Certified Recovery Support Specialist (CRSS) Provider Workbook

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TABLE of CONTENTS

CHAPTER ONE
Culture Change

1. Introduction

"Culture is the name for what people are interested in, their thoughts, their models, the books they read and the speeches they hear, their table-talk, gossip, controversies, historical sense and scientific training, the values they appreciate, the quality of life they admire. All communities have a culture. It is the climate of their civilization."   -Walter Lippmann

When we first began the journey of creating the Certified Recovery Support Specialist (CRSS) Provider Workbook it was obvious to the nearly 100 people who participated in the project that all we think and do is influenced by the various cultures we are associated with. Therefore, we concluded, for significant and lasting change to occur we must address the culture that exists within our organizational "communities." There is little benefit for organizations to introduce Recovery Support Specialists (RSSs) and CRSSs into the service milieu until the "climate of their civilization" and its potential impact has been thoroughly explored.

One size does not fit all, as every community and every organization represents unique perspectives and cultures. The various organizations and staff who provided input for this workbook shared stories related to their varied approaches and degrees of success incorporating RSSs into their programs. No one agency or representative emerged as having the "perfect" model or ideal recovery culture to support the introduction of RSSs. However, it was apparent that organizations and leadership that strategically address cultural issues and support their RSSs as agents of change early in the process lessen unexpected resistance, implementation delays, and staff turnover. This chapter outlines best practices and recovery program implementation tools for identifying key cultural attributes within an organization, as well as how to use them to achieve success.

2. Best Practices

"The bigger the change we hope for, the longer we must be willing to invest, work for, and wait for it."   -Andy Crouch, Culture Making: Recovering Our Creative Calling

This section highlights advanced preparation and action steps which foster an RSS/CRSS-supportive culture within an organization. Since culture impacts just about everything and just about every change we introduce will elicit a cultural response, many of these steps are also addressed in other chapters of this Workbook. Depending on your agency's current recovery orientation and focus you may have already completed a number of them, others may need to be repeated, while some may need to be put on hold until the appropriate systems and supports are available.

The following culture change action steps and exhibits represent individual tools to keep in your workbook toolbox. You may not need to address all of them depending on the degree to which a recovery culture has taken hold within your organization. The time and resources you are investing in beginning or continuing your agency's recovery-oriented transformation is to be commended.

Culture Change Action Steps:

a. Ensure adequate buy-in from agency leadership. Even if you are the Executive Director or CEO for your organization, it is very likely that there are others who formally or informally exercise leadership and influence. Therefore, important first steps include a plan to:
   i. Identify and approach the key leaders and influencers within the agency
   ii. Have the leaders and influencers within the agency commit to and announce that a recovery focused transformation process is a top priority
   iii. Share convincing data from research studies and feedback from persons in recovery (See Appendix A – Recovery Support Services Research)
   iv. Specifically identify, activate, and support a recovery transformation Change Champion from among the leadership and/or influencers within each department or program
b. Utilize Illinois' extensive recovery resources. These resources include the:
   i. Division of Mental Health (IDHS DMH) Provider Relations Representative
   ii. IDHS DMH Regional Recovery Support Specialists
   iii. IDHS DMH Recovery and Empowerment Handbook
   iv. Recovery Support Services Learning Collaborative Calls
   v. Recovery and Empowerment Statewide Calls
c. Conduct an agency scan or review and create a Recovery Program strategic plan. Depending on where your agency is with the development of its recovery program, you may want to:
   i. Develop the vision and mission for your agency's recovery program
   ii. Review and realign agency policies with a recovery-oriented, person-centered approach
   iii. Ensure your assessment tools, brochures, and processes are person-centered
   iv. Conduct a formal assessment of your agency's readiness for introducing a recovery program utilizing RSSs. Consult with your Regional Recovery Support Specialist (Regional RSS) to obtain the most up-to-date assessment tool available
d. Provide individuals receiving services with multiple opportunities to hear about recovery from both agency and community representatives. Encourage them to speak up and demonstrate that you are listening:
   i. Introduce recovery concepts to individuals as soon as they enroll for services
   ii. Use person first language and promote the Principles of Recovery (See Exhibits 1A and 1B)
   iii. Hire individuals who are in recovery to work within all programs/departments

iv. Create RSS Volunteer, Mentoring, and/or Internship Programs

v. Include RSSs as full collaborative partners in treatment and service planning

vi. Promote and facilitate RSS participation in the Recovery & Empowerment Statewide calls

vii. Support RSS participation in regional Recovery Conference planning committees and leadership councils

viii. Establish and encourage regular advisory committee meetings with individuals receiving services

ix. Collaborate with other providers to promote wellness and mental health literacy

x. Have at least two individuals in recovery on the agency's governing board

e. Support all employees in fully understanding how RSSs will function within the agency. Employees who feel they have been "left out of the loop" are more likely to be fearful and resistive to the changes, particularly with respect to concerns about dual/complex relationships and confidentiality. It is important to set aside time with them to:

i. Examine and create shared expectations related to boundaries and ethics

ii. Provide a forum for clinical staff to ask questions, express concerns, and offer suggestions prior to introducing RSSs into the workforce

iii. Clarify roles and expectations for RSSs through a detailed job description and proper title (See Chapter Six – "Posting and Filling Recovery Support Positions") which is shared with all staff

iv. Hold meetings with all programs/departments explaining the RSS role, soliciting feedback, and providing evidence of its value for individuals receiving services

v. Set aside time for recovery education in team, staff, and board meetings

vi. Include RSS-led groups and RSS-led training for other staff about recovery

f. Create and maintain a welcoming, recovery-oriented environment for all. To demonstrate you fully support your agency's recovery program, look for ways to:

