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

Welcome, your facilitator will be:
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- NAADAC, the Association for Addiction Professionals
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Using GoToWebinar (Live Participants Only)

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

NAADAC Webinar Presenter

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- Great Lakes ATTC, MHTTC, PTTC
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Webinar Learning Objectives

- Outline recruitment and hiring practices: Developing job descriptions; Essential skills; Recruitment; Compensation
- Demonstrate onboarding: Orientation, Job shadowing, Determining workload
- Preparing for PRSS Integration: Building rapport, HIPAA, information sharing, and EHR

Organizational Culture
Building upon Peer Recovery Support Series, Section 1: Building a Successful Culture in Your Organization

Quick review:
- Organizational fit: alignment with organizational needs, strategies, and policies
- Buy-in from leadership and staff
- Fiscally sustainable
- Hire or contract
- Additive, Selective, or Transformative

Preparing for Integration

Peer Support is Effective
Peer support was declared an evidence-based practice by the Center for Medicare and Medicaid Services in 2007

Provide Education
Educate staff, clients, family members and community partners on the role of Peer Recovery Support within your organization and the broader community.

Multiple Perspectives
Gather input from staff throughout the organization, people in recovery, family members, and community partners when creating peer positions.

Hiring, Onboarding, and Integration
Polling Question 1
What are the primary services provided in your agency?

A. Medical Services  
B. Peer Recovery Support  
C. Addiction Counseling  
D. Mental Health Counseling  
E. Social Work

Value of Peers
Peer support offers a range of activities and interactions between people with lived experience. This connection can promote a level of acceptance, understanding and validation not found in many other professional relationships.  
(Mead & McNeil, 2006)

Recruitment and Hiring Practices
• Are peers a good fit for the organization?  
• How will supervision occur?  
• Has the leadership team thought about reactions to person with “lived experience” working within the organization?
Recruitment and Hiring Practices

Strengths and training for Peer Workers will include:

- Sharing lived experience
- Focus on recovery and wellness
- Provide mentor (coaching) and education
- Link to resources, as needed

Recruitment and Hiring Practices

- Hire peers that are trained.
- Have clear job descriptions.
- Train supervisors for supporting the peer workers.
- Develop good policies and procedures including documentation.
- Connect with state certification board for connection to recruit certified Peer Recovery Support providers

Recruitment and Hiring Practices

Even before you begin the recruitment process, have a good understanding of what the responsibilities will be for your PRSS within your agency.
Developing a Job Description

**Interpersonal**
- Engagement, coaching, linking, advocacy, etc.
- Inclusive
- Recovery process
- Establish rapport
- Model recovery
- Share personal experiences

**Knowledge Base**
- Understanding principles of recovery through appropriate training
- Understand treatment services for participants and families
- Re-engagement strategies
- Continuous effort to improve the system and work with team

**Essential Duties**
- Coordination of support services
- Promote and enhance the continuity of care
- Adhere to all state and federal confidentiality standards
- Liaison to local recovery community

**Recruitment and Hiring Practices**

**Recruitment**
- Targeted outreach
- Internal recruitment
- Certification Board
- State agencies

**Compensation and Reimbursement**
- Non profit organization
- Medicaid reimbursable
- Private industry
- Insurance
Recruitment and Hiring Practices

- Entry level
- Fair and equitable wage
- Average salary $15.62 per hour
- Provides payment structure to the newly formed workforce

Recruitment and Hiring Practices

(Daniels, A., Ashenden, P., Goodale, L. Stevens, T., January 2016)

Polling Question 2
Many people with substance use disorders relapse; therefore, they are more likely to take time off, be a no-show, and be less reliable.

A. Myth
B. Fact
Myth

- All employees, including peer staff, may need time off because of illness. And staff who have not disclosed a behavioral health disorder may nonetheless take time off because of it. The same expectations for sick time and accommodations for illness should be applied to all employees, including peer staff.

Regarding the belief that high-stress occupations may precipitate relapse, research has consistently shown that people are less likely to relapse when working than when they are experiencing prolonged involuntary unemployment.

