The Peer Recovery Support Series is provided as a collaborative effort between the Great Lakes ATTC and NAADAC.

Welcome, your facilitator will be:
Samson Teklemariam, LPC, CPTM
- Director of Training and Professional Development for NAADAC
- NAADAC, the Association for Addiction Professionals
- www.naadac.org
- Steklemariam@naadac.org
Using GoToWebinar (Live Participants Only)

- Control Panel
- Asking Questions
- Audio (phone preferred)
- Polling Questions

Kris Kelly, BS
- MN State Project Manager
- Great Lakes ATTC, MHTTC, PTTC
- https://attcnetwork.org/centers/great-lakes-attc/home
- Kris.Kelly@wisc.edu
Jenna Neasbitt, MS, LCDC
- Executive Director, Recovery ATX
- jenna.neasbitt@recoveryatx.org

Philander Moore, MA, LCDC
- Statewide Opioid Coordinator
- Health and Human Services Commission/Office of Mental Health Coordination
- Austin, Texas
- philander.moore5r@hhsc.state.tx.us
- 512-380-4305

Webinar Presenters

Building a Successful Culture in Your Organization
Webinar Learning Objectives

- Demonstrate organizational fit of Peer Recovery Support Services
- Prepare to anticipate and address concerns as they arise
- Employ organizational walk-through and self-assessment
- Identify training, resources, and orientation for current staff (Administrators, Clinicians, Clinical Directors, Clients/Patients)

Polling Question 1

Does your organization currently employ Peer Recovery Support Services?

A. Yes
B. No
C. Don’t Know

Considering Peer Recovery Support Services?

Organizational Fit

Peer Recovery Support Services (PRSS) bring the voice of the person being served to the clinical team, while developing trusting relationships with the individuals they serve, increasing engagement and participation in the recovery process. PRSS coaches also conduct assertive outreach and early re-intervention to individuals who have left and are outside of direct services.

Will PRSS clearly align with organizational needs, strategies, and policies?
Is there buy-in from organization leadership and staff?
What are the advantages of integrating PRSS? What are the disadvantages?
Are PRSS programs fiscally sustainable?
A pilot program or contracting with a Recovery Community Organization may allow time to develop and implement integration tools, policies and procedures, and billing processes.

Building a Successful Culture in Your Organization
### Programmatic Considerations

<table>
<thead>
<tr>
<th>Consideration</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruitment</td>
<td>How and from where a Peer Recovery Support (PRS) worker is identified</td>
</tr>
<tr>
<td>PRS Role</td>
<td>Design and clarity of the role from the PRS and organizational perspective</td>
</tr>
<tr>
<td>Initial Training</td>
<td>State and organizational requirements, certification requirements</td>
</tr>
<tr>
<td>Continuing Education</td>
<td>Ongoing training is provided to PRS workers to reinforce peer core</td>
</tr>
<tr>
<td></td>
<td>competencies, learn new skills, and ensure implementation of new skills</td>
</tr>
<tr>
<td>Supervision</td>
<td>Supportive supervision provided on a consistent basis to provide feedback,</td>
</tr>
<tr>
<td></td>
<td>coaching, problem-solving, skill development, and</td>
</tr>
</tbody>
</table>

Adapted from Crigler et al. 2011, CHW AIM Toolkit, pg 15

### Benefits

- Increases engagement in outpatient treatment
- Increases active involvement in care planning and self-care
- Improves social functioning
- Increases hope, quality of life, and satisfaction with life
- Reduces depression and demoralization
- Improves chances for long-term recovery
- Reduces average service costs per person

Considering Peer Recovery Support Services?

