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# *Certified Peer Recovery Specialists & Family Support Partners*

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A Handbook

*USING LIVED EXPERTISE AND TRAINING TO BE A GUIDING LIGHT  
ON THE JOURNEY TO RECOVERY FROM SUBSTANCE USE AND  
MENTAL HEALTH CHALLENGES*



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## INTRODUCTION

Welcome to the Certified Peer Recovery Specialists (CPRS) and Family Support Partner (FSP) booklet. This booklet was developed, updated, and provided by Region 4 Regional Coordinators as a resource for aspiring CPRS & FSPs, clinical staff, and anyone else seeking education regarding peer support. This booklet also serves as a valuable resource for current CPRS, FSP and community members who are seeking information and resources to support recovery.

We could not have completed this booklet without the valuable contributions and support from the following individuals and groups:

Department of Behavioral Health and Developmental Services (DBHDS)  
Office of Recovery Services (ORS)  
Vocal Virginia  
Region 4 Peer Recovery Specialists and Family Support Partners  
Region 4 Community Partners  
Region 4 Programs Team

Becky Sterling & Mary McQuown

Thank you for all of your assistance and support.

Sincerely,

Carla E. Pappas, R-CPRS, COAPS  
Lead Regional Peer Recovery Specialist Coordinator  
Bently Wood, R-CPRS, COAPS, iFPRS  
Lead Regional Peer Recovery Specialist Coordinator

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## Region 4 Recovery Services Vision Statement

Our vision is to create strong collaboration between CPRS & FSP staff, clinical staff, peers receiving services, and stakeholders. We strive to educate and provide resources for peers, supervisors, and community partners. We do this to ensure that peer services are valued, utilized, and are a meaningful part of the process for providing recovery-oriented services. We recognize that working together we can make recovery a reality for anyone who desires to find their best self.

### Who We Are

The Region 4 Lead Regional Peer Recovery Specialist Coordinators support the peer workforce in Region 4. We do this through training individuals who wish to enter the peer workforce along with providing ongoing training and education for the existing peer workforce. We serve on regional and statewide workgroups, committees, and teams to facilitate the growth and improvement of peer services and to stay abreast of developments regarding those services. We also manage the Region 4 Recovery Services Peer Academy Internship Program.

### Recovery Services Peer Academy Internship Program

The Peer Academy Internship Program is an innovative approach to building a quality CPRS & FSP workforce. The Region 4 Peer Academy Internship Program combines training and firsthand experience equipping new peer specialists for employment success within behavioral health programs.

**PROGRAM GOALS:** There are five primary goals of the Peer Academy Internship Program:

1. Provide additional recovery-oriented trainings to the interns.
2. Place, at minimum, one intern at each of the CSB/BHA's in Region 4 to complete the program provided there are qualified applicants.
3. To further the intern's growth and development while shadowing an experienced mentor.
4. To equip new peer specialists for employment success within the behavioral health system.
5. To have interns complete the 500 hours necessary to become CPRS's in the Commonwealth.

## What is a Certified Peer Recovery Specialist

A CPRS is a person with lived experience from mental health and/or substance use challenges who has received specialized training. The CPRS role is to provide non-clinical, person-centered, strength based, wellness focused, and trauma informed support. The CPRS meet people where they are and walk alongside them providing hope, critical thinking skills, coping skills, identify barriers, goal setting, and provide education on wellness and recovery with the person receiving services always deciding for themselves these measurable and personalized goals.

## What is a Family Support Partner

An FSP is trained as a CPRS working with families who offers hope, guidance, advocacy, and camaraderie for parents and caregivers of children and youth receiving services from mental health and/or substance use challenges. Parent support providers deliver peer support through face-to-face support groups, phone calls, or individual meetings. They bring expertise using their own lived experience

parenting children or youth with social, emotional, behavioral, or substance use challenges, as well as specialized training, to support other parents and caregivers. Working within a peer support framework that recognizes the power of mutuality and experiential understanding. Parent support providers deliver education, information, and peer support while assisting the caregiver as they navigate the complex behavioral health system in Virginia (Obrochta et al., 2011).

## The Role of a CPRS & FSP

A black square with white text that reads: "I WANT TO INSPIRE PEOPLE. I WANT SOMEONE TO LOOK AT ME AND SAY 'BECAUSE OF YOU I DIDN'T GIVE UP.'"

### **Provide Hope**

Share parts of their recovery story in a way that provides hope to others.

A square image with a dark background and glowing orange-red text that reads "Role Models".

### **Serves as a Role Model**

Serve as a role model for recovery, wellness, and self-advocacy.



**Provide Feedback**

Provide feedback and insight into the value of each individual's unique recovery.



**Identify Barriers**

Once individuals have established their own goals the CPRS explores any barriers the individual may have to achieving their goals and any positive strategies for developing coping skills & wellness tools.



**Assist With Recovery Plan**

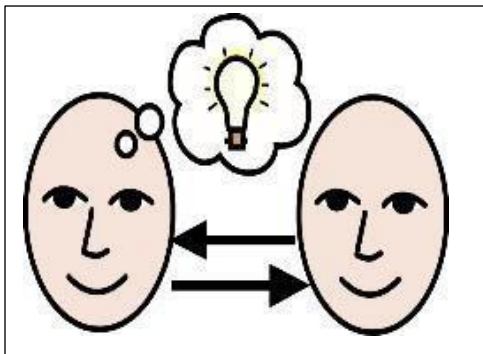
Assist with personal wellness/recovery plan and identify ways to reach goals using a person-centered approach.





