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PEER RECOVERY SUPPORT SERIES, SECTION V: SUPERVISION AND MANAGEMENT

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>> SAMSON TEKLEMARIAM: Hello, everyone. And welcome to today's webinar on "Supervision and Management Section V of Our Six-Part" series presented by Kris Kelly, Jenna Neasbitt and Wes Van Epps. The Peer Recovery Support Series is provided as a collaborative effort between the Great Lakes ATTC and NAADAC. The Great Lakes is located at University of Wisconsin Madison center for health system studies and funded to help people and organizations implement effective practices for SUV treatment and recovery services. The Great Lakes ATTC serves the states of Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin, considered the health and human services region V. It's great you can join us today. My name is Samson Teklemariam. And I'm the Director of Training and Professional Development for NAADAC, The Association for Addiction Professionals. I'll be the organizer for this training experience. And in an effort to continue the clinical, professional and business development for the addiction professional, NAADAC is really fortunate to welcome webinar sponsors. As our field continues to grow and our responsibilities evolve, it's

important to remain informed of best practices and resources supporting the addiction and recovery. Especially in times like these where we're all quickly realizing the importance of how technology connects us, supports and even enhances recovery. This webinar is sponsored by Sober Peer, a mobile health science platform that delivers continuous real-time behavioral data from those with SEDs via the smartphone. Artificial intelligence helps treatment providers measure, predict and prescribe evidence-based patient solutions that leads to deeper insights and lasting patient recoveries. Stay tuned for instruction on how to access your CE quiz toward the end of the webinar immediately after a brief demo from our sponsor. We're using go to webinar for today's live event. Looks like a lot of people have been improving their digital literacy lately, but just in case, you notice the Go To Webinar control panel looks like the one on my slide. Take a look at the orange arrow. You can click there to minimize or maximize the control office. There's an audio option for those who may need to switch to a phone line for better audio quality. And of course if you have questions for the presenter, just type them into the questions box. We will pose your questions to the presenters during our live Q&A.

So with no further delay let me introduce to you today's presenters. Kris Kelly is the Minnesota State Project Manager for the Great Lakes addiction, mental health and prevention technology transfer centers. A woman in long-term recovery and subject matter expert on peer-based recovery support services, she has worked with state and local government recovery community organizations, treatment courts, withdrawal management, detox, and clinical treatment developing best practice for integrating recovery supports into systems and services. As a former executive director as director of programs of a Minnesota-based recovery community organization, Kris is a leader in the peer support movement in Minnesota. She presented at state and national conferences on topics ranging from supervision and peer-based recovery support services and integrating peer support services and behavioral health organizations to recovery oriented systems of care.

We're also really fortunate to have back with us Jenna Neasbitt, a person in long-term recovery using her experience and personnel, clinical and policy, program analysis and administration to enhance recovery oriented systems of care in behavioral health. Jenna holds a Master of Science degree in industrial organizational psychology, works with the SAMHSA-funded opioid response network, is a volunteer site reviewer with the Council on Accreditation of Peer Recovery Support Services and is a training adjunct at the National Recovery Institute with faces and Voices of Recovery. Her author contributions include the Texas Peer Recovery Coach Certification Training curriculum, the Recovery Coaching Harm Reduction Pathway training curriculum, and a recent article published in Addictive Behaviors and International Journal in 2019 titled "Responding to the Opioid and Overdose Crisis with Innovative Services: The Recovery Community Center Office-Based Opioid Treatment Model."

Jenna is a member of the board of directors at a recovery community organization in Austin, Texas. And the third presenter of this incredibly experienced team is Wes Van Epps, an outreach specialist for Wisconsin Voice for Recovery in long-term recovery currently overseeing supervision duties of the Ed 2 recovery plus grant, emergency room recovery, a Wisconsin funded grant currently offered to 11 nonprofit organizations for the funding of peer recovery services. Wes also assists in providing technical support to recovery communities, recovery community organizations that need assistance in implementing peer support and recovery coach services and outreach activities that involve Peer Recovery Support in Wisconsin.

As a chief operating officer of the Peer Recovery Support programs at a Wisconsin-based recovery community organization, Wes has trained, supervised and managed over 50 peer recovery coaches along with a start-up and has experience managing two recovery community centers.

Now, NAADAC is super honored to provide this webinar to you in collaboration with the Great Lakes ATTC and sponsored by Sober Peer. So, Kris, if you're ready, I'll hand it over to you.

>> KRIS KELLY: Thanks, Samson. Welcome, everybody to today's webinar on supervision and management. We'll be discussing some tools and skills for supervising peer recovery specialists or recovery coaches. So today we'll look through some supervision models, talk about supervision skills and capacities for peer supervisors. We'll explain some of the effective elements of supervision and Peer Recovery Support services, such as consistency in providing performance reviews, and then throughout the webinar we'll all be touching on our personal and professional experience in proposing plans on how to retain Peer Recovery Support specialists in our organizations.

So we're going to start with a polling question to see who is here.

>> SAMSON TEKLEMARIAM: Excellent, thank you so much Kris. Everyone you will see a polling question pop up on your screen in a moment. The polling question asks: How many trainings on peer supervision have you been to? You'll see four answer options there. Some are familiar with this. It looks like 10% already voted right when I clicked the button. As a reminder, you can continue to send in questions for our presenters in the questions box of the Go To Webinar control panel. We will have a live Q&A towards the end of the webinar and ask your questions in the order in which they are received. If you're curious about how to get your continuing education hours, CE certificate from attending this event, please stay tuned until the end of the webinar. After a brief demo from our sponsor Sober Peer to learn more. In about five seconds we will close the poll.

Awesome. Thank you so much, everyone. It looks like a little over 75% of you had the chance to vote. I'm going to close the poll and I will share the results and turn this back over to Kris.

>> KRIS KELLY: Thanks, Samson. So it looks like, gosh, we have a nice even mix. About 38% of people, it's their first kind of attempt foray into peer supervision. Some

have done 1-2 trainings. Some as many as 3 to 5. That's exciting. Hopefully what we speak to today isn't too repetitive for those of you who have experienced those 3 to 5 trainings and will be good solid information for those of you who are attending a webinar for the first time.

