



## *Peer Recovery Support Services*

**Announcer:**

Welcome, and thank you for listening to this recording, part of the Comprehensive Opioid, Stimulant, and Substance Abuse Program (or “COSSAP”) podcast series. COSSAP provides financial and technical assistance to states and units of local and Indian tribal governments to plan, develop, and implement comprehensive efforts to identify, respond to, treat, and support those impacted by the opioid epidemic. Since 2017, BJA has supported innovative work on these COSSAP sites across the nation.

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**Sade Richardson:**

Welcome. You're listening to “The Power of Peers,” a podcast produced by the Training and Technical Assistance Center for Peer Recovery Support Services, a project funded by the Bureau of Justice Assistance, Comprehensive Opioid Stimulant and Substance Abuse Program, or COSSAP. The Center is staffed by Altarum, a nonprofit organization that creates solutions to advance health among vulnerable and publicly insured populations.

I'm your host, Sade Richardson. Welcome to this podcast series that focuses on peer recovery support. The peer recovery support services training and technical assistance center supports COSSAP grantees as they plan, implement, and evaluate peer recovery support services. The TTA center also provides support to nongrantees, jurisdictions, and organizations that are working to integrate peer recovery support services into public safety, criminal justice, or child welfare settings.

Increasingly, peer recovery support services are becoming an important, and sometimes central, part of efforts to effectively address substance use disorders. New peer programs serving justice-involved populations can receive support through the BJA COSSAP Peer Recovery Support Services Mentoring Initiative. This program provides support to organizations and jurisdictions interested in incorporating peer recovery support services into their portfolios of intervention and treatment strategies in a structured way. Today, you will hear from two mentor sites

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and two mentee sites who participated in the program this past year. We spoke with Jennifer King from The Council of Southeast Pennsylvania, or PRO-ACT; Rich Jones from Faces and Voices of Recovery, Greenville, South Carolina; Jessica Nickila of the Duluth Minnesota Police Department; and Michelle Akers from the Southwest Regional Day Report Center in Logan, West Virginia. Each site provides insight into their experience being a participant of the program and the benefits they gain through their involvement.

Thank you for joining me to talk a little bit about the Peer Recovery Support Services Mentoring Initiative, about you, who you are, and what your organization does.

**Jennifer King:**

Sure. I'm Jen King. I'm the Executive Director of the Council of Southeast Pennsylvania. One of our key programs is our PRO-ACT program. PRO-ACT stands for Pennsylvania Recovery Organizations Achieving Community Together. Through that initiative, we've been instrumental in implementing and operating recovery community centers in several communities in and around Philadelphia—the greater Philadelphia area—and our programs include resources and opportunities for people as they seek their recovery goals. We have certified recovery specialist programs, lots of other programs. For this project, we've also zeroed in on two key projects—some of our peer work with both the hospital systems and the police systems in the greater Philadelphia area.

**Sade:**

Can you talk a little bit more about what made you want to participate in the program?

**Jennifer:**

I will confess that that decision to apply happened before my time. I joined the organization in November of 2018, and we had already raised our hand and said, "We'd like to do this." I don't want to speak too much to what the thinking was, except that I know that, as I said, we've been doing it a long time. We really did some of the early work on developing these principles and working to build some of the engagement of how to incorporate peer work in systems. When you think about the lifetime of a program, we were well past adolescence, and working with a wide enough range that we knew about working in city systems, we knew about working in suburban county systems. So that felt like we were well-matched to be able to provide some of that—lessons learned and earned experience and earned wisdom.

And I think that that was true. Certainly, as some of the mentees came and were able to share some of where they're trying to do the work, it did engender in me a sense of gratitude for some of the partners we were able to turn to and rely on. For example, with our warm handoff program in Bucks County, as that was getting started, Bucks County had, I'm going

to say, six, but it might be seven, hospitals engaged in the project, and the hospital CEOs were all brought to the table as part of the development of the protocols and how the program would be implemented in Bucks County. We immediately had that top-level buy-in in a way that some other places might be trying to build that. There were things that, as we participated in the program, it reminded me of things I need to be grateful for.

