

RECOVERY SUPPORT SERVICES

RESOURCE HANDBOOK

Program Implementation Resources and Staffing Guidelines for Supervisors and Recovery Support Specialists, Peer Specialists, Peer Mentors, Recovery Coaches, and others in similar roles

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JOB TITLES AND RESPONSIBILITIES

One of the keys to successful hiring of Recovery Support Specialists (RSS) involves thinking through what their role will be, how their performance will be assessed, and how their position will relate to existing staff. Consider the following questions and action steps when developing positions specifically designed for RSS staff.

I. WHAT WILL THE JOB TITLE BE?

- A. Keep in mind that the position title should communicate to persons served at the agency the role that the person in the position fills.
- B. Remember also that two persons who perform distinctly different job functions should have separate and distinct job titles, regardless of whether or not the qualifications for the positions are the same. These separate job titles help persons served at the agency to differentiate the role of the two individuals.
- C. The following is a list of examples of job titles which have been used for positions distinctly designed to be filled by qualified individuals with personal recovery experience:
 - 1. Recovery Support Specialist
 - 2. Peer Support Specialist
 - 3. Recovery Coach
 - 4. Engagement Specialist
 - 5. Ambassador for Wellness and Recovery

These are in addition to any other positions which may be filled by qualified individuals with personal recovery experience within the agency, but which do not require such to qualify for the position.

II. WHAT WILL THE POSITION RESPONSIBILITIES BE?

- A. It is essential to adequately define the employee's job duties. Design a clear and comprehensive job description.
- B. Examples of responsibilities for these positions:
 - 1. Serve as a role model for individuals in recovery
 - 2. Promote social learning through shared experiences
 - 3. Help individuals identify options and participate in all decisions related to establishing and achieving recovery goals
 - 4. Assure the individual's choices define and drive the recovery planning process
 - 5. Respond appropriately to risk indicators to assure the welfare and physical safety of individuals receiving services
 - 6. Document service provision as required
 - 7. Serve as an active member of the individual's treatment team

III. WHAT WILL THE REQUIREMENTS FOR THE POSITION BE?

- A. Determine what other requirements will be set for this individual to be qualified for the position, in addition to having personal recovery experience. Personal recovery experience alone as a qualification is tokenism, and is unacceptable.
- B. Qualifications can be based on education/experience or based on competencies. Ideally, qualifications for the position are a combination of both.
- C. Examples of qualifications based on education/experience:
 - 1. Requires the skills, knowledge and abilities equivalent to the completion of four years of college with a degree in either social work, psychology, or other related health or human services field.
 - 2. Requires 2 years of related work and/or volunteer experience.
- D. Examples of qualifications based on competencies:
 - 1. Shares wellness and recovery experience effectively
 - 2. Makes ethical decisions concerning professional boundaries
 - 3. Empowers individuals to problem-solve
 - 4. Promotes individual choice and self-determination
 - 5. Invests in others' personal or professional development
 - 6. Role-models a lifestyle of wellness

IV. WHERE IN THE SYSTEM WILL THE POSITION BE ASSIGNED?

- A. If not directly supervised by executive management, these individuals should have a formal and direct link to executive management, in order to aid in the transformation of the overall system.
- B. Initially, assign RSS staff to the areas in which they are most likely to be welcomed. This creates a positive climate for the beginning of overall systems change within the organization.
- C. When filling more than one position, consider placing RSS staff together. Individuals may be more likely to speak up against outdated modes of thinking or acting if they have one another's support.
- D. Assign the new hires to work under the direction of your best supervisors. Many RSS staff have reported that the support and guidance they did or did not receive from their supervisors made all the difference in their success on the job.

V. WILL THERE BE OPPORTUNITIES FOR ADVANCEMENT?

- A. One pitfall of creating RSS specific jobs is that there often is no career path to more advanced and more highly compensated positions.
- B. Consider whether the positions designated for the proactive recruitment of RSS staff provide opportunities for advancement.
- C. Ensure that the career path is at least comparable to that of other staff.

REASONABLE ACCOMMODATIONS

I. WHAT DO I NEED TO KNOW ABOUT THE ADA?

- A. The Americans with Disabilities Act (ADA) is a law that was passed to protect citizens with disabilities. Psychiatric conditions and substance use disorders qualify as disabilities under this Act.
- B. According to the ADA, employers cannot ask job applicants about the existence, nature, or severity of a disability.
- C. According to the ADA, employers cannot inquire as to whether a job applicant has ever received treatment for a disability, either verbally or through written application questions.
- D. According to the ADA, employers cannot require a medical examination prior to making an offer of employment.
- E. According to the ADA, employers must make reasonable accommodations for applicants and employees with disabilities who request them, unless doing so would impose an undue hardship on the business.