i. Enhance your physical facilities and grounds, improving their warmth and comfort

ii. Understand and manage accommodations for employees with all forms of disabilities

iii. Display posters and share stories about people throughout history who were responsible for great achievements and also known to have mental illnesses or mental health challenges

iv. Offer hope and support wellness in all aspects of service delivery and personnel management

v. Encourage the sharing and celebration of personal Recovery Success Stories

vi. Conduct periodic recovery audits to ensure the environment stays as welcoming and recovery-oriented as possible

g. Demonstrate to RSSs they are full and essential members of the team. Your recovery program is much more likely to become valued by other staff and individuals receiving services if you:

i. Offer RSSs opportunities to lead groups and conduct educational programs for staff on recovery-oriented topics

ii. Promote the value of the Certified Recovery Support Specialist (CRSS) credential to staff

iii. Encourage RSS involvement in community organizations and activities

iv. Establish a Recovery Speakers Bureau which includes the RSSs

v. Integrate RSSs with Individual Placement and Support (IPS) programing

vi. Support at least two RSSs in becoming certified Wellness Recovery Action Plan (WRAP) facilitators

3. Agency Exercises

"In hindsight, we did not do enough upfront preparation work. This was our earliest and biggest struggle. [A lack of preparation] resulted in complaints from counselors and misunderstandings and [mis]perceptions… Since that time, our [Recovery] Support Specialists have proven their net worth to both the clinicians as well as those we serve and are viewed as an adjunctive and necessary component for promoting meaningful recovery"[1]

Ensure Adequate Buy-In from Agency Leadership

While an agency CEO or Executive Director may delegate various aspects of organizational training and procedures, it is essential that he or she is 100% invested in leading the charge for the development of a sustainable recovery culture.

Exercise 1: Hold a meeting with the agency Executive Director/CEO, DMH Regional Recovery Support Specialist and an individual receiving services who is in recovery.

Contact your DMH Regional RSS and coordinate schedules to set meeting date:
_____

Identify and personally invite appropriate staff and at least two individuals receiving services:

List invitee names here:

_____

_____

CEO/ DMH-RSS Meeting Benefits**:**

- Gain vital leadership buy-in; this can determine the success or failure of any program
- The Regional Recovery Support Specialist will learn what the current culture is so as to better understand the type of technical support that may be needed

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[1] Tom Baiers and Lois Figueroa, JEVS Human Services; City of Philadelphia DBHIDS Peer Recovery Toolkit

- Having a Regional Recovery Support Specialist offering their own recovery story models the competency of persons in recovery
- Having individuals receiving services from your agency offering their own recovery stories will personalize the impact
- The process will confirm the Executive Director's level of commitment
- Agency leadership will learn what has and has not worked at other agencies

Creating or expanding an agency's recovery focus is a monumental task, particularly if there are elements within the culture of some of the affected programs or departments which are antagonistic to the needed changes. When it comes to culture change, the Executive Director/CEO should not attempt to go it alone. It is vital for each program or department that will be impacted to have a Change Champion.

Exercise 2: Using your agency's organizational chart or employee list, identify possible Change Champions. These may be individuals who are in formal positions of leadership or they may be more informal leaders who have a passion for the work and respect from their colleagues.

Start your list here:

_____

_____

_____

_____

_____

Schedule an individual meeting with each of the candidates to determine their level of commitment and enthusiasm for promoting the introduction or the expansion of RSSs within the agency. Based on what you learn from the individual meetings determine who will compose your Change Team. Bring them together as a group or formal committee to share this Workbook and begin the process of establishing the specific goals and action steps to undertake.

Exercise 3: What processes need to take place to ensure other individuals within management have program buy in?

Summarize here:

_____

_____

_____

_____

_____

_____

What are the unique cultural and/or structural challenges that may impact the growth of the recovery culture within the organization and among the staff?

Summarize here:

_____

_____

_____

_____

_____

_____

Utilize Illinois' Extensive Recovery Resources

Illinois has many recovery-oriented resources to offer including guidance and consultation from IDHS DMH Regional Recovery Support Specialists and Provider Relations Representatives, the IDHS DMH Recovery and Empowerment Handbook, the Recovery Support Services Learning Collaborative and Recovery and Empowerment Statewide calls, and web-based resources (Exhibit 1C).

Regional Recovery Support Specialists can effectively convey the perspective of individuals receiving services and enhance the development of a person-centered orientation. They are potential resources for a wide variety of educational tools or presentations on behavioral health and recovery.

As the saying goes, "It is hard to be a prophet in your own land." This brings to mind the age old issue of being too close to a situation to be objective. In one instance, an agency director discussing the goal of hiring individuals with lived experience with his clinicians overheard one of the therapists whisper with a sigh: "there he goes again with his recovery rant." While the culture of each agency is unique, it is typical for even some of the most knowledgeable and skilled direct care staff to be resistive to the idea of introducing or expanding the role of RSSs within the organization. They are likely to worry about how RSS work might trigger a crisis or result in complex relationships and confidentiality concerns. If the existing direct care staff's fears are not appropriately addressed early in the culture change process, references to "persons with lived experience" and "recovery" may inadvertently bolster discontent.

Regional Recovery Support Specialists and Provider Relations Representatives can provide valuable technical support when discussing what has and has not worked at other organizations. They represent professional outside sources, providing additional credibility and expertise in support of the agency's recovery support service goals. Therefore, it is advantageous to involve them very early in the transformation process, preferably before selecting and meeting with your Change Champions.

