[Music]

Male Narr: The Substance Abuse and Mental Health Services Administration presents the *Road to Recovery*. This program aims to raise awareness about substance use and mental health problems, highlight the effectiveness of treatment and that people can and do recover. Today's program is: Peer Recovery Support: Leveraging Personal Experience in Helping Others.

Torres: Hello. I'm Ivette Torres, and welcome to another edition of *The Road to Recovery*. Today, we'll be talking about peer-to-peer support services for mental and substance use disorders. Joining us in our panel today are—Leah Harris, Communications and Development Coordinator, National Empowerment Center, Washington, DC; Tom Hill, Director of Programs, Faces & Voices of Recovery, Washington, DC; Michael D. Little, Forensic Advanced Certified Peer Specialist Coordinator, Philadelphia Department of Behavioral Health Intellectual disAbility Services, Philadelphia, Pennsylvania; Monica Scott, Outreach Substance Abuse Counselor, Baltimore Substance Abuse Systems, Inc., Baltimore, Maryland. Tom, peer-to-peer services is an increasingly unique and an important part of a recovery-oriented system of care, of systems, whether municipal or state systems, that are looking to set up a recovery-oriented system of care. What is peer recovery support?

Hill: Peer recovery support involves people with lived experience of both addiction and/or mental health and in recovery, and it's using that lived experience as the leverage, to do the services. They're non-clinical, they're strength based, and they work on building trust with the person, and I would also say they are also mutually reciprocal, so the person giving help also gets help in the equation.

Torres: Very good. And Leah, tell me a little bit about, is there any difference in terms of recovery peer support between substance use disorders and those that are suffering mental illness?

Harris: I'm sure there are differences, depending on the context in which the services are offered, but typically, the value system is extremely similar, this idea of self-determination and mutual support and really recovering a life worth living, using that lived experience to help others and to gain a sense of empowerment over your own life. So they are very similar in that respect. And the services can be very specific, too. If somebody expresses the desire to go back to school, they can get help with that. Whatever kind of community supports they want to link up with, all of these services and programs help to decrease isolation, which is a *really,* really fundamental concept to recovery, is relationships and community.

Torres: Michael, let's talk about the criminal justice system, and how important is a recovery peer-to-peer support system, once that person is leaving one system and coming back to a community?

Little: Well, you know, during that reentry process, reentry starts when the person becomes incarcerated. You know, we have to be able to engage a person and try to motivate him while he's incarcerated early in his incarceration. That way, his thought process starts to, you know, change, and being able to engage that particular person, it's not just about peer support. Those correctional officers *also* have to be a part of that peer, you know, culture because they're spending 40 hours plus, you know, working with individuals. Having that forensic CPS in a person's life is monumental because, you know, it's trust building. And also, as Tom had mentioned, that lived experience of incarceration, you know, a person knowing that, "OK, I've been behind these walls, and here I am outside these walls now, and I'm working. This is the kind of blueprint that I utilized, you know, for my recovery process also." Not to say that everybody's blueprint is gonna work, but, you know, it's one of the things that's educating people and giving them a time, you know, for them to reflect on how they want to reenter back into society.

Torres: And, Michael, were you in that system before, and now you're out, and you're working with that community?

Little: Yes, I'm formerly incarcerated, a returning citizen. And I also spent time in a halfway house, you know, which I think halfway houses are monumental, as opposed to just being thrust back into society, you still need that structured environment to regain your own empowered self and identify what's goin' on in your life and how you can move forward. It's really about trying to find what's going to work for you in that process of incarceration. So you know, incarceration is something that touches a lot of people's lives.

Torres: How did you determine that you wanted to become a peer support person?

Little: During my incarceration, I started taking some self-help groups. You know, looking around at the room, I said, you know, I wanted to become one of the facilitators of the groups because I still needed some more time myself in the groups also. So I became a facilitator, and next thing I knew I was in a therapeutic community, also facilitating in the therapeutic community. And just being able to assist the counselors and the therapists during that process, I felt that was something that I wanted to do.

Torres: It engaged you.

Little: Once I was on the streets, yes.

Torres: Very good. Monica, let's talk about what distinguishes peer recovery support from other approaches that support people in recovery.

Scott: Well, one of the major things that peer support does is it gets the individual who is being supported the opportunity to get shared life experiences from a person who has sustained recovery or has had long-term recovery, to be able to effectively transition back into society.