So just to talk about -- I think it's really important when we talk about peer-based services in general, that we take a look at what has been done historically. So Peer Recovery Support services are not new. What might be new is that we're looking at ways of continuing the integration of Peer Recovery Support services into clinical spaces or primary care, emergency departments, even recovery high schools or alternative peer groups. So different environments where peers might be new to that space, but the actual Peer Recovery Support field is not new. And so I thought it would be important to take a look at what was came from the Sixth Annual Pillars of Peer Support Services Summit in 2014. So a national group of experts came together to host a series on what would we want to know as a peer community and what would we want others to know about the supervision of peers. And I just picked out some key points in that document and at the end of the session today in my citations, you'll have a link to actually review the entire document in its entirety. So when we think about peer supervision, I think some of the key points that really come out are, as a supervisor, you're actually somewhat mimicking what we do as recovery coaches. And so you're partnering with the person you're providing supervision to. It's going to be a -- chances are it could be a unique role within your organization. And so there's a learning curve there where that job may change from the first day of work into, you know, the first year of work. It's going to evolve and change and really meet the needs of the people being supported by your organization. It's really important and vital that supervisors have some sort of training in the Peer Recovery Support role. There are key principles and philosophies, so in an earlier summit of the Pillars of Peer Support, they actually developed core competencies for Peer Recovery Support specialists. So it would be important to have an understanding of that. It's also important to have a recovery orientation and kind of know what that means.

And then, of course, there's different codes of ethics for peers. So if I was bringing a peer into my organization, I would want to review the code of ethics that came alongside their training, and see how that matches up with their job description and how does that play into their day-to-day work?

And, of course, knowing the job description is really vital too. So what we are asking of the peer in their daily activities does that align with the integrity and fidelity of the Peer Recovery Support role and how am I as a supervisor going to guide them through that, help them navigate that as they provide services to the client. And we always want to take a lens of looking at solutions and providing feedback. And sometimes the way we work as peers isn't as clear-cut within a clinical setting because it might not have been done before. And so we want to maintain an open door. We want to be nimble. We want to be open to change and doing things differently. And then accepting feedback from the peer about what can be done differently. So oftentimes I have providers come to me and ask, well, what should we do? Because this peer position isn't working out like we thought it would. And I always suggest, you know, really going back to that peer and asking about what is working well and what could be better, because they often have the solutions and the answers.

And then remembering that peers are advocates, but also the supervisor is an advocate for the Peer Recovery Support role within the organization and within the broader community. So it's important for that supervisor to really support and advocate for the role of the peer and really discuss how the peer is going to be bringing a unique voice and vision to the organization. And when we embed peers into our organization, it's really transforming the way we provide services.

I often say when we invite, or when we hire a Peer Recovery Support specialist on to our team, we're essentially inviting the voice of the people we serve into our clinical teams. Which can be just amazingly transformative and from the studies that have been done on peer support, we see that it helps people engage more deeply into their recovery process, and it keeps people in services and it helps people connect to

services if they have a setback once they are done with their treatment plan. And so we know that data is there and it exists, and it can be a supervisor's role to help advocate and ensure that everyone throughout the organization has a clear understanding of that. And so this might be a little cliché, but the most important part of supervision is that it happens. And so when I was running a recovery community organization and I oversaw our peer programming, I actually developed our supervision program, and directly supervised peers myself. And in that role, I had -- you know, I wore many, many different hats. And sometimes the first thing to fall off my plate might be that direct supervision. And so I might forego a supervision meeting in order to, you know, work on payroll or budgets or a program or putting out whatever fires existed that day. And over time I realized what a detriment that was to the growth of the peers that I supervised and how vital and important that supervision was to happen on a regular basis, whether that was a daily check-in, weekly, in-person, face-to-face sit-down where we really dug into what was going on with their caseload for the week or who they were working with and any troubleshooting we needed to do in seeking those solutions and how to better serve our recovery community.

And so, again, I know it's cliché, but it's just really important and vital that that supervision stays on the plate. And that really avoids a lot of the problems that I hear that come up within organizations, are because that supervision fell short. And the peer didn't have a space to talk with a supervisor about what was going on in working with their clients.

And so some types of supervision I wanted to look at, again, it's kind of breaking down different areas where a supervisor -- different skill sets a supervisor might need to have. So when we talk about administrative, we're really looking at the administrative function of supervision is going to be doing things like orienting the new staff person into the overall organization, talking about policies and procedures, maybe helping coordinate their work or their schedule, sharing different policy information, broad policies that exist for the entire organization. And then just assisting that peer with their time management, and then things like payroll and their human resources and connecting

them to benefits that come along with their position. When we talk about the formative role of supervision, we're really looking at helping assess that peer's strengths and offering them growth opportunities, identifying their knowledge and skills within the work that they do. And, again, connecting them to resources so that they can grow that knowledge and skill. Directly providing them with training and teaching opportunities and including professional and leadership development in those opportunities. And then, of course, the formative role can also educate other staff on what it is that our peers do. So that might not be evident to all staff members. What is the role of this Peer Recovery Support provider we just hired. And how should they be engaging and when should they be engaging with our -- with the individuals that we serve?

And then the supportive role can really be, again, that advocating and reassuring and encouraging and recognizing the good work being done and then offering sort of a public recognition of the work being done by peers. It can even be an opportunity, a place for peers to go, and where they can just kind of unload and vent about how things are going. So especially when integrating peers into new environments, it can be really challenging. And so oftentimes the role isn't understood by all the people you work alongside, and that can be really challenging. And so you can feel a bit as a peer in that role that you're being kind of questions and maybe your competency is being questioned and you're having to answer a lot of questions like that. So it's important for the peers to have a person to go to get support and encouragement. And then, of course, to offer different perspectives. And so supportive supervisor can come along and offer different perspectives and help people work through how others might see their roles and then obviously help discover new ways that they can collaboratively work alongside people. And then, of course, too, creating opportunities for those peers to connect with other peer staff, whether it's within our outside of the organization. And so if an organization just has one or two peers on staff, it's important to look outside that organization and see if there's a local peer support network or a different place where those peers can go to meet with other peers so they can discuss what the role is like and how they work with their clients.

So some different types and functions of supervision. So you would want to think about a framework for your supervisors. We talk about individual supervision. I would say that is the more traditional one-to-one where you're really looking at the job role and the day-to-day activities and how it's going, how are they building relationships with the recoverees they're working with, and are there management issues? Are they talking care of their personal wellness as well?

Group supervision is going to be, again, where we have a supervisor overseeing many peers in a group setting. And so what is cool about that is it encourages some participation and creativity. Peers get to hear from other peers about what they are doing. It encourages problem solving. And so it's a way for peers to hear what is going on and even if it's not an issue that they have direct experience with, it's a way for them to learn different skill sets for potential future problems.

And one key of group supervision I would say is to keep an agenda and avoid going down a rabbit hole. Again, in my professional experience supervising peers in a group setting, if I didn't have an agenda, we could get stuck on one topic or have one peer kind of take up the whole space of the meeting. So it was really important for me if I had an hour of group supervision to break down that hour and define how we're going to use that time and then keep the group on task.

