

CWLA 2016 National Conference
Collaborative Approach to Integrating
Recovery Peer Support in Child Welfare Systems

Summit County Collaborative on Trauma, Alcohol & Other Drug & Resiliency Building Services for Children & Families

The Key Elements to Building a Recovery Peer Support Program

- Engage Community Partners and Build Collaborative Relationships
- Recruit, Train and Match Recovery Peer Supporters
- Develop a system for Documentation and Billing
- Identify Common Problems

What is the Goal?

For Recovery Peer Supporters or Recovery Coaches to help Child Welfare Agencies ensure the *safety, permanency and well-being* of children.

STARS Program Collaborative Partners

- Summit County Children Services
- Summit County Public Health
- Human Services Research Institute
- Summit County Juvenile Court
- OhioGuidestone
- Department of Health and Human Services
- Northeast Ohio Behavioral Health (NEOBH)
- Children and Family Futures
- Children's Bureau
- Alcohol, Drug Addiction & Mental Health Services Board (ADM Board)
- Akron UMADAOP
- The Packard Institute
- S.H.I.E.L.D. Home
- Freedom House for Women

Background of Recovery Peer Support in Ohio:

- Peer Recovery Coaching didn't emerge in Ohio until approximately 6-8 years ago
- Summit County was even further behind
- Implementation of a Recovery Peer Support Program started at the inception of a federally funded Regional Partnership Grant that was awarded to Summit County Children Services

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Please Note: No one agency or provider can tackle this alone. Collaboration is hard work; it requires trust, innovation, creativity, and respect.



**A
Collaborative
Approach
to
Integrating
Recovery Peer Support
in
Child Welfare
Systems**

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Introduction

The disease of addiction has a profound physical, emotional and psychological impact on an individual. Feelings of loss, disappointment, failure and grief are normal and natural reactions to this human experience. Combined with the involvement of child welfare systems, legal systems and often removal of children involved, the psychological effects can be immense. Along with the experience of immediate devastation at the time of loss, there is the continuing agonizing experience of separation, as well as the subsequent struggle to understand what exactly has occurred in an aftermath of unanswered questions (Reece, 2001). Often addiction can turn one's life upside-down with little warning. Tides quickly turn from a small wave, to a raging storm without the ability to stop. Life becomes out of control and people begin to get hurt. There often is no shore in sight, and one is drowning in their disease of addiction.

Child Welfare involvement often slams these individuals on the sand and asks them to rebuild their sand castle of life. A major foundation of this castle is the involvement of Recovery Peer Supports. These are individuals who have walked the road of recovery and are willing to walk along with someone else seeking to find their own journey.

This manual will offer a view of the journey taken to integrate Recovery Peer Support in Child Welfare in Summit County, Ohio. The manual will address the victories, as well as the stumbles along the way. It will also provide examples of documentation utilized that assisted in the implementation of a Recovery Peer Support Program. It is hoped that this manual will provide guidance for agencies and communities that desire to implement a Recovery Peer Support Program.

Chapter 1:

Background of Recovery Peer Support in Ohio:
Historical Perspective

The quest to implement a Recovery Peer Support Program (also known as a Recovery Coach Program) in Summit County, Ohio began early on in the inception of a federally funded Regional Partnership Grant that was awarded to Summit County Children Services. The proposal was centered on building collaboration with multiple agencies and included Recovery Peer Support Services as a significant component. Summit County was fortunate to have many well established agencies within the community; however, it was evident early on that the agency was naive when it came to actually implementing a Recovery Peer Support Program. With so much to learn, the agency started by taking a look at the historical development of Recovery Peer Support Specialists.

Ohio's definition of recovery reads as follows, "Recovery is the personal process of change in which Ohio residents strive to improve their health and wellness, resiliency, and reach their full potential through self-directed actions" (Ohio, 2016). Peer Services are a process of giving and receiving support and education from individuals with shared life experiences (Ohio, 2016). Peer Services are provided by individuals in recovery from mental illness and/or addiction who use their lived experience as a tool to assist others by sharing their personal journeys and knowledge (Ohio, 2016). Individuals engaged in peer services play a vital role in laying the foundation for sustained recovery (Ohio, 2016). They encourage, inspire and empower others to set recovery goals and achieve them (Ohio, 2016).

The agency learned that as a whole, the state of Ohio lagged behind many other states in implementing and advancing Recovery Peer Support. Peer Recovery Coaching emerged in Ohio approximately 6-8 years ago, in comparison to other states that had already established Recovery Peer Support Programs. Summit County was even further behind because the county had not established a program at all specific to adults in recovery that also have child welfare involvement. It was evident that Summit County needed to seize the opportunity and bring the service to the community one step at a time.

Chapter 2:

Why do we need Peer Support in Child Welfare?

Based on data from the period of 2002 to 2007, the National Survey on Drug Use and Health (NSDUH) reported that 8.3 million children under 18 years of age lived with at least one substance-dependent or substance-abusing parent (Substance, 2009). Of these children, approximately 7.3 million lived with a parent who was dependent on or abused alcohol and about 2.1 million lived with a parent who was dependent on or abused illicit drugs (Substance, 2009). Day to day life for children who experience the use of drugs or alcohol by one or both parents often can be chaotic and unpredictable. Not only can the child's basic needs go unmet, but these families often experience a number of other problems including mental health, domestic violence, unemployment, and unstable housing that contribute to high levels of stress. In 2015, at least fifty percent of families with open child welfare cases in Summit County were identified to have AoD concerns.

