WELCOME

SHALOM
SALAAM
MERHABA
WILLKOMMEN
HWANG YONG-HAMNIDA
BIENVENUE
BIENVENIDO
ALOHA
BENVENUTO
MABUHAY
BEM-VINDO
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Who’s in the room?

Welcome and please tell us a little about yourself.
What Can I Help You With Today?

#1: What is your primary reason for being here today (in this session)?

#2: What, if any, concerns do you have about integrating peer supports?

#3: What successes are you seeing and/or challenges are you seeing in peer support system integration?
Let’s Give a Little Background on the Foundation of Texas Peer Supports....
History of Texas Recovery Initiative

Texas Recovery Initiative (TRI) More than 23 local ROSC’s across the state organized and mobilized.

- The purpose of the multi-phase Texas Recovery Initiative is to gather information and recommendations for designing protocols that implement holistic, recovery-oriented models of care for use within the behavioral health community.

- An essential characteristic of a recovery-oriented model is that it be based on an individualized, multi-disciplinary recovery plan that is developed in partnership with the person receiving these services and any others he or she identifies as supportive of this process.

- Details on TEXAS Recovery Initiative: http://www.dshs.state.tx.us/substance-abuse/ROSC/
Bring Recovery Services to Scale Technical Assistance Center Strategy (BRSS TACS)

Goals

The overall goal for the state of Texas has been to build peer-to-peer recovery support resources throughout the state in a range of settings to support people in recovery in having a satisfying life in all four domains: **Health, Home, Purpose and Community.**

To meet this goal, Texas integrates the various recovery-oriented systems of care initiatives developing in the statewide behavioral health fields into a **cohesive, appropriately funded, fully realized network of recovery support services** across Texas.

The network is **consumer driven and informed**, and utilizes **effective evidence-based models** of recovery support services that address mental health, substance abuse and co-occurring diagnoses, as well as issues of underlying trauma, in the service populations. Services are delivered by well-trained peer leaders and the **system is designed to effectively work in partnership with clinical systems of care** to address the person-centered recovery goals of the consumers and improve statewide treatment outcomes.

BRSS TACS info: [https://www.samhsa.gov/brss-tacs](https://www.samhsa.gov/brss-tacs)
What is a “Recovery Oriented System of Care or ROSC”?

Recovery Oriented systems support person centered and self-directed approaches to care that build on the strengths and resilience of individuals, families, and communities to take responsibility for their sustained health, wellness, and recovery from alcohol and drug problems.

Recovery-oriented systems of care (ROSC) are networks of formal and informal services developed and mobilized to sustain long-term recovery for individuals and families impacted by severe substance use disorders. The system in ROSC is not a treatment agency, but a macro level organization of a community, a state or a nation.

William “Bill” White

Substance Abuse and Mental Health Services Administration (SAMHSA) 2010
Myths Buster

ROSC is...

- A framework to guide systems transformation
- Intervenes earlier in the progression of the disease
- Reduces the harm caused by substance use
- Promote good quality of life, community health and wellness for all
- A concept that allows for growth and development of recovery oriented systems

ROSC is not...

- A Model
- Only focused on the integration of recovery support services
- A new initiative
- An organizational entity
- A closed network of services and supports
Nothing About Us Without Us!

Peers can work in direct service provision but also can be included in leadership and executive leadership roles to help shape the “recovery culture” within an organization!
Creating recovery-oriented systems of care requires a transformation of the entire service system as it shifts to becoming responsive to meet the needs of individuals and families seeking services. To be effective, recovery-oriented systems must infuse the language, culture, and spirit of recovery throughout their systems of care. They have to develop values and principles that are shaped by individuals and families in recovery.