And then co-supervision is a great way to let peers build their skills and move toward being supervisors themselves. And so co-supervision doesn't have a supervisor in the room but peers can identify and assess each other's skill. They can practice things like their motivational interviewing skills. They can look through different recovery management tools that they use in their peer work. They build mutually supportive professional relationships. And they really learn how to, again, build their supervision skills and help people walk through issues that they may be having in working with their recoverees. And so some supervision considerations for an organization that is thinking about bringing on peers and what the supervision may need to look like is the top

question here. How will supervision impact the supervisor's current roles and responsibilities?

And so here in Minnesota I have seen organizations decide to integrate and embed peers into their service structure and oftentimes there wasn't necessarily thought put into who would be the supervisor. And so maybe someone was kind of voluntold they would be the supervisor of peers. And it really impacted their day-to-day work. And they weren't able to effectively manage their own workload or previous work and take on the supervision. And that had a really negative impact on the way that peers were brought into the organization and then really impacted their day-to-day work. So it's important to think about what is the capacity of that capacity of that person that you're asking to be the supervisor, and what type of time will those new responsibilities take up, and does their current schedule allow for that. I think it's important here to mention, too, is not only how it will impact the person's schedule but has that person had any supervision experience? So have they been trained as a supervisor in any way? So whether it's a peer supervisor or not, do they have the supervision skills necessary to oversee this new role that you're bringing into your organization?

You're going to want to think about how many peers are you bringing on. And so if you're bringing on one peer, obviously they can have one supervisor. But as your peer support staff grows, you're going to want to have a plan in place on how to expand your supervision, because one supervisor can't oversee, I would say, you know, I maxed out at five or six peers myself when I was a peer supervisor, how I could maintain my own normal daily schedule and oversee those peers. And it was even at the juncture of having five peers that I needed to build in a lead peer on the team who acted as that supportive supervisor for my staff. And so really the number of peer support specialist providers who have on staff is going to help determine how many supervisors you'll need and be planful moving forward so that it's not a surprise and that someone gets overwhelmed.

And you're going to want to think about what are the activities of the Peer Recovery Support provider. So are they solely doing services within your brick-and-mortar facility or are they providing services outside your brick-and-mortar walls?

And supervision differs when we're providing supervision to people who aren't necessarily always providing services within our facility. Right now, obviously, we're in a time where all services are being provided virtually. So what does that look like for your supervisor, and do they have the skills necessary to provide virtual supervision? And so just to really consider the daily activities of your Peer Recovery Support providers and deciding on a supervisor.

And then we know of different -- depending on your funding structure, that can determine the requirements of your supervisor. So currently Medicaid... so if you're funded through Medicaid, the Center for Medicaid and Medicare requires that a licensed individual -- I believe it's considered a mental health practitioner supervises peers. And then our managed care organizations might have different stipulations as to the requirements for a peer supervisor.

Within recovery community center or recovery community organization, we always practice that peers supervise peers. And I'm hopeful that our country will start to move in that direction, because I do believe that is best practice in the peer support role knows the peer support role. And so identifying ways to increase the skills and competencies of peers that want to move into that supervision structure.

I've learned a lot from the community health worker profession. And so I offered a toolkit in the handouts. So there's a PDF of a community health worker toolkit that was created here in Minnesota as part of a workforce development that was statewide. But there's many other states that do a really, really good job with community health workers. And so I'm always as a professional in this field looking outside my own field for models and toolkits and different ways that similar professions have integrated and embedded their workforce into new innovative areas. So I feel like community health

workers have really done a good job with that. And so here we see four different models. One of which, you know, used a full-time manager and a half-time coordinator, and they would oversee large groups of community health workers.

Wellshare International, so the bottom bullet there uses the co-supervisory model. And I used this myself when I was working for a recovery community organization where, say, for a local treatment course, wanted to embed peers into the treatment court system. And rather than hiring on the peers and have them been employees of the treatment courts, they contracted those peer positions. So those peers really were embedded and surrounded by a recovery community organization on the daily, and then would go and perform their work within the treatment courts. And this worked really well because those peers, we could hire two or three peers to work within a court at a time, but they also then had this really broad rich network of other peers to go back and collaborate with and get supervision from.

And so that can be a really great model for people who might just have the financing to hire one or two peers, to look at contracting with a local recovery community organization and pulling peers from their staff to work within your organization until you have a really sustainable method of funding to keep those peers on and provide supervision within your organization.

I like to point out because a lot of people don't know about the Council on Accreditation of Peer Recovery Support Services. So this is a private organization that provides accreditation of addiction, Peer Recovery Support services. So it really provides a model and a framework and a standard for what is necessary in providing quality valuable supervision within Peer Recovery Support services. And so the three areas of peer supervisor development that they really pull out talk about recruitment. So where do we recruit our peers from? And in a couple earlier webinars in this series we take a deeper dive into how and where and when to recruit peers.

Selection. So we talk about that the programs have clearly defined processes for identifying the needed qualification screening and tools for selecting peer supervisors. So just like we want to be thoughtful when we're bringing a peer on to our staff that we're really thoughtful about what will the qualifications of that peer supervisor be.

And then training, mentoring and support. What kind of training, mentoring and support are we going to provide our peer supervisors? Here in Minnesota, many organizations send potential peer supervisor through our Recovery Coach Academy. So they go through the foundational training that peers experience so that they come out and they have a really good solid understanding of what that peer has set out to do and what their daily experiences are like.

We're on to polling question 2.

>> SAMSON TEKLEMARIAM: Thank you so much, Kris. Everyone will see this polling question pop on the screen in a moat. It asks: Let's hear from you. My organization's current Peer Recovery Support supervisor is: "

You'll see five options there.

Right underneath the questions tab you can ask questions. Please keep sending those in. You'll see handouts tabs, one from our presenters and one will be mentioned later on. And a couple handouts from our sponsors. If you're interested in CEUs, to learn more about how to get your continuing education hours, please stay tuned after a word from our sponsor and the live Q&A and you will get further instructions. About almost 60% of you have answered the poll. I'm going to give you five more seconds.

Excellent. Thank you so much, everyone, for your participation. I see some quickly trickling in here. Almost 70% of you have answered the poll. Thank you for doing that. I'm going to close the poll and I will share the results.

And I'll turn this back over to our presenters.

>> JENNA NEASBITT: Thanks, Samson. Appreciate that. So looking at the poll information, pretty even distribution between peer recovery specialist and clinicians. I love to see that have both hats to wear. We're going to try to address all of these different categories, if you will. As we move together. So it's really -- my name is Jenna Neasbitt. I'm a woman in long-term recovery. I'm really excited to be here with you today. Thank you for tuning in on this Friday. Many of you may be really excited to attend yet another virtual thing during this time. You know, in 2007 I could not fathom how organizational psychology and substance abuse disorder would come to pass as an intersection for my own career, but it was something I hoped to do. Here we are now. This is really exciting for me. We are going to cover case study, discuss standards for supervision from a high level. And also we're going to look at the utility and efficacy of performance reviews.

