

NAADAC
PEER RECOVERY SUPPORT SERIES SECTION II: HIRING, ONBOARDING AND
INTEGRATION

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>> AUTOMATED VOICE: The broadcast is now starting. All attendees are in listen-only mode.

>> SAMSON TEKLEMARIAM: Hello, everyone. Welcome to today's webinar on hiring, onboarding and integration, section II of our Peer Recovery Support Series presented by Dona Dmitrovic, Mirna Herrera, Tiffany Irvan and Kris Kelly. This is provided collaborative effort as ATTC and NAADAC.

It is funded by SAMHSA to help people and organizations implement effective practices for treatment and recovery services. The Great Lakes ATTC serves the states of Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin, health and human services region five. It's great you can join today. My name is Samson Teklemariam and I'm the Director of Training and Professional Development for NAADAC. The associate for addiction professionals. I'll be the organizer for this training experience.

The website is [www.NAADAC.org /webinars](http://www.NAADAC.org/webinars). Stay up to date on the latest in addiction education. Closed captioning is provided by Caption Action. Please check your most recent confirmation email or our Q&A and chat box for the link to use closed captioning. Also, if you are interested in receiving CEs for this webinar, visit this web page and save our user guide. Right here where the arrow is pointing, download the certificate information sheet. It's also attached to your handouts for this webinar.

We're using GoToWebinar for today's live event. You'll notice the control panel looks a little like the one on my slide. Here are some important instructions. You entered into what is called listen-only mode. Your mic is muted to prevent disruptive background noise. If you have trouble hearing the presenter for any reason, consider switching to a telephone line using the audio option, which is right next to an orange arrow in your GoToWebinar control panel. You can use the orange arrow any time to minimize or maximize the control panel. If you have questions for the presenter, just type them into the questions box. We will gather and collect all of your questions and will pose them to the presenter during our live Q&A. Any questions that we don't get to we'll collect directly from all the presenters and upload them on the same website you used to register for this webinar. Now, let me introduce you to today's webinar presenters. First, Dona Dmitrovic is executive director for recovery in Las Vegas, Nevada. Leading the state-wide community organization Dona's expertise in organizational development and implementation of peer support has grown it into a valued resource in Nevada. Experiences include national director of consumer affairs at Optum, united health, chief operating officer of the Razz project in central Pennsylvania, national director of education and advocacy at the Johnson Institute in Washington, D.C., and developing a support services program in central Pennsylvania for the epilepsy foundation. Dona holds a master of services degree from Lincoln University and former chair of the board of faces and voices of recovery and board member of young people in recovery. In addition to Dona we have with us today Mirna Herrera, associate director of peer support services at Truman medical center. The recipient of the 2018 mental health award for the work she established as director of a program at TMC. Her work focused on the mission to help clients with recovery through peer support while sharing her own

recovery story as a source of hope and motivation for her employees and peers. In her current role as associate director for peer support services at TMC, she is working on developing a peer support program that reaches all areas of the hospital and expanding services into the community.

Mirna is a certified peer trainer for the Missouri credentialing board and certified trauma informed. Next will be Tiffany Irvin, a support specialist and mother of five in long-term recovery. After regaining custody of her children and deciding a need for recovery in a new environment, she moved to the Twin Cities, realizing how powerful sharing your story with others can be, Tiffany became a certified peer recovery specialist. Since January 2019 Tiffany has served as manager of peer services at Minnesota Recovery Connection, supervisor peer recovery specialists in multiple programs. She realized that using her own story to give others hope was her purpose in life and she continues daily to encourage her peers and other participants in recovery. Lastly is Kris Kelly, Minnesota state project manager for the Great Lakes ATTC mental health and prevention technology transfer centers, a woman in long-term recovery and subject matter expert on Peer Recovery Support services. Kris worked with state and local government, treatment courts, withdrawal management and clinical treatment developing best practices for integrating recovery support into systems and services. As former executive director and director of programs of Minnesota based recovery community organization, Kris is a leader in the peer support movement in Minnesota. She has presented at state and national conferences on topics ranging from supervision and peer-based recovery support services and integrating peer support services in behavioral health organizations to recovery-oriented systems of care. NAADAC is truly honored to provide this webinar to you in collaboration with the Great Lakes ATTC and welcome the esteemed panel of experienced leaders. So, Kris, if you're ready, I'll hand it over to you.

>> KRIS KELLY: Thank you, Samson. We're really excited to be here today. We'll be discussing hiring onboarding and integration. Today we're going to look at some recruitment practices, best practices in recruitment and hiring to include developing job

descriptions, essential skills, recruitment and compensation packages. We'll talk about onboarding, as far as job shadowing, and how do we determine peer recovery specialist workload or caseload. And then the little bit more on peer integration, and we'll touch on things like HIPAA, electronic health records and that sort of thing.

So a quick review, I just wanted to touch on the first webinar in the Peer Recovery Support Series was building the successful culture in your organization. And that's a great precursor to revisit when looking at this series, because it really lays the groundwork for everything we talk about throughout the series. So just a little bit of a review. Within that first session, we talked about organizational fit or is your organization ready for Peer Recovery Support services. So is it really aligned with recovery philosophies?

And then we talk a little bit about different assessments that your organization can take to ensure that you're aligned and ready for when you bring that first Peer Recovery Support specialist into your staff. We talked about the need for buy-in from leadership and staff at all levels. You always want to ensure that if you're going to start a peer program that you know fiscally how you're going to sustain that peer program. So a lot of times we start with a grant that might have a two-year funding round, and you really want to look at that as a starting point. And learn if your state has recruitment for peer services or how are you going to sustain that peer program. And there's always opportunity to contract with an outside organization, that their key objective is providing Peer Recovery Support services before you make that investment within your organization. And then we had talked a lot about the peer support toolkit that was created in Philadelphia. There is a link to it in your handout section of the webinar. So you can download that PDF. And a lot of things we talk about are models after that toolkit. So it reviews taking an additive, selective or transformative approach for integrating peers into your system. So just coming back to a base kind of, we want to talk about the realization that peer support is effective. So peer support was declared an evidence-based practice by CMS in 2007, and I always think that is a good reminder, because I'm frequently asked, are peer support services evidence based? When you

decide to bring peers into your organization, your facility, your build a Peer Recovery Support services track, you want to be sure to educate staff, clients, family members and community partners, the role that those peers will be playing within your organization.

Ensure that this new person, this new staff member coming on has a warm welcome and that others know how to access those services, whether it's a clinician making the referrals or a client knowing that they can now connect with the peer recovery coach or peer recovery specialist.

And then when you're developing the program, be sure to gain input from fellow staff members, from organizational leadership, bring in members of the recovery community, family members of people receiving services, and the people receiving services, and that's really helpful when you're developing a peer program to ensure that you have input from those multiple stakeholders.

So we're going to do a quick polling question. I'll let you take that over, Samson.

