Embedding Evidenced-Based Peer Specialist Services From the Inside Out

Bureau of Justice Assistance (BJA)

Residential Substance Abuse Treatment (RSAT) Program for State Prisoners

Training and Technical Assistance Resource

This project was supported by grant No. 2019-J2-BX-K001 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the SMART Office, and the Office for Victims of Crime. Point of view or opinions in this document are those of the author and do not represent the official position or policies of the United States Department of Justice.







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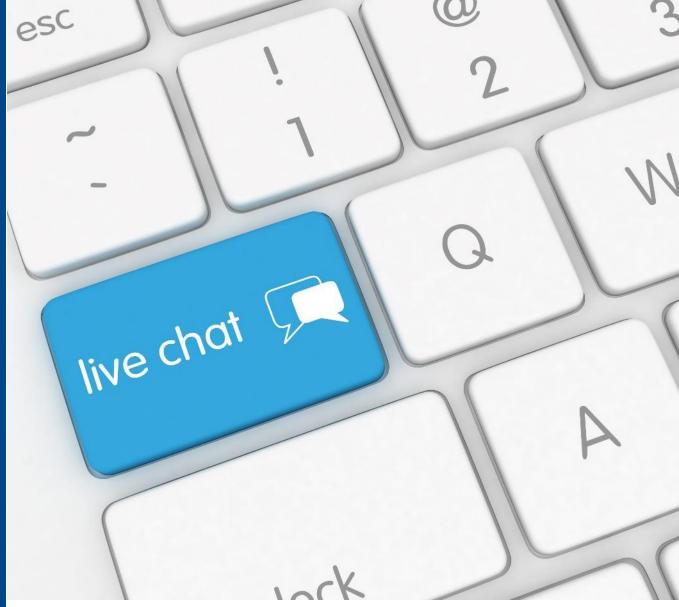




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Today's Speakers



Roberta C. Churchill, MA, LMHC Senior Criminal Justice Associate Advocates for Human Potential, Inc.



Lynn Miller, MHEd.

Senior Criminal Justice Associate Advocates for Human Potential, Inc.



After completing this webinar, participants will be able to:

- Describe at least three benefits of including peer recovery support specialists in the treatment of individuals with opioid use disorder.
- List at least three advantages of embedding peer recovery support specialists within correctional settings.
- Apply information, or contact resources for assistance, provided during webinar in establishing a peer support model within your workplace.



What Are Peer Recovery Specialist (PRS) Services

- PRS services are an evidenced based and promising practice in the field of substance use, mental health and co-occurring service modalities.
- PRS services include giving and receiving non-clinical assistance to support long-term recovery from behavioral health.
- PRS services provide a range of person-centered and strength-based support for long-term recovery management.



- Peer support is an **essential** element of a recovery-oriented system of care.
- PRS's encompass a mutually supportive community of peers supporting each other and those they offer services to by promoting fidelity to peer recovery ethics, values and principles.
- PRS services create a community culture transformation
 - Model evidence of overcoming behavioral health challenges and empower others to affect pro-social change.



Who Qualifies To Be a PRS?

- A PRS is an individual who self-identifies as having lived experience in recovery from behavioral health disorders.
- A PRS provides a reciprocally supportive relationship based on shared experiences.
- PRS services generally occur through daily interactions individually or in structured groups.





Also Known As...



Although peer services vary by population and title, they are most commonly known as:

- Certified Peer Specialists (CPS)
- Recovery Coaches (RC)
- Certified Recovery Specialists (CRS)
- Peer Recovery Support Specialists (PRSS)
- Forensic Peer Support Specialists



Benefits for Individuals with SUD

- Acute care SUD *absent* recovery supports has oftentimes not been adequate in supporting individuals to maintain long-term recovery.
- PRS's walk the journey with individuals seeking recovery.
- Help people to create their own recovery plans and create a self-directed recovery pathway.
- Provide varying types of support:
 - Emotional
 Connections
 - Resourceful
 Informational





Promoting A Core Recovery Concept

 Key Values of recovery demonstrated by peers are hope, empowerment, support, personal responsibility, education and self-advocacy.





Enhancing Justice Systems and Settings

- With an increased focus on SUD and mental health needs, justice systems face limited resources in service provision.
- PRS services are integral in augmenting clinical care by providing services that decrease high levels of service needs and reduce recidivism.
- Peer services **do not replace** clinical services; rather, services support clinical treatment for behavioral health disorders.

