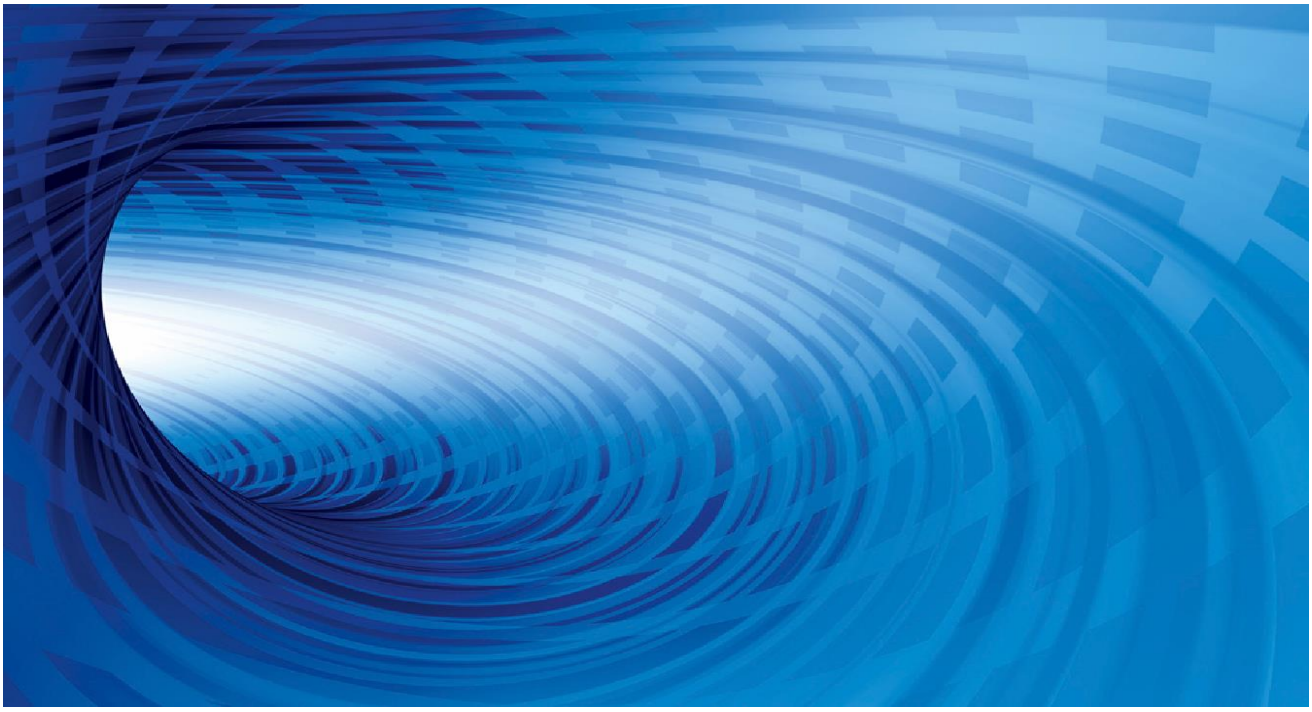
Integrated Behavioral Health Services for Peer Recovery Programs in Maryland: A Toolkit



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INTEGRATED BEHAVIORAL HEALTH SERVICES FOR PEER RECOVERY PROGRAMS IN MARYLAND
A TOOLKIT
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GENERAL INTRODUCTION

Discussing and planning for integrated services in peer support programs is challenging. Everyone brings various perspectives, experiences, viewpoints and beliefs about recovery and the best ways to integrate services. These differences are sometimes the "elephant in the room." Some individuals even believe this isn't a smart idea because people in recovery have so many differences. How did everyone get to the place they are in today? Certainly, this is different for those who have only substance use difficulties as compared to those who have only mental health challenges AND different from those who have both. The discussion easily falls into arguing about differences and arguing that people with these different problems don't belong together in the same program. To some extent, people have learned to look down on each other, to stigmatize each other as lesser than as a way to feel better than someone who has different challenges. For example, at least, I don't have a mental illness. Or, at least, I'm not a drug abuser. Even how the two "sides" think about recovery is different. Historically, the substance use recovery approach has been one of abstinence and, to some extent, anonymity, as evidenced by the AA and NA strategies. This approach incorporates a belief that substance use problems are life-long, despite whether or not one is still using a particular substance. In addition, recovery is thought of, pure and simple, as no drug or alcohol use at all. Others believe that

harm reduction, using still but using less, incorporated the idea of being on the path to recovery. Still others say that, for most people who have substance use problems, they must "hit rock bottom" to begin to recognize that they must stop using. Others argue that's not so. On the mental health side, recovery, especially as defined and supported by peers, is a relatively recent phenomenon, pushed by those with mental health problems who became tired of being viewed solely as their diagnosis. On this "side," the definition is individual and quite variable. Merging those two quite different perspectives in some kind of peer supported services means that everyone involved has to see some value in doing this. And not everyone does! So, how do we get to the point of integrated services that can feel useful to everyone?

This toolkit takes the approach that, despite our differences, we have many comparable experiences and things in common. This is the emphasis used here. This does not mean that everyone will always agree, that differences aren't important and to be respected, that debates and viewpoints don't need to be understood and respected. This approach does, however, say that, ultimately, we are all people trying to manage our lives in a way that feels worthwhile, fulfilling, satisfying, and engaged in our communities. Perhaps, with this approach, we can bridge, at least to some extent, the differences we have and move forward, celebrating what we share as well as how we differ. As Sandra Day O'Connor aptly said, "We can disagree, but we don't have to be disagreeable." The elephant may still be in the room. We won't ignore him, but we also won't let him sit on us and keep us from moving ahead. That's the hope.

INTRODUCTION TO PEER-PROVIDED INTEGRATED SERVICES

"It is one of the most beautiful compensations in life that no [person] can sincerely try to help another without helping [him/herself]." --Ralph Waldo Emerson

Definition of Peer-Provided Integrated Services:

According to the Substance Abuse Mental Health Services Administration (SAMHSA) and the Health Resources and Services Administration (HRSA), a peer provider (e.g., peer support specialist, recovery coach, peer advocate, certified peer specialist) is a person who "uses his or her lived experience of recovery from mental illness and/or addiction, plus skills learned in formal training," to deliver services either in peer support settings or behavioral health settings to promote holistic recovery and resiliency. The approach in integrated health is for those in recovery to use strategies and interventions that promote whole health self-care. This means that all aspects of one's health are considered and addressed, including physical health and behavioral health. By focusing on the whole person, peer support staff, using their own lived experience and learning, can assist others with comparable experiences to learn how to manage stress, promote their own resilience, identify prevention strategies to reduce and address life situations that cause difficulties, and live successful lives in the community, according to each person's definition of success. Underpinning some of the issues around integrating services is defining

recovery. Is it abstinence from substance use? Is it full-time employment? Is it managing symptoms so each day goes more smoothly? Is it being with others even when this feels uncomfortable? Is it reducing the harm of the use of substances? Is it the same for everyone? This toolkit is not going to attempt to tackle these difficult questions that the research and systems of care continue to wrestle with and address. Rather, this kit will attempt to seek out strategies and interventions that peers can use based on shared needs and values rather than the more challenging question of a mutually shared definition of recovery.