>> SAMSON TEKLEMARIAM: Thank you, Kris. Everyone, you will see the polling question pop up on your screen in a moment. The question is asking: What are the primary services provided in your agency? You will see five answer options there. Looks like a little bit of a quarter of you have already answered. As a reminder for those how are wondering how to get CEs or access the handouts, you will see them in the webinar control in handouts and click on the tab and there will be PDFs there. One is instructions how to get your CEs and other two are handouts provided by the presenters they'll discuss later on in the webinar. Thank you for sending in questions. We have a couple so far. Please continue to send in your questions in the questions box, which is in the GoToWebinar control panel. Almost 75% of you have voted. I'll give you about two or three... maybe three more seconds.

Thank you. We're going to close the poll and share the results. I'll turn it back to your presenters.

>> Hi, everybody. Okay, looks like the majority of folks on this poll that have answered the poll are involved as addiction counselors. We have peer support folks that have -- that are also part of this.

Okay, great. It's good to see that we have a good mix of people that are involved in this WebEx.

>> SAMSON TEKLEMARIAM: Hi, Dona, this is Samson. Can you hear me? It looks like we might have lost you for a minute.

>> DONA DMITROVIC: Can you hear me okay now?

>> SAMSON TEKLEMARIAM: Yes, there you go. Go ahead.

>> DONA DMITROVIC: So I just wanted to reiterate that we have a good number of folks that are addiction counselors as well as peer supporters. So we have a good mix of folks attending this. Okay. And the next slide...

I'd like to just talk about the value of peer support. And the peer support really offers a range of activities and interactions between people with lived experience as a person in long-term recovery, you know, I have been able to see over the course of my career how important it is for people to be able to connect on that level of having that same lived experience and really it brings a connection that promotes a level of acceptance and understanding and validation that really may not be found in a professional relationship. What I mean by that, as an example, is when I got into early recovery, I know when I was talking with somebody across the table that had the same experience as me, it was much easier to have that connection than when I had somebody telling

me what I could or could not do in my recovery process. So it really is helpful for individuals to have someone that has that lived experience and to help support them because they have kind of, you know, walked the walk, as well as talked the talk when they're helping somebody as a peer supporter.

So what are some of the questions as an organization that you ask when you're thinking about recruiting or hiring a peer supporter? And so here in Las Vegas at Foundation for Recovery, for us it's pretty simple. We're a recovering community organization, but when you are a treatment provider or maybe a hospital emergency department, you know, some of the questions you might want to ask: Are peers really a good fit within the organization?

The other piece that is really important is how is supervision going to happen? It's not -- on that professional level, as a -- as someone who is supervising clinicians, it's a little different when you're supervising peers. So we come to the table in a different way, and so we also have to be able to tailor our supervision to meet the needs of the person that is the peer worker.

And then really has the leadership team thought about the reactions of people coming into the workplace that have the lived experience? And, you know, there could be a little pushback from those that have, you know, lots of schooling, a very strong clinical background, having somebody that comes into the organization just with the lived experience and the training that is available for peers coming into a role, and how will they fit? You know, have you talked -- and I think Kris talked about this, that was in the last WebEx, you know, really thinking about how peers will fit within your organizational structure. So the other things you want to think about when you're recruiting and hiring folks as peer workers within your organization, you know, are they comfortable sharing lived experience? You know, everybody comes to that at a different place in their recovery process. Some folks are never really comfortable in doing that in a public forum, but it's important because that is one of the -- probably the greatest assets of a peer worker, is that they are able to share that lived experience. And then also focusing

on wellness and recovery, and always looking at the solution. And I know for us as an organization, we always, when we have staffing or supervision, we always talk about staying in the solution. That's what we want to do to help support people in their recovery. You want your folks to be able to provide mentoring and coaching as well as education, and then be able to connect people within your community to the resources as needed. So if somebody is going to come into the world as a peer worker, they should be able -- they should have all of the resources that they need to provide to the person that they're working with.

I think the other thing that we also need to think about is that peers have the training that is needed to be successful. So we don't want to set people up in a situation where they come into work in our organization, that they don't have the training. And I know, you know, what I have seen across the country is that there are some states that do this very well. There are other states that have developed peer workers without having the policy and the training in place. And trying to do catch-up. But I know, you know, for us as an organization, we make sure that anyone that we hired has the training that we have developed that is approved in our state, and then also have the volunteer hours that are needed. And I know there are different organizations, and, of course, NAADAC has the certification for peer workers. And the other thing that you want to be clear is that you have a job description that has all of the job responsibilities for the individual that is working as a peer. What I have seen in some situations is that individuals go into work at an organization and instead of doing peer work doing that one-on-one peer coaching or resource connection, they may be sitting at a desk doing administrative duties, and that is not part of a job description for a peer worker.

And so I think the description needs to be very clear and thought-out what that peer worker will be doing within your organization.

You also want to be sure that you train your supervisors to support the peer workers. I know for us as a recovery community organization, we are all folks in recovery, and so we want to -- we always support each other in that respect. Number one, putting our

recovery first, which is an important value of our organization, but also ensuring that our supervisors also get the supervision that they need to help support our peer workers. Also having good policies and procedures including documentation, this is one thing that peer specialists, peer coaches, peer workers, are not necessarily familiar with. We don't do clinical notes. However, if you have policies around what you need for documentation that will really help them be successful in their job. Then connecting with your state certification board, that's a way that you can recruit peer specialists to work within your organization.

So, even before you begin the recruitment process, you should have a good understanding of what the responsibilities will be for your Peer Recovery Support specialist within your agency. And I think that is a good model to follow when you're thinking about putting folks within your organization. So when you develop a job description, you want to look at the interpersonal skills that a peer worker should have. They should have the ability to do engagement coaching, linking and advocacy. Of course, being inclusive of all pathways to recovery, that's very important. Have a real thorough understanding of the recovery process and be able to establish a rapport with the folks they're working with. We also encourage folks to model recovery because if you're working with somebody one-on-one, as a peer in recovery, working with someone else, you want to be able to model positive recovery in order to -- especially when you're sharing your personal experiences, as I said before, you always want to model that solution instead of looking at the problem.

The knowledge base is really around the understanding, the principles of recovery, and in the state of Nevada, what we do is have a 46-hour training. That individuals have to take as well as volunteer hours or kind of on-the-job training in order to be certified. And so it's important that folks have that training and are put into a situation where they may be set up to fail.

You want folks to understand the treatment services that are available for the participants and their families. Be able to reengage individuals if, in fact, they do have a

reoccurrence of symptoms. And then continuous effort to improve the system and work with the team. And I'm a firm believer that the peer is part of the larger clinical team or leadership team, and they may best be able to help a clinician, helping the individual that they're supporting within the treatment process to keep them engaged within that treatment regimen that they may be -- that they may have. If you're working within a treatment system.