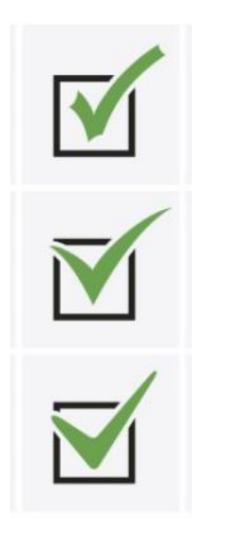


PRS In Criminal Justice Settings

- PRS services are increasingly becoming recognized as essential elements of recovery and as a tool to reduce and prevent involvement with criminal justice systems.
- PRS services can be provided from initial contact with law enforcement, as advocates throughout the judicial process and by providing wrap around services through re-entry.
- Upon incarceration, peer services have significant impact for both incarcerated persons and staff.



Additional Benefits



- PRS's provide assistance to enhance the quality of personal and family life and increased engagement in strength-based life planning.
- PRS's are recognized as a para-professional service through a certifying body that requires ethical guidelines and adherence to standards of practice.
- In correctional settings, PRS certification creates a pathway for workforce development.



Advancing Peer Support Services

- Peer support also presents an opportunity to add to existing vocational training through a credentialled and transferrable set of skills that can lead to sustainable community employment.
- PRS's receive comprehensive training and skills which can also serve as a gateway for advanced careers in the behavioral health field.





Credentialling and Certification

- Most states have a formalized funding component for PRS services as a billable service through Medicaid/Medical Assistance.
- Center for Medicare and Medicaid Services (CMS) has recognized the role of peer support services in comprehensive behavioral health care and has a long history of reimbursement for peer mental health services.
- CMS allows states many options for authorizing reimbursement of peer recovery support services though State Medicaid Plans or different types of CMS approved waiver programs.
- Peer candidates must complete training and certification to equip peers with the basic competencies.



Continued Certification

- Mental health, SUD and COD
- Suicide prevention
- Trauma informed approaches
- Self care and resiliency
- Community inclusion
- Ethics and boundaries
- Navigating conflict

- Substance Abuse and Mental Health Services Administration (SAMHSA)
 Peer Support Core Competencies
- Goal development
- Communication skills
- Peer empowerment
- Diversity, equity and inclusion
- Exploring boundaries



PRS's provide services in a variety of settings:

- County and state agencies
- Managed care organizations
- Clinical teams / support care teams
- Mobile crisis / crisis response teams
- Emergency departments

- Community recovery organizations
- Spiritual programs
- Treatment Courts, Parole and probation / diversion programs
- Behavioral health agencies

- Veteran programs
- Residential programs and recovery homes
- Jail/Prison aftercare programs
- Law enforcement agencies
- Respite programs

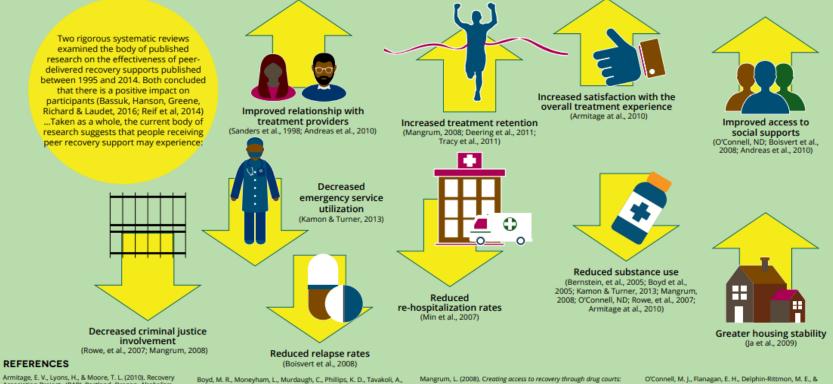


SAMHSA

IS PEER RECOVERY COACHING EFFECTIVE?

People who have worked with peer recovery coaches provide strong testimonies of the positive impacts of peer recovery support on their own recovery journeys. The research supports these experiences. While the body of research

is still growing, there is mounting evidence that people receiving peer recovery coaching show reductions in substance use, improvements on a range or recovery outcomes, or both. Two rigorous systematic reviews examined the body of published research on the effectiveness of peerdelivered recovery supports published between 1995 and 2014. Both concluded that there is a positive impact on participants (Bassuk, Hanson, Greene, Richard, & Laudet, 2016; Reif et al., 2014).