So as Kris explained, and it's pretty clear by now, supervision is obviously necessary for delivering really good services in the community. Recovery support services have developed over the last two decades and there have been many dialogues around the support aspects of being a supervisor. Burnout. Self-care. Transfer of trust. Issuance of transference within the peer staff. And discussing boundaries, confidentiality and ethical domains.

So while we acknowledge that navigating the supportive aspects of peer supervision has had its own set of challenges, we also have to acknowledge a lack of universal or widely available guidance around the human resources or personnel aspects of peer supervision.

Many agencies implementing recovery support services have been at a total loss with where to start. And as such some of them adapted preexisting internal policies or may have used boilerplate language and documents coming from other resources. Which

may not necessarily include recovery-oriented language or concepts. For instance, policies around substance use may influence the peer staff job description. This could include requirements for a length of time in a recovery pathway and whether the agency is seeking a peer staff whose recovery pathway has lent itself to abstinence-based considerations.

So adherence to policies around boundaries, confidentiality and ethics, they're all going to look different across each community and across each agency, because they do have to adhere to federal law. But then as we look at the way we apply some of these previously established standards and policies for our peers, it's important to understand that our peers' interaction with program participants is going to look different than the licensed clinician.

And so it's a lot to unpack if we're using standards and policies that apply to our clinicians. They may not necessarily be applicable or parallel for what we want to use with peers.

So during my time at a community-based organization in the field, we implemented recovery support services. We did this in 2014 with block grant funding from SAMHSA, or the Substance Abuse Mental Health Services Administration. And we had prior to that implemented a recovery-oriented system of care starting in 2010, 2011.

So we spent a few years introducing the concepts of Peer Recovery Support services to our community. And although we prepared the community by providing the states peer recovery coach training and we worked to garner support from would be coaches, there were still many questions around supervision. Who is going to do it? How would that look? How can you supervise somebody if we're just now developing a whole new category of workforce?

And why is this timeline really important to consider? And how does that apply to you?

So for us, although we had excellent resources with training and technical assistance from the same people who developed the services toolkit in Philadelphia and who engaged in the system transformation there, our state was at the beginning stage of implementation overall, and we didn't know what we didn't know.

And more importantly we didn't know if what we were doing was being done right. So in our case, which is reflective of some of the national trends at the time, we have had a clinician in our agency who already had been working, had already helped to develop the ROS and implement the ROS at the community level before we got state funding for our recovery support project. And because our agency leadership was really invested from the beginning, our agency had a very cohesive culture for developing the program and supervision for recovery support services. As such our supervisor had a really good grasp on the role of clarity. She really understood the differences in application, but also was not afraid to ask questions when she was unsure of how to proceed. Because she had all the support from leadership and executive staff.

She had really great support, which was then reflected in the low turnover of the coaching staff. In fact many of the coaches who were hired initially stayed on the program for years and one of the coaches hired in 2014 recently transitioned into the role of supervisor of recovery support services. Y'all, that's not recent. It was in 2017 and now it's 2020, but sometimes 1990 feels recent to me. So this individual took over that role in 2017 and is still with the agency today.

So many may be well past this stage, and that's an important consideration. Also many of you may be grappling with this yourselves. Many agencies with recovery support service programs prefer to have a nonclinical supervisor, as Kris discussed, and this makes sense for the cultural components around the project and management of it. But in some cases people may not have a choice and may have to utilize a clinical supervisor.

I understand that my case presentation may not seem ideal for what you necessarily are dealing with. Not everyone has had the benefit of a long runway for implementation and not everyone has the benefit of really great resources and capacity to develop recovery support services.

In fact, that often is more the norm than not.

So in our case, even though we were very lucky in Texas to have a state government making funding and policy decisions that were favorable for recovery support services development, they were also paying for and providing excellent technical assistance. We did have some providers for whom implementation was a little more difficult.

At the state level, RSS was implemented in community-based organizations, within recovery community centers, and then also in our treatment center organizations. By and large the treatment center settings, simply by virtue of being purely clinical and more focused on their programs, these were the agencies we saw the most difficulty assimilating a nonclinical paraprofessional program. Even though there had been a statewide effort to develop ROSC championed by local advocates and spread across the state, some of the treatment centers struggled more than others with fidelity to the constructs of Peer Recovery Support services.

And it was just a natural organic thing to see unfold in our rather large state.

So they didn't know what they didn't know. But it was an entirely different way. And although some of the same conundrums applied with clinicians supervising peers. The necessary paradigm shifts across some of the treatment centers stalled. And in some cases just didn't happen. Some of the issues that we saw happen included problems with buy-in or inadequate preparation for the support of staff within the agency and within the community.

And as Kris mentioned, some of the volunteers are and continue to be voluntold. They are basically assigned recovery support services as other related duties in their job description. I think it's important to note that when we look at extrinsic versus intrinsic motivations, that can make or break the quality of supervision that is being provided for our peers. And it's something the agency really needs to look at.

So in Texas, many of our recovery coaches were left out of staffing and planning with regard to service delivery for the population, which includes often marginalize and dismissed peoples, and our coaches were in some cases used as frontline tech staff.

We often saw the diffusion of responsibility for helping the coaches and the supervisors determine the best way to develop recovery supports within the treatment setting. So in other words no one knew whose role it should be to design and implement and oversee. So it kind of fell into the junk drawer, if you will, of administrative oversight.

Even though they didn't know what they didn't know, some agencies also didn't want to change what they were doing or how they were doing it. So even in the settings where supervisors really got and understood the role clarity piece, they might have experienced lack of support from the rest of the organization and often were isolated. And this trickled down to the coaches. We have seen some of these issues become diminished over time with mentoring and change agency and system transformation. We have seen some treatment centers that were just really incredible and stellar right out of the gate. And we have seen some also that have really overcome these initial struggles. But in the larger system, and the larger the system is, the easier it is for our peer staff to become smaller cogs and not have a voice to represent them.

So in these larger systems, it's even more important to have more advocacy for and with the supervisors and it's essential for supervisors to help develop the autonomy of their workforce. But how do we do that? And the fact that we haven't really known how to before implies a need to adapt some standards for recovery support services, which is a great segue into the next polling question.

>> SAMSON TEKLEMARIAM: Thank you, Jenna. Everyone you will see the polling question pop up on the screen. What is a CAPRSS?

Again, as a reminder, we have great questions in the questions box. Please keep sending those in. We will answer your questions in the order in which they are received, and during a live Q&A which will occur after a word from Sober Peer.