Exercise 4: What is the name and contact information for your Regional Recovery Support Specialist? *Make sure this information is in your contacts!*

Regional RSS's Name: _____

Telephone: _____

Address: _____

Email: _____

Regional Recovery Support Specialist Benefits
- Demonstrate how successful people in recovery can be
- Promote hope
- Offer a "voice from afar," which can help increase credibility
- Share experience gained from working with other agencies
- Provide templates to make culture change happen
- Offer encouragement and support to the recovery staff
- Cross-pollinate ideas and best practices through agency to agency interactions
- Provide technical support for writing job descriptions and interview questions

The IDHS DMH Recovery and Empowerment Handbook has been described as a valuable "service navigator," providing individuals receiving services and those supporting them with a tangible self-directed care resource. The Handbook is particularly useful for instilling hope and providing guidance on self-advocacy, recovery education, personal responsibility, and support for persons who have recently enrolled in services. The Handbook can also be a useful component of new staff orientation, educational and therapy groups, and consumer advisory council meetings. It's intended to be shared with all individuals receiving services as well as all behavioral health agency employees.

Exercise 5: Is everyone offered a copy of the Handbook and provided the website address to access it on line? (circle one)   Yes   No*
*If no, why?

_____

_____

How can you make it happen?

_____

_____

Handbook Benefits
- Educates individuals seeking services about what is available
- Facilitates self-advocacy
- Promotes hope
- Introduces Wellness Recovery Action Planning (WRAP) as an evidence based program
- Makes people aware of the various options they have
- Provides a bridge for linking agency staff with individuals receiving services
- Changes perceptions about recovery

The Recovery Support Services Learning Collaborative and Recovery and Empowerment calls are also excellent state resources. Thousands of people across Illinois participate and benefit from the Recovery & Empowerment Calls each year. They not only inspire hope for individuals receiving services, they provide practical self-help information and options. The Recovery Support Services Learning Collaborative calls provide a forum for individuals working in RSS roles and supervisors of these individuals, from agencies all across the state, to problem-solve challenges with one another.

Recovery & Empowerment and Recovery Support Services Learning Collaborative call benefits:
- Educate and inspire staff and individuals receiving services
- Enable people to see recovery in action
- Validate the concept of recovery and provide meaning to the recovery process
- Demonstrate to staff the skill set and the size of this workforce
- Bring home the concepts and give agencies new ideas for supporting others
- Add credibility to the role of RSSs
- Demonstrate that recovery is a focus of the participating agencies and DMH
- Support self-advocacy
- Provide hope
- Encourage employment as a pathway to recovery
- Demonstrate to staff and individuals receiving services that the Illinois recovery movement is healthy and vibrant across the state

Conduct an Agency Scan and Create a Recovery Program Strategic Plan

Every good business takes a periodic inventory of its assets so that it knows where it stands and the direction it wishes to head in the future. Whether you conduct an agency walkthrough, take an organizational snap shot, or conduct any other form of analysis, it should be fearless and honest. Your Regional Recovery Support Specialist and Provider Relations Representative can help you with what type of scan might be best. Possible recommendations include going through a traditional strategic planning process, conducting a Recovery Snapshot, or developing an Organizational WRAP.

Strategic planning will ideally include a facilitator, board members, and staff; drawing upon such tools as a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis of the recovery assets of the organization. The goal is to develop action plans that can be implemented to enhance the recovery focus of the organization.

A **Recovery Snapshot** consists of the Regional Recovery Support Specialist and Provider Relations Representative visiting your agency and conducting two focus groups. One focus group is with individuals receiving services and the other is with staff and leadership. Each group is asked the same questions, providing a comprehensive snapshot of the organizations strengths and areas for improvement. The Snapshot team also looks at the physical and organizational structure and communication traits, and composes a report with recommendations for the organization to improve and/or celebrate its recovery culture.

An **Organizational WRAP** includes staff and individuals receiving services and focuses on the Foundational Principles of Wellness. Similar to an individual WRAP, the Organizational WRAP addresses wellness supports, warning signs, triggers, crisis and post crisis plans, and identification of the needed supports.

Agency Scan Benefits:
- Encourages an objective self-evaluation of the agency's recovery culture
- Increases feedback and improves accountability to individuals receiving services
- Evaluates the appropriateness of the agency taking on a recovery transformation
- Aids in creating a recovery-oriented vision and mission
- Promotes recovery as a partnership between staff and individuals receiving services

Exercise 6: Which process or processes do you believe your organization should use to properly prepare (circle one or more)?

      A. Strategic Planning Process   B. Recovery Snapshot   C. Organizational WRAP

What barriers might prevent your organization from following through with the process?

_____

_____

_____

_____

Which programs and individuals should be participating?

_____

_____

_____

_____

Provide Individuals Receiving Services with Multiple Opportunities to Hear About Recovery

A powerful tone is set when an individual receiving services repeatedly hears the message of recovery. This message is even more powerful when it comes through a variety of sources, and especially so when it is heard during the individual's first few encounters with agency personnel. It may take time for someone new to understand the principles of recovery and how much they stand to gain by embracing them. However, once trained, your RSSs will be well-equipped for the challenge by contributing their unique voices and stories to the process. Providing individuals receiving services and RSS staff with multiple opportunities to hear about recovery has many benefits.

Possible Benefits:
- Fosters hope throughout the organization
- Demonstrates to clinical staff that recovery is a tangible outcome
- Lowers shame and guilt for staff that are in recovery themselves
- Brings recovery out of the darkness
- Validates self-disclosure
- Sets the agency tone that The Expectation is Recovery
- Introduces individuals receiving services to the concepts of recovery, which helps to eliminate delays and bypass negative attitudes
- Promotes an agency-wide feeling of belonging
- Promotes mutuality among individuals receiving services
- Gives individuals receiving services a nonjudgmental, place of belonging

Exercise 7: Use the checklist below to monitor your recovery communication progress, placing a checkmark to the left when completed.