Is Peer Recovery Coaching Effective?

<u>Peers Supporting</u> <u>Recovery From Substance</u> <u>Use Disorders (2017)</u>



Armitage, E. V., Lyons, H., & Moore, T. L. (2010). Recovery Association Project (RAP), Portland, Oregon. Alcoholism Treatment Quarterly, 28(3), 339–357.

Bernstein, E., Bernstein, J., Tassiopoulos, K., Heeren, T., Levenson, S., & Hingson, R. (2005). Brief motivational intervention at a clinic visit reduces cocaine and heroin use. *Drug and Alcohol Dependence*, 77(1), 49–59.

Boisvert, R. A., Martin, L. M., Grosek, M., & Claire, A. J. (2008). Effectiveness of orer-support community in addiction recovery: Participation as intervention. Occupational Therapy International, 15(4), 205-220 Jackwon, K., . . . Vyavaharkar, M. (2005). A peer-based substance abuse intervention for HIV+ rural women: A pilot study. *Archives of Psychiatric Nursing*, *19*(1), 10–7.

Ja, D. Y., Gee, M., Savolainen, J., Wu, S., & Forghani, S. (2009). Peers Reaching Out Supporting Peers to Embrace Recovery (PROPSPER): A final evaluation report. San Francisco, CA: DYJ, Inc., for Walden House, Inc., and the Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.

Kamon, J., & Turner, W. (2013). Recovery coaching in recovery centers: What the initial data suggest: A brief report from the Vermont Recovery Network. Montpelier, VT: Evidence-Based Solutions. Mangrum, L. (2008). Creating access to recovery through drug courts: Final evaluation report for the Texas Department of State Health Services. Austin, TX: University of Texas Addiction Research Institute. Retrieved from http://view.officeapps.live.com/op/view.aspx?src=http%3A%2F% 2Fwww.utexas.edu%2Fresearch%2Fcswf%2Fnida%2Fdocuments% 2FATRFinalFvaluationReport-Final.doc

Min, S. Y., Whitecraft, E., Rothbard, A. B., & Salzer, M. S. (2007). Peer support for persons with co-occurring disorders and community tenure: A survival analysis. *Psychiatric Rehabilitation Journal*, 30(3), 207-213. doi: 10.2975/30.32007.207.213 O'Connell, M. J., Flanagan, E. H., Delphin-Rittmon, M. E., & Davidson, L. (2017). Enhancing outcomes for persons with cooccurring disorders through skills training and peer recovery support. *Journal of Mental Health*, Epub ahead of print. Retrieved from http://dx.doi.org/10.1080/09638273.2017.1294733

Rowe, M., Beliamy, C., Baranoski, M., Wieland, M., O'Connell, M. J., Benedict, P., . . . Sells, D. (2007). A peer-support, group intervention to reduce substance use and criminality among persons with severe mental illness. *Psychiatric Services*, 58(7), 955–961.



Peer support has shown to be effective in many forms with various populations in an array of settings for decades.

- Employing people with mental health issues as peer specialists in an intensive case management program enhanced outcomes for clients with serious mental health disorders. (1995)
- 2. Veterans enrolled in a program run by other veteran peers showed enhanced personal wellbeing, as measure by both recovery-oriented and clinical measures. (2008)
- 3. Culturally competent peer providers improved access to and increased engagement of clients with serious mental and physical health disorder with behavioral health care. (2018)

^{3.} Siantz, E., Henwood, B., & Gilmer, T. Implementation of peer providers in integrated mental health and primary care settings. Journal of the Society for Social Work and Research, 2016 7(2), 231–246. https://doi.org/10.1086/686644

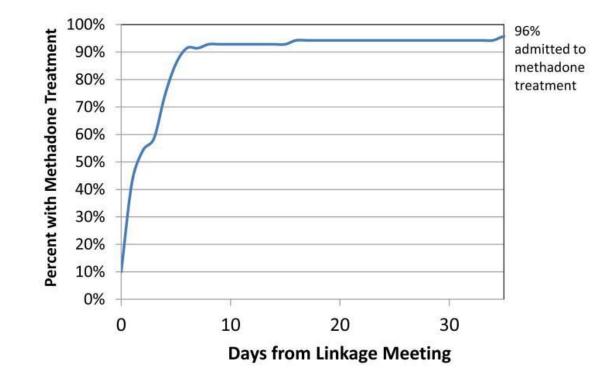


^{1.} Felton CJ, Stastny P, Shern DL, Blanch A, Donahue SA, Knight E, Brown C. Consumers as peer specialists on intensive case management teams: impact on client outcomes. Psychiatr Serv. 1995 Oct;46(10):1037-44. https://doi.org/10.1176/ps.46.10.1037.

