What Do Peer Recovery Supports Do?

Department of Medical Assistance Services
Addiction & Recovery Treatment Services SUPPORT Grant
Presenter

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SUPPORT Act Grant Program Specialist
The Virginia Department of Medical Assistance Services (DMAS) SUPPORT Act Grant projects are supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $4,997,093 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.
In conjunction with the VCU Wright Center and the VCU Institute for Drug and Alcohol Studies, we are conducting a survey for research purposes in order to gain a better understanding of provider impressions and experiences of individuals with substance use disorders (SUDs), medication assisted treatment, and Medicaid. The information obtained will be used to assist in identifying potential barriers to treating these individuals.

If you haven’t already, before the start of today’s webinar please use the link in the chat to access a brief (less than 5 minutes) electronic survey.

Your name and contact information will not be linked to your survey responses.

Your decision to complete the survey is completely voluntary.

When exiting this webinar, you will be directed to complete the survey again as a post-training assessment. Again, it will be your decision to complete the follow-up survey or not.

You are able to complete one pre and post survey per each webinar topic you attend.

Your completion of the pre-webinar survey will enter you into a drawing to win a $50 Amazon gift card as well as participation in the post-webinar survey will enter you into another $50 Amazon gift card drawing!

If you have any questions about the current study, please feel free to contact, Dr. Lori Keyser-Marcus at Lori.keysermarcus@vcuhealth.org or (804) 828-4164. Thank you for helping us with this effort!
The grant team has been working closely with Montserrat Serra, DMAS Civil Rights Coordinator, to provide closed captioning for our webinars and stakeholder meetings.

We are now able to provide closed captioning through Hamilton Relay for all upcoming webinars.

Link:  https://www.streamtext.net/text.aspx?event=HamiltonRelayRCC-0413-VA2588
Program Content

- Addressing what Peer Recovery Services are Not
- The Fundamentals of Peer Recovery Support Services
- What do Peer Recovery Supports Do?
- Challenges and Emerging Best Practices
- Resources
Addressing What Peer Recovery Services Are Not
Myths & Stigma

- Peer support staff need to be in long-term recovery before they can be effective in peer support or in a leadership role.

- Many people with substance use disorders relapse; therefore, they are more likely to take time off, be a no-show, and be less reliable.

- Won’t the addition of peer support staff make my job harder rather than easier?

- Will peer staff take all of our jobs? Will I be replaced by a person in recovery?

Peer Recovery Specialist Are Not Clinicians

Social Worker
- Clinically Oriented: screening, assessment, treatment adherence
- Involuntary interventions such as commitment to a hospital

Case Managers
- Services happen within a treatment setting primarily M-F 9am-5pm
- Expert Model: diagnosis dictate treatment planning

Counselors
- Pathologizing
- Resources & skills associated with symptom management

Peer
- Non-Clinical
- Peer support is always Voluntary

Recovery
- Credibility springs from experiential knowledge & experiential expertise
- Peer support is equally shared power

Specialist
- Promoting long-term recovery through modeling hope and wellness
- Resources and skills shared fluidly
“It's Not Your Role As A PRS To…..

- Be a Superhero:
  - It is not my job to save you.
  - Perfection and having all the right answers is not realistic.
  - Recovery is an ongoing process.

- Be their Therapist:
  - It is beyond my scope of practice and unethical.
  - I am able to be a resource and a voice for recovery pathways.

- Tell them what to do:
  - I am charged with helping but not giving advice or discouraging personal choice.
  - Coercion

- Be their Spokesperson:
  - It is not my job to speak for or answer questions on your behalf.
  - Interpreter concept
  - It is my job to follow your lead.
“Its Not Your Role As A PRS To……

Be their Main Resource Broker:
- It is my job to help identify and connect resources.
- To empower the individual to discover resources on their own over time.
- To share experience and knowledge.

Be their Friend:
- It is possible to be friendly while building and sustaining the relationship while being professional.
- Adhering to the PRS Scope of Practice and Code of Ethics.
- Clear Boundaries and expectations.