✓

_____ Introduce individuals to recovery concepts as soon as they enroll for services.

_____ Use person first language & promote the Principles of Recovery (Exhibits 1.1/1.2).

_____ Hire persons who are in recovery.

_____ Create RSS Volunteer, Mentoring, and/or Internship Programs.

_____ Include RSSs as full collaborative partners in treatment and service planning.

_____ Promote and facilitate RSS participation in Recovery & Empowerment Calls.

_____ Support RSS participation in regional Recovery Conference planning committees and leadership councils.

_____ Establish and encourage regular consumer advisory committee meetings.

_____ Collaborate with other providers to promote wellness and mental health literacy.

_____ Have at least two individuals in recovery on the agency's governing board.

Exercise 8:   Person first language is one way we show ourselves and others respect. If this concept is unfamiliar to you, just try to think of it as always remembering to refer to people as people, instead of using labels. When acquaintances are diagnosed with cancer, we don't refer to them as "cancer." We continue to refer to them by their proper names and will generally use phrases such as they "have cancer" or are "in remission." If someone we know has a cast on her leg we don't say, "Oh my, there goes Broken Leg." Instead, we say something like "oh my, Sue is wearing a cast, I wonder what happened to her?"

We must show individuals living with or in recovery from a mental illness the same amount of respect we offer to those who are dealing with physical health challenges. By honoring people for who they are instead of labeling them we are promoting a strength based approach to recovery and acknowledging them as unique individuals instead of a stereotyped social sub-group. We are also sending the message that individuals in recovery are valued and respected.

Possible Benefits:
- People will be known as individuals and not a diagnosis or label
- A recovery oriented approach helps to reduce distress and anxiety
- Helps to move the dialogue from illness to wellness
- Reduces stigma
- Promotes a healthier self-image
- Promotes Recovery at all levels of the agency
- Empowers individuals to live their lives not their diagnoses

How does your organization embrace the concept of person first language (list below)?

_____

_____

_____

_____

_____

Help All Employees Fully Understand How RSSs Function within the Agency

The overall vision for RSSs within your agency should be reflected in your initial orientation provided to all new employees, ongoing recovery training, job titles and descriptions, and various forms of communication to all employees which highlight RSSs as essential team members.

Possible Benefits:
- Demonstrates that persons with lived experience have a level of expertise that is not gained through education alone
- Helps the RSSs become more respected and accepted in their roles
- Promotes the concept of teamwork
- Builds confidence and competencies among the RSSs
- Eliminates the fear of RSSs being a threat to jobs while demonstrating their enhancement / complementary elements
- Individuals receiving services will recognize that the agency and its staff are "on the same page"
- Helps to breaks down possible barriers caused by hierarchical relationships in the workforce

Exercise 9: Review and enhance recovery-focused training provided to all new employees during orientation; establish a calendar for regular and ongoing recovery-oriented training as well as the distribution of recovery-related outcomes data and studies through agency newsletters, social media posts, and other media.

List at least three ways you plan to enhance communication within your agency in order to help all employees understand and appreciate the role of RSSs (list below):

_____

_____

_____

_____

Creating and Maintaining a Welcoming Recovery-Oriented Environment for All

Exercise 10: When we invite guests into our homes we always want them to feel welcome by providing an environment that is warm and inviting. We want those we serve in our agencies to feel just as welcome and at ease when they come to see us. Focusing on making the environment as warm and inviting as possible will benefit individuals receiving services and employees by helping to:

- Promote safety
- Demonstrate that we care and value their well-being from a trauma-informed perspective
- Help individuals receiving services to be more relaxed and less anxious about their visits
- Establish an atmosphere that reduces distractions and promotes learning
- Create a sense of belonging
- Downplay or eliminate the institutional feel of the agency
- Facilitate positive interactions
- Address issues that could interfere with a person-centered, recovery-oriented service environment

Review the following list, indicating how each attribute contributes to one or more of the benefits previously described in the space provided (Example: Are restrooms clean and in good working order? *Promotes safety and demonstrates we care):*

Are agency restrooms clean and good working order?
_____

Are there adequate ventilation and measures to eliminate or reduce offensive odors?
_____

Are the agency's public areas and meeting rooms in good repair without clutter?
_____

Are paint colors warm and welcoming versus institutional or sterile?
_____

Is there adequate lighting with the appropriate warmth?
_____

Is artwork displayed in a comforting and soothing manner?
_____

Do the wall art and postings reflect hope, recovery, and resiliency principles?
_____

How are messages about natural supports and resources displayed?

_____

How are the talents and successes of individuals receiving services featured?

_____

Are consumer rights and grievance procedures posted prominently?

_____

Are appropriate and current reading materials available in waiting rooms and other areas?

_____

Is WRAP and recovery education literature readily available?

_____

Are Recovery and Empowerment Handbooks available for all persons served?

_____

Do agency policies and procedures explicitly promote self-directed care?

_____

Do policies and procedures support personal, community and systems advocacy?

_____

Do agency communications promote RSSs as equal team members?

_____

Are you prepared for any organizational pushback that could interfere with these concepts?

_____

Exercise 11:   Who does not appreciate a pat on the back, a glowing performance review, or just being thanked for a job well done?   Not only does positive recognition benefit the person receiving it, it provides an incentive and hope for others.   Every opportunity to celebrate recovery successes can help reinforce and sustain an emerging recovery culture.   Possible ways to promote a positive recovery culture include:

- **Recovery Graduation**: Graduation ceremonies or celebrations are sometimes held when individuals have completed a particular agency program or are deemed to be no longer in need of agency services. While these celebrations primarily focus on the accomplishments of individuals graduating, they also provide an opportunity for them to reflect on the support they received during their recovery journey and to express their gratitude. RSSs are typically the recipients of much of the expressed gratitude, and these events rarely conclude with a dry eye to be found. When properly planned and supported as momentous occasions, these events should help your RSS staff's morale soar as your clinical staff

witness first-hand how valuable your RSSs are to the service team and to the recovery of the persons honored. Affirmation that our collaborative team efforts enabled others to experience the miracle of recovery is inspiring for all.