### **Identify Strengths**

Support the individual's continued growth and resilience by assisting them in recognizing and developing skills and tools to continue strengthening their recovery.



### **Share Strategies**

Share effective and positive strategies for developing coping skills and wellness tools.



### **Have a Mutual Relationship**

Establish and maintain a peer relationship based on mutuality rather than a hierarchical relationship. Partner to facilitate recovery dialogues and other evidence based/best practice methods.



### **Self-Determination**

The CPRS or FSP walks alongside an individual or family. Supporting them on the journey for autonomy as they discover their best life.



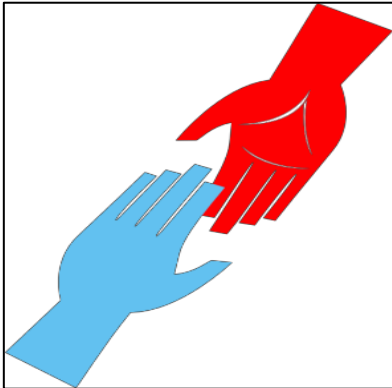
### **Clarify and Enhance Self-Advocacy Skills**

Encourage and model independent behaviors that are based on informed choice. Assisting peers in developing empowerment skills through self-advocacy.



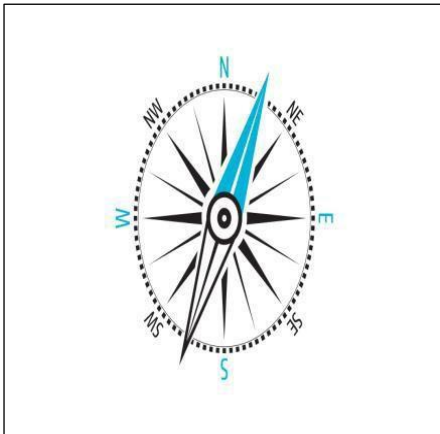
### **Accompany people through intake and discharge process**

Accompany people through the behavioral health service intake process. Accompany people through the discharge process, with person-to-person, face-to-face follow up after discharge of person. Help people identify and implement service exit strategies.



### **Provide Outreach**

Provide outreach to people who have frequent inpatient experiences. Provide outreach to people who have been reluctant to engage with the behavioral health system.



### **Help Navigate**

Enhance the person's/family's ability to navigate the systems of service delivery related to their written wellness-recovery plan or individual service plan.



### **Support Vocational and Educational Choices**

Support the vocational and educational choices of peers and assist them in developing strategies for overcoming educational or job-related behavioral health challenges that lead to independence.



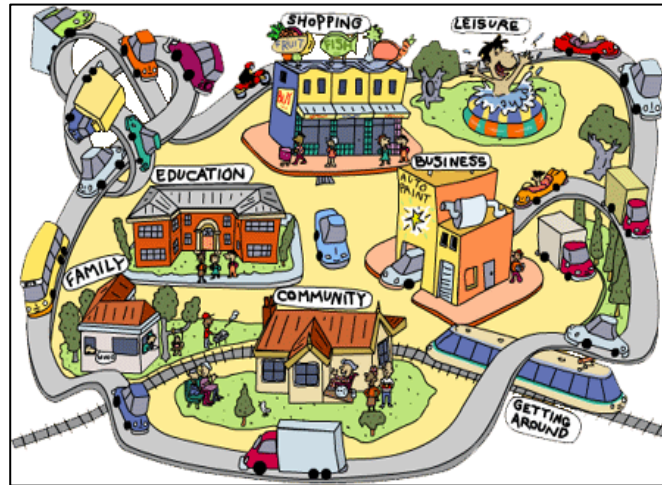
#### **Provide Education on Wellness and Recovery**

- Facilitate peer-to-peer evidence-based practices or best practices, such as Wellness Recovery Action Planning (WRAP), Dual Recovery, 12-Step groups, Whole Health Action Management (WHAM), High Fidelity Wraparound, and Action Planning for Prevention and Recovery (APPR), or other wellness tools.
- Facilitate non-clinical peer to peer recovery education and wellness coaching through group activities or one on one in topics such as stress management, healthy leisure activities, alternative treatment options, self-affirmation, recovery, wellness, or other tools to support the individual/family journey through healing.



### **Attend Meetings**

- Attend treatment team and program development meetings.
- Promote the use of self-directed recovery and wellness tools in individualized treatment planning.
- Facilitate the inclusion of the person being served in all meetings that relate to the delivery of their services and their healthcare.
- Share their unique perspective on recovery from mental health or substance use challenges with non-peer staff.
- Assist non-peer staff in identifying programs and environments that are advantageous to supporting recovery and wellness outcomes.



### **Mentor Community Integration**

- Provide community networking and linkage with social, recreational, spiritual, volunteer, educational or vocational resources.
- Assist the peer in identifying traditional and non-traditional community based support that sustains a healthy lifestyle.
- Provide opportunities to practice socialization, interaction, and engagement situations in the community.
- Support, encourage, and enhance the development of natural support systems, independent choices, and participation.
- Assist in the development of a community integration plan that sets milestones for an increased independent community involvement, showing a decrease of dependence on the CPRS/FSP.
- Support the peer with day-to-day problem solving to integration/reintegration into positive communities of choice.
- Assist other behavioral health care service providers in identifying program and service environments that support sustained recovery.