Police Them:
- To betray their trust by breaking confidentiality.
- Disciplinary, coercive, or shaming strategies.
- PRS are responsible to adhere to Mandated Reporting Laws.

https://www.pathwaysrtc.pdx.edu/pdf/proj-5-AMP-what-is-peer-support.pdf
The Fundamentals Of Peer Recovery Support Services
SAMHSA Definition Of Recovery

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

https://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf
Code Of Ethical Conduct

- Principle: Recovery First
  - My primary obligation and responsibility is my recovery. I will immediately seek outside counsel and if applicable, notify my supervisor if alcohol, drug use, mental health challenges or anything else gets in the way of my recovery.

- Principle: Sharing Personal Recovery Story
  - I will share my lived experiences to help others identify resources and supports that promote recovery and resilience

- Principle: Service Approach
  - I affirm the rights and dignity of each person that I serve.
  - I will advocate for the right of peers to self-select their own recovery pathways and recovery communities and will promote the individual’s inherent value to those communities and pathways.

Principle: Confidentiality
- I respect the privacy of those I serve and I will abide by confidentiality guidelines as required by the law.

Principle: Personal Development
- I will improve my recovery service knowledge and skills through ongoing education, training and supervision.

Principle: Conflict of Interest
- I will not use my role as a PRS to promote any treatment, procedure, product or service, which would result in my personal gain.

Principle: Conduct
- I act in accordance with the law.
Core Competencies For Peer Recovery Specialist

- **Substance Use and/or mental health Disorders:**
  - Knowledge of current body of knowledge of recovery from substance use disorder and/or mental health conditions (wellness, trauma)

- **Recovery Process: Promoting Services, Supports, and Strategies:**
  - Knowledge of recovery plans, strengths-based recovery planning, and recovery goal setting (WRAP, Relapse Plan)
  - Knowledge of multiple pathways to recovery

- **Stage Appropriate Pathways in Recovery Support:**
  - Knowledge of stage-appropriate pathways that support recovery

- **Crisis Intervention:**
  - Knowledge of basics of crisis intervention

Core Competencies For Peer Recovery Specialist Cont.

- **Ethics & Boundaries:**
  - Knowledge of ethics, confidentiality, boundaries and self-care as practiced in non-clinical settings (ADA, HIPAA, 42CFR, Advanced Directives).

- **Community Resources:**
  - Identify community resources, including crisis services, community supports and professional services.

- **Delivering Peer Services within Agencies and Organizations:**
  - Knowledge of how to deliver peer support on an individual level and in an agency, organizational, systems and federal setting (advocacy).
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<thead>
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<th>Ethical Guidelines and Practice Guidelines</th>
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<tr>
<td>Peer Supporters are Respectful</td>
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<td>Peer Supports are Open Minded</td>
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<td>Peer Supports are Empathetic</td>
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### PRS Practice Guidelines Cont.

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<td>Peer Support is Equally Shared Power</td>
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<td>Peer Support is Mutual &amp; Reciprocal</td>
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<td>Peer Supporters Facilitate Change</td>
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Recovery Is Person-Driven

- Peer services are always voluntary
  - Forcing this service on someone goes against peer ethics.
- Self-Determination
  - PRS do not give advice but share what they have done as it relates to their lived experience etc.
  - PRS support the individual as they optimize their autonomy and independence
- Being empowered by choice to establish unique recovery goals build on the individuals strength and resiliency.
- Individuals should be supported in speaking for themselves.
Multiple Pathways To Recovery

- Recovery is built on the multiple capacities, strengths, talents, coping abilities, resources, and inherent value of each individual.

- Recovery is not a one-size fits all approach to wellness and healing:
  - There is no wrong door.
  - As a PRS it is my job to express other pathways not just my own pathway in recovery, and to be receptive to their experiences.

- Recovery pathways are highly personalized.
  - The power of choice
  - Recovery environment
  - Diversity is celebrate

- Recovery is non-linear.
Recovery Is Holistic

- Recovery encompasses an individual's whole life, including mind, body, spirit, and community.