- **Newsletters:** A newsletter composed by individuals receiving services written specifically for individuals receiving services is a way for people to promote hope and share the wonders of recovery. Include a segment where clinical staff and RSSs provide input. Mutual respect and cooperation is fostered when physicians, clinicians, and RSSs are invited to contribute to the newsletter in collaboration with one another, representing their specific areas of expertise.
- **Gratitude Boards:** Displaying gratitude boards in common areas affords individuals receiving services and those providing services with an opportunity to highlight their recovery efforts and thank those who helped them. These expressions of gratitude can help grow the recovery culture and foster feelings of mutual respect.
- **Meet and Greets:** Meet and greet events are often set up in conjunction with group fairs with tables or booths, enabling people to visit and talk to various RSS staff, clinicians, program personnel, supervisors, and individuals receiving services. This forum provides an opportunity for people to network and build partnerships, share how various services or groups have helped them, and serve as referral sources.

How does your organization celebrate recovery successes (list below)?

_____

_____

_____

_____

_____

_____

Demonstrate to RSSs that they are Full and Essential Members of the Service Team

One of the challenges of implementing a program that employs RSSs is establishing their credibility among the other staff. It is essential that all staff receive comprehensive training on recovery and the role of RSSs at every phase of the program's implementation. Warning signs that the staff are not adequately informed and prepared may include comments such as "they're probably too emotionally fragile to handle this kind of work," "what if something triggers them and they relapse?," "they do not have a license or even a bachelors' degree," "I'm concerned they haven't had enough training to provide services," or "they won't be able to maintain confidentiality."

Expressions of concern and other warning signs must be addressed as soon as possible. While usually well-meaning, worries and concerns are more often driven by misunderstandings about RSS competencies and resiliencies than by actual deficits. In Illinois, persons obtaining their CRSS must complete at least 100 hours of training in the four domains of the CRSS, acquire 2,000 hours of relevant experience, 100 hours of supervision related to their work associated with the domains, and pass a rigorous examination. They must also participate in continuing education to maintain their certification. This is often more specific mental health training than students receive while earning a bachelor's degree in social work or related human services field.

When addressing obstacles to your organization's recovery culture and establishing its RSSs as essential team members, it is recommended that you:
- Be definitive when announcing the launch of the agency's Recovery Support Services program
- Bring in outside speakers that are successfully working in the field and have obtained their CRSS
- Utilize your Regional Recovery Support Specialist as a person that can speak to your staff, educating and modeling the competencies of people in recovery working in the field

Possible Benefits:
- Clinicians will be reassured that RSSs are skilled professionals who complement the service team, helping them to understand that the role of the RSS is distinctly different than theirs
- Individuals receiving services who have been seeing a clinician for an extended period of time will gain a greater awareness of how recovery services can assist them with their wellness
- Will offer another service alternative for individuals who have not been unable to maintain recovery through traditional clinical services alone
- Services will come to be viewed as less regimented and more individualized and recovery driven

Exercise 12: Providing RSSs with opportunities to lead groups and conduct staff educational workshops enable them to demonstrate their competencies and capabilities. It also enhances relationships and underscores the value of mutuality and personal accountability when providing recovery services. Through the process RSSs will have an opportunity to gain confidence and enhance their leadership and role modeling skill sets. Regional Recovery Support Specialists can assist you with organizing your program and in teaching your RSSs how to tell their story in a timely and efficient manner that is concise and hopeful. Recovery stories can be very helpful with furthering your community's understanding of the amazing progress a person with a mental illness can achieve.

What RSS-led groups and educational workshops does your agency offer?

Start your list here:

_____

_____

_____

_____

_____

Do you have at least two RSSs who are or are becoming certified WRAP facilitators (extremely important)?   Yes   No

Talk with your Regional Recovery Support Specialist and other agencies with well-established recovery programs to learn more about WRAP facilitator opportunities and other possibilities for RSS-led groups and educational workshops.

Exercise 13: WRAP is an evidenced based practice and is considered one of the best tools an agency can use to promote self-directed care. WRAP is non-coercive, voluntary, and holds all participants in the highest possible regard. A WRAP class is facilitated by a Certified WRAP Facilitator. The class is not the facilitator's class, nor is the facilitator considered a teacher, leader or instructor. To "facilitate" means to "make easy," and a WRAP facilitator's role is do just that, allowing the attendees to take ownership of the class as well as their own personal recovery.

It is recommended that the entire agency staff receive a WRAP orientation, giving individual employees the option to create their own WRAP for Work. WRAP is not conducted in a didactic learning environment. It is facilitated within a mutual learning environment that builds on strengths and guides participants in identifying when they are feeling well or unwell. Consulting with your agency's Regional Recovery Support Specialist about WRAP's benefits for agencies, employees, and recovery programming is strongly recommended.

Possible Benefits:
- The self-directed care component can easily be disseminated throughout the organization
- The non-coercive, voluntary participation found in the values and ethics are role modeled
- Seeing individuals take control of their own recovery is inspiring and promotes other successes
- Promotes the value of Evidenced Based Practices and positively impacts the agency's culture
- Through agency wide orientations it promotes the Foundational Principles of Wellness

List your WRAP training goals and other RSS-led groups and educational pursuits here:

_____

_____

_____

_____

_____

_____

Exercise 14: How communities view mental health organizations impacts the culture inside their doors. Based on your observations and conversations with others, how do you think your community views your organization? Is it viewed as one that treats people with overwhelming problems and a bleak future, or one that has a vision of people getting better through shared decision making, self-directed care, and the restoration of a meaningful and productive life? You can forge healthier community relationships and understanding by having your RSSs speak in public; talk about recovery and wellness; provide community recovery education; and develop relationships with various community groups.