## What a CPRS or FSP is Not



### **Enabler**

Enabling occurs when individuals are not supported to do for themselves, leading to ongoing dependence. Enabling a person by allowing them to continue unacceptable behaviors does not support healing, wellness, and recovery. A CPRS or FSP is not enabling and believes everyone has the ability to learn and grow.



### **Having Power over Relationship**

Peer support is about self-determination and mutuality.



**There to Push an Agenda**

Peer workers do not make/force people into doing something.



**Not a People Fixer**

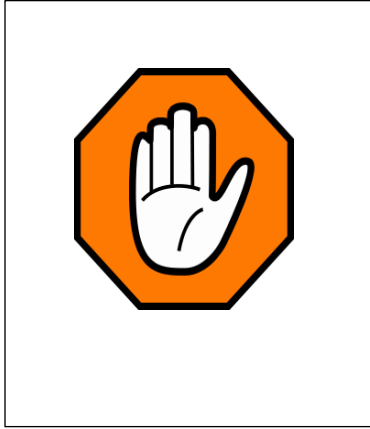
CPRS and FSP are not there to “fix” people. They are there to support people as they help themselves.



**Lived Experience Only**

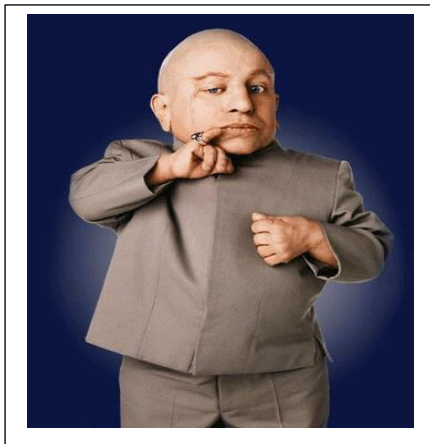
Not all people with lived experience of mental health and substance use challenges are destined to become a CPRS or FSP. An individual needs other skills and attributes to enjoy a successful career.





### **Vocational Rehabilitation**

Though CPRS and FSP work may have a secondary benefit to their own recovery. Individuals who possess the skills, characteristics, and potential are encouraged to consider a career as a CPRS/FSP. It is recommended it **NOT** be the only career choice for a person with lived experience.



### **A Practice Job**

A PRS or FSP is a unique, professional career. The Peer Recovery Specialist or Family Support Partner should be utilizing peer values, not mimicking other roles and professions, such as clinicians, case manager, therapists, or other members of a multi-disciplinary team.

## Characteristics of a CPRS or FSP

You may be interested in becoming a CPRS or FSP. While having lived expertise with mental health or substance use challenges is one requirement to seek a career as a CPRS or FSP, you should also possess the following characteristics.



### Suggested Characteristics of a Qualified Peer Recovery Specialist

(As stated in the Peer Recovery Specialist Training Manual developed by the Office of Recovery Services under the Virginia Department of Behavioral Health and Developmental Services.)



- Self-aware and connected to their authentic self
- Open-minded and accepting of themselves and others
- Respectful
- Flexible and adaptable
- Empathic
- Responsible
- Willing to grow and continue learning
- Self-empowered
- Honest
- Mindful and able to be present
- Inspiring
- Talented at seeing strengths in others
- Able to react in a mutual manner with peers

## Benefits of a CPRS & FSP

Studies indicate having a CPRS as part of the workforce helps in the following ways:

- Reduced hospitalization and reduced number of days spent in inpatient care.
- Decreased use of emergency rooms.

- Reduced substance use among persons with co-occurring substance use and/or mental health challenges.
- A decrease in participants' level of distressing symptoms and symptoms overall.
- Decreased experience of depression.
- Increased the degree to which participants felt their care was responsive and inclusive of non-treatment issues.
- Additional sense of control and ability to bring about changes in their lives.
- Increased sense of hope and degree of engagement in managing their challenges, degree of satisfaction with family life, positive feelings about themselves and their lives, social support, and sense of community and belonging.
- Enlarged social networks and enhanced quality of life.
- Peer support generates superior outcomes in the engagement of “difficult-to reach” people.

## National Evolution of Peer Support

**1770's** – The earliest sign of peer support began in the 1770's among Native Americans struggling with substance use issues.

**1909** – Mental Health America Founded.

**1935** – Dr. Bob & Bill W. founded AA and Lois Wilson founded Al Anon. These twelve step peer support programs spread worldwide as a pathway to recovery from drugs and alcohol.

*The following groups formed the foundation of the modern peer support and recovery movement. These groups wanted people to be treated with dignity and respect:*

**1948** – WANA-We Are Not Alone formed.

**1970** – Insane Liberation Front in Portland OR formed.

**1971** – Mental Patients Liberation Front in Boston formed.

**1972** – Network Against Psychiatric Assault in San Francisco formed.

*The following people are considered the “grandmothers” of the peer movement in the 1960-1970’s:*

**Judi Chamberlin** – was an activist, leader, organizer, author, public speaker, and educator in the psychiatric survivor’s movement. Her political activism followed her involuntary confinement in a psychiatric facility in the 1960’s.

**Patricia E. Deegan** – is a disability-rights advocate, psychologist and researcher living in the United States. She is known as an advocate of the mental health recovery movement and is an international speaker and trainer in the field of mental health.