What Gets in the Way of Integrating Services?

Historically, in many states if not most, the origins of peer support for people with substance use challenges as compared to those with mental health problems have been separated and considered quite differently. This is despite Minkoff & Cline's argument that people with both substance use disorders and mental health problems are the norm, rather than the exception. In other words, although the systems of care, the programs that provide services, the insurance and billing mechanisms have, for years, separated mental illness and substance use problems, the reality of people's lives is often otherwise.

In addition, stigma has thrived against and about people who have these disorders, and it cuts multiple ways. People in recovery from substance use disorders frequently have come from a long-standing peer support tradition that includes, among other entities, AA, NA, Al-Anon, etc. In many ways, recovery was first considered in the substance use support community and was thought historically to mean abstinence. On the mental health side, for the purpose of discussion, recovery was a concept much later in coming. For years, people with mental health disorders were told that their lives were going to be defined by these illnesses, that they would be in treatment forever, take medications forever, and this would essentially define their lives. It is

only over the last 20-25 years that recovery in the mental health world in the U.S. has blossomed as an entity and as a force. It is the people who have these illnesses that pushed for a different notion of who they are and what they need. Their efforts, their advocacy, their refusal to be defined by illness are what have led to recovery being a much stronger concept in the mental health arena. Both sides, if you will, fought for being viewed as whole people, with strengths, talents, skills, contributions, and the ability to live and full and fulfilling life. And, yet, the two "sides" often continue to see each other in stigmatizing language and as somehow different from and/or not as good as the other. Yet, this does not have to continue. Together, peers can change this.

Reframing the barriers/concerns:

Coming together will require our moving to a realization that, on a fundamental level, we all have comparable needs and values. Awareness of such similarities will help all peer support staff to develop supports, interventions and strategies that promote fuller lives, no matter the diagnosis. Underlying recovery are shared needs that are often overlooked and not considered as peers continue to discuss whether or not they have the same sense of what recovery is. Shifting the focus to what peers share rather than what they do not helps everyone to work collectively to promote a sense of comparable experiences and to establish community peer supports in such a way as to bind everyone together rather than set people apart. This does require a culture shift and a re-evaluation of the blame and shame peers put on themselves and on others that causes them to think of an experience or a person as better or lesser. This is not about fault or how someone contributed to his/her difficulties. This is about feeling stronger, better, happier, and valued. Though each individual's journey and experience are unique, everyone shares some universal aspects. If peer are able truly to listen in an unbiased, open way,

without assumptions or preconceived ideas, peers can hear these common needs and can act on them together.

The significance of being peers is an understanding that is infused with rich experiences. Peer support, according to *Recovery within Reach*, has important characteristics: (1) Listening actively and with empathy; (2) Providing problem-solving expertise; (3) Creating a safe and supportive environment; (4) Encouraging peers to clarify issues or problems; (5) Helping peers brainstorm and explore all options; (6) Being aware of community resources; (7) Letting peers come up with their own solutions; (8) Aiding peers to develop decision-making skills; (9) Advocating on the peer's behalf, and (10) Supporting peers to follow through on their own decisions. Certainly, these characteristics transcend any diagnostic differences. Peer support, therefore, is a powerful agent for change and can assist anyone who is working on or is beginning or moving forward with his/her own recovery. These characteristics are operationalized in the implementation of shared values in the section below.

SHARED NEEDS AND VALUES

Needs are defined as essential items for life. Typically, needs include emotional and/or physical needs. Such needs differentiate us from other creatures and species. Although universal needs exist, no matter what the species, e.g., nutrition, many of our needs are higher level because of our ability, as humans, to think and process information. Values, on the other hand, have to do with fundamental beliefs or practices about what is considered to be worthwhile, desirable, and important to an individual or group of individuals. Values generally drive the way we live our lives in the sense of how we form relationships, how we consider each other, how we make judgments or not, and how we assess ourselves and our adherence to our own values. Values are personal, though generally shared. We tend to seek out others who share similar values as they are the people with whom we are most comfortable. Sometimes, challenging our comfort levels and seeking out those who don't agree with us can be a source of learning and re-thinking some of our values.

As we focus on universal values and needs, this helps us to provide support to each other and to focus less on differences or alternative pathways. Sometimes, different experiences can still lead to similar feelings. For example, a person may never have been incarcerated but can certainly feel trapped and blamed when psychiatrically hospitalized or even just confined by a diagnosis or challenging behavior. If feelings are the focus, it's easier to relate to each other. In

this way, integrated peer support services, unlike many other services, can forge unique bonds that help support each person's recovery journey. This is a solid basis from which to build and disarm some of the discussion around differences rather than similarities.

EXERCISE ON NEEDS AND VALUES

Take a few minutes to consider what you believe are your universal needs and values. Reflect, as well, on needs and values that you feel are individual or personal. List some of these below and share, if comfortable, in a group discussion(s). Such discussion(s) can serve as a basis for establishing and promoting integrated peer support services. Consider what you wrote in light of what the literature suggests and is discussed in the section following this exercise.

Universal Needs That You Share with Others	**Needs That You Feel are Individual or Personal**

Universal Values That You Share with Others	**Values That You Feel are Individual or Personal**

The literature suggests the following are shared human values:

1. *Wisdom*: An understanding of the way the world works. Wisdom, according to Merriam-Webster, is a "wise attitude, belief, or course of action." We attain wisdom through life experiences, through listening, through reflecting on what we've learned and in refining our own lives as we move forward. To act wisely is to act in an informed way, an understanding way.

   "*It's not what you look at that matters, it's what you see*." –Henry David Thoreau

   "*The greater our knowledge increases, the more our ignorance unfolds.*" –John F. Kennedy

2. *Integrity*: Being whole and undivided; true to one's values. Acting with integrity means that we behave in a way that conforms to our overall values and belief systems. Sometimes, humans struggle to act with integrity as others may disagree or challenge our beliefs.

   "*Real integrity is doing the right thing, knowing that nobody's going to know whether you did it or not."*—Oprah Winfrey

   "*We learned about honesty and integrity – that the truth matters – that you don't take shortcuts or play by your own set of rules…and success doesn't count unless you earn it fair and square.*"—Michelle Obama

3. *Trust*: Reliability and truth. For us to establish trust in a relationship, we must be able to rely on others and to believe them, to be able to depend on the idea that they will behave in a certain way and will keep our confidences in a respectful way. Trust is earned.