- Increases engagement in outpatient treatment
- Increases active involvement in care planning and self-care
- Improves social functioning
- Increases hope, quality of life, and satisfaction with life
- Reduces depression and demoralization
- Improves chances for long-term recovery
- Reduces average service costs per person

Equipping Behavioral Health Systems & Authorities To Promote Peer Specialist/Peer Recovery Coaching Services (SAMHSA, 2012)

Benefits

- Increases engagement in outpatient treatment
- Increases active involvement in care planning and self-care
- Improves social functioning
- Increases hope, quality of life, and satisfaction with life
- Reduces depression and demoralization
- Improves chances for long-term recovery
- Reduces average service costs per person

Programmatic Considerations

<table>
<thead>
<tr>
<th>Consideration</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Involvement</td>
<td>Role the Recovery Community and Peer Recovery Support Networks play in</td>
</tr>
<tr>
<td></td>
<td>providing support</td>
</tr>
<tr>
<td>Individual Performance Evaluation</td>
<td>Fairly assess performance in the PRS role during a set period of time</td>
</tr>
<tr>
<td>Compensation</td>
<td>Financial incentives such as salary and bonuses, Non-financial incentives</td>
</tr>
<tr>
<td></td>
<td>such as training, recognition, and certifications</td>
</tr>
<tr>
<td>Referral System</td>
<td>Process for determining when, how, and from whom PRS may receive referrals,</td>
</tr>
<tr>
<td></td>
<td>as well as a process to track and document referrals</td>
</tr>
<tr>
<td>Opportunities for Advancement</td>
<td></td>
</tr>
<tr>
<td>Documentation and Information</td>
<td>How PRS documents encounters, how is information used for service</td>
</tr>
<tr>
<td>Management</td>
<td>improvement</td>
</tr>
<tr>
<td>Program Performance Evaluation</td>
<td>General evaluation of the PRSS program and meeting overall objectives</td>
</tr>
</tbody>
</table>

Building a Successful Culture in Your Organization
How State Agencies Can Help

Example: Michigan Peer Liaisons

• Peer liaison role in Community Mental Health Services Programs
• Peer liaisons provide informal feedback on TA needs
• Share information on how certified peer support specialists are doing in their roles
• Help to prepare mental health agencies to work with Peer Support Specialists
• Helped the state identify what new trainings are needed for success

Polling Question 2

How many trainings have you attended on Peer Recovery Support Services?

A. 1-2
B. 3-4
C. 5+
D. I've never been to a training on Peer Recovery Support Services

Greater Connectedness

Behavioral health systems continue to leave gaps where people may fall through the cracks, often between the clinical structure and the recovery community at large. PRSS can fill the gaps to create a safety net.

- PRSS can function as a touchstone for people who are trying to navigate the complexity of a behavioral health system of care.
- PRSS advocate for those with whom they work; further strengthening the individual's recovery capital.

- PRSS are not only experts in lived experience, but also on how to access services and supports.
- In this way, being the "guide" might be one of the most important peer functions for those newly in, or newly returning to, recovery from substance use.

Building a Successful Culture in Your Organization
Evaluation Data

The Institute for Addiction Research at the Steve Hicks School of Social Work, UT Austin, has collected data on RSS since 2015. This information is from the 2017 Final Evaluation Report.

### Housing
54% of long-term coaching participants owning or renting their own living quarters at 12 month check-up, as compared to 32% at enrollment in long-term coaching.

### Employment
Overall employment, which increased from 27% at enrollment to 60% at 12-month check-up.

### Wages
Average monthly wages of employed participants, which increased from $258 per month at enrollment to $881 at 12-month check-up.

---

### Preparing for the integration of PRSS

- Examine your “why”
  - How will PRSS fit in with your agency vision and mission?
  - What are your program goals?
  - What outcomes do you anticipate the population you serve experiencing as a result?
  - Is there a demand; are other agencies in the community utilizing PRSS?
  - If so, what can you learn from them, and, what can you do to compliment the array of services already in place?

---

### Assess Your Community

- **Assets**
  - Who are the champions in the community that will help you connect your PRSS with other resources?

- **Stakeholders**
  - What are the services and agencies in the community that your PRSS will need to be connected with?

- **Needs**
  - What are the needs expressed by local populations you’ll be serving?

- **Gaps**
  - What are the gaps in your community, and how can you fill them?