The other essential duties would be the coordination of the support services, promoting and enhancing the continuity of care, making sure that the peers adhere to all the state and federal confidentiality standards and being that liaison to the recovery community. So the broader recovery community, maybe not just 12-step community, but also perhaps to celebrate recovery community, maybe refuge recovery community, whatever is available out there, having those resources for individuals is super important.

So when you think about recruiting individuals, where do you find them? I know when I first started out doing this work, that, you know, state policymakers were always saying to me, we can never find people in recovery, so where do we find them? We know that's a lot different now. But you could also look at doing targeted outreach in order to recruit. We do a lot of social media advertising in order to find folks that may be interested in some work. We also look at internal recruitment. So as a recovery community organization, whenever we have a position that becomes available, if there are folks that can kind of rise up through the ranks, we offer that opportunity for them. We also reach out to the certification board to find out if folks -- if they can do an advertisement for us for anyone that may have been certified at the state level, and then looking at the state agencies as well. So those are some ways in which you can recruit to find folks to work within your program.

The last thing I want to talk about is compensation and reimbursement. And, you know, this is kind of all over the place.

You know, the compensation for nonprofit organization is going to be different than the compensation for folks in the insurance or private industry. So I know that those are some of the barriers that we face as an RCO in Nevada. A hospital may be hiring a peer at maybe \$10 more an hour than we're able to pay people as a non-profit organization. So, you know, of course, we were happy that people are able to make a livable wage, but we also understand that we may not be able to compete with some of the other organizations that are hiring peers the other thing we have been talking about as an organization and it may be something you want to think about within your own organization is when you hire a peer, are they coming in at an entry-level salary? Of course we want to make sure that people have an equitable wage and are able to live on that wage, but are they making more than a licensed clinician, for instance? And we have had some discussion around that and whether it makes sense. Are we setting people up to come into an entry-level position to make a wage that they -- if they're going to continue their education and look at a higher level within the drug and alcohol field, are they going to be able to make more money because they went to school and they have, you know, they have done some things in order to kind of move up the ladder, or are they going to stay at the same pay structure? It's something to think about in the organization, and I think we are struggling with that across the country.

This next slide shows a compensation report that was written by some colleagues of mine when I worked at Optum. It's on the same website you used to register or it is here in this chat box that you can download it and it will give you information around different salary levels for different industries, for instance, you may look at a non-profit organization, an insurance organization, a hospital, so they're all a little different. But the average wage is really around \$15 an hour.

So I'm going to -- many people with substance use disorders relapse therefore they're more likely to take time off, be a no-show and be less reliable. I'm going to turn it to Samson.

>> SAMSON TEKLEMARIAM: Everyone else, you will see this poll launch on your screen. This is one of the many ways we track your live attendance. You will see the poll that says, many people with substance use disorders relapse, therefore they're more likely to take time off, be a no-show and be less reliable. Is that a myth or fact? We'll give you five to ten more seconds to respond. Thank you so much, everyone, who sent in your questions. We will ask them in order in which they have been received. So if you have any other questions for our presenters, please continue to send them into the questions box. You will see that in your GoToWebinar control panel. And it says "questions." Also, as Dona mentioned and Kris mentioned earlier, under handouts tab, you will see the handouts they have mentioned.

Just a few more seconds to answer the poll.

Wonderful... everyone who participated in our poll. I'm going to close the results -- or close the poll and share the results. And I will turn this back over to our presenter.

>> MIRNA HERRERA: Hi, everyone, this is Mirna Herrera. I'm so glad to see that 77% of you do believe this is a myth. It's important to realize that the same expectations happen to all people in the organization, whether they are a peer or not a peer. So just because someone is a peer does not mean that they're going to be either less reliable or they're going to have a no show, they have the same expectations. And honestly, research has shown that even if someone has a job and has a purpose and hope that they're more likely to keep and engage in their recovery. So research has shown there is no more -- they're not more likely to relapse or to be a no-show as compared to, you know, other employees in the organization.

If you think about the highest risk occupations, just think about how far along, how resilient peers are, what they have gone through to get to the place where they're at to be able to work. And being able to handle high-stress job is something that can definitely have with all the resilience they have. I hope that helps with that.

I'm going to be talking more with you guys today about the onboarding organization. It really is important to, as Dona was saying, to clarify some of the things, even in the hiring process. And then when they're onboarding, make sure that there's a clear supervision for them. So when they -- a lot of times when the peers start working they may not have worked for years, and this is like their first job after they have been engaged in their recovery, and it might be their first corporate job, it might be the first job on a team. So sometimes they're not really familiar with it, with what it's like to work in a company.

And sometimes, also, the peers may come in and just don't -- maybe receiving SSI or SSDI and they need to learn more about their benefits, and if they are going to receive benefits. So one of the first things is we always encourage our peers, especially to the medical center in Kansas City, is to talk to an employment specialist to see, do I want a job that is going to affect my benefits or not? And if they do get benefits, then definitely from the organizational point of view as to really start off with clarifying that. Are you going to lose your SSDI? And if you do, what health benefits does the organization offer? And if not, let them figure out how many hours am I supposed to work so that I can keep or I'm able to work so I can keep those benefits.

So those clarifications, some of them have never had health benefits before, so having a conversation, again, with -- referring them to an employment specialist can help with that. Also, talking about the mental health. Whether they're a peer or not, a lot of the organizations now offer mental health services or mental health days, as we call them here at Truman. Make sure they understand when they're allowed to take that, how does that work, and everything that they need to do to make sure they're able to take those days as they need to. And also crisis management. That's also for the whole organization, but be clear what happens when there is a crisis. Who can they reach out to in the organization if there's a crisis, the organization or within their lives, but mainly we're talking here about in the organization. If a crisis happens, for example, at Truman, if we have a crisis that happens where one of the facilities, then we have a

team they can reach out to, that they can get support from them, and be able to have someone to talk to to process things. And that's available for any employee that works in the organization.

And I'm sure a lot of organizations also have that employee assistance program. So make sure that the peers are really familiar with it, because they can -- a lot of peers will be coming in and not familiar with working for an organization, so being able to explain that to them and be clear how that works and what services they can access and all that. That would be very beneficial for that.

And on top of the organization orientation, going more into the behavioral health organization, and trauma-informed care is one of the biggest ones that I really stress to be able to go through that training. I hope that your organizations offer these trainings and offer at least under crisis some trauma-informed care practices, and that's to help peers to also relies their own triggers and their own recovery through trauma-informed lens.

And on top of that, what we do also is the suicide prevention and crisis prevention and intervention, because they either may have their own experience with those, but they're still at this point right now, they are needing to help others who may be in crisis and who may show suicidal ideations. So being able to make sure they know the processes, they know the training, and they have that. And honestly just to be mentally ready for them to be aware that they may have to handle these situations, and for them to be able to know their level of comfort to handle these situations.