   "*The best way to find out if you can trust somebody is to trust them.*"—Ernest Hemingway

   "*Trust yourself. Create the kind of self that you will be happy to live with all your life. Make the most of yourself by fanning the tiny, inner sparks of possibility into flames of achievement.*"—Golda Meir

4. *Beauty*: In balance and harmony with nature. One type of beauty links us with our natural surroundings and helps us to appreciate its calm, diversity, and loveliness. Another type of beauty, according to Merriam-Webster, is a quality or group of qualities in a person that exalts our senses, our minds, or our spirits.

   "*The future belongs to those who believe in the beauty of their dreams.*"—Eleanor Roosevelt

   "*Everybody needs beauty as well as bread, places to play in and pray in, where nature may heal and give strength to body and soul.*"—John Muir

5. *Respect*: Admiration given to someone. Often, respect is considered to include holding someone in esteem, placing value on a person. Respect, similar to trust, is often earned.

   "*One of the most sincere forms of respect is actually listening to what another has to say.*"—Bryant H. McGill

"*I'm not concerned with your liking or disliking me…All I ask is that you respect me as a human being.*"—Jackie Robinson

6. *Love*: Genuine care. Love often involves putting another person's needs above your own. True love is non-judging, unconditional, and must be appreciated and nurtured.

   "*Friends show their love in times of trouble, not in happiness.*"—Euripedes

   "*Love is the only force capable of transforming an enemy into a friend.*"—Martin Luther King, Jr.

7. *Caring*: Relates to love but is about the practice of looking after others. This often means tending someone who has difficulty taking care of him- or herself. Caring is shown in small and large gestures and often includes kindness but is more than that.

   "*Never believe that a few caring people can't change the world. For, indeed, that's all who ever have.*"—Margaret Mead

   "*Caring about others, running the risk of feeling, and leaving an impact on people, brings happiness.*"—Harold Kushner

8. *Cooperation*: Working together to the same end. Cooperation can also mean willingness to listen and hear, joining efforts, being helpful, supporting and assisting someone in a task or tasks.

   "*When times are tough, constant conflict may be good politics, but in the real world, cooperation works better. After all, nobody's right all the time, and a broken clock is right twice a day.*"—Bill Clinton

9. *Honesty*: Staying true to oneself; being forthright, sincere, fair, and sticking to the facts.

   "*Honesty is more than not lying. It is truth telling, truth speaking, truth living, and truth loving.*"—James E. Faust

In summary, "Goodness is about character—integrity, honesty, kindness, generosity, moral courage and the like. More than anything else, it is about how we treat other people."—Dennis Prager

So, our values reflect our outlook, our beliefs, and define what's important to us. Shared human needs, when met, can help us live out our values. Shared human needs may be comparable to universal values or may be different. For example, love is both a universal human value and a human need. To paraphrase Freud's saying, for individuals to be fully human, they must love and they must work. We must have connection and make a contribution. Love is connection. Contribution helps us feel significant. Examining the shared human needs helps us to connect our values and needs.

Maslow defined for us a hierarchy of needs, starting with the basic survival needs of having food, shelter, clothing, etc. However, what is most fulfilling for humans are higher-level shared needs. Such needs include, according to Anthony Robbins, *Habits for Well-Being*, as well as his Compassion Blog:

1. *Comfort and Certainty*: Comfort comes from, to some extent, certainty. Certainty has to do with a sense that things in our lives will proceed in an expected or certain way. Clearly, we all experience some variability and unpredictability in our lives. The question is how balanced the certainty is with the unpredictability. Too much unpredictability is unsettling. We need

to be able to wake up each day with some degree of understanding that our days will proceed in a predictable way. This provides us with comfort and assurance.

2. *Variety*: Though we need predictability in our lives, we also need some variety, or we become bored. Variety, or unexpected events, can lend a sense of adventure unless such unexpected events are virtually always unsettling and/or painful. If not, variety, as the old saying goes, adds spice to our lives.
3. *Significance*: Significance simply means that we need to feel that our lives have purpose, that they matter and have value. Without such a need's being met, we may wind up feeling hopeless and directionless. Significance may not happen to the same degree each day, but we need to experience this for us to feel we mean something.
4. *Love*: Love is a universal value and need. We need to feel cared about, loved, feel a part of others' lives, and to have meaningful connection with at least one other person. Love comes in many forms—friendship, intimate relationship, general care. The importance of love is clearly reflected in that it is both a universal value and a shared need.
5. *Growth*: Humans need to feel that they are growing and changing, becoming better as a person. We need to grow and improve our skills, our knowledge, our abilities, and to learn, stretch and excel in our lives. Without some measure of growth, we stagnate and feel unsatisfied.
6. *Contribution*: As noted above, Freud paraphrased about the need for love and work or, in a sense, making a contribution. Humans need to feel that they are

adding value to the world around them, large or small, on a regular basis. Even when we feel discouraged, we want to persist and need to believe that we can make a contribution, that the world around us can improve, and that we can be a part of that improvement.

7. *Belonging*: At the convergence, according to the *Compassion Blog*, of relationship and purpose is the desire to feel connected to a group of like-minded people. Simply put, this means to belong. Whether we belong in a one-to-one relationship, to a group of friends or like-minded individuals, to a community, or to a society, we have the need to fit in, to be accepted by others.

As we reflect on these universal values and shared human needs, we shall also explore how these and others link to the notion of recovery and to the provision of peer support recovery services. Keep in mind, though, that while the values and needs are shared, they are not exactly the same. Nuances infuse each person with the richness and diversity that he or she brings to recovery and to life's journey. Rather than rejecting differences, peers can use these to inform perspectives and strategies that enable growth and positive change. In the context of these nuances, peers need to determine what roles they can play in helping to recognize and enhance these universal values and how they might provide peer support services to help everyone meet shared human needs? How do peers do this while celebrating each other's uniqueness and differences? These are all part of considering what recovery is and defining the programs and strategies to support a journey to recovery.

WHAT IS RECOVERY?

A shared definition of recovery helps all of us to reflect on the role of peers and how to focus on the meaning of recovery that's similar rather than the differences across the spectrum of mental health, mental illness, and substance use challenges and disorders. For our purposes here, we can subscribe to a definition of recovery as a "process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential" (SAMHSA, 2012). Another possible shared definition is: "Recovery is, in its essence, a lived experience of moving through and beyond the limitations of one's disorder" (White, Boyle, Loveland & Ralph, 2005).

People in recovery themselves have expressed this in a human and humane way. Some thoughts from participants in a SAMHSA *Dialogue on Recovery*: "One thing that unites us is feeling that we haven't had a voice in our own lives." "It is important to embrace all pathways to recovery." "…a huge part of getting better does not come from doctors but, comes from peers…I am touched by how much peer workers save lives." "I gained insight to understand that my problem was unresolved trauma and that that existed before I started using drugs." "In the mental health consumer/survivor movement, people are trying to break out of the system and keep from being locked up in institutions, whereas, in addiction recovery, many of us are trying to break into the system to get services we want and need." "No doubt the world is now unfolding as it should, and I am a vital, contributing part of it, making a difference for a lot of people, all in my amazing process of mental health recovery. World, here I come; look out!!"