- Embracing Recovery Capital.

- Social Determinants of Health.

- SAMHSA's 8 Dimensions of Wellness
Recovery Is Supported By Peers & Allies

- Mutual support and mutual aid groups.
- Peers encourage and engage other peers and providing each other with a vital sense of belonging, supportive relationships, valued roles, and community.
- Outreach Peer Support:
  - Support services can and do happen outside of treatment spaces
  - Warm-Handoff
  - Natural Community Resources
- Who is in your corner?
  - It takes a village
  - Social Networks
Recovery Is Supported By Addressing Trauma

- Culturally-competent and trauma-informed:
  - How I engage and respond has a direct impact on building trust and being trusted.

- It's not about what's wrong with you, it's about what happened to you.
  - Strengths-based Approach

- Foster safety:
  - Physical & emotional safety
  - Obtaining additional training

- Walking along-side the individual in this process not in front of or behind.
There is a need to acknowledge that taking steps towards recovery indeed requires great courage and admiration.

Recovery language matters.

Truly meeting the individual wherever they are along their journey.

My objective as a PRS is relationship focused.

Recovery Bill of Rights.

**Right:** Sam is trying really hard to self-advocate and get his needs met.

**Wrong:** Sam is manipulative, irritable

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**Recovery Language**

**Once a drug addict always a drug addict**

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**Language Matters**

Language is powerful — especially when talking about addictions. Stigmatizing language perpetuates negative perceptions.

“Person first” language focuses on the person, not the disorder.

**When Discussing Addictions...**

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**SAY THIS**

- Person with a substance use disorder
- Person living in recovery
- Person living with an addiction
- Person arrested for drug violation
- Chose not to at this point
- Medication is a treatment tool
- Had a setback
- Maintained recovery
- Positive drug screen

**NOT THAT**

- Addict, junkie, dropper
- Ex-addict
- Bathing/suffering from an addiction
- Drug offender
- Non-compliant/bombed out
- Medication is a crutch
- Relapsed
- Stayed clean
- Dirty drug screen
What Do Peer Recovery Supports Do?
Peer Recovery Specialist (PRS)

Peer support workers are people who have been successful in the recovery process and help others experiencing similar situations. Through shared understanding, respect, and mutual empowerment, peer support workers help people become and stay engaged in the recovery process and reduce the likelihood of relapse. Peer support services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful, sustained recovery process.

https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers
Role Modeling Recovery

- Knowing one-person in recovery can be a game-changer.
  - Seeing is believing and avails hope

- Your recovery might look different than my recovery and that’s okay.

- It’s my job to remain balance-engaging in ongoing self-care.
  - It’s okay to be human and talk about your struggles as it relates to the situation etc.
  - Balancing and working towards Wellness

- Representation matters
Recovery Emerges & Is Sustained From Hope

- Hope is the catalyst of the recovery process.
- Hope is contagious through authentic belief that recovery is possible.
- Hope is conceivable by sharing space with someone else who has gone through the internal and external challenges demonstrating resiliency and perspective.
- Hope is tangible
  - “It is my job as a PRS to convey that you are not alone in this struggle if you do not want to be.”
Relationship Focused

- Respect is a two way reciprocity practice.
- Treating others how you would want to be treated.
- Focusing on the person not the illness
- Sharing my vulnerability and experiences can lead to empowerment and change.
- Mutuality-"we are all connected and in this struggle to together".
Sharing My Recovery Experience

- Using my **experience**, **strength** and **hope** as a skill to connect and relate to others is what distinguish peer services from other behavioral health professionals.

- **Self-Disclosure:**
  - Helpful and Relevant
  - Not bragging
  - Choose your audience carefully
  - To build trust and unity

- By telling my story demonstrates transparency and mutuality.