It looks like almost 30% of you -- now over 30% have voted. Some have reported having difficulty with the polling feature. Please share your experience in the questions box. Also include what device you are using. We'll try to troubleshoot and problem-solve that for future webinars. For the rest of you, thank you for your participation in the poll.

I'll give you about five more seconds to answer the poll.

Thank you so much, everyone. You can use the questions box to share your feedback. We will go ahead and close the poll now and share the results and I'll turn this back over to Jenna.

>> JENNA NEASBITT: Thank you so much. Okay. So, asset-based accreditation of PRSS provided by RCOs. Yes, you guys nailed this. And for the 31% of you who have no idea, that's okay. We don't expect for you to necessarily know.

So that's why we're going to talk about it a little bit right now. So the Council on Accreditation of Peer Recovery Support Services really is tailored for accreditation not only in recovery community organizations but also in qualifying programs of recovery support services. At the national level we tend to see more recovery community centers implementing supervision. However, there is a growing presence of RSS in community

and treatment settings as well as co-located with recovery housings, clinical services, and the larger the overarching system, the greater the need for accreditation and standards. Standards are a helpful and effective way to ensure appropriate implementation of recovery support services is delivered across any organizational setting.

So you can go to their website. You can just Google CAPRSS, and there's so much great information there. You can download documents and ask questions and request technical assistance if it's something you're interested in. Although CAPRSS would never prescribe how to set up the infrastructure of your organization, the reviewers do visit and evaluate, whether you have a system or whether you're still developing your system, and if whatever you have in place appears to be optimized for fidelity.

So when we say "fidelity," we mean are you doing what you say you're doing. So some great examples of consistent supervision that really speak to fidelity include setting specific meeting times and determining a structure for a group and individual supervision.

Effective application of policy and procedures, appropriate documentation and continuous quality improvement. So let's look at the application of policy and procedure. One of the items CAPRSS reviewers will look for will be around the critical incident response and how your agency would protect your staff as well as the program participants in the event of a critical incident. Another issue that organizations may face includes what do we do if a peer staff who was in abstinence based recovery has returned to use?

It is up to your agency to establish a policy around substance use as pertains to what staff members do when they're on the property and on work time versus when they're off property and on their personal time.

Somebody prior to the webinar asked a question about recurrence rates of peer workers, and that's really a highly subjective construct, because it depends on the peer's self-defined recovery pathway. In general there is little research to date on this. Some agencies have a zero tolerance substance use and a must tell rule, for instance. While some agencies have developed more specific policies around maintaining connections with peer staff who develop problematic substance use. And this is a policy that really has to be evaluated by the agency and the leadership and the board, but also you should involve your staff and your participants in developing this policy. Because after all, Nothing About Us Without Us.

So one quick thing I want to talk about is the policy and procedure around social media. We have seen many agencies have a very strict prohibition on interaction between their peer staff and their participants on social media. And I want to pose a question and particularly in this current pandemic landscape, is that really culturally appropriate?

Because we know people use technology very frequently to stay connected even before the COVID breakout. And so what we have seen is some really savvy RSS programs do is they develop pages on social media for their coaches.

So it would be like a Coach J page, for instance, that could then interact with participants and also keep track of them. When we start to see our program participants isolate, typically they may still be accessible on social media. So that's a great way to keep people from falling in the cracks. And I would urge you guys to take a look at your policies and procedures around social media presence for your staff.

Another thing with documentation is there is an assumption that the non-clinical service provision equals less documentation. That is simply not true. Peer staff should be doing documentation with recovery planning, with participants, and also equally supervisors should be documenting their work that they are doing with the peer staff. Documentation of time and attendance is also pretty standard across all organizations and it can be used as a tool by professionals, for professional purposes but also just to

check in and make sure that your staff is doing okay. For instance, if you have a peer staff, developing a pattern around time and attendance, it can be very easy to just suspect that he or she is having some problems with their recovery and just dismiss them as not trying hard enough. That's unfortunately a stigmatized perspective that has been very pervasive in our work culture for a long time. But this also is an opportunity for our supervisors to meet with the peer staff and have a conversation, which you could document in summary, not as a write-up, per se, but just to reference later. And it could be simply some dialogue. I've noticed that you've been coming in a few minutes later than expected and I wanted to check in with you. I want to see if everything is okay. Is there something I can do to help support you? Or is there something we need to take a look at with your scheduling to make things easier?

This is a great way to handle the particular conversation if it's done genuinely. I certainly would not recommend doing this if that's not a genuine place of concern that the supervisor might be coming from.

And then, of course, training and development plans are often overlooked beyond our orientation and onboarding and certification requirements. But these tools are very effective for empowering peer staff to become their best experts and their own leaders in their own right and helps then to find their goals and figure out their own career paths. This is something much more important than we give it credit for. You have to be able to make time for your peer staff to attend trainings and report back what they have learned to the team

And then very quickly, a note about language and culture. Recovery-oriented language isn't just about recovery messaging or using an elevator speech. It should consistently exist across all of your documentation, your public-facing instruments, your marketing collateral, and the way you interact with your staff.

For instance, language such as "substance abuse, recidivism, clean, dirty, addict, junky, drug-seeking, wrote off, enabling," these are stigmatized terms. I tell you what, if we

want to be accepted as addiction professionals, then we need to start talking like behavioral health professionals. There are studies that prove how this language stigmatizes the people we serve and lends to their own self-stigmatizing attitudes. So we have to endeavor to uphold standards of cultural competence, which is sometimes referred to as cultural humility. And it's much harder than it sounds, I acknowledge this. And even though it's a requisite for almost everything we do in the behavioral health realm, some simple actions as insuring your agency materials are visually accessible, are linguistically accessible, are available in languages that are dominant in your area, to even more important staffing decisions, such as making sure your supervision and peer staff reflect the populations served in your community.

So as we speak to reliability, y'all, that is a scientific construct. I love talking about reliability and validity. Whenever possible, please use a participatory process to establish the best meeting times and structures for the agency. Some people do a morning huddle while others may have a set weekly time. And some agencies don't really have a determined time, which is set aside for supervisors. They might rely on daily supportive interactions between supervision and staff, mixing the formalized and informalized structures can provide a better way for addressing issues as they arrive while offer developing a stronger rapport between supervision and staff. And as Kris noted, it's really important for executive management to set this time aside and to make sure that their supervisors have time to actually address all of their functions, which include supervision of the peers.