As we all read these quotes, we can recognize common themes of (1) Needing support from others in recovery; (2) Being able to define and access services needed to promote recovery; (3) In many instances, underlying issues have not been addressed or even recognized effectively, and peers can support each other by listening to and helping to understand these issues to promote each other's recovery; (4) No matter the diagnosis or label, ultimately, peers all have the ability to help each other move forward if they are genuine, care about each other, recognize the common shared experiences in their lives and challenge the world to do so as well. If peers consider these commonalities along with universal values and shared human needs, they can recognize and implement programs that integrate peer support services for all, no matter what their diagnosis might be.

Voices of Recovery tell us more about this shared journey. One person's story is: "At age 65, I am now continuing to grow in happiness and my passion for educating and empowering others is limitless. Though there are still many obstacles in my path to recovery, I am moving forward with life, with hope, gratitude, and passion." Jennifer Marshall, talking about recovery, states: "My story matters and so does yours." Finally, "recovery is about progression, not perfection." So, life is, for all humans, a series of courses of action, of decisions, of sharing, of struggling, and these are all elements of one's recovery path as well.

Recovery also involves accessing four key dimensions. These dimensions promote a safe and stable life and play a part of peer-recovery support services. The first of these is maintaining one's health—making healthy choices that support physical and emotional well-being. Without this, the work needed in recovery is replete with difficulties. The second is a home—not a house—a home where one feels stable, safe, and welcomed. The third is that humans need a purpose that touches each day. These include, for example, a job, school,

volunteering, friendships, creative endeavors, hobbies, as well as the independence, income and resources to engage in such purposeful activities. Lastly, people need to belong to a community. Clearly, peer-support recovery programming can create such a community for participants. Such programs and services can help individuals feel welcomed, supported, loved, and hopeful. As we consider how to promote and assist with someone's recovery, the four dimensions must be considered as an underpinning, a basis for services, programs, strategies, and effort. If someone does not have a stable place to live, a peer-support recovery program, knowing about community resources and listening to someone's needs, helping to apply for affordable housing, providing transportation to look at places to live can all provide hope and meaning to each interaction. All peer-recovery support specialists need to remain cognizant of the resources in their communities and ensure that people who come to their programs are aware of such resources and how to access them. This is but one important step in the recovery process.

Shared recovery values and principles, in addition to universal values and shared human needs, include, from SAMHSA, the following: (1) Hope; (2) Person-driven; (3) Multiple pathways; (4) Holistic values; (5) Peers and allies; (6) Relationships and social networks; (7) Culture; (8) Trauma; (9) Challenging barriers; (10): Changing systems, and (11) Advocacy and organizing as well as the additional principles of (12) respect and (13) strengths/responsibility. How we consider these recovery values regarding implementation of integrated peer recovery support services is challenging and is, again, a process. Programs need to develop policies, procedures, and strategies that are systematic and systemic in their implementation for services to help and for individuals involved to feel as though they are moving forward in their recovery. Such implementation, discussed in the next section, requires planning, regularly scheduled review and revision of such plans, honest conversation, respect for all involved, and a

willingness to ask questions and learn when others' experiences are dissimilar. If programs can maintain an awareness of universal values and shared needs, such discussion can move forward rather than become embroiled in difference. This is not easy. Resources exist to help but, clearly, what must happen first are a willingness, curiosity, and interest in moving forward as a community, together in the efforts to further each person's recovery.

IMPLEMENTING SHARED VALUES AND PRINCIPLCES IN INTEGRATED RECOVERY SERVICES

To begin, stakeholders need to agree that a starting point is the acceptance of universal values, shared human needs, and shared recovery values and principles. Agreeing on this helps programs to begin to work on the nitty-gritty of implementing integrated recovery services. The assumption is that this will be the case. Some of the values clearly overlap or complement each other. Yet, it is helpful to think of how to incorporate each one rather than simply to paint them with one broad stroke.

In this section, the discussion will focus on shared recovery values and what is considered under each as well as what questions need to be asked to integrate these values into programming. This section will also include sample implementation plans with suggestions for ways to include the shared recovery values in peer support programs. The format is an exploration of each shared value, a plan containing suggestions for implementation, and encouragement to add to such plans to ensure that the incorporation of these values suits one's specific program and population. The actions on the plans can be deleted/changed as each program sees fit. It is important, however, to have defined action steps with a designated lead person and timeline. If not, what typically happens is the principle and value are not incorporated, and programs do not move forward with integration of services.

Hope is the first shared recovery value and principle. Hope means that everyone shares the belief, viewpoint, and knowledge that people, no matter their challenges, can and do recover.

Hope is motivating and carries the message that a better future is possible. Hope is, according to SAMHSA, the catalyst for the recovery process and is fostered by peers, professionals, families, friends, and others. Without hope, a person's ability to push through the obstacles he/she faces is severely diminished, if not impossible. Hopelessness may lead to a sense of life's being worthless and increases a sense of someone's helplessness. Instilling hope is a key strategy for peer-support recovery programs.

IMPLEMENTING INTEGRATED PEER SUPPORT SERVICES FOR RECOVERY		
VALUE/PRINCIPLE: HOPE		
Actions for Implementation	*Lead Person (Who will take the lead for the action?)*	*Timeline (For completion of the action)*

• Put up posters and messages on the walls that promote hope
  ○ Use phrases in "Resources" below or make your own!
  ○ Change them monthly to inspire everyone and maintain interest
• Develop wallet-sized messages of hope that people can carry with them
• Put in newsletters, when appropriate and with permission, people's stories of recovery about persistence and maintaining hope and humor in their lives
	●	●

• Talk about hope and its value in 1:1 peer support sessions.	●	●
• Make sure that all services, strategies and interactions are positive and hopeful • Model this for everyone by being positive, humble, and inviting. • Welcome everyone to the program each day, with a smile! • Start each group session with a positive and hopeful message	●	●
●	●	●
●	●	●

The second shared value/principle is that peer support services are ***person-driven***. This means that, though programs clearly offer comparable services to everyone, each service and intervention need to be individualized so that each person's road to recovery is personal and distinct. Everyone working on recovery must be able to make his/her own choices about activities in which to engage, how much of his/her story to share, and the ability to discuss alternatives to what may be offered. In addition, engaging in peer-support recovery services must be voluntary. Peer-support recovery specialists need to be open to listening to nuance and differences in each person's story and willing to work together to build a strategy and provide interventions that work for a particular individual. Sometimes, it is easy for a peer specialist to believe that he/she knows the path as he/she has witnessed many individuals' struggles and efforts and has his/her own lived experience. Even so, everyone is unique and drives his/her own recovery road. Each person sets his/her own personal direction, goals, objectives, and has to manage, with support, the steps that must be taken to recover. In addition, recovery takes time, patience, and a willingness to keep at it in spite of setbacks or losses. Peer-support recovery specialists need to recognize this as much as the person working on his/her own recovery. Promoting someone's strengths and resilience is part of this effort. People are then activated to do what's needed and to gain control over their lives. This is peer support at its best.