---

### Building a Successful Culture in Your Organization
Organizational Capacity Assessment
Previous experience has shown us that hiring PRSS without careful consideration may result in a difficult transition, and in some cases, turnover. PRSS may be used outside of their scope or relegated to catch-all tasks.

Is your agency ready for Peer Recovery Support Services?

Does the current staff demonstrate comprehension about the role clarity of PRSS?

Is there an implementation plan; orientation training, program description, and job description?

Are there training and certifications required by your state?

Are there already trained/credentialed peers working within your community?

Organizational Capacity Assessment

Multiple Pathways
Is the organizational culture and skill set prepared to endorse all pathways to recovery?

Opioid Proficient
Is the organizational culture and skill set prepared to support the use of MAT?

Harm Reduction
Is the organizational culture and skill set prepared to implement harm reduction principles and practices?

Lessons Learned
How each agency implements PRSS is really a developmental and agency specific process. In general, there are some tips we’d like to share with you based on our experience:

Inadequate training and preparation for a clinical team can be disastrous for integration peer services. Likewise, preparing the community stakeholders for implementation of peer services will bolster the efficacy of your efforts.

PRSS individual capacity for workload should be monitored and adjusted accordingly (which speaks to the necessity of a solid supervision component).

Ensure that your PRSS policy and procedures are in place and understood by everyone before you begin recruiting for PRSS staff, this includes dealing with recurrence of substance use, boundaries, confidentiality, and ethical considerations, and social media etiquette/policies.
The Opposite of Addiction is Connection – Johan Hari

Polling Question 3
My organization is adequately prepared to implement PRSS:

A. We need a lot of guidance and more work.
B. We’ve done some preparing and are making plans
C. We are ready to go!
D. We are not interested or do not have the capacity.

Texas Recovery Approach in 2010
In 2010 for Texas as in many other States, it made no sense to treat someone for a mental Health or substance use disorder only to send him back into a community that lacks the resources to help him sustain recovery over the long term.

To see improved long-term outcomes, we had to look beyond the individuals accessing services to ensure the settings in which they recover are themselves able to support optimum health and self-determination in all members.
In 2010 Texas embarked on an aggressive Recovery Initiative which focused on developing an innovative approach to a recovery system of care (ROSC) and Peer support program.

Transformation

ROSC

Discussion the development of 28-32 modified ROSC communities and infrastructure and organizational barriers in the State of Texas.

Recovery Programs

Discuss the development of the recovery programs in Texas and the organizational barriers associated with the implementation.

28

ROSC

A recovery-oriented approach has been the hallmark of system transformation for years, a similar approach was utilized in Philadelphia.

Collaboration

Developed a Recovery Team

Developed Initial ROSC Structure

Developed a Recovery Team

Distilled Provider Form

Developed Initial ROSC Structure

Texas Approach to Barriers

Balanced focus beyond the clinical dimension

Align with recovery-oriented approach

Use ROSC as a Framework for integration

Place the Community at the Center

Foster empowerment and health activation

29

Recovery Programs

Recovery Community Centers are peer-operated centers that serve as local resources of community-based recovery support. People don’t live at these centers, but individuals build recovery capital at the community level by providing advocacy training, recovery information and resource mobilization.

Stand Alone

The expectations for these providers were to incorporate elements such as recovery cafés, clothing closets, pre-employment elements and educational opportunities.

Integrated Recovery Treatment Programs

The expectations for these providers were to include Rosc Support Services that included Recovery coaching both individual and group, Housing, transportation and other supports as needs.

30
**Evaluation**
University of Texas RSS Evaluation.

**Benefits**
- Recovery Capital: 
  The total intrapersonal, interpersonal and community resources that can be brought to bear on the initiation and maintenance of recovery.