**Sally Zinman** – became a ground-breaking activist after a negative experience in a mental health institution. Sally led efforts for state and national funding for recovery peer-based models of mental health treatment.

*Early leaders in the movement in the 1980-1990’s were:*

**Daniel Fisher** – became a psychiatrist after a psychotic episode at age 25. He is the co-founder and Executive Director of the National Empowerment Center. He was a member of the White House Commission on Mental Health from 2002-03.

**Joseph Rogers** – recognized for pioneering reforms in mental health care that empowered individuals living with mental health challenges who receive services and helped abate the stigma associated with mental illness. After a diagnoses with schizophrenia and being homeless, he became President and CEO of the Mental Health Association of Southeastern Pennsylvania.

**2004** – The National Association of Peer Supporters N.A.P.S. (Formerly

International Association of Peer Supporters – i.N.A.P.S.) was founded by a group of avid peer specialists in the state of Michigan, the organization has quickly grown with members from every state and now includes members from several countries outside the U.S. N.A.P.S. is a 501(c)(3), non–profit organization dedicated to growing the peer support movement worldwide.

**2006** – National Coalition for Mental Health Recovery formed. The mission for the National Coalition for Mental Health Recovery is that they will ensure that consumers/survivors have a major voice in the development and implementation of health care, mental health, and social policies at the state and national levels, empowering people to recovery and lead a full life in the community.

From 2000 to present individuals living with mental health and substance use challenges have increased involvement in the behavioral health system, many states have statewide peer networks, and Peer Specialist Certification Programs.

## Evolution of Peer Support in Virginia

**1937** – Mental Health America Virginia Founded.

**1986** – PAIMI Protection and Advocacy Act for Individuals with Mental Illness.

**1992** – Virginia Mental Health Consumers Association formed.

**1997** – SAARA founded. The evolution of SAARA began with a group of individuals who responded to a sign-up sheet circulated at a Substance Abuse Awareness Week luncheon in Fairfax County, Virginia in November 1996. After several preliminary meetings, the group drafted a mission statement, and shortly thereafter an attorney-consumer drafted the necessary incorporation papers.

Incorporation as SAARA of Northern Virginia was obtained in 1997 and the organization received its non-profit 501 (c) (3) status in 1998.

**1997** – NAMI-Virginia successfully advocated for State General Funds to support a PACT demonstration program.

**1997** – First PACT Team that included a Peer Specialist was established.

**1999** – Vocal Virginia was founded.

**2000** – By FY 2000, 15 PACT Teams were funded across the Commonwealth. That year, the Joint Subcommittee to Evaluate the Future Delivery of Publicly Funded Mental Health, Intellectual Disabilities and Substance Abuse Services (HJR 225) recommended the development of a plan for statewide implementation of PACT. To assist in this effort, a PACT Steering Committee was comprised of representatives from NAMI-Virginia, the Mental Health Planning Council (MHPC), the Department of Medical Assistance Services (DMAS), existing PACT providers, individuals receiving services, family members, and DMHMRSAS staff.

**2001** – The Virginia Human Services Training (“VHST”) program was established to meet and exceed the DMAS training requirements for billable paraprofessional (QMHP) providers.

**2002** – PACT was expanded to 12 CSBs and related DBHDS licensing regulations were issued. Regulation 12 VAC 35-105-1370 required a Peer Specialist to be part of the PACT Team staffing.

**2003** – Laurie Mitchell Employment Center (LMECC) was founded in Northern Virginia, a Peer Run Employment Center.

**2004** – DBHDS was awarded a grant from the Center for Medicare and Medicaid (CMS) entitled “Mental Health System Transformation: Real Choice Systems Change.” Among a number of efforts to advance recovery-oriented practices

through this project, Peer Specialist Training programs were evaluated and introduced to Virginia.

Vocal Virginia began its first WRAP Facilitator training.

MHA-Va held its first CELT classes.

First self-identified person with Mental Illness experience seated on DMHMRSAS Board of Directors.

**2005** – White Paper issued titled: “Implementing Illness and Recovery Management in Virginia’s Mental Health Service System: A Report of the Steering Committee of the Mental Health System Transformation Real Choice Systems Change Grant.” In response, DBHDS, DMAS, and DRS agreed to “collaborate with individuals receiving services, peer providers and community mental health services staff to design and implement peer specialist/provider training programs to expand the number and type of trained, reimbursable peer providers within Virginia’s mental health services system.

**2006** – The Planning Conference on Peer Support and Peer Specialist Training was held in Charlottesville to provide speakers, individuals in recovery who have lived expertise with mental health and substance use challenges, and providers with opportunities to discuss (a) Peer Support Services--what they are, what they can be and how to go about providing them; and (b) options for Peer Specialist training programs in Virginia

**2007** – Peer Specialist curriculum from Recovery Innovations of Virginia, and Ike Powell’s “the Georgia Model” introduced in Virginia.

Recovery Innovations of Virginia trains the first cohort of Peer Support Specialists.

**2008** – The Mental Health Association of Southeastern Pennsylvania (“MHASP”) was awarded a contract to provide four Peer Specialist training events in Virginia. A total of seventy-nine individuals with lived experience of mental health and



substance use challenges have been trained and awarded the Certified Peer Specialist designation from the MHASP Institute for Community Integration and Recovery.