And the other unexpected blessing was, as I said when I sat yesterday for that evaluation, when you stop and think about your program in a really structured way, because you want to share it with other people, you do a little bit of a deeper dive than you might in your day-to-day work, and you reflect on the team that comes to the table and all that they bring. And then you also invite opportunities to hear about what a difference their work makes in the lives of those we serve. We had some of those “aha” experiences, too, where, through either those that we invited to share what their participation in this program was like with the mentee sites, or sharing their testimonials, it’s an invitation to reflect on just what you’re doing, the impact you can have, and maybe how you can improve. You also bring your shiniest, brightest, best work. So that makes you get better too.

**Sade:** Can you talk a little bit more about that mentor-mentee relationship?

**Jennifer:** Sure, like I said, some of it is an “aha” of what the different parameters that someone might be doing this work in, how that can define the way you deliver care. And by that, the example that really was so striking for me was [that] one of our mentees is running a peer program, but her geographic reach is a five- and six-hour drive, because it's a rural community. Obviously, the city of Philadelphia is a densely populated place. [We had] to think about, “What is peer engagement?” when you have to account for a wide, wide geographic reach. We brainstormed together, and I haven't had to face that challenge. I've done my work in the suburban Philadelphia area my whole career. But, together in our mentor-mentee conversations, one thing we have done in order to reach our dense population is [that] we know we have to turn to volunteers to make sure that our programs have enough scale and enough frequency, and we're able to have enough times and service times to serve all the people that might want to come. We needed volunteers to make sure that we could meet that reach. But thinking about volunteers that way might also help with the geographic reach.

If a peer is driving five hours to see someone for a peer engagement, but could also spend some time during that month to build, who are some people who might volunteer to be my on-site peers in the interim? Creative, thoughtful ways to look at problems or challenges, not even

problems, just the nature of the work. Sometimes we weren't even the "MENTOR," in big capital M letters, but just problem solving together and thinking about, "How does what we do, how could you change it and translate it to what you're facing?" That was really interesting to me. Oh, my word! I've never had to think about a five-hour drive to serve a participant. But that is a real barrier that that organization is going to have to figure out.

**Sade:** Is there a memorable moment from participating in this program that you'd like to share?

**Jennifer:** I just love hearing about the different ways that other organizations can embody the values of peer-based work and recovery community supports—they are universal to all of us. Everyone understood the value of that, but the different ways that different communities are moving forward with what they're prioritizing, whether it's because of the nature of their geography or their community or what resources are there. As I said, we're pretty well-established in this work and have done it for a long time, so to spend time with people who were either building something brand new in their community—or really bringing it in a way that had not yet been as fully embodied yet—it was so hopeful and so exciting for me.

**Sade:** Rich, can you tell me a little bit more about the Faces and Voices of Recovery Greenville and what kind of services you provide using peer support?

**Rich Jones:** FAVOR Greenville has been around since 2004. We're a 501(c)3 nonprofit, recovery community organization. For the first eight years of our existence, we did mainly advocacy and education. We didn't really do services. But then in 2012, we launched our program where we started doing peer recovery coaching services, both in groups and individuals, and then also with families. Over the last seven years, we've served around 45,000 folks here in South Carolina. It's everything from individual meetings, where we're coaching people one-on-one around a recovery plan, to crisis intervention services, family meetings, and family intervention services—a whole bunch of different types of groups—a lot of outreach. We do a lot of stuff in the criminal justice system, a lot of stuff in emergency departments—anywhere and everywhere we can be to get ahold of people. Our philosophy is to try to go to folks, connect with them, and keep them engaged in recovery.

We've been really, really accepted into the community, and we're supported mainly through philanthropy. It's actually been very, very eye-opening for me in terms of breaking through stigma. We talk a lot about things like recovery messaging and how do we reduce stigma, and I agree with all that stuff. But I got to tell you, the most effective way to reduce

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stigma is to do useful things in the community, in your local community. And that's what we've done here.