^{2.} Resnick SG, Rosenheck RA. Integrating peer-provided services: a quasi-experimental study of recovery orientation, confidence, and empowerment. Psychiatr Serv. 2008 Nov;59(11):1307-14. doi: 10.1176/ps.2008.59.11.1307.

Peer support has similarly demonstrated effectiveness with people who have opioid use disorder (OUD) within the community

- Peer outreach, combined with assertive linkage and engagement intervention, was effective in targeting out-oftreatment individuals with OUD to treatment. (2018)
- Trained peer-delivered response to nonfatal opioid overdoses resulted in high engagement in treatment and harm reduction. (2019)



1. Scott CK, Grella CE, Nicholson L, Dennis ML. Opioid recovery initiation: Pilot test of a peer outreach and modified Recovery Management Checkup intervention for out-of-treatment opioid users. *J Subst Abuse Treat*. 2018;86:30-35. <u>doi:10.1016/j.jsat.2017.12.007.</u>

24 Welch AE, Jeffers A, Allen B, Paone D, Kunins HV. Relay: A Peer-Delivered Emergency Department-Based Response to Nonfatal Opioid Overdose. Am J Public Health. 2019;109(10):1392-1395. doi:10.2105/AJPH.2019.305202



PRS Role in the Criminal Justice System

PRS within the criminal justice system leverage and apply their experiences to support and engage clients through re-entry process.

- 1. Assist in seeking treatment for substance use and mental health, community support resources, locating housing, and employment.
- 2. Function as case-manager upon client release, assisting with housing plans, criminal justice obligations, and support in case of crisis.
- 3. Facilitate groups for people who are incarcerated as well as community-based aftercare groups in harm reduction, substance use treatment, and recovery support.

^{2.} Rowe M, Bellamy C, Baranoski M, Wieland M, O'Connell MJ, Benedict P, Davidson L, Buchanan J, Sells D. A peer-support, group intervention to reduce substance use and criminality among persons with severe mental illness. Psychiatr Serv. 2007 Jul;58(7):955-61. doi:10.1176/ps.2007.58.7.955.





^{1.} Reingle Gonzalez JM, Rana RE, Jetelina KK, Roberts MH. The Value of Lived Experience With the Criminal Justice System: A Qualitative Study of Peer Re-entry Specialists. *International Journal of Offender Therapy and Comparative Criminology*. 2019;63(10):1861-1875. doi:10.1177/0306624X19830596

Peers Role in Reducing Stigma

Table 2: Factors Impacting Patient Engagement in Medication-Assisted Treatment and other Substance Use Disorder Treatments					
Factor	Mean Rating (3=large impact, 2=minimal impact, 1=no impact)				
Social stigma (characterized by prejudicial attitudes and discriminating behavior directed toward individuals treated for SUD as a result of the psychiatric label they have been given)	2.9				
Individualized stigma (negative thoughts and feelings—such as shame, negative self- evaluative thoughts, and fear—that emerge from identification with a stigmatized group and their resulting behavioral impact—for example, avoidance of SUD treatment)	2.8				
Transportation barriers/distance to services	2.7				
Cultural norms (e.g., family involvement is an important focus in working with Hispanic and Native American communities; patient may not engage in treatment if a program does not have staff that included members of the same ethnic group)	2.4				

Reingle Gonzalez JM, Rana RE, Jetelina KK, Roberts MH. The Value of Lived Experience With the Criminal Justice System: A Qualitative Study of Peer Reentry Specialists. International 1. Journal of Offender Therapy and Comparative Criminology. 2019;63(10):1861-1875. doi:10.1177/0306624X19830596

Rowe M, Bellamy C, Baranoski M, Wieland M, O'Connell MJ, Benedict P, Davidson L, Buchanan J, Sells D. A peer-support, group intervention to reduce substance use and criminality 2. 26 mong persons with severe mental illness. Psychiatr Serv. 2007 Jul;58(7):955-61. doi: 10.1176/ps.2007.58.7.955. University of Michigan Behavioral Health Workforce Research Center and the National Council for Behavioral Health. Factors that Influence Access to Medication-Assisted Treatment.

