

MANY VOICES, ONE VILLAGE | Building Hope in Tennessee

THE IMPACT OF PEER
INCLUSION
Insights from the Field

TN Statewide Crisis Services and Suicide Prevention Conference

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OPENING REMARKS PANEL INTRODUCTIONS

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Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS)

TN Statewide Crisis Services and Suicide Prevention Conference

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TN Statewide Crisis Services and Suicide Prevention Conference

TMHCA

Tennessee Mental Health Consumers' Association

Peer Intensive Care Specialist Program (PICS)
PeerLINK
Peer Center - Memphis
Individual Placement and Support (IPS)

Advocacy Education

Robert Schoolfield Associate Director





About TMHCA

The Tennessee Mental Health Consumers' Association is Tennessee's only statewide organization that is owned and operated by people in recovery from mental health conditions or addiction. TMHCA has three decades (37 years) of experience helping people find hope in their life.

It is the mission of TMHCA "To promote recovery and community through peer support, education, and advocacy for all mental health consumers in Tennessee."





TMHCA Programs

Peer Intensive Care Specialist Program (PICS)

90-Day aftercare program for individuals experiencing a crisis.

PeerLINK

 Insurance-based peer support program. Operation of a peer center and day programs for those wanting peer support services.

Individual Placement and Support (IPS)

• Supports individuals in achieving employment.

Advocacy

Connects individuals to community resources.

Education

 Provides recovery education to mental health professionals. (WRAP, BRIDGES, eCPR, Intro to Peer Support)

Learning Objectives

OVERVIEW OF PICS PROGRAM

OUTCOMES AND SUCCESS STORIES

CHALLENGES AND LESSONS LEARNED

How it works.

Real stories from real people.

Future visions and forward progress.

90 Day Aftercare Program

Elements include:

- 24-hour phone call after member discharges from CSU or RMHI
- Accompanied support to medical appointments
- PICS and Members create a personcentered "Care Coordination Support Plan" for the purpose of developing an integrated support system within 90 days
- Weekly follow-up safety checks
- Member satisfactory survey after 30-days
- In-person meetings at intake, 30, 60, and 90 days
- Graduation certificate at 90-days



Peer Intensive Care Specialist

01 Locations We Serve:

We currently have 16 Peer Intensive Care Specialists across the state of TN. Staff are stationed in Memphis, Jackson, Nashville, Cookeville, Knoxville, Morristown, Johnson City, and Chattanooga.

02 Services

Weekly phone call safety checks, support to medication appointments, face-to-face community visits, connection to resources, creation of recovery and crisis plans.

03 Support

Lived Experience and Empathy, Emotional Support, Practical Guidance, Role Modeling, Reducing Isolation, Empowerment.

Impact of Peer Support in Communities

02

04

01 Empowerment and Selferficacy

- Support from someone who has "been there" can be empowering.
- Encourages individuals to take control of their own recovery or growth process.

Provides Opportunities to Peers

- CPRS Careers.
- · Instills Hope in those recovering.

Reduction in Professional Services

- Peer support can complement or even reduce the need for more costly or formal interventions.
- Especially valuable in under-resourced areas.

Stronger Community Ties

- Builds a sense of belonging and mutual responsibility.
- Encourages inclusive, empathetic, and resilient communities.

PICS Program and Crisis Services

01 Humanizes Crisis Response

- Empathy and lived experiences.
- Creates trust and understanding.
- · Relatable.

02 Reduces Hospitalizations

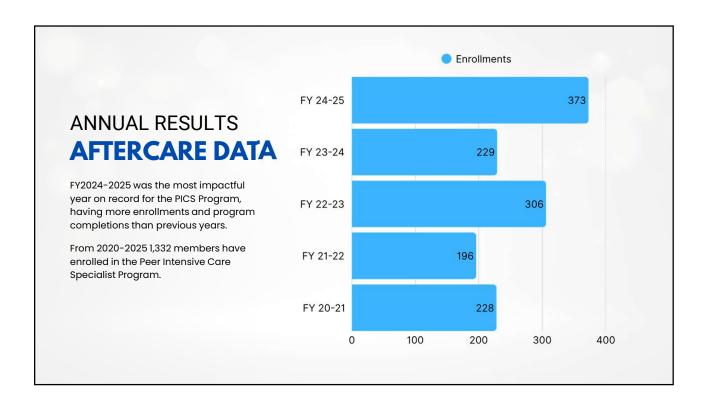
- · Learned skills and self-care.
- Guidance towards voluntary recoverybased solutions.
- Navigating recovery systems.