The Mental Health System Transformation project subsequently increased the number of individuals with lived expertise of mental health challenges in leadership roles in Virginia’s mental health system through training and technical assistance.

**2008** – The Virginia Peer Support Coalition formed. The mission of the Virginia Peer Support Coalition is to promote the growth and quality of Peer Support Services, develop a strong and united Peer Workforce, and advocate for Recovery and systems transformation in Virginia.

PACT Teams plus three locally funded ICT Teams operate in Virginia with Peer Specialists as valued staff members. In addition, there are now approximately 124 Peer Specialists, and an estimated 95 (77%) are employed in community mental health settings.

**2009** – IN FY 2009, 43 Wellness Recovery Action Planning (WRAP) facilitators trained by Vocal Virginia.

**2010** – 12 People were trained as Instructors for Ike Powell’s Georgia Peer Support providers.

At that time, the current Peer Specialists working in Virginia had been trained in one of four models.

They are:

- Recovery Innovations Inc. (META Model).
- Appalachian Consulting Group, Inc. (Georgia Model),
- The Mental Health Association of Southeastern Pennsylvania.

- Virginia Human Services Training Center.

Mental Health Administrative Law Reform Commission recommends DBHDS should establish a Peer Support Workforce Development Commission to accomplish the following:

- Define the core competencies.
- Develop ethical guidelines.
- Develop a model career path program.
- Explore the value and potential benefits of establishing a certification program for peer support workers. Define the data and other information that is needed on a statewide basis to validate the effectiveness of emerging peer support practices.
- Establish a plan to assure that adequate peer support training and development resources will be available in the Commonwealth in the future.

DBHDS Creating Opportunities plan includes as their # 2 initiative: *“Develop infrastructure to increase peers in direct service roles and expand recovery support services.”*

Their focus areas included address funding and administrative barriers to peer-provided services and supports, develop, and implement a peer specialist training program in the Commonwealth and establish peer support as a discrete Medicaid service.

State Psychiatric Hospitals are involving individuals receiving services in peer-to-peer opportunities through the use of Peer Supporters. Eastern State Hospital responded to the growing need by developing Peer Support training programs.

Many public health agencies are developing Consumer Advisory Councils. CSB's and BHA's are looking for ways to involve peers receiving services in the workforce. DBHDS has encouraged CSB's to conduct recovery-oriented satisfaction surveys.

**2013** – DBHDS established the “Creating Opportunities Peer Support Planning Committee”:

That committee recommended the creation of an Office of Recovery Services.

They recommended the use of IC & RC (Virginia Certification Board) as the certifying agent because IC&RC standards most reflected the core standards the workgroup had identified as being essential for a Virginia Certified Peer Recovery Specialist. The Virginia Certification Board is a member of IC & RC.

This team also identified the title “Certified Peer Recovery Specialist” They utilized the title most familiar with the SA recovery communities; “Recovery Coach and the term most familiar to the MH recovery communities; “Peer Specialist” and united those titles into Peer Recovery Specialist.

The team comprised of people who experienced Substance Use and Mental Health Challenges spent several years crafting recommendations regarding the content of curriculum that would train Peer Specialist to work in either arena. It was determined that the Curriculum must meet Virginia Certification Board criteria and have minimally taught in the following topic areas:

- Current Body of MH/SA Knowledge.
- Recovery Process - Promoting Services, Supports, and Strategies.
- Crisis Intervention.
- Values for Role of Recovery Support Specialist.
- Basic Principles Related to Health and Wellness.
- Stage Appropriate Pathways in Recovery Support.
- Ethics & Boundaries.

- Cultural Sensitivity and Practice.
- Trauma and Impact on Recovery.
- Community Resources.
- Delivering Peer Services within Agencies and Organizations.

**2013** – Virginia adopts Psychiatric Advance Directives. As a result of collaboration between: DBHDS, VOCAL, VOPA, and UVA.

In December 2013, The DBHDS Creating Opportunities stakeholder group charged with making recommendations about Peer Workforce Development submitted recommendations specifying knowledge, skills, and abilities for certification of Peers in Virginia. They recommended the use of IC & RC as the certifying agent because IC & RC standards most reflected the core standards the workgroup had identified as being essential for a Virginia Certified Peer Recovery Specialist. IC & RC were also the certifying body with experience that was willing to be flexible allowing Virginia’s certification process to be unique to Virginia’s needs while exceeding IC & RC standards.

**April 17, 2015, to July 17, 2016** – Grandparenting Phase for Virginia Peer Recovery Specialist Certification.

**2016** – DBHDS 72 Hour State Curriculum implemented.

**2017** – Medicaid announces funding for Peer Support Services.

Supervisor Curriculum developed.

First Training of Trainers for Peer Support Specialists 72 Hour Training.

**March 2024** – There are 1,263 Certified Peer Recovery Specialists in Virginia

## Resources Available to All of Virginia

**Vocal Virginia** – No one fights harder for a cause than someone who has been directly affected by it. When it comes to mental health, Vocal Virginia speaks from experience. As leaders who face our own mental health challenges, we bring a unique perspective to advocacy, education, and collaboration that empowers us to better champion the right for everyone to have access to quality mental health services and support. Virginia’s only peer organization where all members of staff and board have lived expertise with mental health challenges. Membership is free. Visit [www.vocalvirginia.org](http://www.vocalvirginia.org) or call 804-343-1777 for more information.