**Results**
- HealthCare Cost

**Lessons Learned**
- Develop and plan for an employment system to support the RSS credentials.

---

**Putting Tools to Practice**

**Peer Integration Project: Minnesota**

**Philadelphia Toolkit**
- Additional, Selective, Transformative
- Focus Groups: Staff and Clients
- Addressing concerns
- Training on PBS and Core Competencies for Peer Workers

**NIATx**
- Change Leader Academy
- Identify staff members working with Peer Staff, including Supervisors
- Opportunities for Integration

**NIATx, 2020**

---

**Philadelphia Toolkit**

Module 1: Preparing the Organizational Culture
Module 2: Recruiting and Hiring Peer Staff
Module 3: Service Delivery
Module 4: Supervision and Retention

(Peer Support Toolkit, 2017)
NIATx is an easy to use model of process improvement designed specifically for behavioral health.

NIATx is an easy to use model of process improvement designed specifically for behavioral health.

Four Aims: Reduce waiting times, Reduce no-shows, Increase admissions, Increase continuation

The Walk-Through: Experience a process from your 'customers' perspective

Flowcharting: Create a picture of the process

Nominal Group Technique: Brainstorm ideas and reach consensus

PDSA Cycle: Plan, Do, Study, Act

Measure Change:
- Define your measures
- Collect baseline data
- Establish a clear goal
- Consistently collect data
- Chart your progress

Citations


Thank You!
Any Questions?

Jenna Neasbitt, MS, LCDC
jenna.neasbitt@recoveryatx.org

Kris Kelly, BS
Kris.Kelly@wisc.edu

Philander Moore, MA, LCDC
philander.moore@att.net

Building a Successful Culture in Your Organization
Building a Successful Culture in Your Organization

UPCOMING WEBINARS

**March 31**, 2020
COVID-19: Telehealth for Opioid Addiction Interventions
By: Marlene M. Maheu, PhD.

**April 8**, 2020
Connecting the Continuum: How Prevention & Recovery Models Fit Together
By: Jane Goble-Clark, MPA, CPS

**April 9**, 2020
Peer Recovery Support Series, Section II: Hiring, Onboarding, and Integration
By: Kris Kelly, BS, Dona M. Dmitrovic, MHS, and Mirna Herrera, MA, MTBC

**April 10**, 2020
Peer Recovery Support Series, Section III: Understanding the Pathway and the Process
By: Carlo C. DiClemente, PhD, ABPP

**EMERGENCY RESPONSE WEBINAR:**
Tuesday, March 31st, 2020 2-4pm EST
COVID-19: Telehealth for Opioid Addiction Interventions
By: Marlene M. Maheu, PhD.

www.naadac.org/building-organization-peer-recovery-webinar

www.naadac.org/webinars
Building a Successful Culture in Your Organization

By: Kris Kelly, BS, Jenna Neasbitt, MS, LCCDC, MAT-R, and Philander E. Moore, Sr., MA, LCDC

April 12th, 2020

Social Media and Ethical Dilemmas for March 27th, 2020

By: John Shinholser and Honesty Liller, CPRS

April 17th, 2020

The Participatory Process for Solutions to Addiction

By: Kris Kelly, BS, Jenna Neasbitt, MS, LCCDC, MAT-R, and Aaron M. Laxton, MSW, LMSW

May 15th, 2020

A Deeper Dive Into Coaching Recovery

By: Phil Valentine, RCP

April 10th, 2020

Hiring, Onboarding, and Integration

By: Dona Dmitrovic, MHS, Miranda Hernandez, MA, MTBC, and Tiffany Irvin, VPRS

April 15th, 2020

Understanding the Pathway and the Process

By: Carlo DiClemente, PhD, ABPP

April 17th, 2020

Supervision and Management

By: Kris Kelly, BS, Jenna Neasbitt, MS, LCCDC, MAT-R, and Philander E. Moore, Sr., MA, LCDC

April 24th, 2020

The Participatory Process for Solutions to Addiction

By: John Shinholser and Honesty Liller, CPRS

May 15th, 2020

A Deeper Dive Into Coaching Recovery

By: Phil Valentine, RCP

April 10th, 2020

Hiring, Onboarding, and Integration

By: Dona Dmitrovic, MHS, Miranda Hernandez, MA, MTBC, and Tiffany Irvin, VPRS

April 15th, 2020

Understanding the Pathway and the Process

By: Carlo DiClemente, PhD, ABPP

April 17th, 2020

Supervision and Management

By: Kris Kelly, BS, Jenna Neasbitt, MS, LCCDC, MAT-R, and Philander E. Moore, Sr., MA, LCDC