**Sade:** What prompted the organization's interest in the Peer Recovery Support Services Mentoring Initiative?

**Rich:** We got involved with this initiative as a mentor program, mainly because we're running our own programs in that regard. We have two different programs. One's called newSTART, which is an alternative sentencing or a diversion program. People come to FAVOR and complete our program and go through a series of groups and individual coaching sessions. And we also have a probation and parole compliance program, for lack of a better term. And those two programs were the things that really, really made us focus on becoming part of this BJA project. The interesting thing is, if you just want to talk about, "How do we connect the people with substance use disorders?" you're going to have to work with the criminal justice system—that's where people are showing up. That's where these folks land. Maybe health care might be the only other place that approximates criminal justice. The opportunity to be a mentor program was really, really aligned with our strategic plan.

**Sade:** What sort of support were you hoping to give to your mentees in this program?

**Rich:** I think the biggest thing that we were hoping to do was to give them a realistic look at what it's going to be like to try to implement a recovery program, regardless of where you're doing it, regardless of the specifics of the setting. It's a very difficult thing. It's not funded a lot of times. We've had great success starting from nothing and establishing ourselves as a very sustainable program. I feel like we were able to provide real clear information and maybe hope that it can get done, because we had zero government funding when we started here. I think that we're very different in that regard. There were a lot of other places out there that had some other funding, or they had another infrastructure behind them, and we started with nothing. I think that the idea that you can start from nothing and develop something this successful, it's a positive thing for people to look at. Then, the second thing would be—a lot of information, a lot of support related to workforce development—where do we find peers, how do we supervise peers, how do we train, recruit, all of the above? We feel like that's something we're very, very good at, and we were able to pass that on as well.

**Sade:** How would you describe your relationship with your mentee sites during the program?

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**Rich:** I thought it was fantastic. I thought, you know, they both came to Greenville and spent some time with us, two, three days with us. I think each site had their own unique challenges, right? It's two different areas of the country, two different things that they're dealing with and you're very, very open to information, open to feedback. I felt like we shared with one another in a very honest way, which is always really, really important when you're trying to mentor somebody. I feel like our two mentee sites were just very, very easy to work with.

**Sade:** Can you talk a little bit more about the site visits and what happened during them?

**Rich:** We tried to prep for the site visit before they came. We talked a lot on the phone and got some plans together. You're going to come in and meet with me. We're going to show them around. They were going to sit in some of our meetings, sit in some of our group sessions. And we did all that. But the really interesting thing was, once they got here, we hooked them up with—we have 39 paid staff at FAVOR. What we did was, we connected them with the staff that were doing the kind of things that they were going to be doing. I felt like it was very individualized, which was helpful. It wasn't just, "Come in, let's show you through these programs" as a cookie-cutter kind of deal. It was, "Go with Tina to the homeless encampments, go with Hubert to the emergency rooms," so on and so forth. We were able to hook people up directly with folks that they could relate to and that were aligned with what they were going to be doing when they went back to their sites.

It was definitely tailored. I've done several of these mentor things before. What was really good about this was, we put enough time into it up front to be really prepared for it and to make the most of it, to make the most of the trips. One group came from Fairbanks, Alaska. It wasn't like they were coming right down the road or anything. They had to make the most of the trip. And the same thing with the West Virginia group. I think that we had a good tight schedule that we all agreed to, but then also being flexible enough to put people with individuals they can relate to.

**Sade:** What do you think are some of the things you gained as a mentor site from participating?

**Rich:** For us, and for me personally, it's really good to get an opportunity to interact with other organizations like this and understand that there are many different ways to provide peer recovery support and that the barriers that they're facing are different. It just gives you another chance to understand that there's a world beyond yours. We've got to be careful in this industry and in this work, where we think that just because we understand what's going on in Greenville, we understand what's going on

across the country. We don't. These guys are faced with very, very unique challenges, especially integrating into some of the settings that they had to—they were part of bigger organizations. That was really good to understand that and get to know that part of the process. I felt like it was helpful, because I feel like you can integrate peer recovery into bigger organizations.