So this is being very clear on what the process is. And, of course, HIPAA. Again, when they're coming for the first time working for an organization, they're not going to know what HIPAA is. And I know in the next section they're going to talk more about HIPAA and confidentiality, but really stressing about what HIPAA is. And the reason I mention it is because sometimes the peers are working within the same recovery community they are coming from, or they may be working in a small rural community where it's very

likely for them to be able to see who they are able to help. So that's why it's important for people to be able to know, what is HIPAA, how do I handle it? What do I do when I meet someone I'm supposed to be helping someone who I know? And that can be tricky in different areas.

And with that, I also would like to refer to the code of ethics for peers. I really encourage the managers and the supervisors to be able to be familiar with the code of ethics, because at least I know in Missouri it clarifies what -- who are the people you are able to serve, what do you do when there is someone you know that needs your help, and where to draw that line and the boundaries.

And behavioral health, really talking about de-escalation. We know de-escalation is important in behavioral health, and to prevent any escalation of events. And being able to practice that, I think especially with the de-escalation and peers, and that also honestly goes back to trauma-informed care, is know that if they get -- if someone gets triggered, if the peer themselves get triggered, for them to be able to deescalate themselves and handle the situation, or if they realize their trigger, to be able to have the sources, the resources that they have, that they can reach out to be able to deescalate situations. Some peers are resilient and able to handle de-escalation on the spot because, again, they have gone through so much in their lives that they're at a point where, you know, deescalating is something that they can do. For some it may be a trigger. And they may need some additional help. So explore those with your peer as managers, explore with your peers is important. And to be able to role play with that. Role playing, when it comes to de-escalation, can be very helpful to really prepare the peer for situations that they might be encountering. And to add to that, we do hear mental health first aid. Sometimes if it's their first job in the mental health field, they may be aware of their mental health diagnosis and they may not be able to be familiar with other diagnoses and symptoms. So being more aware of who are the different clients that they will be working with, the different diagnoses, the different symptoms, just so they'll be aware of what they might be a able to see and maybe how to react in some situations when it requires mental health first aid. Of course, along all the other

trainings that the organization wants, but I just wanted to mention those trainings that I think have been very successful with our organization to get peers ready and know what to expect or what they may be encountering when working. Now, I know Dona mentioned the job specific and job -- the job expectations, and I just honestly cannot express enough about how important it is to set clear job expectations, because a lot of the times what we see here is people may come in and the manager may not be familiar with what the peers are supposed to be doing, job descriptions are too vague or too broad. A lot of the times the peer is the only peer on that team. So it's really important for them to really know what is expected of them. What are the exact tasks? Even if you need to write out like just an example of different tasks they're supposed to be doing every day. It really is helpful. It's helpful for the supervisor and also helpful for the other people on the team, the clinical team, so that they really know what the peer is supposed to be doing. Oftentimes we might see the peers end up doing the work, like if a case manager/recovery coach can't get to this client for this reason, then put in a peer to do that work. Yes, peers can help with that, that's not their primary task. It is also important to understand what tasks the peers can do that the recovery case workers cannot do.

For example, peers here, they're able to take their clients to some support groups, to NA/AA group meetings, so that's something that the peers can do. Of course, each organization may be different, but that is just something that we do here that the case manager may not be able to do.

And I know boundaries and confidentiality, we're going to talk about this in the next section, but just an example, boundaries and confidentiality in Missouri is one of the leading causes for a peer to lose their certification, crossing those boundaries and confidentiality. Honestly sometimes the peers really don't know that that boundary has been crossed, and instead of, you know, resorting, I'm going to write them up, or I'm going to do some disciplinary actions, having those conversations and clarifying them. And that's why it is very, very important in the orientation the first week to really know where the boundaries are and know what is required in confidentiality. I'm going to also

mention again the code of ethics for peers and go back to those and make sure you review it with the peers and make sure it is clear. Honestly sometimes we forget and go back, once we do quarterly reviews, go back to the code of ethics and job tasks just to make sure they remember that.

And also keep in mind that some of the peers are coming in, they have not gone through clinical training. They don't have a clinical degree, so the notes and the documentations is something that they might not be able to know how to do. They might not know how to do whatever documentation that your organization requires. So definitely providing more of that training is multiple times being required to do that and make sure you review those documentations continuously. Because this is a brand-new skill, brand-new task that is required. And if you are billing Medicaid and Medicare, make sure what the requirements are for the peer billing and make sure the peer understands what kind of documentation needs to happen. This is brand-new and they need to be able to learn more about documentation. And computer skills. It goes, again, this might be the first job in a while, and computers have changed and technology. You know nowadays how important technology is. So being able to give some trainings on particular skills, you don't have to -- the manager doesn't have to do it themselves. There are a lot of different trainings online, public libraries where people can go and practice computer skills, typing skills, because sometimes they might be a little slower, so they may need to complete computer tests or online training a little longer. So having some resources if your peer needs more computer skills to be able to help with that.

And an activity, something might be foreign and coming in with no experience whatsoever. That is talking about productivity and we will be talking about caseload here in the next slide, but definitely talk about productivity and what it means and why it is important as something to focus on.

And then types of supervision. Supervision, I think sometimes can make or break the peer. Making sure the supervisor is very familiar with the people work is important. But

also maybe sometimes having more of a joint supervision might be very helpful. Having administrative supervision, that is going to help them with appropriate office protocols and making sure they know the computer stuff. And also having a formative or clinical supervision. I know if you're billing for Medicaid and Medicare, at least in Missouri, you have to have your -- your supervisor has to have a master's degree -- a clinical master's degree to be able to sign off on those billing documentations, so having that is important. However, at the same time, having a supportive supervisor or a mentor, it will be the cherry on top of that managers also appear. Because when you have another peer as your manager or supervisor or mentor, it's just going to give that -- empower the peer to say, oh, yeah, a manager is a peer too, so maybe that can be something I can really work on to look forward to if I want to move up in this organization. And also to have someone who really understands what it is to be a peer, what it is to really -- what jobs are required as peer specialists. I know not a lot of organization versus this, but if you can have it somewhere, and I know in the last webinar we mentioned peer liaisons and different organizations, but that always... that really adds to the longevity of the peer and staying with the organization if they have that support. Also team meetings, one of the things we're trying to do at Truman is bring together all the different peers and the different teams under one umbrella where they can meet together and kind of brainstorm ideas and things that they need to do off of each other. Providing sort of a supervision and support from each other, to be able to just have that peer support within the organization or other organizations in your area. But also, as I mentioned before, being on the clinical team, so they can learn from other team members how the clinical work -- how the clinical side works with a therapist and psychiatrists, whoever else is on the team.

And one of the things really with supervision is it's creating that psychologically safe place. I was asked one time and one panel that I was on, I was like, how do we talk about the elephants in the room? Which is the mental illness, substance abuse disorder. To think about it, this is definitely not the elephant in the room, because they are in this job because they are -- they have an illness and/or substance use disorder. It's their job to talk about mental illness and making sure it's a psychologically

safe place for them to be able to talk about this and share this without repercussions without someone looking at them in a different way. What we have seen, even among people with peer support roles, you see how other people also are struggling with mental health and also struggling with some of these issues. They start feeling more safe to talk about this. Feeling safe or to talk about their mental health.