A lot of times, clients or what we call peers, are more receptive to an individual who has been or who traveled the path that they're attempting to travel. A lot of times, the clinical aspect is great while they're in treatment. However, when the transition from moving from treatment to society happens, most individuals are kind of like not as receptive to clinicians trying to dictate or trying to assist with them transitioning back into society, so that's where the peer recovery, the advocate or the peer recovery coach, comes in, to effectively share their experiences with them, to say like, "Look, I've experienced what you're experiencing. The same anxieties, the same fears that you have, I've had. This is how I was able to transition from point A to point B."

Torres: Tom, let's continue on that note. If I was coming out from either a treatment program or a therapeutic community, what would a peer support program provide for me?

Hill: Well, it's a good question. And first of all, you know, we always tell peers they're not counselors, so they don't give advice, they don't diagnose, but they're also not 12-Step sponsors, and I think that's an important distinction. But a peer-to-peer experience, as someone's entering the community from whatever treatment or institution, the peer will help them have a soft landing and provide them with community resources, community connection—

Torres: Such as?

Hill: —Well, housing, education, employment, venues to that, maybe it may be something like childcare. It could be instrumental, it could be emotional, it could be educational, or it could be what we call affiliational. So affiliation means connection to family, community, to other people that are in an organized recovery environment.

Torres: When we come back, we'll continue to talk about peer-to-peer support. We'll be right back.

[Music]

Male Narr: For more information on ***National Recovery Month***, to find out how to get involved, or to locate an event near you, visit the ***Recovery Month*** website at RecoveryMonth.gov.

Male Narr: Tracy Vickers, Program Director at Phoenix Houses of the Mid-Atlantic in Sykesville, Maryland, explains the important elements of recovery support and how peers can assist in the process.

Vickers: The Phoenix House, the Next Step Program, really does work. All the pieces that support recovery include employment, housing, benefits that you might need—sometimes people need food stamps. So things that give you enough stable foundation that you don't find yourself, what we call, between a rock and a hard place, where you turn to your substance, and the peers are just a big part of that aspect. So you have the clinical piece that happens,

but then somebody needs to break that down for them and say, "Here's what this really means, and this is how you actually do this."

Male Narr: Brandee Izquierdo, Peer Recovery Support Specialist for the Carroll County Health Department in Westminster, Maryland, discusses the importance of peers in the recovery process.

Izquierdo: The empathy that we have and understanding that we have with a peer can allow them to come up and out of situations that they normally couldn't. Recovery doesn't start at 8 and end at 4:30, and for me, I'm a phone call away at any time. And for them to be able to pick up the phone and someone actually be there on the other end of it and help guide them through the process of recovery, it's instrumental to their recovery.

[Music]

Torres: And Michael, I'm going to come back to you, related to the justice system. As we're trying to get the Affordable Care Act implemented, how is it that now we're going to incorporate some of these reintegration or community integration efforts into that whole ACA? Is that plausible to say that that's going to be something that we're looking at, right now?

Little: Well, you know, in the up-and-coming future, having that Affordable Care Act is going to be monumental in a person's recovery process that is transitioning from state correctional facilities, as well as regular state mental hospitals.

Torres: How so?

Little: Well, you know, if a person doesn't have health care, oftentimes when you're going into treatment, you're going to need some kind of Medicaid or Medicare to be able to be seen during this process. We also know that several of the programs are closing because of the lack of Medicaid and resources for treatment. You know, treatment is one of the things that is an ongoing process and monumental in everyone's recovery process. You know, it's not just criminal justice involved, it's not just people with mental health challenges, it's people around America. There's a lack of insurance, you know, to pay for care.

Torres: Very good. Monica, you're an outreach coordinator. Do you see both individuals that are in recovery and bring them to peer-to-peer support, and if so, then what happens?

Scott: The majority of the individuals that I see are on the street that are still actively using or that may be in a recovery community or transitional living setting that may need additional support.

Torres: Such as?

Scott: Such as there's an individual who says, "I'm a recluse. I really don't get along with individuals. I'm kinda shy with going to the meetings. I don't really speak out, or I don't

know how to engage an individual for that type of support." So what happens is, I would possibly link them with one of the peer recovery advocates, to say, "This person kinda has the same, similar story that you have, and they're going to help to work with you to get you engaged in services, to get you acclimated with meeting new people and getting you the support that you need that you're not able to reach out and obtain yourself, but to help to bridge the gap between isolation and community involvement."

Torres: And, Tom, let's talk about timing here. At what point should one who has a substance use disorder problem or a mental health problem engage in a peer-to-peer support? Is it *before* I go into treatment, is it *during* my treatment, or is it *after* I come out?