Substance abuse is a major public health problem that affects millions of people and also places huge financial and social burdens on society. Addiction can be a chronic and life threatening disease. "Most people whose use has progressed to addiction cannot simply stop using alcohol or drugs, no matter how strong their inner resolve, without one or more courses of structured substance abuse treatment" (U.S., 1999). Recovery coaches work with parents, child welfare caseworkers and treatment agencies/teams to remove barriers, engage parents and provide on-going support. "An experimental evaluation found that, compared to families who received standard services, parents working with recovery coaches were more likely to access substance abuse treatment and did so more quickly" (Ryan and Huang, 2012). "In addition, they achieved safe family reunification and reduced the length of time children spent in out-of-home care" (Ryan and Huang, 2012).

Chapter 3:

Engaging Community Partners/Building Collaborative Relationships

Since the late 1990's, systems-level collaboration and service integration strategies have been increasingly implemented to build relationships between child welfare, treatment, dependency courts, and other service systems for families affected by substance use (Children, 2011). A critical challenge for child welfare professional is meeting legislative timelines regarding child permanency, while also allowing for sufficient progress in substance use treatment and recovery. The Adoption and Safe Families Act (ASFA) requires the filing of a petition of termination of parental rights if a child has been in foster care for 15 of the past 22 months (Child, n.d.). The struggle in adhering to this timeframe is due to the difficulties with accessing substance abuse treatment in a timely manner. Treatment may often take months to get in to, often being longer than the the ASFA timeline allows, and maintaining stability to care for children may take even longer (Child, n.d.).

In a field where difficult decisions are made every day, child welfare workers face additional challenges when working with extremely troubled families whose complex issues include both substance abuse and child maltreatment (U.S., 1999). Central to this issue is that addiction can be chronic, relapse can occur, and recovery is a long term process (U.S., 1999). On the other hand, children have an immediate need for a safe and stable home to grow up in (U.S., 1999). While both substance abuse treatment and child welfare have the vision of healthy, functional families resulting from their interventions, in moving from the family's immediate situation to that end result, different perspectives and philosophies sometime impede cooperation, engender mistrust, and can cause agencies to hamper one another's efforts and stymie progress (U.S., 1999). There are real and significant barriers to productive collaborations between child welfare and substance abuse agencies (U.S., 1999). But, these differences can and must be accommodated (U.S., 1999).

STARS Collaborative Partners



Summit County

CHILDREN SERVICES

Building Families ... Building Futures



Human Services
Research Institute



Ohio Guidestone

SOLUTIONS FOR CHILDREN, FAMILIES
& COMMUNITIES



i **SUMMIT COUNTY
JUVENILE COURT**
JUDGE LINDA TUCCI TEODOSIO

Turning lives around one child at a time

NEOBH

NORTHEAST OHIO BEHAVIORAL HEALTH, LTD.



Children's Bureau

An Office of the Administration for Children & Families

County of Summit



AkronUMADAOP
Akron-Udon Monthly Alcoholism Drug Abuse Outreach Program, Inc.