Performance reviews, oh, the dreaded performance reviews. Look, y'all, everybody dreads them. Supervision, supervisor, staff, HR professionals, typically it is dreaded by everybody in the agency. But it's impossible to develop really good leadership in our staff without setting forth foundations for training and development, planning and, of course, the performance review is the instrument for actually doing that. They enable the supervisor, they equip the organization, and they prepare the staff to really kind of look at the goodness of fit between the staff and the roles and tasks that he or she have assumed. These reviews are also essential for quality I improvement and service

delivery and most important they are tool for workforce development, career development and leadership development.

This isn't just a means to review the staff member. This is a barometer of the agency's efficacy overall. And so it's important to look at it as a bidirectional process.

Some organizations may adapt from other organizations boilerplates to fit their needs. And so when starting from scratch we really advise you to keep your agency mission and vision very much the focus of what you're doing as you develop your processes. Those recovery principles need to be part of the checklist and the duties and tasks that you are rating. Again, I cannot reiterate enough. Involve your staff, your board, your volunteers and your participants to continue to help create and review the standards by which you measure your peer staff. Don't be afraid to change them as needed. Also, this is a really important validity construct for the work your agency is doing. If you are getting some less than favorable feedback from your community assessments but yet your internal performance reviews are very high, there's a discrepancy there, and that's indicating we're missing something and that means we need to look at something internally or externally or possibly both.

Administration of our performance reviews are undervalued scientifically. Again, they do have some validity constructs that can help you out as a supervisor and from the executive level. But you really have to look at aspects such as greater bias and reliability, greater reliability. Does the rater rate consistently across all the review instruments? These are really important for determining how effective your reviews are.

It is a communication tool that can bridge rapport and motivation. So providing feedback to your peers in a strengths-based objective manner is key. We want to focus on outcomes and behaviors, not demeanors, philosophies or personality traits.

So with that being said, I know that was a lot. I'm going to turn it over to my pal, Wes, to continue on.

>> WES VAN EPPS: Thanks, Jenna. Thanks, everybody, for tuning in today. I'm going to be touching today on supervision and retention. So supervision plays a huge role in retention of peer support workers. So for some you that may have been following this six-part series, you all remember that Section 2 talks about hiring, onboarding and integration of peer workers. If you haven't had a chance to look at that, maybe go back and take a peek at that and watch it. That, of course, gives you great knowledge on how to hire coaches. So now poses the question: How do I retain my peer workers? So the first slide we're going to look at here is the recovery-oriented values and supervision.

So integrating a Peer Recovery Support providers into the clinical team can be a huge culture shift. The PRS may not agree with policies that overlook the strengths of the individuals served. So having a supervisor that really has an in-depth understanding of not only the daily activities but the underlying philosophies of peer services is a must. I think that, you know, with my experience of supervising several peer workers, every one of them has the capability to learn and develop. I think the challenge you may face as a supervisor is really understanding each peer worker's barriers to learning and how you as the supervisor can help navigate through those barriers, especially with individuals that, you know... this is a new career path for them. So you're bringing on peer workers that may not have much knowledge or experience, you know, have gone through trainings of how to be a peer worker. But, you know, navigating through some of those barriers as they are part of your team and how you as a supervisor can help them is a huge role.

So, also, your role as a supervisor of peer workers, it's not really to direct them on which professional path that they choose, but it's really supporting them. And challenging them to achieve those professional goals they want to accomplish. So, you know, just for an example, one of the individuals that I have had the experience of supervising was part time, working with us part time. And their professional goal in life overall wasn't actually to work in the field, but this, you know, as somebody that was in recovery, a

peer in recovery, this is something they wanted to do, wanted to give back. And, two, because they felt at that point in their life it was something that was almost their calling. So this individual was actually going to school for something completely outside of the field of substance use and treatment, but, you know, so really trying to guide them and support them in their current, I guess, role as a peer worker but what is next for them and how can I as a supervisor still support that?

And kind of last point here is the high turnover of Peer Recovery Support providers. It could be a symptom that the organizations and/or the supervisor isn't working with the recovery oriented values or philosophies. So just as the peer worker models believes in recovery-oriented values within their coaching relationships and their peers, you as a supervisor and organization should also model and believe in them as well.

So, I'm going to talk quite a bit here just on individual supervision. So as Kris mentioned early in this webinar, we look at the individual supervision. I also will be getting into, you know, co-supervision, group supervision, but I guess my main topic today is really diving into the individual supervision piece. So a typical individual supervision session will include performance, education, colleagues, management issues, and for me, what I like to believe one of the most important topics is personal wellness.

So the first one here, let's look at performance. I guess the biggest question you need to ask yourself is the peer meeting the responsibilities outlined in the position description? So, you know, no surprises or changes are communicated in a timely manner. As a supervisor, I think it's -- for me personally it's easier to talk about what is going well with the coach's performance than addressing the concerns, but both are very important. So you know, looking at the performance of the coach, starting with talking about the performance positives. And even opening it up to the coach to talk about the positives they see in their performance, since the last individual supervision. Really having a clear understanding position description will help address any concerns in performance. So, for example, if you include, you know, completion of the dreaded documentation within 24 hours of peer service in the position description you should

make certain that the individual, the peer coach that is working with your organization has had the proper training as to how documentation should be filled out and when and where to turn it in. As a supervisor, this is a perfect time for both of you and the coach to determine areas of improvement in performance. I know especially with, you know, the changing of maybe your organization's documentation submission, going back to that example you know, I have been a part of where we -- starting with the peer workers, they have had to turn in paper documentation and all of a sudden we transitioned over to making it electronically. So as the supervisor walking through the transition with each individual, there's no miscommunication, so that everybody feels that support from you, but they're being trained and being trained properly. Looking at the next piece, education, asking yourself, what are the skills the peer wants to develop? So when you're in this individual supervision, coming out and asking, what are some of the skills they want to develop, and how can you support them as a supervisor.

I think the coach's performance review is a great time to review skills that the coach may want to improve our develop. It's also best practice as a supervisor to research and find different educational platforms that you can offer the coaches that are working for you. Or what we like to call CEUs.

Another thing to consider is what are their professional goals and how can the supervisor support and advocate for tools and resources for the peer?

Looking at colleagues, how is the peer worker working within the team? That's one thing I like to hone in on, too, how they work with other individuals on the team. You know, both with other peers and clinical staff, including yourself as a supervisor.

So I know some organizations that I know of in Wisconsin have both clinical practices as well as peer support practices. So sometimes those individuals would do collaboration work or referrals. So how do they work well with the clinical staff that is a part of your team?

Remember that part of your supervisory role is to address any potential conflicts within the team. So collectively coming up with a solution on how the issues can be resolved. I think it's good to strive to be more of a navigator of solution and empowering your peers to be involved in how internal decisions between staff can be resolved. So instead of, you know, being kind of that authority figure and determining solution on your own, really involve the peers. Because it's -- you know, when I look at examples of how I have involved peers in decision making when it comes to internal conflict of staff, you know, coming out on the other end of that really, I guess, connects the staff more and those solutions become more apparent to team building.