That was a learning experience. And then specific stuff from each site around some of the challenges with funding—it was good to understand and learn about that. And, to a certain extent, provide some information and some hope to them on how they can get it done. I would tell anybody who has a chance to either be a mentor or be a mentee to take advantage of it, because there aren't a lot of opportunities to learn about this stuff. When we started this thing seven years ago, literally, there was no one to look at. There were some organizations around the country that we could talk to, but you had to pay for them to come in, and it just wasn't going to work for us. I would've taken any information that I could get, because it's so new, and you don't want to do this on your own if you don't have to. Take advantage of it. As far as being a mentor site, it's eye-opening and it's a great experience. It gets you in touch with things you need to do differently. It's just an all-around good thing to do.

**Sade:**

Can you tell me a little bit more about the Duluth Police Department, what your role is there, what services you may be providing or want to provide that are using peer recovery support?

**Jessica Nickila:**

I was hired on under the COAP grant. The police department had an idea that they wanted to do outreach with overdose survivors, and they applied for funding to get this grant. Then they got it and they're like, "Okay, that's all we really know. We want to do outreach with overdose survivors and try and help them access services." I don't think they intended for it to be a peer recovery role. I don't think they really set out to hire someone that was in recovery, but when they hired me, that's what happened. I took on the case management style of reaching out to these folks as more peer recovery, as opposed to traditional case management, which is what I used to do. It evolved from there. And then talking with some community partners here, we branched out on that and came up with some ideas for this communitywide initiative to start connecting folks who I'm working with, folks at local treatment centers we are working with, our local reentry program, to connect those folks with peer recovery specialists. Thankfully, we have an agency in town, Recovery Alliance Duluth, who has just started to implement peer recovery, both certified and uncertified trainings. Starting next month, we will be able to connect my folks, the treatment center folks, reentry program folks with both certified and uncertified peer recovery specialists.

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- Sade:** So what prompted the organization's interest and the peer recovery support services mentoring initiative?
- Jessica:** We had this idea “Wouldn’t this be cool to do?” But we didn't really know, how do you put the rubber to the road and just get started? I had previously worked in some OJP and BJA grants, so I knew that there was a lot of TTA [training and technical assistance] available. So I reached out and did the application to become a mentee site and then reached out to my colleagues—one at a treatment center, one at a local reentry program—so they could go with me and then we could all learn together: How are we going to actually make this work?
- Sade:** Once you got into the program, what was your involvement like with your mentor site?
- Jessica:** We did a few phone conferences so they could get a feel for what our community needed, what we were looking to accomplish, and what they had to offer, what they could teach us. Because we can't do exactly the same thing that they're doing—it's a totally different community. Exactly what they're doing wouldn't fit here. Before we actually went to visit the site, we came up with a plan of, “Okay, we want to try and incorporate this, this, this, and this that you do.” Then, we all went out for the site visit out in Philly and spent a couple of days there meeting with a whole bunch of their staff. Then we got to ask those more intense questions: How did this get started? What should our first, second, third, fourth, fifth step be? And then we came back, we brought everything that me and my colleagues learned to our respective bosses, and then came up with a plan from there. Then we had some check-ins with the folks at Altarum to see if we needed any additional assistance as well.
- Sade:** Were there things that stood out to you at the site visit?
- Jessica:** There were a couple of the programs that they run out there where, basically, myself and all my colleagues just, like, looked at each other at the same time. “Oh, yeah, we're doing this. This is definitely what we need.”
- Sade:** Can we talk a little bit more about what else you may have gained from this program?
- Jessica:** Well, it's hard, because we're still in the developmental and planning stages. But something that's changed already is—I'm doing more outreach with the local hospitals, because I only get overdose data on people who have 9-1-1 involvement. If they're brought directly to a hospital by friends or family, I usually don't hear about that. But meeting with the folks out at PRO-ACT and seeing how involved with the hospital systems they are,



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that's where they get all of their people. Tim, one of my colleagues that went with me, who works in the treatment center, he has a lot of "ins" at the local hospitals. So, him and I came up with a plan for how to better make our sales pitch, for how we can be helpful when folks are brought in there experiencing an overdose. Thankfully, Tim and I have been able to, although we're not fully "in" yet, get more referrals and then also get our literature in the hospitals, where at least then nurses and practitioners have the option of offering our services to come in there and meet with them while folks are experiencing overdoses that didn't have 9-1-1 involvement.