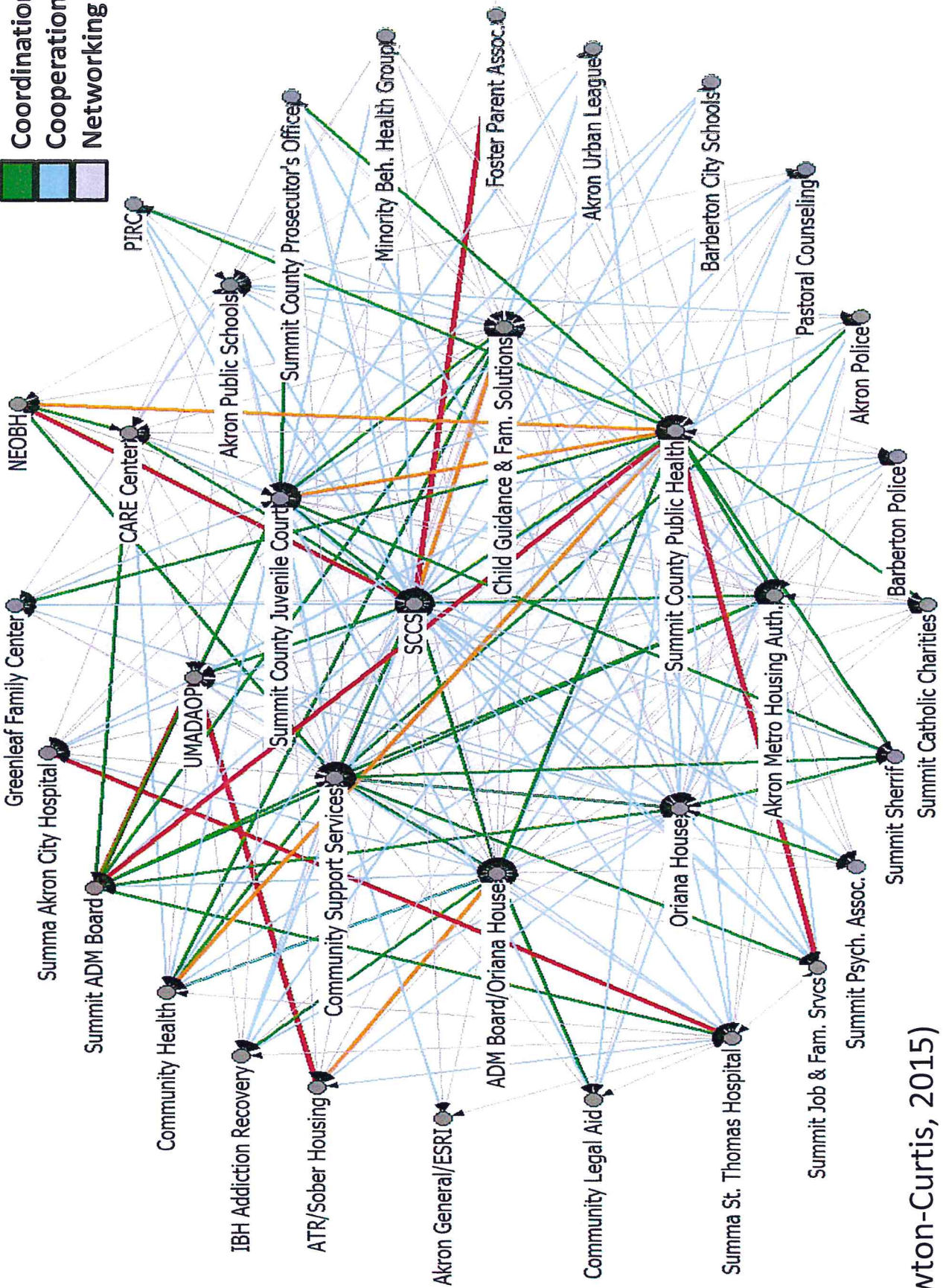
**Children and
Family Futures**

S.H.I.E.L.D. Home

Freedom House for Women

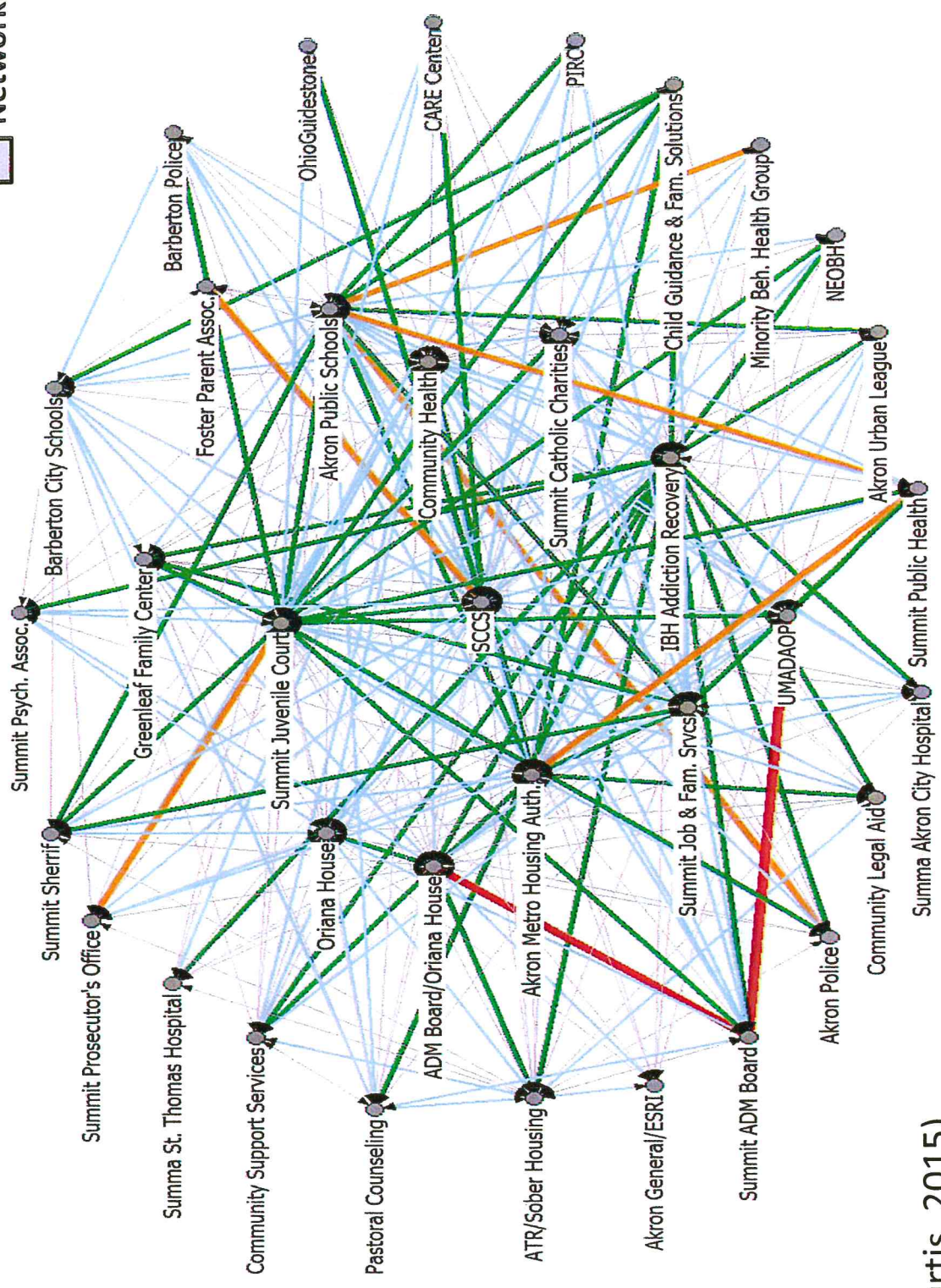
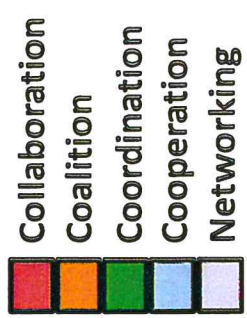
Managers and Executive Staff 2014

