



Peer Support in Drug Courts

Announcer:

Welcome, and thank you for listening to this recording, part of the Comprehensive Opioid Abuse Program (or “COAP”) podcast series. COAP 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 COAP sites across the nation.

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Elizabeth Burden:

You're listening to “The Power of Peers,” a podcast produced by the Peer Recovery Support Services Technical Assistance Center, a project funded by the Bureau of Justice Assistance Comprehensive Opioid Abuse Program. 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, Elizabeth Burden. Welcome to this podcast series that focuses on peer recovery supports.

May is National Drug Court Month, so in this edition, we're highlighting the work that peer specialists do in drug courts, in two segments excerpted from webinars presented in 2018. In the first, we hear from S. Bailey Davis, Director of Community Justice Programs in the University of Alabama at Birmingham Department of Psychiatry and Neurobiology. He discusses the core philosophies of peer supports.

In the second, we hear from Jessica Defrees, the Project Director of REACH Too, a program of Consumer Voices Are Born in Vancouver, Washington. She describes one comprehensive model of peer recovery support services for therapeutic court participants.

Jessica Defrees:

S. Bailey Davis has worked for the UAB School of Medicine, UAB being the University of Alabama Birmingham School of Medicine, as well as the University of Alabama Birmingham TASC programs, for 18 years.

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He received his master's in rehabilitation counseling from the University of Alabama at Birmingham in December 2000. Prior to working for the UAB TASC Program, he worked as a counselor with a variety of populations, including people with HIV, homeless teens, and individuals with severe substance abuse disorder mental health diagnoses.

Currently, he is the Director of Justice Programs for the UAB School of Medicine, including oversight for all adult criminal, adolescent, family-related treatment court programs, community correction program, including both front and diversion of reentry, adolescent prevention and mentoring program, and pre-trial release services for Jefferson County, Alabama.

Again, welcome, Bailey, and thank you so much for sharing your expertise. Turn it over to you.

S. Bailey Davis:

Just to begin off a little bit, Alabama is a little bit different and over the past few years, they kind of created their own level of certification for peer support. As the peer support movement started in the state of Alabama, they wanted to make sure that there was a consistent training model that went across all disciplines for everyone. They do a substance abuse certification as well as a mental health certification. The minimum qualifications for somebody that is getting a peer support certification in our state is to have a minimum of two years' continuous demonstrated recovery time in their substance abuse and/or mental health and/or co-occurring disability. They are willing to self-identify as that to work with people.

Currently, for at least with the UAB portion of it, you have to have a high school diploma or GED, driver's license, the general things, as well as references, 40 hours of ADMH, which is the Alabama Department of Mental Health-approved certified recovery support specialist training and pass an exam.

As they go through the training, they kind of come out with an understanding of recovery from substance abuse and mental health disorders, an understanding of the disorders and the system of care that is necessary to connect people to those disorders for navigation, basic knowledge of the empowerment of goals for the consumer movement, can work with individuals in group, knowledge of consumer rights and advocacy, which is extremely important.

The Alabama Department of Mental Health covers the cost for all trainings and hotel accommodations for any peers that are seeking certification. Over the course of the 40 hours, they will help pay and to support that so we have a knowledgeable, consistent peer representation within the state.

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A little bit about my programs and that will hopefully spur up some discussion a little bit later: I oversee community corrections, as well as specialty courts, which would be your drug court, your mental health, veterans' court, as well as a theft court program. With all of that, there are peers at all levels of that program. When I came on about two years ago, peers were generally used just to fill empty slots, which is a problem, and so we went and looked at Samson's Definition for Best Practice and began to transition our model into that. Anybody on my side, which is the criminal justice piece of it, currently have to have the CRSF certification process. I saw somebody who asked that question earlier; the CRSF is monitored specifically by the Alabama Department of Mental Health, so it's independent of me and of our organization, so it's a professionalization of the peer movement within our state to where they are able to get their own certification, and the hours that help maintain that for future employment.

We've talked about our first contact at intake, which helps to minimize resistance. So anybody walking in the door that is community corrections and/or specialty cohorts, the very first contact they'll have with anybody is going to be our peer recovery support services—and that is to sort of minimize the trauma that might go along with anybody coming into this sort of environment, but helping to get more information and to help them navigate the intake process and post-intake process. We mentor in specialty courts, and their role as well. We have them in all of our courts: drug courts, mental health courts, veterans' courts, and family wellness court, which are primarily about reconnection of families. That would involve our Department of Resources here, potentially child advocates, and working people through our process to connect them back to families. We will have substance abuse and mental health people working with all of those populations just because we may have co-occurring disorders, and we need to have a blend of that.

We have five core philosophies that we kind of work on here and working with peer recovery support specialists. It's about minimizing trauma, being aware of trauma, and trauma recovery support. We try to identify that early, understand that people are coming in with different levels of trauma, and try to make sure that we are mitigating that at all processes.

Professional certification—we want to make sure our peers are independent and have their own set of standards that they are following, much like licensed professional counselors, as well as certified case managers—they have their organization, their own independent sort of certification process. Linkage peers, and in my opinion and our organization's opinion, are the most able navigators to all of our community resources, so they are available at any point in the system. We peers believe that instrumental continued motivation for all the participants in all of our programs whether that is peer mentoring over

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the course of the programs or coaching, as well with the employment piece, and inspiring hope that people understand recovery is possible.