**Sade:** What advice would you give to someone who may be thinking about doing this program, but they're not sure if it would be beneficial or if it's for them?

**Jessica:** Do it. Like I said earlier, we couldn't take away everything that they had. But it gave us a direction and ideas to make something that fits for our community. I don't know if everyone is a learner like I am, but I need to see and experience something in order to fully understand it. When I first started in this position, I read a whole bunch of stuff about all these cities all over the country and all the things that they're doing, but I wasn't able to fully take anything in until I was actually there. I got to be there. I got to see what happens. I got to see the forms they have people fill out, watch someone come in and do their intake. It really hit home, and I realized, "Oh, this is how it actually works." [I'm] not just reading it on their website.

**Sade:** Thinking back through this program, can you talk more about what the initial stages were like? So you got accepted and were in the program: What was it like meeting with your mentor for the first time?

**Jessica:** Yeah, it was exciting, because I came into it without much expectation and that was just because I didn't research too much into what it would involve. I was going into every phone conference with, "Oh, let's see what happens." I'm not the greatest planner, so having the site visits planned for us was like a godsend. I didn't even have to worry about figuring out plane tickets. It was all taken care of. It was fantastic. Having a mentor site where everyone welcomed you with open arms and was excited you were there made it even better.

Since our site visit, Tim, who came with me, at the local treatment center, he advocated to his higher-ups to hire another peer recovery specialist. Now, there's three of us, and we're working to—not split our caseloads, 'cause we're not there yet—but if I have clients who I feel would be better served and relate better with a male peer recovery specialist, I'll call one of them in to come and meet with me with my client and see if maybe

they're going to build a better relationship, if they want to take over the case management on that person. They do the same for me if they have people who are in their treatment facilities who they think need more intensive peer recovery support than they're able to offer, because they're, like, working with a whole bunch of people that are in treatment. They'll call me in to meet with their clients. We're doing a bit of resource sharing in the limited capacity we can, so far. We also have very busy, busy lives and a whole bunch of people to work with, but we're trying the best we can.

**Sade:** Lastly, is there anything that I haven't asked that you want to share about the program?

**Jessica:** One more thing was, one of the things that PRO-ACT really hit home on was job training and their criminal-justice-involved folks. I don't know if they particularly called it a reentry program. But that is exactly what SOAR Career Solutions here does, which is a reentry program with an employment focus. Since going on that site visit, I started sitting in on all of SOAR's intake committee meetings, where they look at folks that are being released from incarceration and then determine what programs within their agency those folks need. I sit on those and they refer to me all of the folks who have substance use disorders that they identified, who self-identify, during their intakes. Then I meet with them on their first meetings with their case managers. They get case management in their reentry program as well as peer recovery through me. After the site visit, myself and the reentry program built a more cohesive partnership, as opposed to before where they would just call me if someone expressed an interest in working with me. Now, whenever anyone has substance use disorder, upon that first meeting, they meet with me and their case manager.

**Sade:** Can you tell me a little bit more about the Southwestern Regional Day Report Center?

**Michelle Akers:** Sure. The Southwestern Regional Day Report Center is a regionwide government approach to alternatives to incarceration. We have four locations in four different rural counties in West Virginia: Boone County, Lincoln, Logan, and Mingo County. We are primarily grant-funded, although we recently became a licensed behavioral health center, as well. We provide a lot of services to people who otherwise would be housed in jail or prison within our region. Last month, we provided services to over a thousand individuals across the four counties. We have several therapists, case managers, peer recovery support specialists and a lot of other community corrections type services that we offer.