And there's other resources. One is regarding -- Wellness Recovery Action Plan, I'm not sure if you're familiar with it. I use it with all of my peers. It is a resource, if you're not familiar with it, it's a resource where you can -- basically it's a plan to prevent crisis, but also what happens when you do go in crisis and after crisis. It really starts out with what do you look like when you're having a good day? And what does it -- and then what are the first initial symptoms that you're not doing well and when do you know that you're going in crisis?

So sometimes I encourage peers, at their own will if they want to share it, with the manager or not, but it's very important for them to be able to see that.

So if you're not familiar with the Wellness Recovery Action Plan, I encourage you to look into that and may already have that plan, if they want to share it, it might be helpful. What has happened me in my supervision, when I know what the early signs of someone not feeling well in my peers, I can them what can I do to help them. So that's why it's good sometimes to have that.

Again, we mentioned the strength-based approach is also very important to have. Access to petty cash, the main reason I mention access to petty cash is sometimes the case managers or whoever may need to buy food for clients or may need to have that and then they get reimbursed for whatever or goes to outings and have to pay for some stuff, and then they get reimbursed. Our peers may not have that money to spend on something, even if it's only \$10. So if that's a possibility with the organization, it might

be helpful to have that access, of course, with all the protocols behind it. Disability accommodations, I mean, that's a state requirement also.

And make sure -- we talked about this -- the resources for them to have, peer support groups even outside the organization. Make sure they are aware of it if they're not so they can know where to access them.

So, we're going to talk next about the job shadowing. Within the first week of job shadowing, it's very important, because sometimes you see they're coming in and they don't know what peer specialists do. They may not have had the training yet. So shadowing a peer is going to give clear understanding what the job requires and just an opportunity to create that support network. If the peers, if that's not available, try to see other organizations in your community, maybe develop some sort of a plan or your future organizations to shadow someone, or just it's always better to have more than one peer on a team, but I know, I understand a lot of the time that is not something available for people to do.

And then shadow case workers and other clinical team members. Because as peers we're seeing the recovery process as someone who is part of it, you know, from the treatment plan. So this time we are actually on the clinical team. So we haven't really seen actually what happens behind the scenes and what -- why we do some of the things we do. So this is why it's important to learn and shadow what other people do on their team, so that if they need to make a referral, they can do it. If they need to refer to someone who would know better about a situation they're dealing with, then they know where to send them. And then also develop clear communication and understand both -- that they can explain to the case worker, what can I do or not do, and all that. And also understanding the dynamics on the clinical team itself.

And definitely with organizational structure.

The other thing is, the other shadowing is, actually the supervisor themselves shadow the peer on when they're working. This is a good way to really see how they engage with the client. Are they efficient? Do they need help anywhere else? This is very important for the supervisor once in a while, once in a quarter to maybe go out with them on -- or go to some meetings with them with a client to really see what they can do.

The next thing I want to talk about is the caseloads and workload. I know a lot of places, especially with certified peers, they're not technically supposed to have a case assigned only to them. They should be able to work with any behavioral health client on the team as long as there's a referral to them to work with. But I know sometimes we have to have some sort of a caseload to be able to bill, to be able to serve all the people that need to be served.

But it really is going to depend a lot on funding. It's going to depend a lot on the reimbursement and all those issues involved. If you talk about job sustainability and productivity, it's important to take into consideration, what is the hourly rate, and from there how much reimbursement from insurance company or whatever your funding source is, be able to determine their workload. On average what we have seen here, 50% of their work needs to be billable hours or at least contact hours, if they're working a 40-hour job, 40-hour-a-week job, then having four hours a day of contact is more or less what people require. Again, you just have to really look into salary and overhead and how much is required. I'm sure with case workers, they have the same thing. If not, at least over here it's not really different caseload, and productivity than caseworkers in that matter.

And the caseloads, really it's going to depend on the services provided, if you're working in an intensive service program, then you may have less clients but you meet with each client four times a week. Or if you have ten clients to meet three to four times a week is about what you would need. But if it's more of maintenance or it's more just an outpatient behavior health, it might be more clients maybe once a week with a client.

It's whatever productivity standards you put on depending on billable and how much it's going to cost to hire each peer. Job sustainability with peers can be easy to do in here. At least in Missouri. Because the billable rate is very well -- it is very good over here. So being able to have sustainability if they're meeting productivity, it should be very sustainable.

And the funding source, I was able to come up with three different funding sources. I know some organizations have other places they can go to. I know some states will use CCBHO funding, so with that usually an average is four contact hours per day for each peer. So that's CCBHO organizations. Look at how much hourly your Medicaid is, the funding, and determine what is the sustainability hours. And also with the grant-funded programs, one of the programs I ran was SAMHSA funded. It's your standard there because we're not billing for hours so you can set your own standards with that one.

The last thing I want to talk about, it really has to do with just career ladder or ladders, because sometimes in the organization there's not much for movement for peers, but this is definitely recommended if you want to keep the peers running, keep the peers in the organization and not have them go to different jobs easily. It depends on your organization. Sometimes adding skills and certifications, like you need a health worker or family support specialist or certification, it will enable them to bill for more services, so this way they'll be able to get more reimbursement and they may be able to get higher pay because of that. Something to look into that. Creating a program where peers can go into a mentorship program where they themselves can become peers and maybe get paid more for each mentor and mentee that they do. And just to create that career ladder that I'm looking at, the leadership opportunities for peers.

And then the last one is there's a national certification, the Certified Peer Certification, a CRPR. It's an international certification that the peer can apply for after 500 hours of work. It's been approved since 2011 with the IC and RC organizations. So that's something to look into. And then I know NAADAC gives sponsoring for the national certification for support specialist. That's more of a national -- their aim is to standardize

the knowledge and competency of peer support. Looking into those and looking at what your organization can afford to do with the peers, if they want to be -- if they're able to pay them more, it can be very helpful.

And from here I think I'm going to give it back to Samson for polling question number 3. Thank you.

>> SAMSON TEKLEMARIAM: Excellent, thank you so much, Mirna. Yes, everyone you will see the third polling question pop on your screen in a moment. There it goes. Sorry it took a second there. So you will see this polling question. The polling question asks: Clinical staff have concerns about working with Peer Recovery Support staff. True, false, somewhat true, or you don't know?

Almost half of you have voted. I'll give you guys about ten more seconds.

We have an abundance of questions in the Q&A box, and we definitely won't get to all of them, but I'll do my best to ask in the order in which they're received. As a reminder, keep those questions coming. We will email them to the presenters and craft a Q&A document that will post on the same website you used to register. Also, as Mirna just mentioned, you can go to our website, www.NAADAC.org/ncprss if you want to know more information about the national certification for Peer Recovery Support specialist.