With your guidance and support, RSSs can be excellent recovery ambassadors and powerful public opinion change agents. What better voice of hope and recovery is there for your organization than someone who has navigated the system, fought through adversity, and ultimately achieved recovery?

Possible Benefits:
- Demonstrates that recovery is not only possible it is achievable
- Shows a holistic approach (treating the "whole person") is vital to mental health and recovery
- Meets everyone - staff, individuals receiving services, and community members - where they are
- Emphasizes that people are more than their illness
- Informs community members recovery is an ongoing process we all go through in some manner

Use the checklist below to monitor your community recovery communication progress, placing a checkmark to the right when completed:
✓

_____ Establish a Speaker's Bureau from among your employees, including RSSs.

_____ Contact your Regional Recovery Support Specialist to assist your RSS's presentation preparations.

_____ Have an RSS contact the National Association on Mental Illness (NAMI).

_____ Have an RSS reach out to the Depression and Bipolar Support Alliance (DBSA).

_____ Contact local service clubs (Rotary, Kiwanis, etc.) to schedule presentations.

_____ Set up presentations with local support groups (Emotions Anonymous, etc.).

_____ Check with the local library and chamber to learn about other opportunities.

_____ Partner with other agencies and presenters to set up other community training events, such as Mental Health First Aid, involving your RSSs in the training .

Exercise 15: Whether or not your organization has an Individualized Placement and Support Employment (IPS) program, the desire of returning to work and earning a livelihood can have an amazing impact on a person's hopefulness and self-esteem. If an agency does not have an IPS program it can still promote the concept and support job search efforts through referrals to Benefits Planning or the Work Incentive Planning and Assistance Program (WIPA), the Illinois Department of Employment Securities (IDES), Division of Rehabilitation Services (DRS) and other local civic organizations.

Possible Benefits:
- Strengthens the team concept with IPS participants, RSSs and Employment Specialists
- Demonstrates to others the importance of employment as a pathway of recovery
- Instills hope, builds confidence, and a sense of self-worth
- Shows the importance of self-directed care to other staff
- Highlights and complements a person-centered, recovery-oriented approach to helping others
- Shines a positive light on the agency when others see people enter the workforce
- Reinforces IPS as an effective and sustainable program

What does your organization do to promote employment as a pathway to recovery?

Promoting Recovery and Employment

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Culture Change Notes:

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EXHIBIT 1A
Person First Language

The language we use is critical to ensuring a recovery-oriented and person-centered approach. The following phrases to the left are recommended as substitutes for those appearing to the right:

Say:
- He has schizophrenia/a diagnosis of schizophrenia
- He served in the military and has a disability
- She has a cognitive disability (diagnosis)
- He has biplor disorder/a diagnosis of bipolar disorder
- She has an emotional disturbance/mental illness
- He has autism (or an autism diagnosis)
- She has a diagnosis of Down syndrome
- He has a learning disability (diagnosis)
- She has engaged in self-harm
- He has a substance use disorder
- People without signs and symptoms
- She has adapted to stress/trauma by…
- He has fear/apprehension about treatment
- He has a brain injury/traumatic brain injury
- She frequently reaches out for help/affirmation
- He has a co-occurring disorder
- An alternative approach might be a better option for her
- He is a person who we recognize as an individual
- She's having thoughts/impulses about killing herself
- Person/people/individuals (plural) with mental illness

Instead of:
- He's a schizophrenic
- He's a disabled vet
- She's mentally retarded
- He's bipolar
- She's mentally ill
- He's autistic/on the spectrum
- She's Down's
- He's LD
- She's a cutter
- He's an addict
- Normal or healthy people
- She's her own worst enemy
- He's treatment adverse/resistant
- He's brain damaged
- She's an attention-seeker
- He's co-morbid/has co-morbidity
- She's not motivated/non-compliant
- He's a client, consumer, recipient
- She's suicidal
- The mentally ill

The language we use should focus on strengths and choices people are likely to seek as opposed to language which promotes labeling and passing judgment. Judgmental language and labels reinforce discrimination, isolation, and negative thoughts. They are hurtful and detrimental to the recovery process. People receiving services have been called a variety of things by well-meaning mental health professionals and caregivers—"clients," "patients," "inmates," "consumers," "peers," and "survivors." While these terms may not appear to be offensive or hurtful, they do not exemplify a trauma-informed approach to care or person-centered language.

Some general rules to follow for speaking, writing, respecting, and empowering language are provided on the next page:

General Rules By Which to Speak, Write, Respect and Empower	
Having vs. Being	To HAVE an illness, or to have the diagnosis of an illness, is notably different than to BE the illness. When I "have bipolar illness," I recognize that aspect of myself, much as I recognize that I "have brown eyes." When I "am bipolar," I take on the identity of BEING bipolar. It becomes me, and I become it. When we talk about an individual as separate from their mental health condition, we recognize the person first, and we acknowledge the person's power to overcome that condition and live a full life separate from it. I often tell people, "I may have it, but it doesn't have me!"
Singular vs. Plural	Mental illnesses are diverse; there are many of them, and many types of them. To say that "people" (plural) have "mental illness" (singular), misses the breadth and diversity of the nature of mental illnesses. Therefore, one person has one illness ("person with a mental illness"). More than one person has more than one illness ("persons with mental illnesses"). To use the singular (illness) when speaking in the plural (people/individuals/persons) reinforces stigma and discrimination. It implies that the there is only one mental illness, that it is "one size fits all."