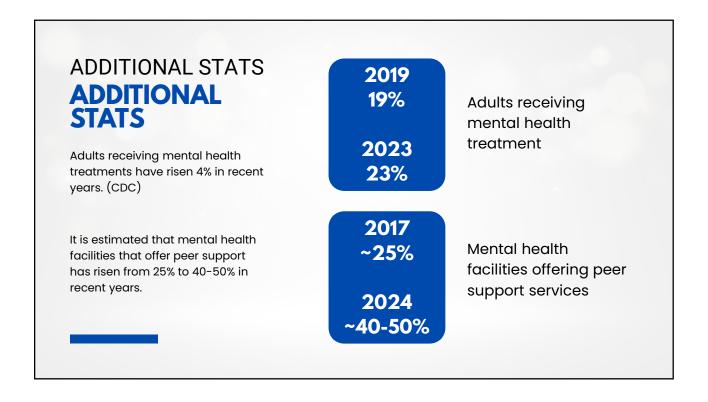
03 Promotes Recovery After Crisis

- Brings understanding to crisis experiences.
- Develop recovery and safety plans.

04 Improves Culture of Crisis Systems

- Bridge between peers and clinical services.
- Recovery oriented and trauma informed.





DIANNA

"The PICS program was a lifeline. Having someone there for me as I started a new chapter of life was essential to my recovery. I did not feel alone in the world and very much appreciated all the check-in as I went from a mental breakdown to finding recovery while struggling with homelessness. The resources I was provided with helped me tremendously as I learned I was not alone. This program is essential to our local mental health community."

JENNIFER

"I had never been able to be a mother to my children or hold a job because of my daily battle with depression and anxiety. My PICS helped me set some realistic goals for myself, while practicing coping skills. With support from my doctor and the PICS program, I am now on a much better path."

BLAKE

"I had struggled with substance abuse issues and PTSD for over 6 years. The PICS program helped get me plugged into a recovery network. I just took a year of sobriety this month. For me, that's a miracle. I don't feel like I'm doing this by myself anymore."

Success Stories



Opportunity

The creation of the CPRS role has given peers an opportunity to move beyond the basics of recovery, and into a professional role. A CPRS role provides an opportunity to gain knowledge and experience on how to be effective in a workplace.

Accountability

Being a CPRS tests the recovery of a peer, keeping us consistent in our own recovery. We are continuously learning about ourselves and others.

Individual Growth

Working with others and being surrounded by all things recovery, a CPRS will experience personal growth. PICS also gain knowledge from trainings such as WRAP, BRIDGES, eCPR, and Introduction to Peer Support.

Personal Deveolpment for a CPRS

A supervisory approach that I have, being that I am a peer, is one based on recovery principles. While there is a standard for job performance, deadlines, and duties, I do my best to practice what we preach in recovery. I am mindful that we are all peers. A career as a CPRS is an opportunity for a peer to develop personally and professionally.

1 - Follow Ups

While we are here to support individuals interested in recovery, it is up to each individual to have a willingness to want to recover.

- Only 43–60% of individuals continue with recommended follow-up care after an initial mental health visit (SAMHSA, NIMH).
- One in three people drop out of outpatient mental health treatment after just one session (APA, 2021).

2 - Knowledge About Our Program

Not all facilities or staff members in the CSU's/RMHI's know the full extent of what we do as Peer Intensive Care Specialists. Leading groups in the facilities we are partnered with is a small portion of what we do. Most of the services and support that we provide to individuals happen outside of an inpatient setting.

Challenges and Lessons Learned

3 - Program Structure

Adapting and evolving the Peer Intensive Care Specialist Program over time. Finding ways to simplify and improve the efficiency of the program.

FUTURE VISION

The ultimate vision for the PICS Program is to have multiple PICS in all locations across the state of Tennessee, supported by a management team mindful of peers and recovery principles.







Growing Need for Peer Support

Peer support is a proven factor in the recovery of those struggling with mental health conditions and/or substance use disorders.

Expanding Roles and Locations

It would be beneficial for communities to implement more peer-to-peer services. It strengthens the bottom tiers of society. More PICS positions would aid in the recovery of many individuals.