3. Ann Arbor, MI: UMSPH; 2019.



Peers Role in Reducing Stigma

Peer specialists provide education, motivation, and support from experience.

- Pregnant and new mothers with co-occurring substance use and mental health disorders.
- BIPOC, LGBTQI+, and aging population.
- People who are on medications for OUD (MOUD).



Who are also involved with the criminal justice system



1. University of Michigan Behavioral Health Workforce Research Center and the National Council for Behavioral Health. Factors that Influence Access to Medication-Assisted Treatment. Ann Arbor, MI: UMSPH; 2019.

Promising Practices Guidelines for Residential Substance Abuse Programs

V. Continuing Care and Reintegration

 RSAT program should help participants connect to community resources, mobilize family and prosocial peers, and develop a prosocial peer network by encouraging peer-to-peer learning, involving peer reentry liaisons, and engaging participants in 12-step programs and mutual help and/or faith networks. Bureau of Justice Assistance (BJA) Residential Bubstance Abuse Treatment (RSAT) Program for State Proporers Training and Technical Assistance Resource

> Promising Practices Guidelines for Residential Substance Abuse Treatment

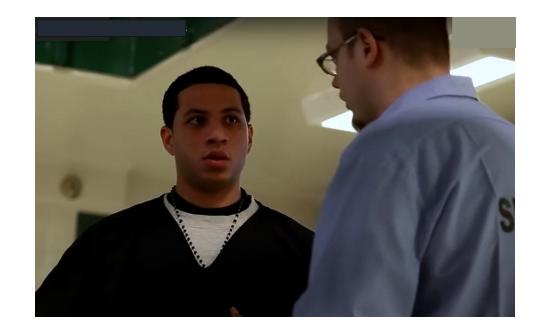
 Increasing RSAT participants' connections to a prosocial peer support network that will support their efforts to reduce use of and abstain from alcohol and other substances begins in the treatment setting and continues into the community.



Promising Practices Guidelines for Residential Substance Abuse Programs

V. Continuing Care and Reintegration

- People with mental health disorders can also benefit from peer support in addition ongoing concurrent treatment.
- Recovering peers have a role in treatment settings distinct from that of staff within the correctional treatment program, throughout reentry into continuing community-based aftercare services.





PA State Department of Corrections

- The Pennsylvania Department of Corrections (PADOC) has an exemplary peer program embedded throughout all state prisons.
- Priority: to ensure those under the care and custody of the DOC have a variety of therapeutic modalities that promote individual recovery, inspire hope and personal responsibility and to establish a culture of recovery services from a diverse and progressive approach.





PA State Department of Corrections

- PADOC began the Certified Peer Support Specialist (CPSS) program almost 8 years ago as a pilot program.
- After assessing the benefits of the program, expansion of the CPSS program occurred throughout every state correctional facility.
- PADOC CPSS program serves not only as a means of supplementing existing clinical services but also as a workforce and vocational development opportunity.
- Program expansion now includes approximately 700-800 peers serving across every facet of the prison operations including medical areas, restrictive housing, mental health units, SUD treatment units, reentry programs, education, law library, personal care units, veteran units, youth programs and more.



PA State Department of Corrections

- CPSS's provide service to reduce trauma of incarceration, supplement existing recovery services, provide evidenced based practices to address mental health and co-occurring disorders and improve reintegration opportunities.
- All CPSS's are trained through a rigorous 75-hour recovery course and are credentialled through the State Certification Board.
- Certification leads to competitive employment upon reentry in the mental health and SUD fields.



CPS Priority Training-PADOC

- Three-day trauma informed approach course developed by the DOC based on SAMHSA's TIP 57-Trauma Informed Approach manual
- Mental Health First Aid
- Question, Persuade, Refer Suicide Prevention training





South Carolina Department of Corrections (SCDOC)

The goal of the **Peer Support** program is to provide an army of certified peer specialists to support multiple pathways towards recovery, build trust, inspire hope, and encourage self-determination with the hope of minimizing recidivism, reducing contraband, and creating a culture of recovery services inside the facilities.