- I am not what I have **done**, I am what I have **overcome**.
Scope of Practice For Certified Peer Recovery Specialists

Certified Peer Recovery Specialists (CPRS) provide non-clinical, person-centered, strengths based, wellness focused, and trauma-informed support while helping to ensure the person’s wellness recovery plan reveals the needs and preferences of the person being served to complete their measurable and personalized goals. CPRS serve adults with behavioral health challenges. Certified Peer Recovery Specialists serve parent peers and family members who provide support to parents and children who experience behavioral health challenges.

The type and intensity of services provided must be determined on an individual basis, taking into account the acuity of the situation for the person(s) receiving services, as well as the experience of the CPRS. The foundational value that Certified Peer Recovery Specialists support is always received on a voluntary basis and must be the foundation of all relationships. CPRS share their first-hand experiences that inspire and support individuals in their responses, choices, and management of behavioral challenges. They assist people in expressing and achieving personal goals for wellness, recovery, relapse and self-advocacy. CPRS provide and advocate for effective recovery and wellness oriented services.

Certified Peer Recovery Specialists:

1) Provide face to face interaction that supports an individual achieving their self-identified level of recovery, wellness, independence or personal strength.
   a. Serve as a role model for recovery and wellness and self-advocacy. Provide feedback and insight into the value of each individual’s unique recovery experience.
   b. Assist an individual or family receiving services with writing and communicating their personal recovery wellness plans, and to identify ways to reach those goals using a person-centered, individual recovery wellness plan.
   c. Increase the individual’s resiliency by assisting them in recognizing and augmenting personal strengths in skill areas related to handling problems encountered in daily life, such as self-awareness, resource discovery, and self-responsibility. Assist in gaining/regaining control of their lives through recovery and/or wellness based activities, concepts, and understandings.
   d. Share effective and positive strategies for developing coping skills and wellness tools related to overcoming the effects of having a trauma, a substance use disorder, or a mental health challenge.
   e. Clarify and enhance self-advocacy skills. Encourage peers to develop independent behavior that is based on informed choices; assisting peers in developing empowerment skills through self-advocacy.
   f. Establish and maintain a peer relationship based on mutual trust and respect. Partner with the other person to facilitate recovery dialogues and other evidence based and/or best practice methods.
   g. Assist peers in selecting behavioral health services that suit each person’s individual recovery and wellness needs; inform peers about community based and natural supports and how to utilize these in the recovery process.
   h. Provide education on wellness and/or recovery.
   i. Assist in developing a psychiatric advance directive.
   j. Assist individuals and families of children in creating crisis response recovery plans.
   k. Accompany people through the behavioral health service intake process and the discharge process, with person to person, face to face follow up after discharge of person. Help people identify and implement service exit strategies.
   l. Provide outreach to people who have frequent inpatient experiences. Provide outreach to people who have failed to engage with the behavioral health system.

2) Provide trained peer-to-peer support in groups encouraging and supporting participation and self-directed participation.
   a. Serve as a role model for recovery and wellness and self-advocacy. Provide feedback and insight into the value of every individual’s unique experience.
   b. Assist in developing skills needed to identify a variety of groups that may be helpful and available in the community.
   c. Facilitate peer-to-peer evidence-based practices or best practices, such as WRAP, Dual Recovery, 12-Step groups, WHAM, High Mobility Wargroup, etc.
   d. Facilitate non-clinical peer to peer recovery education and wellness coaching through group activities in topics such as stress management, healthy values activities, wellness, alternative treatment options, recovery, focusing on individual health and wellness strengths and needs, self-affirmation, treatment management techniques, community involvement strategies, etc.
   e. Increase the individual’s resiliency by assisting them in recognizing and augmenting personal strengths in skill areas related to handling problems encountered in daily life, such as self-awareness, resource discovery, and self-responsibility. Assist in gaining/regaining control of their lives through recovery and/or wellness based activities, concepts, and understandings.
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3) Mentor community integration activities (one-to-one or in groups)
   a. 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 supports that sustain a healthy lifestyle. Provide opportunities to practice socialization, interaction and engagement abilities in the community. Support, encourage, and enhance the development of natural support systems and independent living.
   b. 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.
   c. Support for day-to-day problem solving related to integration/ reintegration into the positive community of choice.