IMPLEMENTING INTEGRATED PEER SUPPORT SERVICES FOR RECOVERY		
VALUE/PRINCIPLE: PERSON-DRIVEN		
Actions for Implementation	*Lead Person (Who will take the lead for the action?)*	*Timeline (For completion of the action)*
• Define, for your program, what person-driven means. Include all lifestyles (e.g., LGBTQI), cultures, experiences in how you think of person-driven o Include this definition in brochures and handouts about your program	•	•
• Offer ongoing training to peer support specialists that help their own recovery and aid in supporting others' recovery o Brainstorm, at least monthly, in community meetings, about what topics for training would be helpful to everyone!	•	•
• If staff and participants don't know about or understand someone's culture and experiences, encouraging asking, with respect	•	•
• Ask everyone in the program to participate in training on nonjudgmental listening, such as, Peers for Progress training unit. Offer this training at least 2x/year	•	•
• Encourage staff and program participants to ask questions with genuine respect to learn about each other o Make sure that all staff uses this approach	•	•
• Get to know people as people, not as a diagnosis	•	•
•	•	•
•	•	•

The existence of ***multiple pathways*** is the foundation for individuals' recovery. No one route or strategy fits everyone. Distinct needs, strengths, goals, culture, experiences, and backgrounds should be recognized and celebrated. We all learn from each other. Recovery relies on highly personalized pathways that may be comparable but also have important nuances of difference. People in recovery may utilize professional clinical treatment, medication, support from families and friends, spiritual connections, and other aspects of community life—or may not! Setbacks are a part of the process. They are to be recognized but not judged. My pathway to recovery is not necessarily yours. Sharing stories can illustrate some strategies, but a shared story does not outline a specific path or route to take. The most important part of peer-support programming, and one of its unique characteristics, is lived experience, a supportive environment that is welcoming to everyone, and a recognition that we all grow and change, but not in exactly the same way. The exact and proper recovery path does not exist. Each path that works for a specific individual is the proper path. Dealing with differences compassionately and supportively is what helps people continue to work on their own recovery. Multiple pathways are sources of learning for everyone and add to the richness of the recovery experience.

IMPLEMENTING INTEGRATED PEER SUPPORT SERVICES FOR RECOVERY		
VALUE/PRINCIPLE: MULTIPLE PATHWAYS		
Actions for Implementation	*Lead Person (Who will take the lead for the action?)*	*Timeline (For completion of the action)*
• Continue to discuss about how people began their recovery as well as what has helped, what has not. o Respect privacy so each person decides how much to reveal & where o Use the "ouch" and "stretch" rule. If you offend, apologize and learn why. If not talking, ask to stretch and participate. If always talking, ask to give others a chance	•	•
• Develop activities that celebrate different cultures (including lifestyles, gender orientation, spirituality) and traditions o Encourage participants to volunteer to create a meal, story, or ritual as an event that explores their culture o Schedule such events monthly or bi-monthly. Help plan. Be willing to learn and ask.	•	•
• In groups or informal discussions, encourage everyone to talk about why they do what they do. How did their behaviors and experiences come about?	•	•
• Explore how different community meetings and events might help with recovery, even if the focus isn't recovery, For example, movies, speakers, free college events, information sessions on community resources, community group support	•	•
•	•	•
•	•	•

A ***holistic*** approach to recovery is the next important value/principle that peer recovery support staffs can promote. Peer recovery support staffs are key players in providing support and interventions that focus on an individual's whole health management. As SAMHSA and others increasingly recognize the link between physical, emotional and psychological well-being, they also recommend that peer providers are some of the most effective staff to help promote resiliency and whole health. Clearly, the need to use psychotropic and other medications can affect physical as well as mental health. Such medications have been linked to weight gain, elevated sugar, and some heart problems. People who have used substances may experience physical health problems such as respiratory problems, liver and other organ effects, and heart problems, to name a few. Peers bring unique strengths and qualities to a holistic approach. Some of these include: Personal experience and a unique understanding of whole health recovery and the link between physical and emotional well-being; compassion and commitment to helping others; experience of moving from hopelessness to hope; special qualifications for building a relationship of trust, and skills developed through monitoring their own wellness and recovery along with an ability to model what has been personally helpful. Practices that peers may incorporate in their services and lives include relaxing and stress-reducing strategies such as breathing exercises, yoga, meditation, listening to relaxing music, art, other creative endeavors, hobbies, and physical exercise.

IMPLEMENTING INTEGRATED PEER SUPPORT SERVICES FOR RECOVERY		
VALUE/PRINCIPLE: HOLISTIC APPROACH AND VALUES		
Actions for Implementation	*Lead Person (Who will take the lead for the action?)*	*Timeline (For completion of the action)*
• Create an atmosphere of "no wrong door" by welcoming everyone	●	●
• Create an environment through decorations, postings, and signs that promotes a welcoming attitude and addresses different health issues Example: Post information about common illnesses, such as diabetes, breathing problems, heart problems, cancer, HIV.	●	●
• Hold training on the use of WHAM (Whole Health Action Management)	●	●
• Schedule presenters to discuss a variety of health problems, including physical health. Use resources such as health departments, Priority Partners, non-profit health agencies (American Cancer Society, American Heart Association, etc.)	●	●
• Provide different wellness activities, e.g., yoga, meditation, walking, tai chi, Wii	●	●
• Include in health postings and discussion, information on nutrition and foods that are easy to buy & prepare and good for you. o Prepare meals that offer these	●	●
●	●	●
●	●	●

The fifth value/principle is peers and allies. What does this mean? In the behavioral health world, peers are people with lived experience. On both sides of the recovery movement—addiction recovery and the mental health consumer/survivor movements—peer support is a key service. A vast network of substance use recovery supports, starting with the concept of mutual aid, permeates the entire country. A national association of mental health peer specialists is alive and well and growing. One of the positive aspects of peer support for people is to provide assistance and supportive help while people may be waiting to access professional services, e.g., especially so in the substance use treatment world but also often occurring in the mental health sector. Peer support can help individuals to manage strong and distressing emotional responses and can help to reduce the impact of the stress of life. Peer support can assist others with making transitions in life and in services, e.g., moving from a 28-day residential program to an outpatient service, moving from one place to live to another, changes in relationships, etc. In addition, the emphasis of peer support is on recovery rather than the traditional treatment models of addressing symptoms. While peer support may help to reduce uncomfortable and upsetting feelings and situations, the goal is always through the lens of recovery. Peer support helps individuals to form alliances, a sense of belonging and community, with each other, and to dispel a feeling of aloneness. Allies can also include families, friends, spiritual supports, and professionals. Peers, however, play a key role.