- Collaboration
- Coalition
- Coordination
- Cooperation
- Networking



(Newton-Curtis, 2015)

Managers and Executive Staff 2015



(Newton-Curtis, 2015)

Evolution of STARS

Summit County Collaborative on Trauma, Alcohol & Other Drug & Resiliency Building Services for Children & Families

- STARS Awarded – Oct 2012
- 1st STARS Coordinator hired and then declined position within 2 weeks
- 2nd STARS Coordinator takes position Fall 2012
- Outreach Specialist takes position Winter 2013
- NEOBH added to ease CARE Center’s capacity issues for trauma assessments – Summer 2013
- Family Reunification Through Recovery Court Grant Awarded - Oct 2013
- New Summit County Children Services Executive Director - Dec 2013
- Substance Intervention Unit Established early 2014
- 3rd STARS Coordinator takes position May/June 2014
- 2nd Project Director takes position June 2014
- 2nd Outreach Specialist takes position November 2014
- 3rd Project Director takes position January 2015
- Transition from Akron UMADAOP-Strengthening Families Program to OhioGuidestone-Nurturing Parenting Program Summer 2015
- Leadership
 - Understands “boots on the ground”
 - Health Department move to SCCS
 - Streamlining of internal processes
 - “Having STARS people in protective is positive because we can walk over to them and ask about things”
 - Increased collaboration with juvenile court and community partners
 - Social Work Assistant (SWA) added to the program
 - Development of Subject Matter Experts (SMEs)

Chapter 4:

How to Recruit, Train and Match
Peer Recovery Supporters

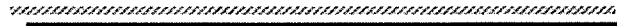
The recruitment of recovery peer supporters varies between projects and must be tailored to fit individual communities. Before beginning recruitment, it is important to identify the group of peer supporters desired and define their presence in the community. It is also important to define the expectations of the peer supporters, their roles and responsibilities, as well as, identify prerequisites such as skills, knowledge and experience that the agency is looking for in a recovery peer supporter or recovery coach. Identifying the best way to reach out to potential recovery peer supporters is also necessary, for example, community linkages, and social networks, working with providers and asking community partners for recommendations. It is imperative that those seeking recovery peer supporters are straight forward in their presentation with clearly defined expectations of the recovery peer supporters and also provide a job description.

It is unrealistic to expect to get everything right upon first starting a Recovery Peer Support Program. Many issues are uncontrollable; what is addressed in training is likely to differ from what peer supporters encounter in the field. Successful peer support relies on monitoring the program's delivery, providing on-going training and trouble-shooting problems, all of these can keep peer supporters involved and also provide general maintenance to sustain and improve the Peer Support Program. Soliciting feedback from recovery peer supporters, as well as from those receiving the support can help detect delivery issues and intervene to address these issues. Also, arranging regular meetings with a designated program staff and conducting refresher trainings can enhance peer supporters' ability and confidence to continue providing effective support (Peers, 2015).

It is important to develop a tool to help assist in the matching process between recovery peer supporters and recovery adults. Matching experience, history and personality traits should all be considered and addressed within the matching tool.

RECOVERY COACH TRAINING

SUMMIT COUNTY CHILDREN SERVICES



8:30-9:00	Arrival/Registration	
9:00	Welcome/Opening Exercise.....	Beth Kinney/Mary Martell
9:30	Brief STARS overview.....	Mary Martell
9:45	Child Welfare Timelines.....	Beth Kinney
10:15	Intake Process/Explanation.....	Dawn Boudrie
10:45	BREAK (15 minutes)	
11:00	Ethics Review.....	Paula Rabinowitz
11:30-12:15	Legal Explanation/Types of Placement.....	Beth Kinney
12:15-1:15	LUNCH (1 hour)	
1:15-1:45	Family Reunification Through Recovery Court (FRRC).....	Becky Ryba
1:45-2:00	Movie-“Removed”-PART 1	
2:00-2:30	Movie processing.....	Beth Kinney/Mary Martell
2:30-2:45	STARS Process.....	Mary Martell
2:45-3:15	Recovery Coach Expectations.....	Beth Kinney/Mary Martell
3:15-3:45	Closing Exercise.....	Beth Kinney/Mary Martell
3:45-4:00	Open-ended discussion	Beth Kinney/Mary Martell

Ohio Peer Recovery Supporter Certification

OhioMHAS will begin formally certifying Peer Recovery Supporters July 1, 2016. Peer Recovery Supporters is an all-inclusive term consisting of peer specialists, recovery coaches, and peer supporters. In order to have a formal certification, individuals delivering peer services needed to have one title for consistency. Peer Recovery Supporter was chosen as it represents the three largest sections of the current peer workforce.

Ohio Peer Recovery Supporter Basics

- Individuals eligible to apply to be a Certified Peer Recovery Supporter include: Individuals with a direct lived experience of a mental health and/or substance use disorder who are in recovery
- In Ohio, the definition of recovery is: The personal process of change in which Ohio residents strive to improve their health and wellness, resiliency, and reach their full potential through self-directed actions.
- Individuals eligible to apply to be a Certified Peer Recovery Supporter include:
 - Individuals with a direct lived experience of a mental health and/or substance use disorder who are in recovery
 - In Ohio, the definition of recovery is: The personal process of change in which Ohio residents strive to improve their health and wellness, resiliency, and reach their full potential through self-directed actions.
- OhioMHAS Peer Recovery Supporter caseload size should not exceed 20 individuals.