**Mental Health America of Virginia** – (MHAV) is a 501(c)(3) non-profit mental health organization working with recovery, wellness, and healing as the foundational tenets behind our educational peer-run programs. Our mission is to educate, empower, and advocate on behalf of individuals, communities, and organizations to improve mental health and reduce the conditions which impede mental wellness. MHAV’s vision is that all people in Virginia can achieve optimal mental wellness. For more information go to [www.mhav.org](http://www.mhav.org) or call 804 257-5591. Toll free line 866-400-6428

**Mental Health American of Virginia warm line** – If you are in distress or just need someone to talk to: 1 866-400-MHAV (6428)

**ALIVE RVA Warm Line** – A 24 hour seven day a week resource line for individuals that live with Mental Health and Substance Use disorders. The trained peer that works on the Warm Line will assist the caller with a listening ear of empathy and compassion; and the Peer will also link the caller with contacts to resources such as housing, treatment centers, shelters, food pantry’s, clothing closets, and medical

care. 833-4PEERVA (833-473-3782)

**NAMI Virginia** – Our mission is to promote recovery and improve the quality of life of Virginians with serious mental illness through support, education, and advocacy. We envision a world where all people affected by mental illness get the help, hope, and support that they need. For more information go to [www.namivirginia.org](http://www.namivirginia.org) or call 804-285-8264.

**Family Support Partners of Virginia** – Family Support Partners of Virginia, Inc. is a peer support service provider with a focus on supporting parents/caregivers and their youth who are navigating the child behavioral health system in Virginia. We are the only family-run, statewide organization in Virginia providing formal parent & youth peer support. For more information call us at 804-723-1215 or check out our website <https://www.fspofva.com/>

**SAARA** – is a statewide organization that advocates, educates, and supports individuals, families, and communities affected by substance use disorder (SUD) and the disease of addiction. For more information, please visit [www.saara.org](http://www.saara.org) or call **804-762-4445**.

## Regional Resources that Offer Peer Support

**Family Advocacy Creating Education and Services – FACES** is a grassroots organization that provides support, education and resources for families that care for a loved one who lives with mental health challenges. FACES has created a place that not only provide the family with support but education, friendship, and a sense of solidarity. FACES wants families to know that they are not alone, that there is a strong advocate fighting for them and fighting to break the stigma commonly associated with mental health challenges.

FACES supports individuals and families with two support groups a month and 10 annual community education meetings featuring highly regarded speakers in the mental health field who discuss legal, research, medical, crisis management, pharmacy, and other relevant topics.

FACES has expanded its outlook by co-founding the Chesterfield Suicide Awareness and Prevention Coalition in 2015, partnering with American Foundation For Suicide Prevention by hosting an International Survivor of Suicide Loss Day event since 2015, hosting three suicide prevention seminars, becoming involved in the planning and implementation of Crisis Intervention Training (CIT) for Chesterfield County Police Department and are presenters at CIT training sessions, partnering with Community Service Boards in Chesterfield, Richmond and Henrico to advocate for better funded services,

FACES is located at 11601 Lucks Lane Midlothian, VA 23114. For more information call 804-378-0035 or visit our website [facesva.org](http://facesva.org)

**Robin's Hope** – Our mission is to provide hope and resilience to those impacted by traumatic events in life. Trauma knows no bounds and it can leave us feeling very alone and isolated. We utilize the strengths of those with lived experience and professional experience. We keep it real, and we are serious about connecting, growing, and healing. Our calendar is online at [www.robinshope.com](http://www.robinshope.com) or give us a call at (804) 608-9389.

**Health Brigade** – Health Brigade offers an integrated, comprehensive, creative approach to health and wellness. We not only meet the clinical quality standards of the traditional health system, but we often exceed them in compassion, care coordination, cultural sensitivity, and patient satisfaction. Our services are offered to individuals that are uninsured or have Medicaid. We offer **Primary Care doctor visits, Mental Health Counseling and Medication Management, HIV, HCV, and STI Testing, HIV Case Management, Trans Health Services, Needle Exchange, and Peer Services**. For more information visit our website <https://www.healthbrigade.org/> You can reach Health Brigade at (804) 358-6343.

**Daily Planet Health Services (DPHS)** – Established in 1969, Daily Planet Health Services is a federally qualified health center. Serving Richmond City and surrounding counties, DPHS’ primary population is individuals experiencing homelessness and housing instability with secondary populations of those living in and around public housing, in shared housing (doubling up) and those living with HIV.

DPHS offers comprehensive health and supportive services include primary care, mental health, substance use, oral health, pharmacy counseling, health education, case management and outreach. For more information, please visit [www.dailyplanetva.org](http://www.dailyplanetva.org) or call (804) 783-2505.

**The Healing Place** – Provides a pathway to recovery for men struggling with drug and alcohol addiction. Our long-term nationally recognized recovery program is a place where hope is found, and change happens. For more information go to [www.caritasva.org](http://www.caritasva.org) or call 804-358-0964.

**The SAARA Center for Recovery** – Is a peer run Recovery Community Center open Monday through Friday, the Center offers groups and one-on-one peer support to those in recovery from addiction and/or mental health challenges. For more information go to [www.saara.org](http://www.saara.org) or call 804-762-4445.