II. WHAT DO I NEED TO KNOW ABOUT REASONABLE ACCOMMODATIONS?

- A. A reasonable accommodation is any agreed upon change in a particular workplace environment, or in the way things are usually done, that makes it possible for a person with a disability to do the job.
- B. The first step an *employee* with a disability must take to request a reasonable accommodation is to disclose his/her disability. It is up to the *employee* to reveal this information.
- C. The second step is to make the request. Again, it is the *employee's* responsibility to do so. The *employer* does not have to suggest or offer an accommodation if no request has been made. It is recommended that the *employee* make the request early in employment, in anticipation of need, rather than later or in a state of crisis.
- D. Generally, the *employee* with the disability is in the best position to suggest needed accommodations. Discussion should focus on the individual's particular abilities and limitations as they pertain to the essential functions of the job, and should include an evaluation of how an accommodation might overcome barriers to performance.
- E. An *employer* has the right to deny a requested accommodation if it would place "undue hardship" on the organization. "Undue hardship" is defined as an "action requiring significant difficulty or expense."
- F. An *employee* has the right to deny any accommodation which he/she has not requested or which he/she believes is not necessary.

DUAL RELATIONSHIPS ROLE CLARIFICATION & BOUNDARY ISSUES

Role confusion and the damage it does to both parties in the relationship has been identified as the number one obstacle to RSS staff being successfully integrated and accepted into the provider workforce.

I. ROLE CLARIFICATION

- A. Clear job descriptions and expectations are key to success. When the RSS staff is unclear about his/her role, others will be as well.
- B. Communicate the role of the RSS staff clearly and broadly, among other agency staff and persons served.
- C. Provide adequate training and mentorship opportunities. While there are certain assets RSS staff bring to the job, from their own personal experiences, practical skills that one learns through education and work experience are also essential for success on the job.
- D. Keep in mind that the RSS staff person is the one who is experiencing the greatest impact of this transition. Provide direction, support and supervision to help the individual make this transition.
- E. RSS staff may feel that they are in “no man’s land,” as individuals receiving services see them as staff and staff see them as nothing more than people with diagnoses.
- F. Consider establishing a network of support within your organization for staff members who have histories of psychiatric disability, disclosed or undisclosed. Encourage and allow time for RSS staff to be involved with other networks of RSS staff (within the agency, region or on a state or national level).

II. THE SUPERVISORY RELATIONSHIP

- A. Among supervisors in the mental health field, there is an inclination to bring one's clinical training into the supervisory relationship. Supervisors must be prepared to establish helpful positive boundaries.
- B. An individual cannot be both a supervisor and a clinician for the same person. If an employee is asking for support that feels like it is beyond the boundaries of the supervisory relationship, point this out and work with the individual to identify other people he/she might turn to for support.
- C. Keep the focus of supervision on the job. What needs to be accomplished? What is the best way to get the work done? Is any support needed to perform work tasks?
- D. As with the supervisory relationship, it is equally important that supportive relationships between co-workers not develop into a clinical dynamic. Refer the RSS staff to EAP services, as with any other employee, when and if appropriate.

III. INTERPERSONAL INTERACTIONS BETWEEN STAFF & CONSUMERS

A. POLICY QUESTIONS TO CONSIDER:

Agencies seeking to promote staff development including hiring persons in recovery should first carefully consider the following questions.

- 1. What are our agency's current policies concerning relationships and conflict of interest?
- 2. Are the agency's policies still relevant and sufficient to address present-day situations? Do we need to consider policy revisions that are more reflective of the agency's commitment to hiring RSS?
- 3. How can our policies address the power imbalance inherent in the staff role, while also appropriately redefining boundaries which are more suitable for modern circumstances?
- 4. Does our agency hold policies which prohibit employees from engaging in social relationships with individuals receiving services? If so, how will we ensure the RSS is treated equally as part of staff?
- 5. What policies might we have in place that could negatively impact the recovery process of RSS staff?
- 6. What is the clinical justification for our policy? Is there clinical justification for a change in policy or for a case-by-case exception to the policy?
- 7. How do our policies protect individuals receiving services and staff? Are there other, less problematic, ways of achieving the same outcome?

B. POSSIBLE ACTIONS TO CONSIDER:

Having considered the questions above, the agency will then need to more actively engage in some or all of the following action steps.

