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FEATURED

Peer recovery specialists support those in crisis, but laws and funding make jobs hard to come by

By BRIDGET BALCH Richmond Times-Dispatch May 31, 2019



Mary Akbar, Kevin Williams, Muhammad Hamidullah and Kenneth Harris stand in the computer room where they help recovering addicts search for jobs. The Department of Behavioral Health and Developmental Services has not seen a significant increase in the number of certified peer recovery specialists working in the state over the past two years.

ALEXA WELCH EDLUND/times-dispatch

Shannon Rivera's use of crack cocaine led her to fall into prostitution, lose her children to the foster care system and land in jail.

Mary Akbar became addicted to heroin when she was 16. Muhammad Hamidullah and Kevin Williams lived on the street.

But that was the past.

Now, all in long-term recovery, they work full time at the Richmond Behavioral Health Authority as certified peer recovery specialists, trained professionals who offer support and their own lived experience to help lead others into recovery from the throes of addiction or mental health crisis.

They run support groups, provide child care and transportation so people can go to treatment, connect those in need with housing and job search help, and roam the streets to engage with the homeless — all while being open about their own past struggles in an effort to relate to their clients.

It's a role that the state and federal behavioral health agencies believe provides hope and empowerment to people in crisis, and studies show that it contributes to a reduction in hospital admission and substance use rates.

As Virginia has seen climbing rates of substance abuse and more than 10,000 drug overdose deaths in the past decade, the state has recently ramped up its efforts to train people to become certified peer recovery specialists.

But laws barring employment when a person has certain crimes on his or her record, a lack of funding for full-time positions and a failure to attract qualified candidates has stalled the state's efforts to increase the number of certified peer recovery specialists working in the community, according to the Department of Behavioral Health and Developmental Services.

Despite Virginia making peer services eligible for Medicaid reimbursement in 2017 and offering free training events to kickstart the certification process, the behavioral health department has not seen a significant increase in the number of certified peer recovery specialists working in the state over the past two years.

Although 1,400 people have gone through the training courses since the beginning of 2017, only about 175 have gone on to become certified peer recovery specialists, said Mark Blackwell, director of the behavioral health department's Office of Recovery Services. An additional 450 people who had been certified as specialists with different standards prior to 2017 were grandfathered, bringing the total number of certifications in the state to about 625.

Blackwell is not sure how many of those who are certified have been able to find related full-time work.

The agency has contracted with a research team at Virginia Commonwealth University that is performing a workforce analysis to determine why so few people are going through with the certification and working as peer recovery specialists. The behavioral health department has also formed two workgroups to address challenges that seem to be stunting the growth of the profession.

"We need people with substance use lived experience," said Blackwell, who is in recovery himself. "That's the challenge. Where can we attract people — people with a strong recovery foundation — to come and work in the field?"

Part of the problem may be a persistent misunderstanding in the behavioral health provider community about the role that peers play, said Deidre Johnson, executive director of VOCAL, a state advocacy organization focused on peer recovery.

Many clinicians who work in mental health and substance abuse services don't understand what peer recovery specialists do, sometimes asking them to do assessments or case management, which is not appropriate, Johnson said.

"You're just using your past experience, sharing part of what your experiences were, supporting them in finding community resources — whatever those needs may be," said Johnson, who was one of the hundreds of people in the state who went through the peer recovery specialist training without becoming certified. The certification is only necessary when billing Medicaid for peer services, so those who work in recovery but aren't funded through Medicaid may not see the point of going through the certification process.

Certification requires 72 hours of training as well as completion of 500 hours of an internship or residency. Training can cost anywhere from \$125 to \$800 depending on the region.

The process to bill Medicaid for the peer services is so complex that the Richmond Behavioral Health Authority — which employs more than 20 certified peer recovery specialists — has not been able to navigate it, opting instead to use grants to fund its peer staff.

There's also a lack of funding across the state.

Many community services boards, the regional groups entrusted with providing behavioral health services throughout the state, offer only part-time positions for peer recovery specialists without benefits like insurance and vacation time, according to Blackwell and Johnson.

VOCAL has advocated for increases in the rates that the state reimburses organizations for peer recovery services — a move they hope would encourage the services boards to take on more full-time peer recovery specialists.

The state behavioral health department has also set up two workgroups to address issues arising from barrier crimes legislation — state law that bars people who have certain crimes on their records, including dozens of felonies ranging from assault and robbery to sex crimes and murder — from working for the department, a community services board or any program receiving funding from these entities.

Although there is a process that allows some people who have not committed a crime in the past five years to receive an exception, their cases must be assessed and reviewed by a screener, and the state has only two, Blackwell said.

"This is a [really] big problem — people going through the certification process, getting hired by a [community services board] and not finding out until then that they have a barrier crime," Blackwell said. "We're considering strategies to move that upstream a bit."

The agency is working to put together recommendations for the 2020 legislative session to address the barrier crimes issue for peer recovery specialists, whose job description and professional value rely on past experiences that often involve criminal behavior.

When Jim May, director of substance abuse services at the Richmond Behavioral Health Authority, the local community services board, first brought peer recovery specialists on to the staff more than a decade ago, some people thought he was crazy.

At the time, the idea of someone who had struggled with addiction working on the service side of behavioral health seemed risky, but May decided to give it a try.

Now, he believes that the more than 20 certified peer recovery specialists on staff have been a valuable asset and have helped boost the organization's state-reported measures on client retention and engagement.

"They convey hope," May said.

One of the first things that the peer recovery specialists at the Richmond Behavioral Health Authority often hear from the people they engage with is an accusation that they don't understand what the person is going through. That's when they tell them about their past.

"They want to talk to someone who knows what they're going through," Rivera said. "We're allowed to speak their language."

That includes sharing personal stories and using blunt wording that the caseworkers and clinicians can't.

"This is what you see, but it ain't always been this way," Akbar said she tells the people who assume she can't relate because she has her life together now.

A significant part of their job is building relationships and becoming relentless advocates.

Akbar recalls a time when she went to pick up a woman to give her a ride to her treatment and had to chase after her when she tried to run away.

"I caught her," she said, laughing.

A few days ago, the same woman called Akbar to tell her she had just gotten a job.

Hamidullah calls his clients every day to check on them, and Williams drives around the city with hot coffee and cigarettes to use as icebreakers with homeless people he's trying to engage in treatment.

While Rivera, Akbar, Hamidullah and Williams said the Richmond Behavioral Health Authority provides the support they need to do their jobs effectively, they said they've heard from other peers that many behavioral health organizations in the state are not as committed to peer recovery services.

Blackwell, with the state behavioral health department, said the agency is waiting for the results of the VCU study — expected to be completed in August — to help leaders form a strategy for making the behavioral health field more welcoming and accessible to the people who were once its clients.

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