Funding for Leadership Roles

To progress our program forward, the healthiest implementation, from an operations standpoint, would be more management to support the staff and overall functions of the program.





How do peer support specialists contribute?

Evidenced-based benefits: Peer support reduces hospitalization, improves engagement, boosts recovery outcomes.

Lived experience adds unique value: promotes credibility, trust, and self-efficacy—supporting self-directed recovery.

Our Stories Can:

- Foster trust and mutual understanding
- Inspire hope and demonstrate resilience
- Validate the experience of others

When Do We Share Our Story

- When it aligns with the peer's current needs
- To support the peer's recovery, not for personal catharsis
- When our experience resonates with the peer's situation

When to Not Share Your Story

- Avoid sharing solely for your own emotional release
- If your story doesn't align with the peer's experiences, it may not be helpful
- If you're feeling vulnerable or unprepared, it might not be the right time
- Be cautious of oversharing traumatic experiences without considering the listener's capacity

Guidelines for Safe and Effective Sharing

- Always seek consent before sharing
- Respect the peer's boundaries and comfort levels
- Provide warnings for sensitive topics to prevent triggering
- Share only your experiences; avoid disclosing others' stories without permission
- Regularly assess your motivations and the potential impact of your sharing



CPRS Roles Within an Organization

- 1. Linkage & Outreach: accompany peers to appointments, support navigation.
- 2. Recovery Planning & Coaching: assist with wellness goals, relapse prevention, coping strategies.
- 3. Peer Facilitation & Mutual Support: lead groups, NAMI-style support sessions, community events.
- 4. Advocacy: ensure peers understand rights, assist in grievance processes.
- Referral Coordination: connect to housing, employment, treatment, faith-based or other systems.
- Ensure role differs from clinician—privileges and boundaries need clear job descriptions and codes of conduct.

Cultural Inclusion & Team Integration

- Include PSS in: all-staff orientation, treatment planning meetings, community outreach events, and recovery strategy groups.
- Provide "Peer-101" training to non-peer staff: explain values, scope, language, and how to collaborate. Helps reduce stigma and "us vs. them" mindset.
- Use consistent recovery-oriented messaging and visuals in public-facing materials, client handbooks, and internal communications.

Supervision Structures & Well-Being Support

Supervisory Model

- Co-supervision: one peer-experienced supervisor for development and debrief, plus a licensed clinical supervisor for program fidelity.
- Peer supervisors should model recovery-oriented values, support self-care, monitor for role drift, and maintain confidentiality protocols.

Well-Being Focus

- Regular (e.g. weekly) reflective peer group meetings to reduce compassion fatigue, vicarious trauma, and burnout.
- Fostering clear boundaries—like "no off-hours messaging" policies

Career Development & Retention

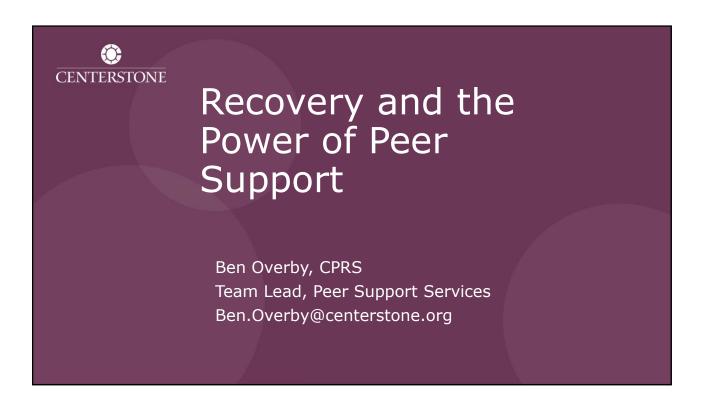
- Develop a tiered career path: levels from entry-level PSS to senior peer, peer supervisor, and peer training staff—with commensurate pay.
- Encourage internal promotions—retaining institutional knowledge and modeling success for new PSS hires.
- Support continuing education, peer conferences, and inclusion in leadership committees to promote professional identity.