Nanette.Larson@illinois.gov

Rev. 7/25/11

The Foundational Principles of Recovery

HOPE

Having a vision that includes hopes and dreams! Setting goals, while refraining from negative predictions. Fearing 'false despair', not 'false hope'.

PERSONAL RESPONSIBILITY

Relying on oneself, with help from others, while working to control one's life and one's symptoms. Making choices which reflect one's life priorities.

SUPPORT

Recognizing that recovery is not a journey that anyone walks alone. Drawing on support from friends, family and healthcare professionals.

EDUCATION

Learning all there is to know about one's health, wellness, symptoms and treatment, in order to be equipped to make good decisions. Being open to, and seeking out, new information.

SELF-ADVOCACY

"Going for it" with courage, persistence and determination. Expressing oneself clearly and calmly in order to get one's needs met.

SPIRITUALITY

Finding meaning and purpose in one's life. Gaining a sense of identity, based on one's own values and beliefs, which may include one's relationship with the divine or a power greater than oneself.

A VISION OF RECOVERY
THE FOUNDATIONAL PRINCIPLES
Adapted from M.E. Copeland
Nanette V. Larson, B.A.
Illinois DHS/DMH - 2003

Revised 7/25/05

EXHIBIT 1C
Web-Based Resources

Alternative Mental Health Resources (when a therapist is not available): Greatest.com lists 81 different apps, websites, forums, and hotlines at   https://greatist.com/grow/resources-when-you-can-not-afford-therapy

Anxiety: Create your own profile at Anxiety Social Net (anxietysocialnet.com) to connect with people dealing with everything from social anxiety to agoraphobia. State-by-state list of support groups available through the Anxiety and Depression Association of America's website (adaa.org).

Behavioral Health Treatment Locator: A SAMHSA site tool offering help in searching for local treatment programs (https://findtreatment.samhsa.gov)

Depression or Bipolar Disorder: Locate an in-person or online group at the Depression and Bipolar Support Alliance site (dbsalliance.org)

Eating Disorders Recovery Support: Eating Disorder Hope catalogs online support groups (eatingdisorderhope.com/recovery/support-groups/online) offer help and advice for those close to someone struggling to overcome an eating disorder.

Grieving Someone Who Died by Suicide: offers many groups for survivors listed on the American Foundation for Suicide Prevention website (afsp.org).

Illinois Department of Human Services: the IDHS website offers an array of information and other website links for providers and customers (http://www.dhs.state.il.us)

Intentional Peer Support: A wealth of resources about the "other IPS" and training offers (Intentional Peer Support) are available through the organization's website (www.intentionalpeersupport.org)

National Alliance on Mental Illness: The NAMI provides support and referral for mental illness (www.nami.org)

Postpartum Depression: The Postpartum Progress site (postpartumprogress.com) lists support groups in nearly every state as well as in Canada and maintains an online forum.

Schizophrenia: The Schizophrenia and Related Disorders Alliance of America facilitates groups nationwide listed on its site (sardaa.org).

Obsessive-Compulsive Thoughts and Behaviors: More than 200 groups are listed with the International OCD Foundation (iocdf.org), which aids those affected by the disorder and their

families.

Stress and Compassion Fatigue: Meditations and exercise guide (http://www.self-compassion.org/guided-self-compassion-meditations.mp3.html)

Survivor of Rape, Sexual Assault or Incest: After Silence (aftersilence.org) is a message board and chat room for victims of sexual violence. Additionally, Adult Survivors of Child Abuse (ascasupport.org) organizes support groups around the U.S. and abroad, and offers resources for those who want to start their own.

Sex Addiction: Sex Addicts Anonymous (saa-recovery.org), similar to Alcoholics Anonymous, offers a widespread network of in-person, online, and phone meetings.

Self-Harm: DailyStrength hosts a web forum where people dealing with self-injury can find encouragement, understanding, and a new way to cope (http://www.dailystrength.org/group/self-injury)

Wellness Recovery Action Planning and Crisis Planning: The Copeland Center (www.copelandcenter.com and http://mentalhealthrecovery.com/)

Veteran Who Is Injured: The Vet Center program site (vetcenter.va.gov) can direct visitors to counseling services.

CHAPTER TWO
What All Staff Need: Training and Supervision

1. Introduction

"Tell me and I forget. Teach me and I remember. Involve me and I learn."   -Benjamin Franklin

As with all staff, RSSs learn and retain what they've learned with optimum results when they are actively involved in the training. Rather than simply telling someone how to do a job, showing them how to do it through an intentional mentoring process engages them in the learning. This helps them develop a sense of ownership in their job, and will prepare them to train and mentor others.

Like all behavioral health care professionals, training is crucial to the credibility and fidelity of each RSS's specific area of specialization. Drawing from their unique experiences and expertise, RSSs are guided by professional standards and values which distinguish their role within the behavioral health field.

According to the International Association of Peer Supporters (INAPS), education and training expectations for RSSs are considerably different than typical of professional human services personnel. While the standards and types of certifications available vary by state, in Illinois a Certified Recovery Support Specialist must have:

a. A high school diploma or GED
b. At least 2,000 hours of supervised work experience, which can include any combination of paid and volunteer work
c. 100 hours of supervision in the CRSS performance domains – Advocacy, Mentoring, Recovery Support, and Professional Responsibility (See Chapter 4 for more information on the domains)
d. 100 hours of training and education related to CRSS domains, professional ethics and responsibility, and other core functions
e. Successful completion and passing of the written CRSS exam
f. Lived experience with a mental health condition
g. A formal commitment to disclose their own mental health journey.