Onboarding - Orientation

**Organizational Benefits**
- Certification on health benefits
- Mental health
- Crisis management
- Employee Assistance Programs

**Behavioral Health**
- Trauma informed care
- Suicide prevention and intervention
- HIPAA
- De-escalation
- Mental health first aid

**Other resources**
- Wellness Recovery Action Plan
- Crisis prevention
- Strength based approach
- Access to Petty cash
- Disability accommodations
- Access to peer support specialist groups

**Job specific**
- Legal responsibilities
- Clear job tasks
- Boundaries
- Confidentiality
- Additional training on documentation
- Computer skills
- Productivity

**Types of Supervision**
- Administrative Supervision
- Formative Supervision
- Supportive supervisor/mentor
- Team / peer team meetings

**Job shadowing - Step one**

- Shadow another peer specialist
- Shadow caseworkers and other clinical team members
- Supervisor shadowing a peer specialist during daily activities

- Gives a clear understanding of what the job requires
- Opportunity to create a support network
- To learn the similarities & differences between the two professions
- To develop clear communication and understanding of how both professions can support and work together
- To understand stigma and different roles of the clinical team
- Unique understanding of the organizational structure
- Shadowing to the field to observe performance
- Observe interactions with clients
- Evaluation of efficacy of peer services provided by the peer
- To provide constructive feedback

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Job sustainability/ Productivity standards
Consider how many billable hours a month is needed to cover the salary and overhead for the position. On average peer specialists need about 50% of their work hours to be billable. This will also depend on the billing rate for each state as compared to salary.

Caseloads
The number of clients will depend on the services needed to be provided. For example, if it’s an intensive service program then having around 50 clients to see 3-4 times a week each, for a 40hrs/week position is about the average.

Funding source
CCBHO organizations will differ from other hourly billable rates. Peer specialists at CCBHO organizations aim for an average if it contacts a day hourly Medicaid funding and salary will determine work load according to staff sustainability hours. Grant funded programs not using any government funding may set their own standards.

Work load
The type and size of caseloads for peer will differ depending on various aspects of the program they are working within.

Career ladder/Lattice
Demonstrates onboarding–Orientation, Job shadowing, Determining workload

<table>
<thead>
<tr>
<th>Additional Certifications</th>
<th>Mentorship</th>
<th>National Peer certifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Community Health Worker</td>
<td>- Promote a culture of peer leadership</td>
<td>- Certified Reciprocal Peer Recovery (CRPR)</td>
</tr>
<tr>
<td>- Family Support Specialist</td>
<td>- Creates career ladder opportunity to become a mentor for new staff</td>
<td>- National Certified Peer Recovery Support Specialists (NCPRSS)</td>
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<tr>
<td>- SOAR certification (SSI/SSDI Outreach, Access, and Recovery)</td>
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Polling Question 3
Clinical staff have concerns about working with Peer Recovery Support staff.

A. True
B. False
C. Somewhat true
D. Don't know
Peer Recovery Support Functions

- **Emotional**
  - Demonstrate empathy, caring, or concern to bolster person’s self-esteem and confidence.

- **Informational**
  - Share knowledge and information and/or provide life or vocational skills training.

- **Instrumental**
  - Provide concrete assistance to help others accomplish tasks.

- **Affiliational**
  - Facilitate contacts with other people to promote learning of social and recreational skills, create community, and acquire a sense of belonging.

Supporting Peer Recovery Staff

- **Hire more than one**
  - Ensure peer staff have colleagues to share and process their experiences.

- **Encourage Support**
  - Provide or develop ways for Peer Recovery Support providers to connect with other peer professionals.

- **Mentoring**
  - Experienced Peer Recovery Support staff can mentor new staff. Could be provided from another organization or Peer Network.

Policies and Procedures

- **Universal Policies**
  - When reviewing policies and processes for peer staff, ensure new policies apply to all staff.

- **Background Screening**
  - Review policies on background checks, requirements for background exceptions.

- **Benefits**
  - Review health insurance policies to understand how they apply to hired peers.

- **Compensation**
  - Work with community-based organizations with experience employing peers.

- **Revise**
  - As the organization grows the number of Peer Recovery providers on staff, revisit policies and procedures.
Access to Necessary Resources
Consider what barriers might exist for a Peer Recovery Support provider to access resources for the person served.

From Paper to Practice
Ensure day-to-day expectations align with the job description.

Visible Support from Leadership
Having a champion in a leadership position is essential during the integration process.