**The Richmond Veteran Affairs Medical Center** – Offers peer services to help support Veterans in their recovery. Peer specialists provide supportive services, skill building, advocacy, outreach, individual and group services, assistance with goal setting, and assistance with navigating the VA health care system. Peer specialists are part of multiple clinics in the Richmond VAMC including Primary Care, Psychosocial Rehabilitation and Recovery Center, Mental Health Outpatient Clinic, Substance Use programs, and Compensated Work Therapy programs. Richmond Veteran Affairs Medical Center 1201 Broad Rock Blvd Richmond, VA 23249 804-675-5000 x5411



**True Recovery RVA** – Provides safe, supportive recovery housing and is dedicated to providing a comprehensive spectrum of support for individuals on their recovery journey. With a holistic approach that addresses both immediate challenges and long-term goals, the organization offers services ranging from peer recovery support to employment assistance. Each service is designed to empower participants, ensuring they have the tools and resources necessary for sustained personal growth and recovery. Contact information True Recovery Line 833-878-3732. For additional information please contact Burnic Sprouse, Director of Admissions 804-664-3438 or check out our website

<https://www.truerecoveryrva.com/>

**ALIVE RVA Warm Line** – A 24 hour seven day a week resource line for individuals that live with Mental Health and Substance Use disorders. The trained peer that works on the Warm Line will assist the caller with a listening ear of empathy and compassion; and the Peer will also link the caller with contacts to resources such as housing, treatment centers, shelters, food pantry's, clothing closets, and medical care. 833-4PEERVA (833-473-3782)

**Mental Health American of Virginia warm line** – If you are in distress or just need someone to talk to: 1 866-400-MHAV (6428)

**The Dandelion Hive** – The Dandelion Hive is a peer-led LGBTQIA+ non-profit that collaborates with community and professional partners to increase funding and programming around mental health and recovery resources that center the most marginalized and intersectional people in the LGBTQIA+ community.

The Dandelion Hive currently operates a 7-bed VARR certified recovery house on the northside of Richmond for people in the transgender community seeking safe and affirming recovery housing. We have in-house peer recovery services. We coordinate LGBTQIA+ mental health workshops with local community partners. We create and facilitate training sessions on LGBTQIA+ topics in mental health and recovery spaces or for those who interact with these spaces. We created and now maintain the LGBTQIA+ and BIPOC resource search website [www.vacreh.com](http://www.vacreh.com) as

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part of the Marcus Alert Project at Intercept-0. For more information, please visit our website [www.thedandelionhive.org](http://www.thedandelionhive.org).

**Focused Outreach Richmond** – Since 2011, Focused Outreach Richmond (FOR) has devoted its energy to passionately assisting those with significant barriers. These barriers may include homelessness, incarceration, substance abuse and/or addiction, domestic violence, and psychopathology. For more information go to [www.focusedoutreachrichmond.org](http://www.focusedoutreachrichmond.org) or call 804-419-4184.

**HYPE Counseling Services** – With a 17-year history, HYPE is no stranger to servicing the community with high quality services to meet the needs of the individuals who need it most! Over this time, HYPE (and its ecosystem) has built an array of services that aligns with that of an integrated healthcare system. These services include, but not limited to, a substance use continuum, various mental health services, psychiatric services, comprehensive crisis services, and of course a strong Peer Support Services department to support our different services for individuals in recovery. HYPE takes a person-centered approach through a very wide lens to holistically treat individuals who struggle with the disease of addiction. HYPE is a CARF accredited and DBHDS Licensed Agency that believes heavily in impacting the community it serves. For more information go to our website <https://hypecounselingservices.org/> or call us at 804-213-0259.

**Atlantic Outreach Group** – Is a Richmond based non-profit that has two core competencies: Food and Recovery. In addition to currently providing food to over 600 families per week in the Richmond community to those that are disabled and/or unable to procure adequate food for themselves, AOG also provides recovery housing, peer support, and a full array of wraparound services to participants within their collaborative Substance Use and/or co-occurring Mental Health focused, Fresh Start Program which houses up to 90 participants seeking recovery from Substance Use and Mental Health challenges with the focus of sustained recovery and wellness for all participants at the forefront of their efforts. Lastly, Atlantic Outreach Group is able to provide aftercare to Fresh Start graduates

in their Prevention Plus Sober Living Program which provides affordable recovery housing, atmosphere of recovery, weekly peer groups, and other collaborative supports. For more information go to our website <https://www.aog4u.org/> or call us at 804-308-2648.

**The McShin Foundation** – is a 501-C-3, non-profit and peer-run organization, located in Richmond, Virginia whose mission is to deliver a message of hope to people seeking recovery from substance use disorder (addiction) and to facilitate their journey to a healthier life. Since its inception in 2004, McShin has provided recovery support services, peer recovery support services, peer development, intervention services, housing services, community resource services, recovery education and advocacy, judicial recovery programming, and a speaker series to the community of Richmond, Virginia, as well as surrounding areas. Additionally, McShin has incorporated support including grief resources, LGBTQIA+ support groups, family support services, jail programming inside institutions, as well as offender re-entry services. McShin now has a pregnant and parenting women's recovery home. All homes are VARR and NARR certified. McShin is also the only Recovery Community Organization accredited by Council on Accreditation of Peer Recovery Support Services (CAPRSS) in the state of Virginia. Phone (804) 249-1845 or email us at [info@mcshin.org](mailto:info@mcshin.org).