4) Provide emotional support during the acquisition, exploration and utilization of employment and/or educational services.
   a. 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.

5) Attend treatment team and program development meetings.
   a. Promote the use of self-directed recovery and wellness tools in individualized treatment planning.
   b. Facilitate the inclusion of the person being served in all meetings that relate to the delivery of services.
   c. Promote the inclusion of the individual in all treatment plans related to their healthcare.
   d. The CPRS will share the peer’s unique perspective over recovery from mental illness or substance use disorder with non-peer staff. Assist non-peer staff in developing programs and environments that are advantageous for supporting recovery and wellness outcomes.

6) 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. Provide, when available, time limited transportation focusing on increasing the individual’s transportation independence through access to natural or formal resources.
   a. Assist other behavioral healthcare providers in identifying program and service environments that are peer recovery oriented.

Scope of Practice for Certified Peer Recovery Specialists
Motivational Interviewing

O.A.R.S.

OPEN-ENDED QUESTIONS  AFFIRMATIONS

O.A.R.S.

REFLECTIVE LISTENING  SUMMARIES

Rolling With Resistance & Framing
Collaborative Ways of Communicating
Source: DBHDS PRS Manual

- Not preaching or moralizing: saying "should or "ought
- Not advising, giving suggestions, ordering or commanding.
- Not over-reassuring, over consoling or excusing.
- Not judging or placing blame
- Warning or chastising
- Not stacking questions.
- Over-sympathizing
Advocacy

- As PRS we are inherent advocates for system change.
- Advocating for system change requires us to be both the agitator & ambassador.
- The working relationship of duality:
  - “In but not of” the system.
- Mindful to never steal the voice/power of others.
- How I am I advocating for recovery today?
Digital peer support comes through several channels:
- Email, telephone, text, direct messaging, app chat, zoom and social media.
- Different styles of communication, access and familiarly needed.

Continuous capacity to engage and follow-up with clients.
- Eliminates barriers like transportation and childcare.

Digital Fatigue-”zoomed out”

Challenges:
- Isolation and rapport building.
- Not a “checklist” but conversation focused.
- Video Shaming.
- Context miscommunication through text/email.
Positive Outcomes As A Direct Result Of Peer Services Cont.

Increase access for primary care in lieu of emergency services
Reduce psychiatric hospitalizations
Bridge capacity from emergency services into treatment
Greater housing stability
Decrease incarceration & recidivism
Increasing Harm Reduction lifesaving practices
Reduce recurrence of symptoms

- Increase access for primary care in lieu of emergency services
- Reduce psychiatric hospitalizations
- Bridge capacity from emergency services into treatment
- Greater housing stability
- Decrease incarceration & recidivism
- Increasing Harm Reduction lifesaving practices
- Reduce recurrence of symptoms

Two rigorous systematic reviews examined the body of published research on the effectiveness of peer-delivered recovery supports published between 1995 and 2014. Both concluded that peer services have a positive impact on participants' recovery, including reductions in substance use, improvements in a range or recovery outcomes, or both. Two rigorous systematic reviews examined the body of published research on the effectiveness of peer-delivered recovery supports published between 1995 and 2014. Both concluded that peer services have a positive impact on participants' recovery, including reductions in substance use, improvements in a range or recovery outcomes, or both.
Positive Outcomes As A Direct Result Of Peer Services

- Reduce inpatient services
- Improve relationships among provider and patient
- Increase levels of resiliency and empowerment
- Additional goal obtainment after treatment
- Reproductive health and contraception empowerment through self-determination
- Positive maternal health outcomes
- Higher levels of patient participation in treatment
Challenges & Emerging Best Practices
Challenges Experienced By Peers In The Field

- Job Role Poorly Defined
  - Causing job conflict and confusion among tasks and role.
  - Non-peer staff unaware or educated on this Evidence Based Practice.
  - Supervision unstructured or devalued.