Ohio Peer Recovery Supporter Certification Process

- Individuals interested in becoming certified will need to:
 - Complete the OhioMHAS Certification Application including information for 2 references. Please remember to ask your reference if you may provide their information to OhioMHAS.
 - Include a recent Bureau of Criminal Investigations background check (ran within 30 days of submitting the application). Please refer to OhioMHAS 5122-29-15.1 to read the list of disqualifying offenses for the OhioMHAS Peer Recovery Supporter Certification. For individuals who have had a criminal conviction over the three years prior to completing the application, please complete the waiver and submit with your application.
 - Include proof of completion of a 40 hour in-person peer services training OR proof of 3 years work/volunteer experience

Examples of Approved 40 In-Person Peer Trainings

- Examples of approved 40 hour in-person peer services training models include:
 - Appalachian Consulting
 - OhioMHAS Peer Supporter Training
 - Connecticut Community for Addiction Recovery (CCAR)
 - InterNational Association of Peer Specialists (INAPS)
 - Pennsylvania Office of Mental Health and Substance Abuse Services Certified Peer Specialist training
 - Michigan Department of Community Health Peer Support Specialist Training
 - North Carolina Peer Support Specialists training
 - Arizona Peer Specialist Training
 - If you have taken or are interested in taking a training not listed, please contact the Bureau of Recovery Supports (ohiopeersupport@mha.ohio.gov) to ensure

the training meets core competencies required by OhioMHAS.

- Include proof of completion of 16 hours of E-Based Academy Courses.
To visit the E-Based Academy, please visit <http://www.ebasedacademy.org/lms/>
- Include a signed copy of Code of Ethics
- Pass the Ohio Peer Supporter Exam prior to application submission. OhioMHAS is working to get the Exam on
- E-mail or mail the completed application packet to:
The P.E.E.R. Center
Attn: Lisa Kiner
1221 E Broad St
Columbus, OH 43205
lkiner@thepeercenter.org
- The P.E.E.R. Center is responsible for ensuring that each application packet is complete. If information is missing, a designee from the P.E.E.R. Center will contact the applicant. All applications will be kept in a locked filing cabinet and will be hand delivered to OhioMHAS weekly
- For individuals who have taken the OhioMHAS Integrated Peer Supporter Training, the 12 hours of E-Based Academy courses that were already taken will be honored. In order to make up the 4 additional hours, individuals who have taken the OhioMHAS Integrated Peer Supporter Training will only need to take the Ethics and Boundaries and Supervising Peers courses E-Based Academy Courses.
- Background Check:
Individuals who are applying to be a Certified Peer Recovery Supporter, it is necessary to submit a Bureau of Criminal Investigations (BCI) Report. To find a location in your community that can run a BCI, please visit <http://www.ohioattorneygeneral.gov/backgroundcheck>. For individuals who are not currently working, please complete a Community Family Partnership Team application to cover the cost of the BCI. Individuals will be reimbursed provided funds are available.

Ohio Peer Recovery Supporter Re-Certification

- Peer Recovery Support Certifications are good for a period of 2 years. Certified Peer Recovery Supporters will complete the re-certification application 60 days prior to the date the certification expires. In addition to completing the re-certification exam, applicants will need to submit proof of completion of 30 hours of Continuing Education Credits (CEU) to include trainings on trauma informed care and ethics and boundaries. CEU hours that can count towards the recertification must be earned between the effective date of the certification and date the recertification application is submitted.

Remaining in Good Standing

- As with other professional and licensure and certifications, it is necessary for individuals to remain in good standing in order to maintain certification. The Ohio Peer Recovery Supporter Code of Ethics is the professional standard of conduct for certification. When working for a provider, Consumer Operated Service, or other organization, it is crucial to abide by the organization's Employee Code of Conduct and the OhioMHAS Certified Peer Recovery Supporter Code of Ethics.

Ohio Definition Of Recovery

"Recovery is the personal process of change in which Ohio residents strive to improve their health and wellness, resiliency, and reach their full potential through self-directed actions."

OhioMHAS Integrated Peer Recovery Supporter Training

Individuals in recovery with a direct lived experience of mental health and/or substance use disorders who are interested in taking a 40 hour in-person peer services training, may apply to take the OhioMHAS Peer Services Training. The integrated peer support curriculum was funded through a SAMHSA BRSS TACS grant in an effort to promote the widespread adoption of recovery-oriented supports, services, and systems for people in recovery from mental health and/or substance use disorders. At the time of its development, few states had a curriculum that was designed to train individuals with both mental health and substance use disorders.

OhioMHAS staff review and approve training applications and coordinate trainings for Mental Health and Recovery Boards, Consumer Operated Services, and Behavioral Health Providers. As a part of the training process, individuals must complete 16 hours of E-Based Academy courses and pass the OhioMHAS Peer Supporter Exam. E-Based Academy course may be accessed at <http://www.ebasedacademy.org/lms/> The OhioMHAS Peer Supporter Exam will soon be available in an on-line format.

Individuals interested in applying for the training may complete the training application and e-mail or mail it to peerservices@mha.ohio.gov or OhioMHAS Bureau of Recovery Supports, Attn./ Francine Roman, 30 East Broad Street 36th Floor Columbus, Ohio 43215. Individuals who have been convicted of any offense listed in 5122-29-15.1 paragraph (I) will not be approved to take the OhioMHAS Integrated Peer Recovery Supporter Training in order to mirror the OhioMHAS Peer Recovery Supporter Certification.