IMPLEMENTING INTEGRATED PEER SUPPORT SERVICES FOR RECOVERY		
VALUE/PRINCIPLE: PEERS AND ALLIES		
Actions for Implementation	*Lead Person (Who will take the lead for the action?)*	*Timeline (For completion of the action)*
• Identify, in discussion groups, sources of mutual support outside of the specific wellness program ○ Create a list of these as a handout • Explore ways to connect with members and staff of other peer support programs in addition to the annual conference, e.g., conference calls, visits to other programs, social media	•	•
• Make a list of places to present on peer support to bring other people into the program	•	•
• Define how to incorporate respect and acceptance in all interactions, with a special focus on language used	•	•
• Accompany/visit each other in managing difficult outside events, e.g., going to court, going to the ER, being in the hospital, coming out of jail or prison	•	•
• Brainstorm about others outside of the program who might be supportive and be allies, e.g., mental health and substance use treatment providers, business leaders, judges, court staff, political leaders	•	•
•	•	•
•	•	•

The next and seventh value/principle is relationship/social networks. This principle is akin to that of peers and allies but is a bit broader and, sometimes, more formalized. Not only do people in recovery need peer support, they also need other supportive relationships and social networks. These can be friendships, spiritual connections, family connections, educational networks, workshops, and other forms of outreach and community involvement. The importance of each relationship is that it is hopeful, helpful, and is one that underlies and promotes recovery. Sharing recovery stories outside of the peer network, though possibly challenging, is important to reducing stigma and discrimination and in helping others to see people in recovery as full and complex individuals, just as they themselves are. Building communities can lead to others' understanding of the issues associated with challenging behavioral health problems, e.g., access to services, poverty, unemployment or underemployment, and loss. All humans, to some degree, may be able to identify with these issues. In this way, peers in recovery may collectively build a broader sense of community. Peers are the underpinning of such network development and can serve, always, as a place to call home. Peers can be a place of safety, and the programs in which peers work can be emblematic of such safe places. All humans need places of comfort and safety and developing a sense of community can promote this.

IMPLEMENTING INTEGRATED PEER SUPPORT SERVICES FOR RECOVERY		
VALUE/PRINCIPLE: RELATIONSHIPS AND SOCIAL NETWORKS		
Actions for Implementation	*Lead Person (Who will take the lead for the action?)*	*Timeline (For completion of the action)*
• Identify, in discussion groups, existing community networks that are receptive to hearing from peers and welcoming them.	•	•
• Explore the possibility of inclusion in local media and events such as health fairs to promote coverage of peers' stories and programs of recovery	•	•
• Have program representatives participate in meetings, conferences, gatherings where they can meet and greet others who may be supportive and understanding	•	•
• Conduct regular conversations about "getting the word out" about recovery and the breadth and interests of people who are in recovery	•	•
• Think "outside the box" about social networks that may not be recovery-focused per se, e.g., women's groups, interfaith groups, book clubs, journaling groups, crafts activities and other groups, including fun activities.	•	•
•	•	•
•	•	•

Culture is the next principle/value and is a complicated one. The term "culturally competent" is a commonly used term. What does it mean? Culturally competent is not the same as having people involved in programs from different races and ethnicities. Cultural competence covers a range of understanding of others' values, traditions and beliefs. According to SAMHSA, cultural competence "is the ability to interact effectively with people of different cultures. In practice, both individuals and organizations can be culturally competent. 'Culture' is a term that goes beyond just race or ethnicity. It can also refer to such characteristics as age, gender, sexual orientation, disability, religion, income level, education, geographical location, or profession. Cultural competence means to be respectful and responsive to the health beliefs and practices—and cultural and linguistic needs—of diverse population groups. Developing cultural competence is also an evolving, dynamic process that takes time and occurs along a continuum."

For peer recovery support staff, the issue is how to create programs that are culturally competent and have staff and participants treat each other with respect, interest, curiosity, and understanding. To be culturally competent means that peers must be willing to listen to each other and learn. So, peer support staff celebrate rather than reject diversity and are willing to explore how differences contribute to each other's lives rather than take away from them. Diversity and difference in and of themselves do not create distance between people. It's all in how each of us accepts and rejoices in difference. It is important for peer support staff to embrace all cultural experiences and recognize in them strengths and recovery strategies that work. When one is culturally competent, one is able to learn, to listen, to respect, to develop and grow, and to honor the differences that bring us all together.

IMPLEMENTING INTEGRATED PEER SUPPORT SERVICES FOR RECOVERY		
VALUE/PRINCIPLE: CULTURE		
Actions for Implementation	*Lead Person (Who will take the lead for the action?)*	*Timeline (For completion of the action)*

• In groups, discuss the different cultures represented and what these cultures mean.
  ○ Develop tools and strategies to facilitate these discussions e.g., worksheets outlining beliefs, traditions, rituals that participants can fill in
  ○ Set ground rules for these discussions that ensure respect and acceptance
	•	•

• Encourage peers to suggest celebrations and rituals that honor various cultures represented in the wellness program	•	•
• Consider providing training at the program on cultural competence. Make sure not to limit the training to race and ethnicity.	•	•
• Ensure a welcoming environment for people in recovery from all cultures	•	•

• Invite guest speakers to present on cultural topics at a lunch-n-learn session
  ○ Schedule these at least quarterly
  ○ Think broadly when scheduling these on what culture can mean, e.g., gender orientation, spiritual beliefs, dance and music
	•	•

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•	•	•

The ninth value/principle is that of addressing trauma. Frequently, the experience of trauma plays a role that contributes to substance use and mental health problems and challenges. Trauma is typically understood as events or experiences that are outside of the usual day-to-day life experiences and that overwhelm a person's ability to cope and manage. Traumatic events, for example, include accidents, assaults, wars, physical or sexual abuse, domestic violence, natural or other disasters, bullying, hate crimes, invasive medical procedures, death or other loss, and institutional abuse or neglect. Everyone reacts to these events differently so that whether or not an event is traumatic depends on each person's perception and experience of it. In addition, trauma may result from not only experiencing violence or other overwhelming events but also being a witness to such events. With the constant exposure to world events that are often horrendous to watch, people may experience such witnessing as traumatic in addition to witnessing more personal violent events. Having a traumatic experience can lead a person to feel hopeless, frightened, unsafe, and threatened. It is important for peer support recovery programs to understand the significance of trauma in people's lives and to ensure that their services and programs are provided in a trauma-informed manner. Peer support staffs need to promote feelings of safety, both physical and emotional, for participants and that promote choice and help people to feel in charge of their own lives. One challenge is that peer support staff may have experienced trauma themselves. This may lead to an understanding of the aftermath of

trauma but may also cause peer support staffs to offer services from their own experiences that may not match or be helpful to someone else. Training regarding trauma-informed peer service provision is quite important to make sure such services are trauma-informed. Examples of such training include the curriculum developed by Navajits called *Seeking Safety* or the NASMHPD webinar series called the *Webinar Series on Trauma-Informed Peer Support*. Other examples exist on SAMHSA's website, www.samhsa.gov.

