this booklet and for your interest in peer services. If you would like to talk to someone about what it is like to be a Peer Specialist contact Dianna Taylor, MA, QMHP-A, CPRS at 804-221-0415 or Carla Heath, CPRS at 804-363-6925

Carla E. Heath, CPRS

Dianna Taylor, MA, QMHP-A, CPRS

Region 4 Peer Recovery Specialist Coordinators