OhioMHAS has funds available to pay for training costs in areas of Ohio that have little or no capacity for peer support. Providers, organizations, or Mental Health and Recovery Boards interested in scheduling a training, please e-mail ohiopeersupport@mha.ohio.gov. Individuals who are traveling more than 50 miles to attend in-person trainings may be eligible to receive a scholarship through the OhioMHAS Community Family Partnership Team. For more information on CFPT, please visit <http://mha.ohio.gov/Portals/0/assets/Supports/Consumer%20Involvement/CFPTResourceContactSheet.pdf> OhioMHAS is working to schedule trainings locally. Please visit the OhioMHAS training calendar for updates <http://mha.ohio.gov/Default.aspx?tabid=175>

Recovery Coach Profile

Name: _____

Contact Number: _____

In order to best match clients with coaches, we are asking you to complete this questionnaire to tell us a little about yourself. Please provide as much information as you feel comfortable with. This information will be kept confidential and will solely be used to assist in the matching process.

years of sobriety: _____

When was your last relapse, if any?

Do you have any experience as a Recovery Coach, if yes, please explain.

During your years of addiction, what was your drug of choice?

What treatment or supports did you utilize to obtain sobriety? (narrative)

Did you have any Summit County Children Services involvement in your case?

Why do you desire to be a Recovery Coach?

What is your greatest strength related to sobriety?

What is your greatest challenge/risk to sobriety?

The following questions will allow us to best meet your needs regarding transportation and geographic preferences during the matching process.

Do you have personal means of transportation or rely on public transportation?

Are you able to travel outside of your neighborhood to meet with a client? If not, what area(s) of the county are suitable for you?

of hours per week you are available to dedicate to Recovery Coaching?

of clients you are willing to serve at one time?

We would like to try to best match the client and coach. Please answer the following questions regarding preferences of client profiles.

Religious preference (if any)

Are there any specific characteristics that you would like to be sure you are not matched with?

What is your preferred method of contact (phone, text, Facebook, etc)?

I certify that I have verified that this coach has not been identified as the substantiated alleged perpetrator on a SCCS case within the past 2 years.

X _____
Supervisor Signature

I certify that a background check was conducted on this coach with no disqualifying criteria identified.

X _____
Supervisor Signature



SUMMIT COUNTY COLLABORATIVE ON TRAUMA, ALCOHOL & OTHER DRUG & RESILIENCY-BUILDING SERVICES FOR CHILDREN & FAMILIES

STARS PROGRAM RELEASE AND WAIVER FOR RECOVERY COACH SERVICES

AUTHORIZATION: I, _____ have agreed to voluntarily participate in Recovery Coach Services. (Printed Name of Client)

I understand that this means that a Recovery Coach, someone who was previously addicted to drugs or alcohol, will be assigned to me by a third-party provider agency to help me in my journey to recovery. I understand that the role of Summit County Children Services (SCCS) is only to match me with a Recovery Coach. I understand that the Recovery Coach is not an employee or agent of SCCS, and that SCCS does not control the actions of the Recovery Coach.

I understand that I may choose to disclose information about myself, my children, my medical history, my drug/alcohol use, and/or my child welfare history to the Recovery Coach. However, I acknowledge and understand that this information may be considered confidential pursuant to federal regulations governing the Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR, Part 2; the Health Insurance Portability and Accountability Act, Public Law 104-191; and Ohio law regarding child welfare records. I understand that any disclosure of confidential information to my Recovery Coach is voluntary, and that SCCS shall not be legally liable for any unauthorized redisclosure of this information by my Recovery Coach or his/her employer.

In consideration of my participation in the Recovery Coach Program, I hereby agree as follows: on behalf of myself, my heirs, and my assigns, I hereby hold harmless, extinguish my rights and claims against, and relieve from liability, Summit County Children Services, its employees in their personal and professional capacities, its officers and Board of Trustees in their personal and professional capacities, and the County of Summit. I agree to waive and not to bring any claims or lawsuits against SCCS that may arise out of my participation in the Recovery Coach program. I expressly agree that SCCS is not responsible or liable for any tortious injury, criminal act, emotional distress, property damage, or other injury that may arise out of or is in any way related to my participation in the Recovery Coach program.

I have read the entire content of this document and understand its meaning. I have voluntarily entered into this Release and Waiver as of the date listed below.

Witness:

Date

Client:

Printed Name

Signature

Date

Reviewed with Client:

(Client Signature) (Date)

(Coach Signature) (Date)

In order to best match clients with coaches, we are asking you to complete this questionnaire to tell us a little about yourself. Please provide as much information as you feel comfortable with. This information will be kept confidential and will solely be used to assist in the matching process.

How many years have you engaged in use?

What is your drug of choice?

Why do you want a Recovery Coach?

Are you currently involved in treatment? If so, where?

Are you currently attending AA meetings? If so, where?

List any other sober supports you have.

We would like to try to best match the client and coach. Please answer the following questions regarding preferences of coach profiles.

Religious preference (if any)

Are there any specific characteristics that you would like to be sure you are not matched with?

The following questions will allow us to best meet your needs regarding transportation and geographic preferences during the matching process.

Do you have personal means of transportation or rely on public transportation?

Are you able to travel outside of your neighborhood to meet with a coach? If not, what area(s) of the county are suitable for you?

What is your preferred method of contact (phone, text, Facebook)

Name: _____

Contact Number: _____

Chapter 5:

Documentation and Billing

Accessing the community and organizational readiness including assessing need, obtaining stakeholder buy-in, determining funding streams and securing resources are fundamental in developing documentation tools and determining billing schematics.

Documentation can be steered by state guidelines, local community principles or be reflective of the needs of the funding source.