South Carolina Department of Corrections (SCDOC)

Peer Specialist Program Goals:

- Remind individuals of their strengths
- Focus on hope
- Identify ways to reduce self-defeating behaviors
- Assist staff in individual and group sessions to build recovery skills
- Develop resilience
- Offer friendship and support through compassionate conversations
- Model a positive attitude toward recovery and personal responsibility



South Carolina Department of Corrections

- Peer Specialists are embedded within 10 correctional institutions comprising 121 incarcerated persons who have been trained and certified.
- 60 active Peer Specialists currently providing services.
- Utilize a curriculum prioritized for SUDs.
- SCDOC is in planning stages to certify 40 additional incarcerated individuals as Peer Specialists.



Fidelity Assessment Initiative Examples



- West Tennessee State Penitentiary
- Hampshire County Sheriff's Office, MA
- Beckley Correctional Center and Jail, WV
- Charleston Correctional Center and Jail, WV
- Sacramento County Sheriff's Office, CA



Peer Recovery Support Specialist Resources

- <u>https://c4innovates.com/brsstacs/BRSS-TACS_State-by-State-Directory-of-Peer-Recovery-Coaching-Training-and-Certification-Programs_8_26_2020.pdf</u>
- <u>https://www.viahope.org/reentry-peer-specialist-certification/</u>
- <u>https://www.peersupportworks.org/wp-content/uploads/2021/07/National-Practice-Guidelines-for-Peer-Specialists-and-Supervisors-1.pdf</u>
- <u>https://www.prainc.com/gains-certified-peer-specialists-pennsylvania/</u>
- <u>https://www.mhanational.org/center-peer-support</u>
- <u>https://www.cossapresources.org/Learning/PeerToPeer/PRSSMI</u>
- <u>https://www.rsat-tta.com/Files/Final-Recovery-Support-Certifcation</u>
- <u>Center for Substance Abuse Treatment, What are Peer Recovery Support Services? HHS Publication No. (SMA) 09-4454. Rockville,</u> <u>MD: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2009.</u>
- <u>Peers Supporting Recovery from Substance Use Disorders, SAMHSA BRSS TACS</u>



QUESTIONS

• Type your questions in the Q&A box on your screen.

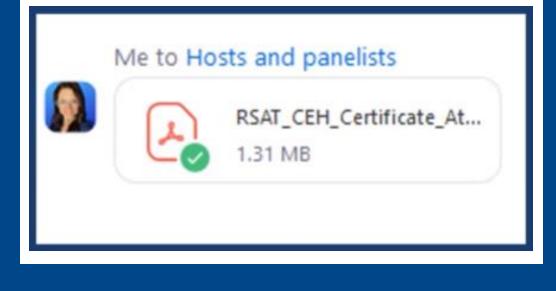


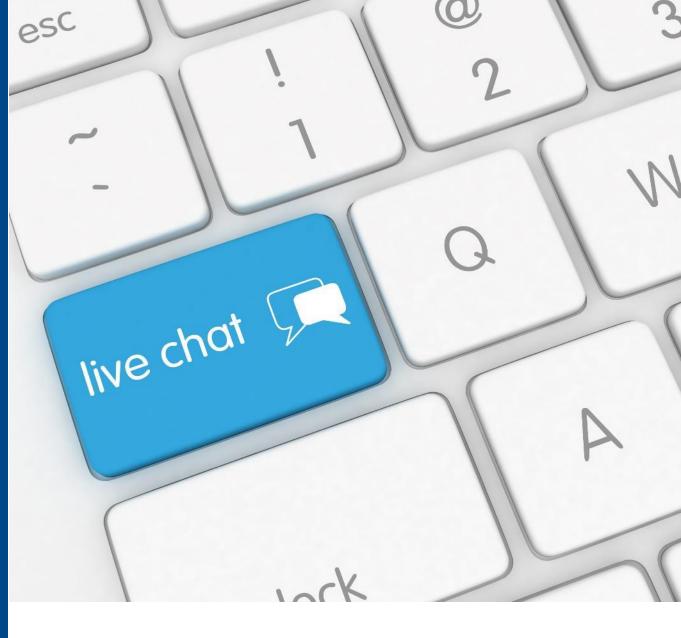
Speaker Contact Info:

Roberta C. Churchill | rchurchill@ahpnet.com Lynn Miller | Imiller@ahpnet.com



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1 Continuing Education Hour (CEH) approved by NAADAC, the Association of Addiction Professionals



Pass 10-question quiz with 7 correct answers



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CONTACT

http://www.rsat-tta.com

Stephen Keller RSAT TTA Coordinator

 \searrow

rsattta@ahpnet.com