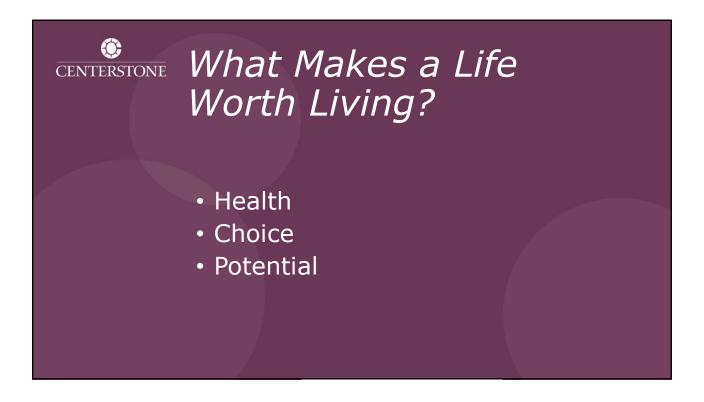
Implementation Summary

- Develop aligned job descriptions, clarify role boundaries and scope of practice, schedule Peer 101 onboarding for all staff, track CPRS service/CE through CADRE, and evaluate impact in quarterly cycles.
- CADRE Portal: All steps—application, training tracking, CE logs, supervisor approvals—are managed via cprs.tn.gov (CADRE).

Bibliography

- Tennessee Department of Mental Health and Substance Abuse Services. (June 2023). Certified Peer Recovery Specialist Handbook (Handbook of Guidelines, Standards, and Procedures). Nashville, TN: Author. Tennessee State Government
- Tennessee Department of Mental Health and Substance Abuse Services. (n.d.). Certified Peer Recovery Specialist Program [Webpage]. Nashville, TN: Author. Retrieved July 2025, from Tennessee Gov site. Tennessee State Government
- TennCare, (July 15, 2025). Peer Recovery Services, Policy No. BEN 11-002 (Rev. 4). In TennCare Policy Manual: Benefit Section. Nashville, TN: TennCare Division. Tennessee State Government
- Substance Abuse and Mental Health Services Administration. (2024). Financing Peer Recovery Support: Opportunities to Enhance the Substance Use Disorder Peer Workforce (Publication No. PEP23-06-07-003) Rockville. MD: Author, library samps now
- Substance Abuse and Mental Health Services Administration. (2024, November 5). Core Competencies for Peer Workers in Behavioral Health Services. In Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS-TACS). Washington, DC: SAMHSA. samhsa.gov
- *Substance Abuse and Mental Health Services Administration. (2021, April6). Guidelines for Peer Support Worker Supervision (BRSS-TACS). Washington, DC: SAMHSA. samhsa
- Kentucky Injury Prevention & Research Center; Voices of Hope. (2025, April 10). Helping the Helpers: Training Peer Support Specialists in Boundaries and Self-Care. University of Kentucky. Lexington, KY. kiprc.uky.edu
- U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. (2006; published 2024). Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice (TAP 21; Publication SMA 15-4171). Rockville, MD: Author







Recovery Isn't Separate—It's the Same Journey

"A process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential." SAMSHA Definition of Recovery

- Health
- Choice
- Potential



Stigma Reshapes Belief

- External stigma: "You're broken."
- Internal stigma: "I can't change."
- The Scandal: Early Mortality



"I saw my future evaporate."

"I knew I would cease to exist."

"Peer support gave me hope."

CENTERSTONE Evidence-Based Programs That Build Proof

- Wellness Recovery Action Plan
- Chronic Disease Self-Management Program
- Whole Health Action Management







Let's Continue to Build the System We All Deserve

- Where recovery is expected, not exceptional.
- Where the good life and recovery are one and the same.



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In-Person Attendees . . .

Please raise your hand if you'd like to ask a question or share a comment. A Mic Runner will bring a wireless handheld microphone to you. Kindly speak directly into the mic so that everyone—including our virtual participants—can hear you clearly.

Virtual Attendees . . .

Please post your questions and comments in the Chat Box to the right of your viewing screen. Our Chat Box Monitor will relay them to the speakers and panelists for response during the session.



IMPORTANT NOTE FOR AUDIENCE ENGAGEMENT | Virtual participants will not be able to hear any in-room dialogue unless it is spoken directly into a microphone. Please wait for a mic runner to deliver a wireless handheld microphone before speaking. Kindly direct your comment or question into the microphone to ensure it is heard clearly. Your support in fostering inclusive and effective communication is greatly appreciated by all—especially our virtual attendees.

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COMPLETE CONFERENCE EVALUATION FORMS AND THE REQUEST FOR DOCUMENTATION OF CES EARNED

Up to 4.75 contact / clock hours available for this event.

QUESTIONS? Email: tamho@tamho.org



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