- Service integration among colleagues and clients is vague:
  - Building trust and showing worth.
  - High turnover rate.
  - No potential for career advancement.
  - Being the only peer within the agency (tokenized)

- Still viewed as a client not equal among other staff:
  - Legitimizing the Peer role.
  - High expectations and stigma stereotyping.
Challenges Experienced By Peers In The Field Cont.

- Unstable funding sources to sustain ongoing employment.
  - A livable wage disparity, no benefits, no inceptives.
  - Lack of workspace.
  - Low reimbursement rates.

- Assigned tasks unrelated to peer work (administer medication, UDS etc.)
  - No longer working within the PRS Scope of practice (peer drift).
  - Balance between peer-based and professional service models.

- Peer label experienced as confining and stagnated:
  - Lack of autonomy.
  - Identity conflict “peer persona”.
  - Recovery paradigm.

Assessing Agency Readiness

Policies and Practices:
- PRS Code of Ethics & PRS Scope of Practice aligned.
- Inclusive hiring policies including individuals with a criminal record & former clients.

Staff knowledge and attitudes:
- Staff believe that recovery is possible.
- Staff is knowledgeable about the benefits of peer support.
- Staff continue to develop their knowledge and understanding of peer support.
- Staff address their own prejudices about people with behavioral health conditions.
Recovery-Based Documentation
Documentation must center on statements that reflect the individual’s own goals and recovery aspirations.

Documentation should reflect your partnership with the individual.

Documentation should:
- Promote the individual’s decisions
- Use language that reflects hope, positive expectation or recovery
- Use recovery-based words in reference to people’s actions—words such as resourceful, talented, creative, capable, hopeful, practical, etc.
- Use recovery words that reflect recovery pathways like Hope, Choice, Empowerment, Recovery Environment and Spirituality
- Facilitate positive communication and interaction with others
- Reflect that medication is one of many tools
- Ensure that peer support and self-help are valued
- Show that people are the experts in their own care
- Promote that the individual has choices, can take risks, make mistakes and learn from them, and be themselves
- Demonstrate mutual activity of listening, giving honest information, a willingness to discuss their alternative service options
- Show interactions that established access to people who can answer their questions and help them build their own knowledge and confidence along their journey
- Reflect your understanding that much of the care and support for individuals takes place outside traditional health services

Tips on Writing a Peer Support Visit Validation Note
Required documentation will likely have some form of the following four statements.

First Statement: What goal (desire, wish, hope) did you two work on?
This explains why you are peer supporting with this unique person.

Second Statement: What did the two of you do to work on that goal?
This shows that you are doing something you are being paid to do.

Third statement: What measurable progress did you make on reaching that goal/outcome?
This answers the question: Is Peer Support working, helping, making a difference?

Fourth Statement: What are you planning to work on next visit?
This justifies the continuation of peer support.

General Instructions for Peer Support Documentation:
- Each statement should be one to two sentences, making your note 4 to 10 sentences long. Be brief.
- Use quotes from the person.
- Use your name (or ‘I’) and their name. Do not cross reference another person.
- Use person-first language. Talk about what you did with the person, not to the person.
- Use positive recovery language with words about hope, choice, establishing a recovery environment, overcoming hurdles, strength, courage, etc.
- Sign all notes with your name, and qualifications (PRS, CPMS, etc).
- Always discuss with the person what you will write; no “hidden mystery chart.” Write the note with them.
- Use the process of note writing as a tool to empower; include and plan together with the peer.

What should you write about?
- Relationship building
- Self esteem building
- Creating awareness of or reminding the person of their strengths
- Information gathering
- Discovering/discussing/exploring what works and what does not work for them
Recovery Sample Templets

Sample Documentation
Initial Visit Validation

Your Name: 
Your PRS's Name: 

I would like my PRS to help me with the following projects (goals):
1. 
2. 
3. 
4. 
5. 

How long do you want a PRS working with you on each project or goal?
<table>
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<th>2 Weeks</th>
<th>4 Weeks</th>
<th>6 Weeks</th>
<th>8 Weeks</th>
<th>10 Weeks</th>
<th>12 Weeks</th>
<th>Other</th>
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1. 
2. 
3. 
4. 
5. 