Integration Considerations

01
Be responsive to concerns
Facilitate training opportunities for non-peer staff about the Peer Recovery Support role. Create opportunities for staff to share their concerns openly and honestly.

02
Differentiate between Boundaries and Confidentiality
Explain that Peer Recovery Support staff may have boundaries that are different than the clinical staff; PRS staff have a professional Code of Ethics as well as best-practice standards covered in their training.

03
Dispel Any Myths
Before and during the hiring of Peer Recovery Support staff, ensure non-peer staff that the new Peer Recovery Support providers are subject to the same policies and procedures as the rest of the staff.

Confidentiality

Some organizations or staff may be curious if Peer Recovery Support providers follow the same rules and regulations around confidentiality and Health Insurance Portability and Accountability Act (HIPAA) laws.

Citations

Thank You!
Any Questions?

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Thank You!
Any Questions?

www.naadac.org/hiring-onboarding-PRSS-webinar

UPCOMING WEBINARS

April 15th, 2020
Peer Recovery Support Series, Section III: Understanding the Pathway and the Process
By: Carlo C. DiClemente, PhD, ABPP

April 17th, 2020
Peer Recovery Support Series, Section II: The Participatory Process for Solutions in Addiction
By: John Shmindler and Honey Lee, CPRS

April 21st, 2020
Practical Recommendations in the Treatment of Eating Disorders
By: Alyssa Kalata, PhD.

April 22nd, 2020
Practical Recommendations in the Treatment of Eating Disorders
By: Alyssa Kalata, PhD.

April 24th, 2020
Peer Recovery Support Series, Section IV: The Participatory Process for Solutions in Addiction
By: Kris Kelly, BS and Jenna Neasbitt, MS, LCDC, MAT-R and Wes Van Epps, SAC-IT, PRC
<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Presenters, Organizations</th>
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<tbody>
<tr>
<td>March 27th</td>
<td>Building a Successfully Culture in Your Organization</td>
<td>Kris Kelly, BS, Jenna Neasbitt, MS, LCDC, MAT-R, and Philander E. Moore, Sr., MA, LCDC</td>
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<tr>
<td>April 7th</td>
<td>The Participatory Process for Solutions to Addiction</td>
<td>John Sheehan and Honesty Liler, CPRS</td>
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<tr>
<td>April 10th</td>
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<td>Social Media and Ethical Dilemmas</td>
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<tr>
<td>April 24th</td>
<td>Supervision and Management</td>
<td>Kris Kelly, BS, Jenna Neasbitt, MS, LCDC, MAT-R, and Tiffany Irvin, VPRAS</td>
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<td>May 15th</td>
<td>A Deeper Dive Into Coaching Recovery</td>
<td>Dona Dmitrovic, MHS, Mirna Herrera, MA, MTBC, and Tiffany Irvin, VPRAS</td>
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**Clinical Supervision in the Addiction Profession Specialty Online Training Series**

| Part One: The Supervisory Relationship | By: Thomas Durham, PhD |
| Part Two: Using Technology for Clinical Supervision | By: Malcolm Horn, PhD, LCPW, MAC, SP |
| Part Three: Legal and Ethical Issues in Supervision | By: Thomas Durham, PhD |
| Part Four: Stages of Clinical Supervision | By: Thomas Durham, PhD |
| Part Five: How to Structure Clinical Supervision | By: Cynthia Moreno-Turny, BS, MSAC, X.CD, IV, SAP and Samuel McKeever, MA, LPC, CFPM |
| Part Six: Motivational Interviewing in Clinical Supervision – A Parallel Process | By: Alan Lyme, LISW, MAC |

www.naadac.org/clinical-supervision-online-training-series

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| Part Two: Supporting Life-After Service – Addiction and Transition to Post-Military Life | Duane K.L. France, MA, MBA, LPC |
| Part Three: Mental Health for Military Populations – Core Clinical Competencies for Treating Service Members, Veterans, and Their Families | Duane K.L. France, MA, MBA, LPC |
| Part Four: Beyond Basic Military Awareness – Cultural Competence in Working with Military Affiliated Populations | Duane K.L. France, MA, MBA, LPC |
| Part Five: Identifying Presenting Concerns – Assessment Competencies for Service Members, Veterans, and Their Families | Duane K.L. France, MA, MBA, LPC |

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Thank you for joining!
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