1. Brainstorm possible dual role situations in social relationships between staff and individuals receiving services.
2. Keep in mind that incoming employees may have established social, sexual, or financial relationships with individuals receiving services. How would these be handled differently than new relationships? Is there a current policy for non-RSS staff that is equally applicable for these scenarios?
3. Involve all applicable parties in establishing policy guidelines and developing principles for application on a case-by-case basis.
4. Identify who is responsible for informing all parties.

C. POLICY DEVELOPMENT:

The key to success is clearly written policies with a standard for case-by-case application of the policy.

It is possible to design a policy in which you document the underlying principles, but largely relegate the application of the policy/principles to a case-by-case analysis.

An example of such a procedure, this on sexual relations, is as follows:

“In order to protect the department’s clients from abuse associated with the imbalance of power between clients and staff, staff may neither initiate nor maintain romantic and/or sexual relationships with clients the department presently serves, nor those recently closed within the past two years. Employees recently hired with prior such relationships must promptly report these to their manager, who will work with the Clinical Deputy, for case by case resolution. Resolution will be guided by County Counsel and the Department Director’s discretion. Staff are expected to exercise good judgment and to act in the best interest of the clients at all times.”

Santa Barbara County Policies and Procedures on Ethical, Professional, Responsible and Productive Staff Conduct.

This policy sets a general guideline, but allows for exceptions with proper review.

CONFIDENTIALITY

Confidentiality questions arise primarily when hiring RSS who have been or are being served by the provider agency.

I. WILL RSS STAFF HAVE ACCESS TO CLIENT FILES?

- A. All new employees should be informed of their duty to uphold confidentiality and required to sign a confidentiality agreement.
- B. As a general rule, the decision about whether RSS staff will do charting should *depend on their role*. Require charting if it is customary for others in this job classification. Require charting if this person's contact with individuals receiving services would seem necessary.
- C. Avoid charting on self-help or 12-step activities, as to have one member taking notes and charting others' comments violates the equality and anonymity assumed by participants of such activities.
- D. There may be situations in which it is appropriate to limit access, e.g., limiting access to the charts of other group therapy members by an RSS staff person who continues to take part in a particular group as a service recipient.

II. WHAT ABOUT PROTECTING THE CONFIDENTIALITY OF THE RSS WHO HAS BEEN HIRED?

- A. Sequester the charts of employees who are current or former recipients of services (this is a wise precautionary measure *any* time an employee, employee's close relative, a public figure, or a relative of a public figure receives services from the agency).
- B. One option is to maintain the above-mentioned records under pseudonyms, with actual names kept in the Director's office.
- C. Consider other ways in which confidentiality could be compromised and take appropriate steps to prevent problems.

STAFF TRAINING

I. WHAT NEW AREAS OF TRAINING NEED BE CONSIDERED FOR OUR STAFF AS WE PREPARE TO BRING RSS ON BOARD?

- A. Teach the vision. Current and new employees will need be educated as to why the agency has made the decision to hire RSS. Make clear to staff what the vision is and what the expected outcomes are. What is the purpose behind this new move?
- B. Teach the power of language. Language is most often used thoughtlessly, sometimes maliciously. Mental health agencies need make a concerted effort to educate their staff about how to speak respectfully about persons with mental illnesses. (This should be done whether or not you have RSS on staff.) This includes teaching all employees about the use of person-first language.
- C. Prepare staff to handle the possibility of periods of illness appropriately. This is one of the primary concerns expressed by mental health staff regarding RSS colleagues. "What if he/she gets sick?" As the individual returns to work:
 - 1. Treat him/her like you would anyone who has been absent from work. Let them know you missed having them around and are glad they are back.
 - 2. Do not treat them as if they are fragile or need to be coddled. Talk to them like you would normally.
 - 3. Update them on any changes, or lack of changes, that occurred since they have been gone. Re-orient them to the work.
 - 4. Give them time to ease back into their responsibilities, if they request such accommodations.

II. ARE THERE SPECIAL AREAS OF TRAINING THAT NEED BE CONSIDERED FOR RSS STAFF?

- A. Be certain to provide plenty of training in practical skills that one typically learns through education and work experience. Do not assume that the person's life experience is all that is needed to qualify to work with other persons with mental health challenges.
- B. Be certain to address issues related to boundaries and role conflicts that may arise due to the uniqueness of their position. This is commonly expressed by RSS as the most challenging aspect of their work.

PROFESSIONAL CREDENTIALING - CRSS

The Illinois Certification Board (ICB) maintains competency based professional certification programs. In collaboration with the ICB, a valid, reliable, and defensible methodology has been established to assure that an individual meets an acceptable standard of competency, in terms of knowledge and skills, for the profession of Certified Recovery Support Specialist (CRSS).