How many times a week will the two of you meet?
<table>
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<th>1X/Week</th>
<th>2X/Week</th>
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Describe what the two of you did today:

Your Signature: 
Your PRS Signature: 

Sample Documentation
Visit Validation

Your Name: 
Your PRS's Name: 

What progress have you made since your last visit?

Your Report: 
PRS's Report: 

Which Recovery or Life skills goals did you work on today?

Your Report: 
PRS's Report: 

Which Recovery or Life skills goals did you work on today?

Your Report: 
PRS's Report: 

Your Signature: 
Peer Recovery Specialist Signature: 

Module 20: In the Workplace
Recovery, Resiliency, & Wellness Plan (RRWP)

- Individualized goals and strategies shall be focused on the member identified needs for self-advocacy and recovery.

- SMART Goals:
  - Specific, measurable, attainable, realistic and timely.
  - 2 to 3 action steps per goal.

- Developed by the individual, PRS and direct supervisor within 30 days of the initiation of services describing how the PRS will assist the individual meeting their identified needs

- Reviewed and signed every 90 days as applicable
Wellness Plan goals may be rendered in the provider’s office or in the community, or both.

Rendered on an individual basis or in a group.

Billing shall occur only for services provided with the individual present.

Progress note summarizing purpose and content related to RRWP.
Emerging Best Practices For Peer Recovery Supports

- Pregnant & parenting women (PPW)
- Harm Reduction navigators
- Addressing racial inequality
- Digital Peer Support
- Peer staffed crisis respite model
- Housing Supports
- Collegiate recovery
- Employment first-model
- EMT crisis response teams
Emerging Best Practices For Peer Recovery Supports Cont.

- New recovery support institutions include grassroots recovery community organizations, recovery schools, recovery ministries and recovery churches, recovery-focused media (radio, television, cinema), and recovery arts (music, literature, film, comedy).

- The Criminal Justice System:
  - Jail Diversion, Court Advocates, Legal Services (know your rights)
  - Police outreach and community integration during a crisis
  - Prison mentorship/ Re-entry support among parole and probation
  - Child Protective Services (CPS)
  - Youth and family support services
Recovery Resources

- Recovery-Oriented Systems of Care (ROSC) – SAMHSA
- Ten Guiding Principles Of Recovery:
  [https://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf](https://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf)
- Eight Dimension of Wellness
  [https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4958.pdf](https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4958.pdf)
- Manual for Recovery Coaching and Personal Recovery Plan Development:
- WRAP IS:
  [https://mentalhealthrecovery.com/wrap-is/](https://mentalhealthrecovery.com/wrap-is/)
Recovery Resources, Cont.

- Who Are Peer Workers?  
  https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers

- What Do Peer Support Workers Do? A Job Description  
  https://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-12-205

- Recovery Bill of Rights:  

- PCCI Peer Support toolkit  

- Peer Workers in the Behavioral and Integrated Health Workforce: Opportunities and Future Directions:  
  https://www.sciencedirect.com/science/article/pii/S0749379718316374#bib72
Medicaid PRS Related Resources

- **50-State Scan: How Medicaid Agencies Leverage their Non-Licensed Substance Use Disorder Workforce**
  
  [Link](https://www.nashp.org/50-state-scan-how-medicaid-agencies-leverage-their-non-licensed-substance-use-disorder-workforce/)

- **Supervision of Peer Workers Toolkit**
  
  [Link](https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tac/guidelines-peer-supervision-1-toolkit-cp3.pdf)

- **Review of Peer Support Specialist Trainings Comparison of Virginia and Other State Processes**
  
  [Link](https://static1.squarespace.com/static/5cd33914797f74080d793b95/t/5f85c4e2425a4e2425a4054568e3d0f/16022213007/Review+of+Peer+Support+Specialist+Trainings_FINAL.pdf)

- **Recovery Support Services for Medicaid Beneficiaries with a Substance Use Disorder**
  
THANK YOU

If you have questions or comments please send them to:
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