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- Sade:** Can you tell me a little bit more about what prompted your interest in participating in the peer recovery support services mentoring initiative?
- Michelle:** We recognized that our client population was growing rapidly, and we do have a workforce shortage in our area. The population of individuals who are in professional positions—that workforce is being depleted in our area. We were trying to really look at different ways to meet the need of the client population that we were servicing. We had attempted to work with peer recovery support specialists prior to our visit to our mentor site, but I think we weren't really sure how to best utilize a peer recovery support specialist. Unfortunately, we had not had a lot of success with it until we applied for this opportunity and went to FAVOR Greenville and learned a much better picture of what we can do with a peer recovery support specialist.
- Sade:** Could you perhaps talk a little bit more about your relationship with FAVOR Greenville? What was the experience like going on this site visit?
- Michelle:** It was a fantastic experience. We really didn't know what to expect. Myself, our case manager, and two of our peer recovery support specialists went on the trip. We didn't know much about what an RCO was prior to going. It was a very insightful trip for us, and it has really made a lot of positive changes at our day report center as a result of the trip and the opportunity to speak with the various people at FAVOR—Mr. Jones, in particular—and some of the peer recovery support specialists there. I think that seeing in action how an RCO works and how all the different ways that a peer recovery support specialist can be beneficial to an organization and to our client population was very eye-opening for us. It really gave us a lot of ideas, which we actually came back to West Virginia and implemented.
- Sade:** Can you talk a little bit more about some of those ideas or perspectives that you gained?
- Michelle:** The first thing that I took from it—three ways in which to use a peer recovery support specialist: outreach, advocacy, and mentoring. We took those three things, and we really looked at our program and what our communities needed and where our gaps were. The week we got back from FAVOR, we actually wrote a grant to hire four more peer recovery support specialists and to train 20 people in our region for free to get the CCAR certification. We utilized one of our peer recovery support specialists to become a train-the-trainer. We sent him, with the grant money that we received, to Connecticut to become a CCAR trainer. The training is actually upcoming next month, where we will be training 20 people across our region. In addition to that, we implemented more outreach and advocacy, and that has really helped. We believe that it is

helping to identify people sooner who are at risk of overdose. We utilized one of their peer recovery support specialists to work with a quick response team, and that has really been beneficial to our region. Most recently, because of our experience at FAVOR, we recognize the need to speak with our local regional hospital to have a peer recovery support specialist in the ER. We are currently working on a partnership with them. But, within our center now, we have a much clearer picture of how to best utilize peer recovery support specialists. The scope of their job description has certainly changed, and the clients are responding much better to it and the staff are as well. We are seeing so much success from our visit to FAVOR and so much change in the way we do things that has been very beneficial to all of us.

**Sade:** What advice would you give to others thinking about participating in a program like this one?

**Michelle:** I would recommend that you take the opportunity. We were a little hesitant at first because we didn't know exactly what to expect. To take several days out of our work week, which was already very hectic, just seemed overwhelming. But it wasn't at all. It was actually something that has made the most positive impact and developed an opportunity and a relationship with FAVOR Greenville that we're hopeful will continue. I would encourage anybody to apply, anybody to take part in this. Just being able to go and see how other organizations do things and to be able to speak to people who are in similar situations that you are and things that have worked for them—versus things that didn't work—that has been very beneficial. I felt like what we were doing was trying to create a program ourselves, and we didn't need to do that. It was already successful. We just needed to take a few days and see what works somewhere else and apply what fit to our program. We were able to do so relatively easily, without a lot of change in the structure of our program. So it's very beneficial. There is nothing I regret about it. I think it's been all positive—I can already see positive change for us. Hopefully, we continue to grow and can help other people throughout West Virginia who are in similar situations that we are.

**Sade:** Participating in this program is beneficial to both mentee and mentor sites. It provides a unique opportunity to see what's happening behind the scenes of programs, right? The different nuts and bolts that it takes to make programs run. I want to thank all of our participants from this year and the mentor sites and mentee sites who agreed to share their experiences in the program with you all.

If you are interested in participating in the program in the future, please visit the peer-to-peer learning page on the COSSAP website to apply, or for more information on the program that completes this episode. Thank

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you for listening to this podcast. If the work being done by these programs is interesting to you or you are interested in starting similar programs using peer recovery support, please consider reaching out to us for training and technical assistance opportunities.

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