So three-quarters of you, almost 75% have voted. I'm going to go ahead and close the poll.

And I will share the results and turn this back over to your presenter.

>> TIFFANY IRVIN: Hi, everyone, this is Tiffany Irvin. I see most think this is true about concerns about working with Peer Recovery Support staff. I'm not surprised about that

result. I have found that some clinical staff are sometimes hesitant about working with peers due to not knowing exactly what we do. So that's why it's our job as peers and leaders to educate others about this, making sure everybody is on the same chord as to what the job titles and job description is.

I'll go ahead and jump right in.

I have problems going to the next slide here.

>> SAMSON TEKLEMARIAM: It's not your fault. Don't worry, we have a little freeze here. I'm going to navigate to your next slide after the polling question and just click on the scene and you'll be able to take over.

>> TIFFANY IRVIN: Thank you, Samson. I'll start out by breaking down peer recovery specialist functions into the four categories. Emotional, instrumental, informative, and affiliational.

So the emotional aspect of the job looks to provide participants with passion, empathy and hope, which in turn fasters competence and self-determination. So I like to call peer recovery specialists recovery cheerleaders, one of the most important aspects of our duties is to uplift our participants no matter what recovery pathway they choose.

The informative function is utilized during the resource navigation. And the peer's ability to teach and help navigate and guide the participant through various systems. So this is sometimes referred to as a recovery navigating, resource broker, or a lived experience systems navigator, I kind of like that one, it sounds really important.

This could mean helping the participant with building a resume, applying for welfare, health insurance or even a driver's license.

Assisting a peer in these areas will drastically increase recovery capital which in turn increases chances of them maintaining their road to recovery.

A peer is instrumental to a participant by continually showing up for them and meeting them where they're at. It's important to understand everyone's recovery journey may look different but we still show up and support them in doing necessary things to get their life back on track no matter where they're at in the journey. And affiliation. We know the opposite of addiction is connection, so we want to connect participant with as many healthy and meaningful affiliates as we can. And they begin to forge new relationships that can last a lifetime.

So when supporting your peer recovery specialist, it's important if you have the capacity, like the ladies did talk about earlier, that you hire more than one. Peers need to have someone to support them and sometimes they need to bounce their ideas and experiences off of each other. Being a peer can be a very challenging job at times, especially if you're in an organization where they're not -- they may not be fully accepted by staff, and that kind of goes back to the polling question. Compassion fatigue and trying to maintain that work/life balance, that's real things for peers. So if they have another peer they can relate to, this will definitely help support them.

Encourage peers to network with other peers outside of the organization. They can find out new approaches and processes that way. Encourage them to look for a peer network within another organization. In St. Paul we have the Peer Support Alliance and also Peer Support Echoes which are webinars for peers and that brings peers from all over Minnesota together to network and learn new things in the workforce. The Peer Support Alliance brings all the peers in person and we travel around monthly to different

sites. And the PS Echo, that's done via webinars. I encourage peers to attend both as ongoing trainings, and they absolutely love them, so...

In creating policies and procedures for newly hired or integrated peers, one of the most important things is to make sure that all policies apply to all employees, not just peer staff. So you want to make your peer feel valued in their new role. Showing equality is imperative. Double check state requirements for background checks and exemptions.

Peers do have lived experience, they may have backgrounds, and depending on what type of organization your peer is hired in, they may need a set-aside or a variance, and it may be necessary for the peer to be employed. So double check on those things as well.

Review health insurance policies with your peers as this may affect any benefits or services that your peer may have been receiving prior to becoming employed. I have encountered peers that have lost housing or childcare vouchers once they become employed due to having that newfound income. So it wasn't an easy transition for them, so make sure you're being transparent about that with them upfront. If your organization is not familiar with integrating or hiring peers, try to collaborate with the recovery community organization. Or another entity that specializes in hiring peers. Integrating peers tends to be slightly different in culture than just hiring corporate employees due to the delicate ethical and boundaries that come with the position. If a peer is not properly trained in self-care, it can lead to burn-out pretty quickly. As I spoke to in the earlier slide with the compassion fatigue. So make sure you properly train peers and supervisors.

And finally, as your organization resolves policy and procedures to see if they need to be changed at all.

So during integration process, some important components to think about is barriers your peer might have at obtaining resources, whether this is staff willingness to work with peers, such as POs or LADCs or case managers, to resource ability or the lack of role clarification, as we talked about, to ensure proper role definition during onboarding, I read through the peer position description with them. Our position description mirrors the job description advertised during hiring. So our peers know exactly what they'll be doing on the job and they know what they applied for. Too often we are seeing role ambiguity where primary work assignments are treatment aides or techs, doing UAs or taking multiple patients to dosing clinics. This is not the role of a peer recovery specialist, so make sure you clarify the role on hire so your employee knows exactly what your expectations are.

Peers need support of a recovery champion or leader who is familiar and supportive of the integration. That visible leadership is very important. It should come from upper management because that will be necessary to trickle down to the rest of the staff. Having an executive who fully supports and trained in integration is paramount.

Make sure to include non-peer staff in training opportunities, so you can get their perspective on what it's like working with the peers. It's super important to be transparent with staff, advising them that peers may have different boundaries than clinical staff, but they all will abide by the same policies.

So obviously non-peer staff probably already have curiosities about that, so it's important to be open about that. An example of this would be in certain organizations peers are allowed to drive participants to and from meetings, and may be able to do house visits, whereas this may not be necessary for other staff. I personally supervise both peers that are mobile and peers that just have participants coming to the office, so they both know their separate roles and boundaries. So you definitely want to advice other staff or non-peer staff that peers do have a code of ethics, like we talked about. And remind them that as far as our peers in Minnesota, we are mandated reporters, and we do have to follow confidentiality and HIPAA laws as the other employees do.

So peers must maintain confidentiality when it comes to PHI, patient health information, for example, progress notes should be kept in secure file cabinets or secured folders on laptops if you're not using an electronic health record, and if you're using EHR make sure staff adheres to HIPAA compliant practices, such as locking the computer when leaving the desk, and initials should be used instead of identifiers.

So in closing, an effective supervisor will go through all of this pertinent information after hiring, during onboarding, and will check in with peers weekly regarding these practices.

I personally have weekly one-on-one check-ins with peers, along with weekly meetings with the team. I do performance reviews so I can review how the peer is doing in field. This ensures that the peer feels supported and I can take stock of how they're doing.

Thank you so much. That's my time. I'll hand this back over to Samson.

>> SAMSON TEKLEMARIAM: Thank you so much, Tiffany, Mirna, Dona and Kris.

So, yeah, we will enter into our Q&A. Kris, I guess I'll need your help with this. Maybe you can let me know who would be the best person to answer, or I'll let you guys just jump in and answer. So we have a lot of questions here. I'm going to do my best to get through each of them, so everyone feel free to keep sending them into the questions box.