Hill: Yes.

Torres: Yes. [laughs]

Hill: There's never a bad time to engage somebody in the process. So it could be while somebody's waiting for a treatment slot, it could be to support their treatment experience, it could be a safe landing, like I said, after treatment, or it could be for the many folks who don't go to treatment. So it's a whole range of times when it's appropriate for peer work. And for folks who have long-term recovery, sometimes they may need peer support but also giving that peer support is also a way to also bolster their recovery.

Torres: Leah?

Harris: A specific example that came to mind when people were talking was like the importance of having peers in, let's say, in a psychiatric emergency room, for example. I mean, what can often be a terrifying experience for someone who's already in emotional distress, that person can help them understand what's going to be happening, find out what they need, inform them of their rights, all of these really important things that somebody would completely miss possibly, if there wasn't a peer there to help out.

Torres: That makes absolute sense.

Harris: Yeah.

Torres: Tom, I'm going to ask the critical question. Michael talked about Medicaid, Medicare, coverage of services for health. If I walk in to these peer-to-peer, am I going to have to pay you money?

Hill: Well, I think that depends on the state. I mean, all of that's changing with the Affordable Care Act, so there's going to be opportunities for it to be reimbursed and paid for by a variety of government and private payers because the landscape's changing. But I think for the most part, we've tried to build peer services so they're either very low cost or free. I always say it's not the country club set we're serving here; it's folks who really need it and often don't have health insurance *yet*, right now, or the money to pay for that. All that will

change, but it's the accessibility and the affordability that really make peer services, I think, really engaging and really valuable.

Torres: And, Michael, if folks are referred from the court system, they're automatically covered and the units of care are taken care of?

Little: No that's, like Tom says, it's case by case, you know, benefits have to be cut on. And one of the things is that, you know, I know guys that are transitioning that I deal with, you know, first thing they want to talk about is how I get my benefits cut on. This way, they can get some money in their pockets, get to see the treatment people that they need to see on a continuum basis because, you know, really it's about continuity of care. If we're getting services inside the walls, we need to be able to keep those things turned on and acclimated ASAP.

Torres: And I want to come back and continue this conversation and touch on something that you just said. If I'm coming out of an institution, I may need housing services, so let's talk a little bit about that when we return.

[Music]

Torres: Leah, I'm coming back to you with the question of where does one house a peer-to-peer services? What organizational settings are appropriate for peer-to-peer?

Harris: It's so diverse, I mean, there are peer support groups actually in public state hospitals. They are sometimes their own peer-run organizations, and the National Empowerment Center really highlights the work of these peer-run organizations that are creating their own services through a mixture of, they might receive some federal funding, some state funding, but operate relatively independently. So you might find those. You have a very exciting development called the Peer Crisis Respite, which is almost like a home-like setting. It's a small, tastefully decorated house where people can come who are in crisis. They get round-the-clock support. It's very informal. You can cook and eat together and come and go as you please and just get that support until you are ready to kind of come back to your life as it was before the crisis. So that's a very exciting setting, and these are just homes in communities.

Torres: Go ahead, Michael.

Little: And just piggybacking off that, that decreases hospitalization.

Harris: Absolutely.

Little: So that decreases also cost, and that's what we want to see, you know. And if a person in the community knows I have a place of respice [ph] to go to, and I don't have to go behind a wall, you know, that's less anxiety and less being overwhelmed, that I can go into a place

where I can feel warm and comfortable and have that, just, opportunity just to have like a safe haven.

Harris: Absolutely.

Torres: And let's talk about the housing. How difficult is it to get housing for individuals that are leaving the justice system?

Little: The men and women that I engage, we are using the shelter system right now. They have to, you know, go through an intake process and get properly placed. You know, it depends on their actual offense. Some of the facilities who house the homeless don't take certain individuals because of certain offenses. So housing is something that is we're working on, as a system, and it's definitely a great need because there's not enough houses to realistically contain those who are incarcerated.

Torres: And Tom, that certainly holds true also for someone that's in recovery for substance use disorder, if a peer-to-peer system is attempting to get them help with housing. I mean, I think there are more options such as Oxford Houses, so talk to me a little bit more about that.