## Collegiate Recovery

**Rams in Recovery** – supports Virginia Commonwealth University students inside and outside the classroom, organize events and trips, offer recovery housing and scholarships, and provide space and support for recovery meetings. Collegiate Recovery Programs (CRP) are structured supports for students in recovery from substance use disorders who are seeking a degree in higher education. To connect, please email [recovery@vcu.edu](mailto:recovery@vcu.edu), or call (804) 828-1360.

**Spiders Support Recovery** – supports University of Richmond students and seeks to provide peer-led support and activities that will allow students in recover from Substance Use Disorder, and those wishing to learn more about a recovery lifestyle, to thrive academically and socially on the UR’s campus.

**Chesterfield Recover Academy** – Virginia’s first recovery high school program opened within Chesterfield County Public Schools at the beginning of the 2022-23 school year. Chesterfield Recovery Academy is a year-round program serving high school students seeking recovery from substance use disorders. The academy is structured after the national recovery model to help high school students through recovery after they have completed their substance use treatment program. Students receive the academic, emotional, and social support necessary to complete their high school education and set a path toward continued success. We accept rolling admissions throughout the year. The primary requirement for admission is the student possess an internal motivation for recovery. Unfortunately, we are not the right environment to convince a student they need to be in recovery, but more so to help them continue their recovery journey.

The therapeutic supports include: Substance use treatment to address recovery and co-occurring disorders, three full-time clinicians, peer specialists, family support, and an on-site therapy dog, group therapy, individual supportive counseling sessions, case management and coordination with outside providers, along with the integration of art therapy, music therapy, and mindfulness. Students are able to remain in the program until graduation to ensure continued success. They are also able to transition back to their home school when/if appropriate.

Who do we serve? Students from central Virginia’s Region One schools including: Charles City County, Hanover County, Powhatan County, Chesterfield County, Henrico County, Prince George County, Colonial Heights, City of Hopewell, Dinwiddie County, City of Richmond, New Kent County, Goochland County, City of Petersburg, Sussex County. And Surry County.

To read and learn more about the Chesterfield Recovery Academy visit our website: <https://www.oneccps.org/page/chesterfield-recovery-academy>.

## Online/Virtual Resources

- **Virginia Recovery Specialist Network** – <https://virginiapeerspecialistnetwork.org/>
- **Recovery Blast** – <https://www.vaprs.org/recovery-blast/>
- **NAMI Peer-to-Peer** – <https://namivirginia.org/support-and-education/mental-health-education/nami-peer-to-peer/>
- **Virginia PRS Network** – <https://www.facebook.com/groups/vprsn/>
- **Virginia Peer Recovery Specialist Portal** – <https://www.vaprs.org/>
- **Virginia Certification Board** – <https://www.vacertboard.org/cprs>
- **Virginia Department of Health Professionals Board of Counseling** – <https://www.dhp.virginia.gov/Boards/Counseling/ApplicantResources/RPRSInformation/>

## How Do I Become a CPRS/FSP?

These are the requirements as listed on the Virginia Certification Website. For more information visit their website at <https://www.vacertboard.org/>

- **Formal Education:** Minimum high school diploma/GED.
- **Peer Work Experience:** 500 hours of volunteer or paid experience specific to peer recovery services.
- **Current Job Description:** Copy of current peer recovery specialist job description, obtained from current employer, and which must be signed by both the applicant and their immediate supervisor.
- **On-The-Job Supervision:** 25 hours of on-the-job supervision of qualifying work experience in the peer recovery specialist domains.

- **Education/Training:** 72-hour DBHDS CPRS Training Curriculum.
- **Examination:** Once application is approved, applicant must pass the IC&RC Examination for Peer Recovery Specialists (PR examination).

You can find additional information and apply for a training by visiting the Virginia Peer Recovery Specialist Portal website at <https://www.vaprs.org/>.

## References

### Studies referencing benefits of CPRS as part of the workforce:

- Reduced rates of hospitalization and days spent as inpatient (Solomon and Drain, 1995; Rowe, et al, 2007; Sledge, et al., 2011).
- Decrease in use of emergency rooms (Davidson et al., 2012).
- Decreased substance use among persons with co-occurring substance abuse issues (Rowe, et al., 2007, Sledge, et al., 2011).
- Decreased participants' level of distressing symptoms (Tondora, et al., 2010).
- Decreased experience of depression (Sledge, et al, 2011).
- Reduced overall symptoms (Campbell, J. et al, 2004).
- Increased the degree to which participants felt their care was responsive and inclusive of non-treatment issues (such as housing and employment) (Davidson, et al., 2012).
- Increased sense of control and ability to bring about changes in their lives. (Tondora, et al., 2010).
- Increased sense of hope and degree of engagement in managing their challenges, degree of satisfaction with family life, positive feelings about themselves and their lives, social support, and sense of community belonging. (Tondora, et al., 2010).
- Increased hope, self-care, and sense of well-being (Sledge, et al. 2011).
- Enlarged social networks and enhanced quality of life, especially when peer supports are offered with traditional mental health services, according to a multiyear study by the Center for Mental Health Services (Campbell, J. et al, 2004).
- Enhanced quality of life when peer workers are integrated into an intensive case management program (Felton, et al, 1995).
- Peer supports generating superior outcomes in terms of engagement of "difficult-to

reach” people (Davidson, et al., 2000).

- SAMHSA.gov brss\_tacs Values of Peer Infographics: Parent Support.