The first question we have comes from Peggy from Oregon. Peggy asks: Are there peer level training materials available to help with documentation for peers?

>> KRIS KELLY: I'll jump in and let the other ladies jump in if they would like to. We have seen -- I think it comes out state-by-state or organization-by-organization. I haven't myself seen any national standards for documentation and peer support.

>> DONA DMITROVIC: My experience is that each organization or provider has their own requirement, and if it's a Medicaid reimbursable service, of course, that would be in line with whatever type of documentation they need to get that reimbursed. I do know it depends on the provider and the organization. In our state, what type of documentation peers need to provide. But a diagnosis is never anything that we would include in any of our documentation.

>> TIFFANY IRVIN: This is Tiffany Irvin. With my organization, our documentation is filed by our database, and so the different databases that we use, they do include some type of summary or progress note. So regardless of what it is you more than likely would probably want to have some type of progress note so that you can maintain some type of progress on your participant.

>> MIRNA HERRERA: The same as others...

>> SAMSON TEKLEMARIAM: Go ahead.

>> MIRNA HERRERA: The documentation part is something we do meet with them one-on-one to go over and over. Sometimes it may require more than one time to do that, and review of documentation is always required -- recommended, but being able -- but having a national certification, national training, I haven't seen any of those. So, yeah, just being in the organization.

>> SAMSON TEKLEMARIAM: Great. Thank you guys so much. Our next question comes from Aaron from Texas. Aaron asks: I manage an RCO and am seeking suggestions regarding P&P related to staff relationships outside of the workplace.

>> KRIS KELLY: Dona or Tiffany, I know you both work for recovery community organizations, do you want to take that on?

>> DONA DMITROVIC: So what I'm understanding is that he's asking what type of relationship a peer can have outside of the organization? I just need...

>> SAMSON TEKLEMARIAM: He's saying staff relationships, so two staff, two employees having relationships outside the workplace, any policies and procedures that we set up in RCOs for that kind of engagement.

>> DONA DMITROVIC: I know in one specific organization that I'm aware of, because a lot of folks are 12-step individuals, they're involved in 12-step groups that are employed by the organization. There is a policy and procedure that says that the -- the staff member can't sponsor anybody that they are working with within the organization as a peer. I don't know if that makes any sense, but in some situations like that, they may want to think about policies for your organization, whether you want people to be able to be a sponsor and also provide services to a peer, that's kind of like a blurred line there. So I know will be our organization in Nevada, -- I know within our organization in Nevada, we don't have any type of policy written to that regard.

>> TIFFANY IRVIN: As our organization, this is Tiffany Irvin in Minnesota, we don't have policies for peer-to-peer outside of work besides -- as long as like the peer is not supervising or training the peer. If that's the case, where they're supervising or training, they're not allowed to have any type of relationship as far as sexual or even, you know, any type of personal friendship outside.

>> SAMSON TEKLEMARIAM: Great, thank you guys so much. The next question comes from Kayla from Ohio. Kayla asks: Could you share an example of a Wellness Recovery Action Plan along with links to peer support specialist groups?

>> KRIS KELLY: Mirna, do you want to take that?

>> MIRNA HERRERA: I'm sure, Samson, are you able to send a link later on with that? It's through the Goldman Center. There's a few levels of training. You go through a two-day training that allows you to work one-on-one with peers to develop the Wellness Recovery Action Plan, and then you go through a five-day training which allows you to do it as a group. And then there's another one that you go through that allows you to teach the class. And it's actually a very long plan, and it really starts out with, you know, what you look like when you're doing good, having the tools that you need to help with your recovery, and then just examples of -- it takes about a month or so to fill it out. So it's not like a one sitting where you fill it out. Because it really eventually would go into a crisis planning, and if you do go into crisis after all the efforts to prevent it, which hospital do you go to, which doctors do you want to see, who takes care of your pets or the kids or bills or whatever that is. Just have that as a plan and a plan to be able to do that, and, you know, write down the people that will support you if you need support when you're starting to feel a little bit more stressed and some of those early symptoms.

And then there's a section where it's the after plan, after crisis, what you do. It is an evidence-based approach and people are able to -- and it showed that it decreases -- when you have a plan for a crisis, it decreases the likelihood that you go into a crisis. And, yeah, Samson, will you be able to send a link to that later?

>> SAMSON TEKLEMARIAM: Yeah, that's a great question, Mirna. So everyone who asked questions about resources, we're going to send even the questions that the presenters answer, we'll still send them in the Q&A document. Mirna, when you get that Q&A document, if you have a direct link, when you answer that question, you can put

that direct link in the question-and-answer document. That way it will get posted on the website and everyone will have access to it.

>> MIRNA HERRERA: That's great. Yes. There will be a link and I also will give a heads-up about this too, there are several different reps, one for work and one for -- yes, go through the link and if you have questions you can reach out to me. I'm a five-day trainer, so I'm very familiar with it and a big advocate for it. Feel free to reach out if you need more information about this. Thanks, Samson.

>> SAMSON TEKLEMARIAM: Thanks, Mirna. Tiffany, you also mentioned a group that does the webinars and I can't remember the name of it. We had a few people ask if you could repeat the name. I figured maybe that complements the question that Mirna answered.

>> TIFFANY IRVIN: The webinars are peer support echos through wayside, and I do have a link for that as well.

>> SAMSON TEKLEMARIAM: Great. Echoes. We'll make sure to add that in the Q&A document. Thanks, Tiffany.

>> TIFFANY IRVIN: You're welcome.

>> Hey, Samson...

>> SAMSON TEKLEMARIAM: Go ahead.

>> MIRNA HERRERA: Echoes, there is echoes in almost every region right now, so definitely whatever region they're in, whatever state they're in, there's different Echoes. Like in Missouri we have a different Echo for peer specialist. So there is a link for the different Echos.

>> SAMSON TEKLEMARIAM: Excellent. Thank you so much. The next question comes from Van. Van asks: I'm involved with a peer-based not for profit and wondering how other peer-based organizations are weathering COVID-19.

>> TIFFANY IRVIN: So I am based from an RCO, so we're doing everything from home, like everyone else, obviously, but it has been a bit difficult. Some peers do have barriers to Internet, to smartphones or to laptops, so it's been very difficult being able to connect with them. We are finding some people are slipping back into relapsing, so we are trying to reach out. We have telephone recovery support where our recovery navigators and peer recovery specialists reach out by phone to our participants on a weekly basis. So we've been ramping that up and just really taking those calls and they have actually been answering more lately and been getting more people interested in training to be able to do the telephone recovery support.

So we've just been staying on the phone and staying connected with peers as much as possible and doing what we can. Thank you.

>> DONA DMITROVIC: We have been doing the same thing. Everything is being done virtually, either through telephonic Peer Recovery Support or Zoom meetings. But one thing that we have really ramped up is keeping our staff... so we have about 26 staff across the state. And what we do is try to have at least biweekly meetings to kind of just check in, see how everybody is doing, because there are some of our folks that are employed that are high risk that may be doing their -- they're doing their work at home, and may be isolated as well.