IMPLEMENTING INTEGRATED PEER SUPPORT SERVICES FOR RECOVERY		
VALUE/PRINCIPLE: ADDRESSING TRAUMA		
Actions for Implementation	*Lead Person (Who will take the lead for the action?)*	*Timeline (For completion of the action)*
• Make sure that all conversations/ discussions are trauma-sensitive o Pay attention to words and language used; correct hurtful/insensitive language	•	•
• Provide training to understand post-traumatic reactions and behaviors	•	•
• Explore community resources that may help to learn about and address trauma	•	•
• Designate a staff person who's interested to explore resources for all to determine ones to use	•	•
• Create an environment that is positive, safe, not tolerant of aggressive language and behaviors	•	•
• Consider posting simple rules such as: (1) Here, we respect each other in words, behavior, and dress; (2) Please don't lend or borrow; (3) Please don't come in high or intoxicated o Hand out rules & other information on safety and support	•	•
•	•	•
•	•	•

The tenth value/principle is that of challenging barriers. This is possible on an individual basis and with a collective effort. As people in recovery often face multiple barriers, including discrimination, external and internalized stigma, oppression, a frequent inability to access quality medical, dental and eye care, hospitalization or incarceration, and criminalization of mental health and substance use disorders, much effort is needed. In addition, even within programs, participants may face barriers. For example, recovery programs need to examine whether true acceptance of all participants is provided. Does programming meet everyone's needs or a select few? Is there favoritism within the program? Are all participants, reaching across the aisle, included in decision-making and solicited for their input. Is working out the nitty-gritty of policies and procedures, day-to-day program life handled with respect and inclusion?

Outside of the programs, in addition to the challenges mentioned above, people in recovery struggle for funding and services, experience stigma, and face barriers to housing and employment, especially if they have legal histories and histories of incarceration.

Peer recovery support staffs are natural leaders to build strategies to address and challenge these barriers. It's difficult work as it often involves changing the minds and hearts of community and political leaders and finding additional funding sources. Awareness of resources and their eligibility requirements, especially in light of a rapidly changing world, is challenging. Sometimes, it's more comfortable to stay within the confines of one's known associates and places. Yet, challenging the barriers helps lead to systems change, the next core value/principle.

IMPLEMENTING INTEGRATED PEER SUPPORT SERVICES FOR RECOVERY		
VALUE/PRINCIPLE: CHALLENGING BARRIERS		
Actions for Implementation	*Lead Person (Who will take the lead for the action?)*	*Timeline (For completion of the action)*

• In community meetings and group discussions, elicit input from all participants about what barriers they experience
  ○ Develop strategies to address these barriers
  ○ Ask for small groups to convene to do this work and report back to the larger community
	●	●

• Invite the Anti-Stigma Project to present	●	●
• Revise handouts, posters, etc. to ensure non-stigmatizing language ○ Use other shared values to challenge barriers, e.g., talk in outside social networks about experiences of recovery to promote understanding and change language and thinking	●	●
• Write letters to the editor of local and other newspapers to address barriers ○ Include in letters personal anecdotes and examples of the barriers overcome when a person recovers	●	●
• Think of peer support as more than what's offered in the program, e.g., going with someone to a job interview, helping develop resumes and work histories, going with someone to a new medical provider	●	●
●	●	●
●	●	●

Closely linked to the issue of barriers is that of changing systems, the eleventh value/principle on our list. In many states, including Maryland, historically, services and resources for people with mental health problems and those with substance use challenges were administered under separate state agencies. Though these authorities have merged at the state level, much more is needed at the state, local and program levels need to ensure that a true merger has happened. Multiple partnerships are needed, not only between and among mental health and substance use resources but also with departments of corrections, local jails, Departments of Social Services, education, primary health care, specialty care, income supports, and others. Peer representation needs to happen in the development of: policies and procedures, regulations and statutes, funding, contract deliverables, reporting requirements, ongoing certification processes and credentials, and cross-cultural dialogue, information and knowledge, and program evaluation and satisfaction. Models are needed that step away from crisis intervention and focus more on long-term recovery, with its ups-and-downs and ongoing nature. Medicaid is in a state of flux. Medicaid-funded peer support services are on the horizon in Maryland. Greater emphasis and research on the value of peer support services need to be done and disseminated. Holistic system approaches are needed. Underlying issues such as trauma, poverty, physical health problems either contributing or resulting from substance use, psychiatric medications, or other co-occurring difficulties need to be understood and addressed. The challenges of independent living and community integration need attention. Peer recovery support programs are essential to provide information for systems change and to work individually and collectively on such growth.

IMPLEMENTING INTEGRATED PEER SUPPORT SERVICES FOR RECOVERY		
VALUE/PRINCIPLE: CHANGING SYSTEMS		
Actions for Implementation	*Lead Person (Who will take the lead for the action?)*	*Timeline (For completion of the action)*
• Elicit peer representation on local behavioral health workgroups, committees, and coalitions ○ Ensure that no group makes decisions on behavioral health issues and challenges without peer input	•	•
• Schedule presentations from local experts and planners on changes and programs being considered and offer feedback and suggestions	•	•
• Create a link between primary care and peer support programs	•	•
• Work with local police and criminal justice agencies to explore alternatives to arrest and incarceration; offer ideas and help	•	•

• Work to educate behavioral health providers about what is helpful and what is not and offer ideas and suggestions to promote recovery more effectively
  ○ For everything that doesn't work, try to offer realistic alternative, e.g., how to stop using seclusion and restraint
  ○ Be willing to listen to the providers about challenges they experience and collaborate together to address these
  ○ Offer to present on recovery at provider staff meetings
	•	•

•	•	•
•	•	•

Finally, linked to challenging barriers and changing systems is the final value/principle: advocacy and organizing. The starting point for advocacy and organizing is ensuring that peer recovery support staff and those using their services truly understand and address each other's needs, challenges, and issues. Advocacy is not about us or them; rather, it's about all people in recovery together, no matter the precipitating issue. A key challenge in doing this is the fiscal one. For years, because Maryland had separate governance, funding for what by which administration was often the overriding question. Funding issues continue. However, nothing is gained by pitting one group of peers against another, by talking about one group's needs and not the other. The greatest successes will come from coming together and acting, in all ways, together. Effective joint advocacy provides data and human stories, including success stories, documents the value of peer supports in ways that system leadership understands, and presents as one voice, involving collaboration rather than competition.