And then looking at management issues. So I think a question you should ask yourself is if there are any policies or procedures that are creating barriers for delivery. So for an example, you know, when you're looking at the peer role and even your agency, I know for the organization I used to work for, it was a policy for transportation. You know, not allowing peers to be in the vehicle with you. So as a supervisor making sure that, of course they're following those guidelines and policies, but that could be a huge barrier to service delivery too. So how can you navigate around that?

That's just one example. You know, looking at different resources within your community of how those connections between coach and peer can still happen if there's a lack of you know, transportation and they can't you know, meet up as much or as often as they want.

And then like I mentioned before, for me the biggest thing is personal wellness. I do believe that's self-care is so crucial for a recovery coach. You know, checking in during your individual sessions, your individual supervision sessions to make sure that the peer has sufficient downtime between peers that they're coaching. And I know that with -- I guess the more burdensome documentation that I see happening as far as what peer recovery coaches have to do now, making sure that they're completing documentation and that it's not too overwhelming. Because I think the last thing that I would want

somebody I'm supervising to do is to spend you know, majority of their day actually doing service delivery and they're not having enough self-care time and they're spending most of that catching up on paperwork and documentation.

Also review their caseload, their ability to manage the required tasks involved with each peer. Because peers are passionate and want to be helpful. They may take on additional responsibilities. And I think that could be -- that could also help your team and help that peer too. I look at additional responsibilities of community outreach. So say one of your peers is very involved in community outreach and has community connections and partnerships, and they want to continue doing that. You know, going to local community discussions around recovery and town hall meetings and whatever is going on recovery-oriented within your community, I think peers are a great resource that are on your team for those introductions to other new community agencies that have interest in peer support.

So if that is something that you know, you hire a peer and that is something they want to continue to do, looking at their caseload compared to outreach activities and if that's something that is a goal of theirs, is to continue doing that, it's very crucial to continue to support that path for them.

So looking at styles of supervision for individual supervision advantages and disadvantages. So for advantages you know, it really allows for critical feedback and personalized goal setting. They may not be appropriate for a group setting, so an increase in confidentiality of information the peer is talking to you about. This is also a great time to really want to have somebody that is working for you strive on professional development plans. So this is a great time for you as the supervisor to dive into those professional development plans, look at their specific goal setting and what that looks like, and some achievements they have made throughout the time they tried to accomplish their professional development goals. I look at it as, yes, you're the

supervisor for their peer work, but I also look at it as being, you know, a good role model and somebody that can help them in situations of really that developmental plan of what is next for them in their life. And, of course, some disadvantages. In some cases dependence on the supervisor can develop. As much as the supervisor is there to guide and direct in decision making, a coach may become too reliant on their supervisor instead of allowing challenging situations to help encourage growth in their abilities.

So individual supervision can also be a lost opportunity for feedback and other peer coaches.

Looking at the advantages and disadvantages of group supervision. So group supervision I think is a perfect way to address certain topics. Organizational updates and changes that your coaching team needs to be aware of. I like to keep things open when it comes to, you know, new community partnerships of peer service deliveries. You know, grant funding opportunities that our organization may be attempting to go for. It also gives coaches a sense of ownership to what the organization is doing. And goals we are looking to achieve to continue helping those within our communities.

So I think, you know, this is a good time for each person to bring up challenges they may be facing with a peer that they're working with for the opportunity to hear feedback from other coaches and it brings a sense of togetherness and team collaboration. And, you know, that's one thing, when you're thinking about retention of coaches within your team, of course, when people work together and you see that team bonding within your organization, a lot of people that I see are excited and wanting to stay a part of that. And part of that positive movement that you guys are creating within your community.

And, of course, some disadvantages. So to some people, especially if they have never been involved in group supervision or collaboration, it can definitely be intimidating. So if there's a new coach member that is on your team and it's their first group supervision, I really make it a point to first address, if they're comfortable bringing up specific topics within a group supervision setting, and just to remember that it should not replace

individual supervision which can lead to, you know, not meeting a coach's needs when addressing a specific topic.

So I like to keep group supervision structured, but also allowing some flexibility to have open communication between coaches and their coach peers. Although I'm not a supervisor conducting the meeting, let the group, I guess, guide it according to the main points that you bring. So I know Kris earlier brought up, you know, having an agenda when you go to a group supervision meeting, because we don't want it to stray off path of the main points.

But I also like to bring up the main points and let the group kind of guide itself, allowing feedback from other group members.

And then also remember group supervision allows for team building and partnerships between the peer workers. Individual supervision is still necessary to discuss personal goals and areas for improvement. Always keeping that in mind when you're in group supervision that individual supervision is a time to discuss those things, unless they bring it up in group supervision.

And then the last style of supervision is co-supervision. I think it's very useful when clinical supervision is required or is a requirement for reimbursement, like Kris brought up earlier for Medicaid or Medicare. A supervisor can -- I guess an advanced supervisor can provide individual supportive day-to-day supervision while the clinical staff member to provide the minimal administrative supervision.

So I know for a quick example here in Wisconsin, just last month it was passed that the requirements for Medicaid and Medicare programs -- the reimbursement for certain peer recovery coach services is in action. So underneath there it talks about the supervision must be done by a competent mental health professional. So, of course, there's that co-supervision that may take place when this all kind of goes through and is in effect.

So some advantages of co-supervision you know, having the guidance and leadership from more than one person can give needed support and encouragement that a coach may not receive from having only one supervisor. Also if your organization has a high number of peer coaches actively working in the field, it's really beneficial to conduct co-supervision so that workload isn't too great for one supervisor. I know Jenna brought that up earlier as well.

And then some disadvantages. Some agencies may not have the resources that have co-supervision. There's always disadvantages. The co-supervisors may not agree on how a situation should be addressed or handled. So communication is really important if you're offering co-supervision services. Not only because of miscommunication between the two supervisors but also the risk of confusion and challenges that it may bring to the peer coach workers.

And then providing feedback, I think, is one, if not the most important tool that you can offer as the supervisor. Positive feedback will help notice the peer strengths and values. It will also, you know, provide person-centered supervision, recognizes the peer professional's goals. And I think, too, asking the peer workers themselves to give feedback on a task can be a good gauge of insight on where they're at. This could also allow for a good starting point and specific activities for learning or improvement.

Then this last slide here is just an example of a form, you toe, peer recovery supervisors can use to evaluate their recovery support services. It's a great tool to use during individual supervision. And helpful to understand areas of improvement that you can support each other in.