And so we are trying to just, you know, have like a roundtable with staff as often as possible just to check in to see how everybody is doing, because realizing that as helpers and people in recovery ourselves, we also need the support as well as the people that we're helping.

>> KRIS KELLY: I just wanted to jump in and say there's a lot of information coming out, what I have seen nationally is a lot of services switching over to virtual Peer Recovery Support services or digital Peer Recovery Support services, and a lot of states are making accommodations and adding Peer Recovery Support services to the waivers and exceptions for this period of time during the pandemic where maybe only face-to-face services were billable previously and allowing for virtual Peer Recovery Support services to be billable. And we're hoping that a lot of this -- you know, the virtual peer support services stays billable post the pandemic as well. So what we're seeing is in rural areas there were no physical services, people now have access. And what it could do is allow us to think differently when applying for grant dollars or ways we support our organization, maybe we're shifting some funding to support individuals with data cards or tablets or smartphones and using some grant dollars so that we can get them the technology they need in order to access those virtual Peer Recovery Support services.

>> SAMSON TEKLEMARIAM: Thank you guys so much. You know, this is sort of a related question to what was just asked. And I just want to ask it because I think it's relevant to the moment. So from Peggy... Peggy asks: I am onboarding a new peer right now while working remotely. Can anybody offer additional ideas and guidance around providing support and supervision in this time of disconnection?

>> TIFFANY IRVIN: One of the things I have been doing is just continuously reaching out. Obviously since we're in a situation where we are, we can't go to their homes or things like that. So from my peers, I have just been having numerous Zoom meetings. I think everybody is almost tired of all the Zoom meetings, but it's the only way to really connect. And so my peers have found that they enjoy it. And they know that whenever they need me, they can just send me an invite for a Zoom meeting and I'm there. I'm right there in front of their face.

So unfortunately that is all that we do have right now, but all we can do is utilize what we've got. So I would just encourage to keep doing that and just letting them know that you're there for them. Thank you.

>> MIRNA HERRERA: We have here at Truman, because it's part of a big hospital, we created a labor pool for people to be engaged in and provide -- like we had a food pantry, started a food pantry for the different peers and caseworkers to be able to run food to different clients and call them, but for a supervisor to support them throughout this, if there's still maybe an opportunity to engage in some of those Zoom meetings from other teams to be able to get familiar with the team that they will be on to be able to maybe schedule some meetings with the different team members that they will be working with, I think it would be helpful to get them familiar with who we'll be working with when they actually come and get back into work.

And also the organization itself is still doing something, you know, onsite to be able to help the clients, even if it's not in the same team, if it allows for them to be involved in some of this, it will be helpful to give them something to do during the day and some purpose, even if it's some administrative stuff or whatever it needed, but to keep them involved in something I think has been very helpful for my peers here to just be able to be able to provide that.

>> SAMSON TEKLEMARIAM: Thank you so much. I'm going to squeeze in one more question. So one more question here. I'm sorry everyone else who sent them in. Your questions will get on that Q&A document. And by the way, in the chat box, you'll see a survey link for a survey for the Great Lakes ATTC. That will be the survey for this webinar. You can click on that link in the chat box and it also will be in your thank you email from GoToWebinar. The last question is from Noel in Boston. Noel is asking: What is the time frame you ask for someone in recovery before hiring? What is the time frame of recovery?

>> KRIS KELLY: That's a great question. I'll take a shot at it first. I think you have to look at your organizational policies, your state policies, and then different certifications require a certain amount of time with problem pre-recovery, before someone gets certified as a peer.

But I think it's really an individual person-by-person recommendation. And so there may be somebody who has less time in recovery, but also has -- is very strong in their recovery. And so I don't think we can always correlate time with strength and recovery, because we also, on the flip side, will see people who have years and years in recovery, and maybe they haven't -- they don't have, you know, a circle of support, and they're not necessarily thriving. So I think it's really a case-by-case basis.

>> SAMSON TEKLEMARIAM: Excellent. Thank you so much, Kris. Thank you, Dona, Mirna, and Tiffany. Kris, thanks you for the Great Lakes ATTC bringing together this incredible cast of experienced leaders and presenters. We couldn't have brought this together ourselves so we're grateful to Kris and Great Lakes ATTC. You know, if you are wondering about your CE quiz for this webinar or how to access the recording after the live event, just remember every NAADAC webinar has its own web page that houses everything you need to know about that particular webinar.

So the permanent website for this webinar is always going to be hosted at www.NAADAC.org/building-organization-peer-recovery-webinar.

I just read that wrong. That was a test to see if you were paying attention. Joking.

So here is the schedule for upcoming webinars. Please tune in if you can, as there are some interesting topics with really great presenters. As you see, there are more webinars coming forward. This is just part 2 of a six-part series on Peer Recovery Support Series. And section III, the next webinar for this will be in just five days. Next Wednesday, April 15th from 3:00 to 5:00 p.m. Eastern, we will have Carlos DiClemente

presenting part III of the series. Make sure to register for the rest of this free series. The next session is on April 15th, and you can learn more at the series web page, which is www.NAADAC.org/peer-recovery-support-webinars, where you can find all six, including the last one, the first one if you missed it, the recording is on that series web page. Currently NAADAC is offering two Specialty Online Training Series. The first is clinical supervision in the addiction profession. You find that here on the website, www.NAADAC.org/clinical-supervision-on-training-series. This includes a webinar from Dr. Malcolm Horn on using telehealth or technology for clinical supervision, something super relevant what we're dealing with right now. And the second series is on Addiction Treatment in Military and Veteran Culture. Right now some of our most respected, also our most vulnerable. As we try to balance our time, our schedule, our isolation in the national crisis, quite often those with trauma related symptoms and history of substance use are reexperiencing some of their worst fears trying to manage triggers in this ever-changing environment. This series is presented by Duane France, licensed counselor addiction treatment specialist and retired combat vet. You can learn more about this exclusive content and how to register for each webinar in the series by going to www.NAADAC.org/military-vet-online-training-series.

As you know, as a member there are tremendous benefits for joining NAADAC. One of them is you get your CEs for free from webinars just like this. So you can join us going to NAADAC.org/join. Made that one pretty easy for you. Again, in your chat box in the Q&A box, and in your thank you email you will get a link to a special survey. It will not pop up at the end when we close here. You will have to click the link to go to that survey. Please provide the Great Lakes ATTC with some critical feedback. Share notes that you have for the presenters. You can talk about other resources that they're going to ask about, how we can all improve our learning experience in the addiction treatment profession. Your feedback is super important to all of us as we all work together to improve your learning experience. Thank you all so much for participating in this webinar. Dona, Mirna, Tiffany and Kris, thanks again for your valuable expertise. Be well, everyone!