Hill: Well, Oxford Houses has, you know, 30 or more years of history in terms of affordable recovery housing across the country, and now we also have The National Alliance of Recovery Residences, which is organizing other kinds of recovery housing. The important thing to sort of underline here is that for somebody in early recovery, there's two things that are unarguably essential, and it's housing and employment. And for folks with criminal justice history, depending on the state, there's often barriers to those things. You can't get a job; you can't get housing. So how are you supposed to maintain and stabilize your recovery without those two essential ingredients? So not only do we have to, like, build these systems we have to lift the discriminatory barriers that are keeping people from accessing those essential resources.

Torres: Monica.

Scott: We also have what we call access to recovery, which are supportive housing programs that allows an individual coming from treatment, either long-term or short-term residential treatment, to be able to gain access to housing through federal funds, to be able to pay for them for up to 2 months, to be able to give them that cushion that allows them not to stress about, "Where am I going to live?" And what that does is it eliminates some of the barriers and some of the stresses that are associated with exiting treatment. That gives the individual the opportunity to save their money or apply for benefits, or the opportunity to get linked to peer support.

Torres: Leah, I'm coming back to you. Let's talk about how these peer-to-peer programs help to promote inclusion and social acceptance of individuals in recovery.

Harris: This is a fantastic question. There's a foremost stigma researcher named Patrick Corrigan, and he says that one of the best ways to reduce stigma and discrimination is to sort of hear the first-person experiences and to interact and see this person. So a lot of peers are very open, and they speak out publicly about their experiences, and they promote this idea that recovery is possible for everyone, regardless even if you have the most severe mental health diagnosis, you know. We have scores of people who have completely rebuilt their lives. So there's something so powerful about that, that just sharing that hope, promoting a message—because so many people, when they come into mental health systems, just come away with these really kind of hopeless messages, like, "This is going to be the way it is for you for the rest of your life. Just accept that you can't really dream big or achieve much," you know. And our peer recovery movement is just kind of completely blowing that out of the water, and says, "No, there's a life in the community that's possible—"

Torres: Absolutely.

Harris: "—for everyone."

Hill: Can I add to that?

Torres: Absolutely.

Hill: Leah makes a really good point. And it's, you know, we always say that peer integrity and recovery values are essential in peer recovery support services, and for that to happen—

Torres: And what does that mean, if I don't know anything about the system?

Hill: Well, it means that the recovery community has to be involved in how these happen. And there's two things that we stress, and one is leadership development, and one is participatory process. And participatory process means that decisions for the program aren't made at the top; it involves everyone in the community in making those decisions. So program development, program implementation, program evaluation—peers are involved in every single level. So this is real recovery-oriented systems of care involving the organized recovery community.

Little: And let me fill in with that, also. Having that peer involved in that is a buy-in process. If I know that, you know, what I'm saying is being heard throughout the system, I as a peer not only will work harder at that, but I'm going to be able to talk to my other peers that are in the program about certain situations. You know, to be an advocate.

Torres: Complete engagement.

Little: Complete engagement.

Torres: Excellent. Excellent. And when we come back, I want to touch on peer-to-peer coaching opportunities where people can get trained and become peer-to-peer support folks. We'll be right back.

[Music]

Female VO: At times, the path to recovery from a mental and substance use disorder may be unclear. But laying a strong foundation with the support of others makes all the difference. For information on mental and substance use disorders, including prevention and treatment referral, call 1–800–662–HELP. Brought to you by the U.S. Department of Health and Human Services.

Torres: Tom, how engaged is Faces & Voices of Recovery in promoting peer-to-peer training, and what states are offering peer-to-peer training right now?

Hill: Well, Faces & Voices of Recovery—we have two initiatives right now. One is ARCO, which is the Association of Recovery Community Organizations. So we have 85 members across the county, and we do capacity building and program development and leadership development with them, but we've also developed something called CAPRSS, which is the Council on Accreditation of Peer Recovery Support Services. And we're building an accreditation system to accredit recovery community organizations and other qualifying organizations that do peer services, so that any organization that got accredited would be *fully* equipped to handle any kind of funding or any kind of development of peer recovery support services.

Torres: And that means that they have to have the right level of staffing and the right referral points—

Hill: And the right training of their staff and the right ethics development. So it's a really rigorous process for folks to go through, but the recovery community organization is responsible and accountable.

Torres: And responsive.

Hill: Correct.

Torres: Leah, is that going on also with the peer support services that you are familiar with?

Harris: Yeah, I mean at this point, there isn't sort of one standardized peer support specialist training. There are several different ones that happen. There's also more specialized trainings that people can get. For example, the Hearing Voices Network—there's a Hearing Voices training to help people learn how to facilitate these groups which are designed for people who have that experience to help one another and learn and discuss coping strategies and things like that. So that's an example of a very specific training. We also have one called Emotional CPR.