I. WHAT IS CRSS?

- A. CRSS stands for Certified Recovery Support Specialist.
- B. CRSS is a credential for people who provide professional peer services for persons in recovery from mental illnesses or mental illness/substance use disorders.
- C. A CRSS is a professional trained to incorporate his/her unique personal experiences in recovery, into their work in mental health, rehabilitation, or substance use services, to support others with similar conditions.
- D. CRSS professionals must meet an acceptable minimum standard of competency, in terms of knowledge and skills, to provide the unique function of professional peer services.

II. HOW DOES A PERSON OBTAIN THE CRSS CREDENTIAL?

- A. Complete and submit an application for CRSS to the Illinois Certification Board (also known as IAODAPCA). The Illinois Model for Mental Health Certified Recovery Support Specialist outlines the requirements for the credential, and includes an application.
- B. This document is available for download at www.iaodapca.org

III. WHAT ARE THE REQUIREMENTS FOR THE CRSS CREDENTIAL?

- A. Minimum high school diploma or GED;
- B. 2,000 supervised hours of paid or volunteer qualified work experience;
- C. 100 hours supervision in the CRSS performance domains (see section IV);
- D. 100 hours training/education related to CRSS domains, professional ethics and responsibility, and other core functions;
- E. Successful completion of a written exam for CRSS.

IV. WHAT ARE THE CRSS PERFORMANCE DOMAINS?

- A. Advocacy
- B. Professional Responsibility
- C. Mentoring
- D. Recovery Support

V. WHAT DOES IT COST TO OBTAIN AND MAINTAIN THE CRSS CREDENTIAL?

- A. The application fee is \$75.00.
- B. The examination fee is \$125.00.
- C. The annual renewal fee is \$60.00.
- D. Need based scholarship funds may be available. Request an application from Illinois Certification Board (ICB).

VI. WHAT IS THE DIFFERENCE BETWEEN THE PSYCHIATRIC REHABILITATION CERTIFICATE PROGRAM AND THE CRSS?

- A. In order to obtain the CRSS, a candidate must consent to self-disclose life experiences in recovery. This consent is not required to obtain a PRCP. For a PRCP certificate, any interested individual may complete the course-work and obtain the certificate.
- B. The PRCP is a curriculum-based certificate program. There is no additional experience requirement beyond the completion of the course-work. The CRSS is a competency-based credential. In order to achieve this type of credential, a combination of training, work experience, and satisfactory completion of an exam are required. Furthermore, forty (40) hours of continuing education units (CEU's) are required every two years to maintain the CRSS.

MEDICAID BILLING

I. WHAT RULE 132 SERVICE CODE IS USED TO BILL FOR CRSS OR PEER SUPPORT SERVICES?

- A. No unique service definition or billing code exists for peer support services in the state of Illinois. This is by design, and highlights the fact that services provided by a CRSS can and should be provided in conjunction with all comprehensive community mental health services.
- B. For team-based services (Community Support Team (CST) and Assertive Community Treatment (ACT)), Rule 132 requires a CRSS on the team. For team services, CRSS services are billed under these service codes (CST or ACT).
- C. For non-team-based services, CRSS services should be billed under the appropriate service code as applicable under the treatment plan (e.g., Community Support/ Individual or Group, Psychosocial Rehabilitation, etc.).

II. HOW DOES RULE 132 DEFINE PROFESSIONAL QUALIFICATIONS REQUIRED FOR BILLING?

- A. **RSA (Rehabilitative Services Associate):** An individual who is 21 years of age; have demonstrated skills in the field; have demonstrated ability to work within the agency's structure, and work constructively with clients, treatment resources and the community.
- B. **MHP (Mental Health Professional):** An individual who provides services under the supervision of a qualified mental health professional and who possesses: a bachelor's degree; a practical nurse license under the Nurse Practice Act; a certificate of psychiatric rehabilitation from a DHS-approved program plus a high school diploma plus 2 years' experience in providing mental health services; ***a recovery support specialist certified and in good standing with the Illinois Alcohol and Other Drug Abuse Professional Certification Association, Inc., plus one year experience in providing mental health services***; an occupational therapy assistant licensed under the Illinois Occupational Therapy Practice Act [225 ILCS 75] with at least one year of experience in a mental health setting; **or a minimum of 5 years supervised experience in mental health or human services**. A supervised internship in a mental health setting counts toward the experience in providing mental health services. Any individual meeting the minimum credentials for an LPHA or QMHP under this Part is deemed to also meet the credentialing requirements of an MHP.

REFERENCES

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