These values and principles provide the foundation for systems that provide:

- Accessible services that engage and retain people seeking recovery
- A continuum of services rather than crisis-oriented care
- Care that is age- and gender-appropriate and culturally competent
- Where possible, care in the person’s community and home using natural supports
Values Underlying a ROSC

- Person-Centered
- Self-Directed
- Strength-based
- Participatory (family/members, caregivers, significant others, friends, community)
Services are Strengths Based and Person-Centered

- Recovery Coaches use a person-first approach; individuals are "people first" - with unique qualities who have behavioral health and other challenges and are in need of services.
- The person’s hopes, dreams and aspirations drive goals, recovery plans, services and supports.
- Each person’s personal and cultural preferences, strengths, needs, and stage of change determine the pace - frequency, intensity, time - and place of service.
Peer Support

- Peer Support (formal and informal) helps team members and people receiving services.

- People are connected to formal peer support, provided by Certified Peer Recovery Support Specialists (PRSS), who act as bridges to the community and help people achieve their recovery goals.

- The Recovery Coaching service values the expertise that comes from lived experience. Agencies hire individuals whose own experience relates to the people they serve, and who are willing to use their experience in their work as they share their life lessons in support of recovery.
Assertive Outreach and Referrals

- Teams establish personal relationships with key community organizations and referral sources as they assertively identify and engage the community and potential service recipients.

- Service begins when a person is identified as needing or wanting service. Engagement billing allows time for individuals to discover the merits of Recovery Coaching and sign onto the service.

Outreach efforts can be diminished without support of the local recovery community organizations and/or support of the larger public health, criminal justice, or educational systems.

We have found, through mass mobilization efforts, Community Advocacy can greatly impact and improve program performance. Reaching into a community who understands “recovery” culture and approach, is hugely beneficial to the development of an appropriate peer support program.
The New Recovery Advocacy Movement (NRAM) is a social movement led by people in addiction recovery and their allies aimed at altering public and professional attitudes toward addiction recovery, promulgating recovery-focused policies and programs, and supporting efforts to break intergenerational cycles of addiction and related problems.

The NRAM rose in the late 1990s in reaction to the increased de-medicalization, re-stigmatization, and criminalization of alcohol and other drug (AOD) problems and the resulting cultural pessimism about the prospects of long-term addiction recovery. New grassroots recovery community organizations (RCOs) across the U.S. were aided by seed grants from the Center for Substance Abuse Treatment’s (CSAT) Recovery Community Support Program (RCSP).

Building Strong, Grass-roots Community
Addressing Public Policy
Education for Community (improved re-integration)
Developing Resources
Supporting Research
Celebrating Recovery

The NRAM has created immense opportunity in recent years through community advocacy with lasting effects on local populations. With the recent passing of the largest legislative action in history (The “Support” Act), our country is addressing Substance Use Disorder with more federal funding than ever before.

More info on the “Support Act” can be found here: https://t.e2ma.net/webview/p266r/5a3d20069b3312555b41d282314c5890

Why is Community Advocacy Important to Launching or Improving an Effective Peer Support Program?
Community Building Through Addiction Prevention, Treatment, and Recovery Advocacy

Since 2016, organizations around Texas have met weekly to build, discuss, and stay updated on policy relating to Substance Use Disorder prevention, treatment, and recovery. That group is referred to as the “SUDC” or Substance Use Disorder Coalition and these are just some of their members. The SUDC is recommending policy (with funding recommendations) in the upcoming Texas Legislative Session.
In Texas, there are new and emerging programs developed in recent years addressing the family impacted by addiction.

One such program is offered by RecoveryPeople, an emerging program funded by Substance Abuse Mental Health Services Administration (SAMHSA).

"Family Recovery Coaches" are being trained, certified, and supported through this initial program and future legislative efforts could create opportunity for further expansion.

(https://recoverypeople.org/training-services/family-recovery-coach-training/)
Addiction is a family disease that stresses the stability, health and wellness of the family, yet family members have not benefited from the 21st century recovery movement in the same way that peers have.

In addition to supporting a loved one’s recovery, family members can experience their own process of change, improving their own health and wellness, living a self-directed life, and striving to reach their full potential.