Dependant upon the state's structure, documentation can be tailored to fit the needs of the community. It is important to develop a tool that can clearly depict the activities and interaction in a concise manner as to not overwhelm the program with paperwork. If the documentation requirement is excessive, it will be extremely difficult get the information needed to monitor and invoice accordingly. Documentation is only as good as the ease of completing it.

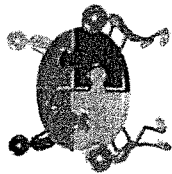


STARS Recovery Coach Contact Log

Recoveree _____ Recovery Coach _____

Please remember to have client sign for face-to-face contact. Please be sure to note all contact; including phone contact, missed appointments and reason.

Client SIGNATURE	Meeting Dates	START TIME	END TIME	TOTAL HOURS	Activities (Please check one)	COMMUNITY LINKAGE-SUPPORT
Client SIGNATURE	DATE: ___/___/___	___:___ AM/PM	___:___ AM/PM		<input type="checkbox"/> Face-to-face contact (5 hours) <input type="checkbox"/> Phone contact (2 hours) <input type="checkbox"/> Supervision (1 hour) <input type="checkbox"/> Documentation (1 hour)	
Client SIGNATURE	DATE: ___/___/___	___:___ AM/PM	___:___ AM/PM		<input type="checkbox"/> Face-to-face contact (5 hours) <input type="checkbox"/> Phone contact (2 hours) <input type="checkbox"/> Supervision (1 hour) <input type="checkbox"/> Documentation (1 hour)	
Client SIGNATURE	DATE: ___/___/___	___:___ AM/PM	___:___ AM/PM		<input type="checkbox"/> Face-to-face contact (5 hours) <input type="checkbox"/> Phone contact (2 hours) <input type="checkbox"/> Supervision (1 hour) <input type="checkbox"/> Documentation (1 hour)	
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Client SIGNATURE	DATE: ___/___/___	___:___ AM/PM	___:___ AM/PM		<input type="checkbox"/> Face-to-face contact (5 hours) <input type="checkbox"/> Phone contact (2 hours) <input type="checkbox"/> Supervision (1 hour) <input type="checkbox"/> Documentation (1 hour)	
Client SIGNATURE	DATE: ___/___/___	___:___ AM/PM	___:___ AM/PM		<input type="checkbox"/> Face-to-face contact (5 hours) <input type="checkbox"/> Phone contact (2 hours) <input type="checkbox"/> Supervision (1 hour) <input type="checkbox"/> Documentation (1 hour)	
Client SIGNATURE	DATE: ___/___/___	___:___ AM/PM	___:___ AM/PM		<input type="checkbox"/> Face-to-face contact (5 hours) <input type="checkbox"/> Phone contact (2 hours) <input type="checkbox"/> Supervision (1 hour) <input type="checkbox"/> Documentation (1 hour)	
TOTAL HOURS						



STARS PROGRAM (Summit County) Invoice

Provider:		Invoice #							
Address:		Invoice Date:							
Contact Name:									
Phone:									
STARS Invoice									
Month-Year									
Client's Name	DOB	Admission	Discharge	Hourly rate	# Days	# Hours	Amount Due		
				\$			\$		
				\$			\$		
				\$			\$		
				\$			\$		
TOTAL								\$	

Chapter 6:

Identifying Common Problems

Identifying common problems in recovery coaching takes no more than a quick internet search. Whenever there is a service that is in the developmental stage there are naysayers lurking around every corner. There are many pitfalls to avoid, issues to tackle and mistakes to be made. When planning for a new program consideration must be made for issues of acceptance from professional partners, boundaries, ethics, burn out, coach relapse, and meaningful supervision to name a few of the most prevalent.

The idea of recovery coaching is usually well received initially. However, once professionals realize that a recovery coach is not the same thing as a sponsor and that the individual is trained, paid and will likely have significant input, the issues of power, control and territorial thinking begin to invade the process. It is important that the professional team understand the role of the recovery coach and that they embrace their presence and value their input. Collaboration and respect are not always easily achieved. In the process of building a Recovery Peer Support Program in Summit County, Ohio, staff has witnessed recovery coaches engage people that professionals thought were lost to the disease and also uncover drug and alcohol use that professionals did not detect. Recovery coaches have unequivocally proven themselves to be a valuable member of the team.

Whenever embarking on a supportive professional relationship the issues of ethics and boundaries inevitably surface. Much like a social worker, counselor or medical professional, the recovery coach wants the client to overcome their disease and live a happy productive life. It is not uncommon for the coach to want this more than the client early on in the relationship. Maintaining professional boundaries and adhering to the code of ethics will assist the recovery coach in being effective while protecting their own well-being and sobriety.

Success in maintaining appropriate boundaries and adhering to ethical standards can only be achieved with effective supervision. The relationship between the coach and their supervisor is most essential. There must be trust, respect, accessibility, experience and understanding of the pressures of a position that is working on the front lines of a national epidemic.

Despite the challenges, risks, and liability involved in implementing a Recovery Coach Program, the benefits for the coach, the client and the community are immeasurable. Hearing an addict state in court that they “have never felt this supported in their entire life” breaks down the barriers, validates the efforts and strengthens the resolve to collaborate effectively and protect the valuable resources found in the recovery coach.



Promoting wellness and recovery

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Pledge Ohio Peer Recovery Code of Ethics

Keep My Recovery First

- My primary obligation and responsibility is my personal recovery.

Sharing Personal Recovery Story to Help Others

- I share my lived experiences to help others identify resources/supports that promote recovery.