To do this, for example, in Maryland, local CSAs and other governing entities, e.g., health departments, must include peer input. Either through a partnership with local provider agencies or acting programmatically, peer recovery support programs, staff and participants alike, must organize and advocate for their voices not only to be heard, but for all stakeholders to recognize that peers are the experts on recovery and, therefore, on any new/revised services and initiatives. Peer recovery support staff and participants need to explore some out-of-the-box thinking about partnerships, e.g., engaging the business community, judges, insurance providers, in understanding the issues and challenges people in recovery face and working together to address them. Informational and educational materials are needed to tell the stories of people in recovery. Programs need to share these materials with all stakeholders and decision-makers. Wellness programs can consider doing outreach to those not currently involved in their programs

through, e.g., visits to hospitals, jails, outpatient clinic presentations, as well as to other provider organizations. Creating partnerships is one means of building power and influence. This includes creating partnerships not only with those within the behavioral health system but also with community agencies, funders, and culturally diverse communities. Visions—dreams—for the future of peer support need development and dissemination. Keeping the eye on the prize—people's recovery and wellness—needs to be integrated into all community conversations and program and policy development. Peers are the force to ensure that change is done with their recovery as the chief goal.

IMPLEMENTING INTEGRATED PEER SUPPORT SERVICES FOR RECOVERY		
VALUE/PRINCIPLE: ADVOCACY AND ORGANIZING		
Actions for Implementation	*Lead Person (Who will take the lead for the action?)*	*Timeline (For completion of the action)*
• Develop an issue list and a strategy for each to help with advocacy and organizing o Try to keep it possible and achievable, e.g., write a letter about an issue to local/state/Federal legislators o Present the issue to program participants and brainstorm strategies	•	•
• Invite experts in community organizing to train program participants and staff in advocacy and organizing	•	•
• Create a list of local community groups, coalitions, and workgroups. o Contact such organizations to ask for peer representation. Elicit volunteers to attend such meetings. o Create a link between primary care and peer support programs	•	•
• In OOO directors' meetings and in informal ways, share programs' plans to engage other programs and expand the effort	•	•
•	•	•
•	•	•

CONCLUSION

This toolkit is a mechanism point for thinking about and implementing integrated services in peer support programs. The ideas and information presented are intended to serve as ways to begin (or further) the conversation, to incorporate respect in all discussions, and to provide practical suggestions on ways to get started or move forward. Clearly, everyone's experiences, ideas, and suggestions will enhance any effort that programs undertake to integrate services. No single person or organization has all the answers. Solutions and services must develop so as to meet the individuals in each program as they are unique and have specific needs and experiences. Though differences continue in approach and strategy, coming together as human beings with a focus on improving lives, sharing ideas, and moving forward in ways that are fulfilling and satisfying can help to bridge those differences and gaps. Let's all come together and get moving!

INFORMATION FOR SIGNS AND POSTERS
(Add art work and other creativity!)

"Recovery is a personal choice that's hopeful, respectful, honest, mutual, and strengths-focused, non-judgmental, and person-driven."

"Ask us about resources. We're here to help!!! We're all in this together."

"The journey and process of recovery has its ups-and-downs. We celebrate the ups and help with the downs."

"Peer support means we've been there!"

"Peer support celebrates differences and recognizes what we have in common."

"Listen with emotional sensitivity."

"Tell us how we can help. We're here for you and for each other!"

Post three rules for your program: (1) Here, we respect each other in words, dress, and behavior; (2) please don't come in high or intoxicated. We can't help then. But do come back when you're feeling better. (3) Please don't lend or borrow. It causes arguments.

"Maybe the reason nothing seems to be 'fixing you' is you're not broken!"

"HOPE"

"Just because you think you're worthless or others have said it doesn't make it so. We know better."

"It's okay some days simply to get out of bed, breathe, and put one foot in front of the other. Often, that's the definition of courage."

"Just keep starting."

"It's okay to love yourself. That's where love starts."

"I'm the same person I was before you found out I have a behavioral health problem."

"Every little victory counts."

"Relapse isn't starting over. It's starting again from where you left off."

"Be positive."

“People have to know you care before they care about what you have to say.”

“It’s ok to ask for help.”

“Recovery isn’t an end point. It’s a process.”

“My recovery isn’t the same as yours. It’s mine.”

“We all need each other.”

“Each day builds on the previous day’s learning.”

“Celebrate you!”

National Suicide Prevention Lifeline. 1-800-273-TALK (8255), 24/7

“Take a step each day, however small, to reach what you want.”

“Labels are for cans. Not people.”

“Believe in yourself.”

“Start loving all the goodness in you instead of judging what you don’t like.”

“Everyone has layers of crap—some are just more visible than others.”

“I have a mental illness (or substance use problem). I am NOT a mental illness or substance use problem.” CHANGE AS YOU LIKE.

“It takes a lot of strength to struggle.”

“Focus on how far you’ve come not how far you have to go.”

“Walk in each other’s shoes.”

“Starting to recover is a decision.”

“Decide that you’ll be what you want rather than what others say you are.”

“Take a deep breath. Relax.”

“Not every feeling is a symptom.”

“How you feel is how you feel.”

“Peers are the best.”

RESOURCES

Connecticut Community for Addiction Recovery (CCAR): Is a central resource in Connecticut for all things recovery. Has developed curricula and other resources related to recovery.

Health and Recovery Peer (HARP) Program: A peer-led intervention to improve medical self-management for people with serious mental illness.

National Empowerment Center: Works to carry recovery, empowerment, hope and healing to people with lived experience.

National Association of Mental Health Program Directors (NASMHPD): Has information and tools for addressing trauma. www.nasmhpd.org. Webinars on trauma-informed peer support. Includes Powerpoint slides and recordings.

Partners for Recovery (SAMHSA): Addresses issues of national significance, driven by the individuals, families, and communities served. This initiative supports and provides technical resources and builds capacity and improves services and systems of care.

Peer Support Program Toolkit: Created at the University of Colorado by the Behavioral Health and Wellness Program to provide evidence-based information to help individuals and organizations understand the importance of adding peer specialists to their team.

SAMHSA's Recovery Community Services Program (RCSP): Advances recovery by providing peer recovery support services across the nation.

SAMHSA's Brining Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS): Activities include conducting expert panels to disseminate knowledge in areas of interest, develop recommendations, award sub-contracts to support peer-run organizations, recovery community organizations, states, territories and tribes to promote recovery and improve collaboration. These awards are done on a competitive basis. Also provide training and technical assistance through telephone consultation, e-mail resources, peer learning, webcasts, etc.

SAMHSA's Recovery to Practice Initiative: Works to incorporate the vision of recovery into the everyday practice of mental health professionals.

SAMHSA's Voice Awards: Works to build greater public acceptance and understanding of behavioral health issues by helping to educate the entertainment industry.

Western Massachusetts Recovery Learning Community: Has created a handbook on implementing peer roles.

Wellness Coaching: A New Role for Peers, created by Dr. Peggy Swarbrick, discusses peer roles as wellness coaches.

Whole Health Action Management (WHAM): Is a peer support in-person, 2-day group training to train peer recovery staff to help people they serve to set and achieve whole health goals. This training is also available in Spanish.
Recovery Oriented Systems of Care (ROSC): Builds communities to promote recovery for individuals who have lived experience with substance use.

SAMHSA's Primary and Behavioral Health Care Integration (PBHCI) Program: Webinar outlines the principles of recovery-oriented health care.

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