So with that, we're going to look here at the last slide citations. I think there's some really good -- I guess you could say resources on this slide. I know Kris wanted to mention one specific resource, but I think just looking at how some of these citations around supervisor guides, ethical guidelines for delivery and technical assistance on

bringing in supervisor skills within your organization, I would highly recommend looking through these for more information.

>> KRIS KELLY: Thanks, Wes. I mentioned earlier about the community health worker toolkit is also available in your handouts and that it was really instrumental when I was developing a peer program and came to the place where I needed supervision.

>> SAMSON TEKLEMARIAM: Thank you so much, Kris, Wes and Jenna. Thank you for this incredible experience and great information you have shared with us. One heads-up about the handouts. In the tab in the Go To Webinar control panel. One of the handouts is not correct. One says "Meditation specialist." That is my bad. It may be a Freudian slip. I maybe want everybody to relax and take easy. If you used the same website you'll see the corrected handout from the citation page there.

For now I'm going to go ahead and turn this webinar over to Mark Cole from Sober Peer. After a word from the sponsor we'll give you information about how get your continuing education credit. Mark, the floor is yours.
>> MARK: Thank you, Samson, and thanks to Kris, Jenna and Wes for a terrific presentation on a very timely topic for us here today. So today we're excited to introduce you to Sober Peer. And we know the current pandemic is having a devastating effect on persons with substance use disorder. Social distancing, anxiety and too much free time are causing relapses and traditional approaches, plus adding in Zoom, aren't enough to meet this growing need. Sober Peer is a technology built for this time and our future. It's a mobile health science platform that delivers continuous realtime behavioral data from clients via their smartphone. Artificial intelligence helps treatment providers measure, predict and prescribed evidence-based solutions that lead to deeper insights and lasting recoveries.

Plus aligned with today's seminar, it also allows for deep supervision of your staff, providing a structured way to offer support, oversight and feedback.

So when we discuss and describe Sober Peer, we describe it as behavioral science made mobile. And here is what that means. Until recently the way that we assess behavior, mood and cognition has been pretty subjective. The input that we get from clients usually happens during a brief episodic visit and too often this approach isn't the best fit for a client to get comfortable or have enough time to get to core issues related to their addiction. Consequently as we care for our clients, too many times we're responding to a crisis instead of preventing one.

Sober Peer allows you to flip the process and make treatment continuous improving outcomes and reaching 90% of people who otherwise won't seek treatment until it is a crisis.

By changing how and when we collect information, we make what we collect more objective, resulting in better treatment insights and better outcomes.

That's what Sober Peer is about.

So we invite you to explore how this approach might make you a better practitioner using the skills you already have but with a new set of tools. How does Sober Peer work? Sober Peer is like Uber, a platform that connects riders and drivers together but in our case a digital health platform that connects persons seeking substance use help with treatment professionals to assist in their recovery. Now, technology has given us two tools that change everything in artificial intelligence in the smartphone.

Now individually they're powerful, but collectively they revolutionize how we collect data and how we turn what we collect into better insights.

So the app makes it easy to engage clients. And we use the client's smartphone and our mobile app to collect up to 500 behavioral signals per day per client. These signals are gathered through interactions with the app and activities such as reporting on their mood, taking a survey. Chatting with their counselor, peers or friends. Completing a telehealth session or group session within the app. Managing their triggers. These sober signals are sent 24 hours a day seven days a week to a database supported by our artificial intelligence program. And the program identifies patterns of behavior and sorts them into meaningful observations for you.

So you'll see this information presented on a personalized dashboard for each client that you can use to measure, predict and prescribe the next best steps for recovery.

So today we're inviting you to join the Sober Peer revolution. Look for a follow-up email that will give more information about how to get started. By using our science we'll help you reach more people and earn more in your practice. While also giving you new tools to give you deeper insights into your clients, the ability to manage many more clients easily, which is really critical given the shortage of treatment professionals in the market today, the chance to grow your practice by connecting you to persons nearby who are seeking help, who will give you a platform for continuing continuous responsive care, and also the ability to ensure accountability for persons in long-term recovery.

Thanks for all the great work that you do to change lives. And we look forward to helping you and your practice flourish using behavioral science made mobile. Samson, back to you.

>> SAMSON TEKLEMARIAM: Mark, thank you so much. And everyone, in your chat box you will see a little message from our sponsor, from Sober Peer, and there's a link. It will send you to a video with more detailed information, even a brief demo of Sober Peer. Also in the handouts tab you will see a short FAQ, but even more a Sober Peer issue one. More information and details there about the technology within Sober Peer.

Thank you so much, Kris, Jenna and Wes. You guys had some awesome questions coming in from the audience. Thank you for your questions. There were questions about job descriptions, supervision style and skills, questions about operations, questions about the evaluation tool that Wes showed. Really great questions. Everyone, what we're going to do is compile all of your questions and email them in a Q&A document to your presenters. And then they will over the next couple weeks collect those answers and will post them on the same website you used to register for this webinar. So you are probably wondering, how do I get my CE for this webinar? Please don't email us. You probably won't get a response because we get so many about CEs. The best way is just to pay close attention here.

Every NAADAC webinar has its own web page and houses everything you need to know about that particular webinar. So immediately following this live event, you will find the online CE quiz link on the same website you used to register for this webinar.

So that means everything you need to know about this webinar will be permanently post posted.

You can see it in big blue at the top of the screen.

And here is the schedule for upcoming webinars. Please tune in if you can. There are really interesting topics and great presenters. Also many of you have taken the current Peer Recovery Support Series in order and some are just joining with us. No worries. You can easily catch up by taking the rest of the series and going to our Peer Recovery Support Webinar Series page. Any webinars you missed you can catch up on those. And we have one more coming up May 15th with Phil Valentine.

Currently NAADAC is offering two specialty series. You'll see the website at the bottom of the page here. If it's going too fast, no worries. This slide deck is available on the website. You can go to our website and print off this slide deck, three slides per page and learn more about our two Specialty Online Training Series. One on clinical

supervision and the other on military and vet culture. As a NAADAC member, there are a lot of benefits but one of the most important benefits that as part of attending this CE event, this webinar, your CEs could be free as a NAADAC webinar. Whereas if you are not a member of NAADAC there is a small processing fee for the continuing education credit.

Any questions you have about CEs, please feel free to email CE@NAADAC.org . Remember at the end of the webinar you will receive a thank you letter from Go To Webinar and that will have a message from our sponsor and links and a link for the Great Lakes ATTC survey. Make sure to click on the link and complete the survey. Thank you for participating in this webinar. Thank you so much, Jenna, Kris and Wes for your valuable experience and Sober Peer for your sponsorship.

I just want to encourage you all to take some time and browse our website to learn how NAADAC helps others. You can stay connected with us on LinkedIn, Facebook and Twitter. Be well.