Deliver Services Respectfully

- I affirm the rights and dignity of each person I serve.
- The services I provide empower others to achieve their self-identified needs and goals.
- I advocate for the integration of individuals with lived experience in self-selected recovery communities.
- I will not discontinue services to an individual without his or her knowledge and will make a referral for continued services when appropriate.
- I do not perform services outside of my area of training, competence, or scope of practice.
- I provide recovery support services regardless of someone's age, gender, race, ethnicity, national origin, sexual orientation, religion, marital status, political belief, language, criminal history, socioeconomic status or mental or physical condition.

Honor Confidentiality

- I respect the privacy of those I serve and I will abide by confidentiality guidelines as required by the law.
- I will inform my supervisor and the local child/adult protective agency if I suspect or have reason to believe that a child, individual over the age of 62, or individual with a developmental disability has been abused or neglected or if I have knowledge of, or observe a child being subjected to, conditions that would reasonably result in harm to the child.
- I will inform my supervisor immediately if an individual I am working represents a substantial risk of physical harm to her/himself or another person.

Appropriate Conduct

- I act in accordance with the law.
- I do not use physical force, verbal/emotional abuse; or make unwarranted promises of benefits.
- I represent myself and my capabilities accurately.
- I do not provide or accept gifts from people that I serve.
- I never engage in sexual/intimate relations with peers that I serve/have served or their families.
- I do not provide services to individuals with whom I have had a prior sexual relationship.
- I will not promote any service which would result in my personal gain.

Continue Personal Development

- I will improve my recovery service knowledge/skills through ongoing education and training.

My signature below affirms that I have read and promise to uphold the Certified Ohio Peer Recovery Code of Ethics

Signature _____

Printed Name _____

Date _____

Supervising Peer Recovery Supports

An essential component to the incorporation of Peer Recovery Supporters in any organization is regular supervision. In making the decision to assign a supervisor Peer Recovery Supporters, take the following variables into account. The potential supervisor should:

- Have a thorough understanding of and believe in recovery
- Believe sharing lived experience is helpful
- Be available for regular supervision
- Supervise no more than 5 Certified Peer Recovery Supporters.

Organizations interested in becoming certified for peer services may apply after July 1, 2016. In order to be certified, organizations must employ Certified Peer Recovery Supporters. Individuals who supervise peers must either be a licensed clinician or Peer Recovery Supporter with at least 5 years work/volunteer experience delivering peer services. Supervisors must complete the 16 hours of E-Based Academy courses specific to peer services and complete the 4 hour in-person OhioMHAS Effective Supervision of Peers training. 14 of the 16 hours of E-Based Academy courses provide Continuing Education Credits. Currently, most courses are available on the E-Based Academy. Individuals interested in supervising Peer Recovery Supports may begin taking the on-line courses by visiting <http://www.ebasedacademy.org/lms/> Addition courses will continue to be added. OhioMHAS is working to schedule regional 4 hour in-person supervision training. Please visit the OhioMHAS training calendar for details

Conclusion:

Why do we need Recovery Peer Supporters in Child Welfare?

A June 2008 study of Texas drug court participants who received services through Access to Recovery found that “among the specific types of recovery support services, those that were most closely related to the process of recovery such as individual recovery coaching, recovery support group, relapse prevention group and spiritual support group, were more strongly associated with successful outcomes” (Faces, 2010).

Peer recovery support services are making a difference in the lives of Americans from all walks of life.

Eve was 16 years old when she started using drugs and alcohol. At age 36, she ended up in jail for two months as a result of her crack use. She entered a 28-day treatment program and left feeling optimistic. However, her home and community environment were not supportive of her recovery and she started using again. After another episode of jail and treatment, Eve was determined to use the tools that she had learned. She started getting help from a peer recovery coach who helped her develop and update a recovery plan that she started before her release. Her recovery coach helped her to arrange recovery housing for six months until she was released from parole. Eve felt comfortable calling her coach whenever she needed help. The coach helped Eve access a number of jobs and even arranged for a car to be donated to help her get from job to job. With the peer coach’s help, Eve started to save money, fix her bad credit, and become independent and trustworthy. Today Eve is employed full time and serves on the board of a recovery house. She helps other people get out of jail and gain their independence. She’s a registered voter and responsible community member. Her son is back in her life and she has gained the trust of her family and friends. She has made new friends in recovery. With help and direction from her peer recovery coach, Eve started the journey back into life. Eve said, “Peer recovery support services are crucial for someone who has been where I have been. They give you support, direction, and a plan. With peer recovery support services, people like me have a chance.” (Faces, 2010).

*“With
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About the Authors



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Mary Martell has been employed by the Summit County Health Department since 2013; she is currently working as the Program Coordinator of STARS, a federal grant program designed to assist families who have both drug and alcohol addiction and child welfare involvement. Mary brought 8 years of experience in the mental health field, working with juveniles to her current position. She began her professional career in social services after graduating with her Bachelor Degree from the University of Akron in 2004. Mary continued her education and obtained her Master of Arts in Family and Child Development in 2011.



Beth Kinney, LISW-S

Beth Kinney works for Summit County Children Services (SCCS) as the Program Manager of STARS, a federal grant program designed to assist families who have both drug and alcohol addiction and child welfare involvement; Beth also supervises the Substance Intervention Unit at SCCS. Beth has been in the Child Welfare field since she became a foster parent in 1992. She began her professional career in Child Welfare after graduating from the University of Akron in 1999; she holds both a bachelor and master's degree in Social Work and is a Licensed Independent Social Worker with a Supervisor Designation (LISW-S) in the state of Ohio.