April 24th, 2020

The Participatory Process for Solutions to Addiction

By: John Shinholser and Honesty Liller, CPRS

May 15th, 2020

A Deeper Dive Into Coaching Recovery

By: Phil Valentine, RCP

April 10th, 2020

Hiring, Onboarding, and Integration

By: Dona Dmitrovic, MHS, Miranda Hernandez, MA, MTBC, and Tiffany Irvin, VPRS

April 15th, 2020

Understanding the Pathway and the Process

By: Carlo DiClemente, PhD, ABPP

April 17th, 2020

Supervision and Management

By: Kris Kelly, BS, Jenna Neasbitt, MS, LCCDC, MAT-R, and Philander E. Moore, Sr., MA, LCDC

April 24th, 2020

The Participatory Process for Solutions to Addiction

By: John Shinholser and Honesty Liller, CPRS

May 15th, 2020

A Deeper Dive Into Coaching Recovery

By: Phil Valentine, RCP

April 10th, 2020

Hiring, Onboarding, and Integration

By: Dona Dmitrovic, MHS, Miranda Hernandez, MA, MTBC, and Tiffany Irvin, VPRS

April 15th, 2020

Understanding the Pathway and the Process

By: Carlo DiClemente, PhD, ABPP

April 17th, 2020

Supervision and Management

By: Kris Kelly, BS, Jenna Neasbitt, MS, LCCDC, MAT-R, and Philander E. Moore, Sr., MA, LCDC

April 24th, 2020

The Participatory Process for Solutions to Addiction

By: John Shinholser and Honesty Liller, CPRS

May 15th, 2020

A Deeper Dive Into Coaching Recovery

By: Phil Valentine, RCP

April 10th, 2020

Hiring, Onboarding, and Integration

By: Dona Dmitrovic, MHS, Miranda Hernandez, MA, MTBC, and Tiffany Irvin, VPRS

April 15th, 2020

Understanding the Pathway and the Process

By: Carlo DiClemente, PhD, ABPP

April 17th, 2020

Supervision and Management

By: Kris Kelly, BS, Jenna Neasbitt, MS, LCCDC, MAT-R, and Philander E. Moore, Sr., MA, LCDC

April 24th, 2020

The Participatory Process for Solutions to Addiction

By: John Shinholser and Honesty Liller, CPRS

May 15th, 2020

A Deeper Dive Into Coaching Recovery

By: Phil Valentine, RCP

April 10th, 2020

Hiring, Onboarding, and Integration

By: Dona Dmitrovic, MHS, Miranda Hernandez, MA, MTBC, and Tiffany Irvin, VPRS

April 15th, 2020

Understanding the Pathway and the Process

By: Carlo DiClemente, PhD, ABPP

April 17th, 2020

Supervision and Management

By: Kris Kelly, BS, Jenna Neasbitt, MS, LCCDC, MAT-R, and Philander E. Moore, Sr., MA, LCDC

April 24th, 2020

The Participatory Process for Solutions to Addiction

By: John Shinholser and Honesty Liller, CPRS

May 15th, 2020

A Deeper Dive Into Coaching Recovery

By: Phil Valentine, RCP

April 10th, 2020

Hiring, Onboarding, and Integration

By: Dona Dmitrovic, MHS, Miranda Hernandez, MA, MTBC, and Tiffany Irvin, VPRS

April 15th, 2020

Understanding the Pathway and the Process

By: Carlo DiClemente, PhD, ABPP

April 17th, 2020

Supervision and Management

By: Kris Kelly, BS, Jenna Neasbitt, MS, LCCDC, MAT-R, and Philander E. Moore, Sr., MA, LCDC

April 24th, 2020

The Participatory Process for Solutions to Addiction

By: John Shinholser and Honesty Liller, CPRS

May 15th, 2020

A Deeper Dive Into Coaching Recovery

By: Phil Valentine, RCP