Where as Peer Recovery Specialists use their lived experience and specialized training to supports peers, Family Recovery Specialists can do the same for family members.

Family Peer Specialists (Coaches) take training, participate in experiential training, and complete field experience hours.
What is the Family Coach Training Process?

- **Step One: 46-hour Core Curriculum**
  Utilizing the state-approved curriculum for peer specialist and working through to adapt its core competencies for Family Coaches.

- **Step Two: 16-hour Family Recovery Specialist Endorsement training**
  Family members complete a 16-hour Family Recovery Specialist (FPS) endorsement training aimed at improving their ability to support family recovery.

- **Step Three: Document 25 Supervision Hours**
  Family members receive supervision via other experienced, certified Family Peer providers. “Supervision” is not meant in a clinical sense as much as role supervision.

- **Step Four: Document 500 Field Experience Hours**
  As per TCBAP requirements, participant will be required to practice and document their Family Recovery Specialist field experience. Moreover, they are encouraged to share their success and problem solve their challenges during group supervision. This enhances group learning.

- **Step Six: Pass Knowledge Assessment / Exam**
  [https://recoverypeople.org/training-services/family-recovery-coach-training/](https://recoverypeople.org/training-services/family-recovery-coach-training/)
Organizational Readiness Polling Questions

1. Does your organization hire behavioral health consumers for peer support?
2. Do you provide well defined job descriptions with meaningful roles?
3. Do you have a supervision model for peer support specialists?
4. Do you provide reasonable accommodations and support for your peer employees?

CAPRSS (Council on Accreditation of Peer Recovery Support Services)

The Council on Accreditation of Peer Recovery Support Services (CAPRSS) is the only accrediting body in the US for recovery community organizations (RCOs) and other programs offering addiction peer recovery support services (PRSS).

CAPRSS offers a recovery-oriented accreditation program that:

* Helps emerging and established RCOs and peer programs to build capacity; improves the performance of organizations and programs providing peer services by setting and measuring the achievement of standards; and increases accountability of peer services providers to funders, the public, and the field.
Cultural Readiness for Your Community and Organization

- The behavioral health system is moving towards a recovery oriented culture. No longer are we developing systems or programs on “one-size-fits-all” model and adaptation of recovery culture is imperative.

- Agencies are beginning to understand proper support and supervision of peer providers in their system are a valuable asset to the behavioral health care team and improves outcomes.

- Decades of research have proven that peer supports are an evidenced based practice. Texas completed a three-year study. (http://www.dshs.state.tx.us/sa/RecoverySupportServices/Recovery-Support-Services.aspx)

- Organizational cultural change is a necessary component of the provision of peer support.
Organizational Readiness

- Understanding of the recovery process
- Clearly **defined** roles (Job Descriptions)
- Supervision appropriate to the peer specialist role
- Reasonable accommodation, when needed
- Adequate peer support for peer workers
- Regular evaluation and guidance based on job descriptions
Let’s Get Down to YOUR Business!

01. Where do we go from here?

02. Current state of affairs on peer supports within your community and organization.

03. Concerns or questions we have for developing a comprehensive and support peer program.

04. Identify clear next steps for you and your organization!
GROUP BREAK
Models for Peer Support

Examples of peers working within existing community behavioral health centers extend from recovery community centers (RCO) to public health systems.

- **Peers working for peer run organizations**
  - Drop-In Centers, Recovery Centers, Clubhouses
  - Peer Advocacy Organizations
  - Statewide Peer Networks
  - Peer employment organizations that contract out peer specialist services to CBHC’s, hospitals, ER’s, and jails.
Future Expansion of Peer Roles in Organizational Settings

• Peers moving into traditional professional roles
  - Many professionals have lived with behavioral health issues
  - Now many consumers are returning to school for professional credentials
• Peers working in HMO’s and private practices
• Peers working in more senior roles in government agencies
• Peers working in non-traditional areas like Human Resources and Employee Assistance Programs
What Questions Can I Answer for You Today?
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