So the element for success, some of what I've discovered over the course the last two years here are to make sure we are staying true to the strength that peers have and to the recovery certification process that they have gone through. In the past, they were just used to fill gaps that were within the agency, which we found were demoralizing for not only the peers that were coming, but very fragmented services, and when we began to really tailor down what it was we felt like, according to SAMHSA, what best practices were for peers. We had a higher rate of success and outcomes with a lot of participants that were in the program.

In meeting the needs that they had, we really define employment being one of our strongest suites on how we sort of move forward, as well as connection to medication-assisted treatment and working more closely with our clinical operation, where there had not been peers before.

Number two, we want to make sure peers have a sense of community and a voice within our organization. They are a specific program within our organization. They have just as much of a voice as our drug courts, our community corrections program. They regularly, if they're off-site, they have the opportunity to meet together and have their own meetings and come to bear, at budgeting times, what is needed for the best of serving our participants as well as the health of our organization. I think three is pretty self-evident, utilizing peers at all intercepts of the criminal justice system and our formal treatment system. We are firm believers that peers only enhance the outcomes for all participants at all levels of our agency.

Elizabeth:

Good. Our next guest is Jessica Defrees. She is a person in long-term recovery from substance use disorder and a graduate of the Clark County drug court. Miss Defrees has a bachelor's of science degree in psychology with a concentration in addiction studies from WSU Vancouver.

Washington State University, is that right, Jessica? She is a CCAR, Connecticut Community for Addiction Recovery, recovery coach and trainer, as well as an experienced WRAP facilitator. Jessica is currently the Project Director of Consumer Voices Are Born REACH Too program, which is a SAMHSA-funded peer-to-peer mentor program for the Clark County therapeutic courts. She lives at home in Vancouver, Washington, with a husband and four cats and—I have no idea how to say the name of this terrier—Cairn Terrier.

Jessica:

Cairn Terrier. Yes. Hi, everyone. As Liz said, our program is funded through a peer-to-peer SAMHSA grant. We're actually in the second round of that grant. We've been awarded it a second time, so we are in our fifth year now. The core element of our program is the one-on-one recovery mentoring. We work both with the therapeutic courts, the drug court, family treatment court, and substance abuse court here in Clark County, and we also work with the jail reentry program. We have two full-time

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mentors working with the jail reentry program. They go into the jail, meet with folks before they're being released, meet them on release day, and work with them for the next few months, helping to support them in their recovery and getting started. We also have 20-plus volunteer mentors working in the drug court. All of our members are drug court alumni. We also have groups in classes, besides one-on-one mentoring. We have support circles, which are small, mentor-led process groups. We have art classes, life skills classes, prosocial activities, including potlucks and game nights, and we also have a softball team that plays in the recovery league.

Our recovery mentors work with people to help them find housing, find employment, offer them social support, and accessing community resources. We work closely with the treatment team and the drug court team, and oftentimes we can go out and work with people in the community, where the drug court team, the attorneys, and the treatment can't do that. We really bridge that gap for the participants.

In Washington state, four certified peer counselors on the mental health side. They have a 40-hour training and a state certification. They do not have that yet for substance use disorder side, but we are working on that. Many folks, though, here in Washington state, have gone through the CCAR recovery coach training. They're with an ATR fund used across the state to put on a lot of those trainings.

And in my own program, we have a training I put together from pieces of other trainings, and that's what we use. It's 4-hour core training, and then 2 hours continuing modules. CVAB, our parent organization, is completely peer-run; everyone who works here is a peer. We support each other on a day-to-day basis. I think without that, it would be a really hard job. It's already a really hard job. There's a lot of burnout. We really use each other to bounce ideas off of and support each other when something hard is going on, some trouble going on. I think it's really important to have access to other peers doing the work.

Our program grew really slowly, and I think that, even though I was in-patient at the time, I wanted it to be up and going. I think that was really good for us; that we just started out with just the one-on-one volunteer mentors, and then we started adding groups and classes. And then we added two more full-time staff to do the jail reentry. I think that that slow growth was really good for us. But it was hard to be patient and wait for it to grow. I think, I don't know if I would do anything different, but I think there are things I do want to add and focus on, and that would be getting into some sober housing that we would—we do manage one house for women in drug court, but there is a real need for more housing, and so as we move forward we are going to focus on that a little bit.

And then the other part would be if I could somehow get more training for our mentors. Because they're volunteers, you can't expect 40 hours

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from them, because they have regular jobs. And what we came down to with the 4 hours of core training and then continuing modules; it's worked well for us, but I do wish they could have more training—that I could make it happen somehow.

Elizabeth: That completes this episode. Thanks for listening. This podcast was brought to you by the Peer Recovery Support Services Technical Assistance Center, the project funded by the Bureau of Justice Assistance's Comprehensive Opioid Abuse Program and staffed by Altarum. You'll find more information about the Comprehensive Opioid Abuse Program at coapresources.org. That's C-O-A-P resources dot O-R-G.

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