Torres: Emotional CPR—very, very strong program. Talk to me about that.

Harris: Emotional CPR is a program that's really been spreading around the country. It's very exciting, and it's designed not just for peer providers, but really even for lay people, administrators, really anyone who sort of has the possibility of interacting with someone in emotional distress. Family members—it can be useful for that.

Torres: And where can folks find out how they can access a training program?

Harris: Well, you can visit our website, which is www.emotional-cpr.org, and there's a whole list of upcoming trainings. We have a few coming up this fall and winter that are open for registration, so it's a great opportunity for us.

Little: And to piggyback off that, in Philadelphia, we're doing Mental Health First Aid. And you know with that Mental Health First Aid, you know, that particular public safety person acts as the Band-Aid until someone who is professionally licensed to give therapy gets involved in that particular person's life. Also, you know SAMHSA did a train-the-trainer for trauma. Trauma affects different people in different ways. So those are some other trainings also that I think that are really crucial in a development of a recovery-orientated system of care.

Torres: Very good. Tom. Recovery coaching—is it similar to peer-to-peer?

Hill: Recovery coaching is peer-to-peer, if it's done by peers. It's similar to a peer support specialist in the mental health arena. It's usually one-on-one, and it's a combination of a shared experience, role modeling, sort of accompanying somebody through the process of early recovery, and sometimes *literally* accompanying them. So having that guide, or that navigator, along can be really, really beneficial.

Torres: I want to go back to Tom's note about using the person that's participating in this groupthink in a recovery support setting as people that go out into the broader community and speak on behalf of the recovery movement and speak about the benefits of these programs. Why is that important, Tom?

Hill: Well, you know, we still live in a society that stigmatizes and shames mental illness and addiction, and that carries over into people's recovery, so you know, we're trying to train advocates to stand up and speak out to the community, to the greater community, but also to systems. When we talk about recovery-oriented systems of care, you can't do it without people in recovery. You can't do it without the organized recovery community. And we bring that valuable experience to that whole ROSC, recovery-oriented systems of care, equation.

Torres: Michael?

Little: In Philadelphia, we have, with the Department of Mental Health, we have taken recovery to the streets, where a person in recovery actually goes out to a recovery house. You know, they may go out to a recovery program, a day program, and talk about how a program has assisted them through their recovery process. That way, kind of, people can see a face, afterwards ask questions that they may not ask a counselor because they feel more comfortable with someone that just has that lived experience.

Torres: And Leah, it's also teaching, not only doing what Michael is saying, but it's also teaching individuals in recovery to also speak to the different levels of governmental systems and legislative systems about the needs of individuals, correct?

Harris: Absolutely. And I think one of the most exciting examples that I can give is the suicide attempt survivors' movement. That started as more of a family movement of people who've lost loved ones, but the suicide attempt survivors' movement is now about bringing our voice to how suicide prevention is done, you know, in our society.

Torres: Excellent. You've said that people need to get out there, people need to get the word out. Of course, ***National Recovery Month*** is a great vehicle to do this. And Monica, I know that you are engaged in doing the Recovery Rally in Baltimore.

Scott: Yeah.

Torres: Why is it important to hold big rallies during ***Recovery Month***?

Scott: I feel like it's necessary for the community that you live in, the community that you reside in, to see how recovery individuals function, to celebrate the fact that these individuals have transitioned their lives from a state of dependence on drugs and alcohol to a state of *independence* of being able to be self-sustaining, be employed, be educated, and just to celebrate what is being done in your area to support individuals. It's a task for an individual to stop using drugs and sustain their life after that. So I think it's very important to support those type of events to be able to show that your community is supportive

Torres: And that's a great example of what ***National Recovery Month*** is all about. Each September, we celebrate ***National Recovery Month*** throughout the country, and it is events, not only rallies for recovery, but it can be as simple as a dinner at home of you celebrating a loved one's recovery anniversary. And we encourage you to visit our website at www.RecoveryMonth.gov to get more information. It's been a great program. Thank you so much for being here.

Group: Thank you.

[Music]

Male Narr: *The Road to Recovery* television and radio series educates the public about the benefits of treatment for substance use and mental health problems as well as recovery

programs for individuals, families, and communities. Each program engages a panel of experts in a lively discussion of recovery issues and successful initiatives from across the country. To view or listen to the *Road to Recovery* television and radio series from this season or previous seasons, visit recoverymonth.gov and click on the Video, Radio, Web tab.