While some organizations hire "non-certified peers" and do not make it mandatory for them to pursue their CRSS, INAPS strongly recommends certification and specialized training at the earliest opportunity. INAPS warns that the attrition rate for untrained, uncertified staff is extremely high. (National Report on Peer Support Certification, Oct. 2016)

2. Best Practices for Staff Training and Support

"Employees who believe that management is concerned about them as a whole person - not just an employee - are more productive, more satisfied, more fulfilled."

-Anne M. Mulcahy, former CEO of Xerox Corporation

a. A welcoming atmosphere in the agency promoting trust and safety fosters respect, empowerment, and positive relationships for all employees. Supervisors can create an enhanced environment of mutual respect by making positive, honest, and healthy interpersonal interactions a priority throughout the organization. When providing training and support it is important to:[2]

 i. Be Mindful of Culture (as explained in Chapter 1). Culture includes values, beliefs, and attitudes a person holds based on their family background, community, and history. An empowering supervisor keeps in mind their own cultural make-up and that of his/her staff. They are mindful of how the similarities and differences in culture impact each relationship and the overall tone of the agency.

 ii. Show Respect. By its nature, the supervisor/supervisee relationship affords the supervisor more power than the supervisee. Keeping this in mind will help the supervisor relate well to their staff, ensuring that the supervisee feels safe to share problems, doubts, and worries. If they feel less than respected, they will try to appear "together," even if they aren't, to impress the supervisor. If the supervisor shows respect to the staff member by recognizing and appreciating their skills and points of view—no matter how different from their own—they can avoid pitfalls and setbacks.

 iii. Practice Honesty, Kindness, and Fairness. Long-standing trust in every relationship is based on honesty, reliability, and kindness. Supervisors need the freedom to speak with frankness to their staff member about areas of their work in which growth is needed. Balancing their directives with assurances that they expect the supervisee to improve over time will help the relationship thrive. It is also essential that supervisors remain fair, treating all their staff with equal respect and kindness, irrespective of "likeability."

 iv. Focus on the Positive. A supervisor who is aware of, acknowledges, and rewards staff members' strengths will bring out the best in their supervisees. This positive emphasis will create an environment of trust, and balance those times when it is necessary to address areas that need improvement.

 v. Remain Calm. Our best thinking and decision-making is done during times of calmness. It's difficult to think clearly in the throes of strong emotions. Crisis situations may require immediate action. If an immediate solution is unnecessary,

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[2] Source for items i-viii: DHS/Division of Mental Health, from Enhancing the Peer Provider Workforce: Recruitment, Supervision and Retention, Sept. 15, 2014

it's advisable to take as much time as needed to devise a response. Discussing the situation in a rational manner with the staff member and finding a solution together will show respect, create clear communication, and set a good example to the supervisee.

vi. Ask Questions. When supervisors inspire self-reflection and emotional awareness, they help their staff become conscious of their actions and the motivations behind them. Self-reflection is best encouraged by asking questions of the supervisee, and then actively listening to their answers. Non-threatening questions and open listening can also help prevent misunderstandings between supervisors and their staff.

vii. Empower Others. Helping supervisees find their own answers empowers them to realize their potential and develop their abilities. The best practice for achieving this goal is to prompt staff to find their own solutions, as opposed to telling them what to do. If the staff member feels less than confident in their ability to find solutions, brainstorming several possibilities may help. Working together, the staff and supervisor can examine each solution by listing pros and cons.

viii. Encourage Self-Care. Our work naturally exposes us to stressful situations that can lead to strong emotions. These emotions can affect the way we think and care for ourselves. As supervisors we should be mindful of and recognize how our work impacts everyone on our staff. When we practice good self-care, we are also modeling for our supervisees and empowering them to discover their own self-care plans. Some of these plans might include healthful living; balance of work and personal life; boundary-setting with co-workers and individuals served; and using available professional and peer support.

ix. Fully Inform. Existing staff should be educated about the history of the recovery movement, the CRSS credential and competency requirements, and the specific roles and responsibilities the RSS will have within the agency. This will help the staff to view the RSS position as a credible, knowledgeable, and ethical asset to the team. They are likely to feel less threatened and to be more accepting of the addition of RSSs into the workforce if they understand that recovery support is not intended to be a replacement or substitute for therapy or other clinical services. Sharing the history of the recovery movement and the research supporting its value will also aid the process of incorporating the RSSs into the workforce (see Exhibit 2B).

"Staff must be nurtured, encouraged to play and explore, encouraged to bring their lives into their work, and cherished for their individual gifts and hearts—because staff with hope, empowerment, responsibility, and meaning can help people with mental illnesses build hope, empowerment, responsibility, and meaning."
-Mark Ragins, M.D., Medical Director, MHA Village Integrated Service Agency, Long Beach, CA

b. Demonstrate to all staff that RSSs are regarded as full members of the organization's treatment team. Ensure that their presence and input during clinical staff meetings is

embraced and accepted. They offer a valuable perspective on the needs of the persons served and may be able to provide important information for consideration in determining the most appropriate care and treatment. Their role can be integrated into the overall recovery plan in several ways.

i. Allow the RSSs to train other staff members.
ii. Require or request the RSSs to attend staffings.
iii. Give all the tools necessary to effectively carry out their jobs, comparable to other staff. Examples include: updated computers, printers, office space, etc.

3. Training and Support Exercises and Tasks

"Alone we can do so little, together we can do so much."
                                    -Helen Keller, author, educator, crusader for individuals with disabilities

a. The RSS role is unique in the mental health services delivery system, and as such, existing staff need training to understand how it fits into the daily operations of the agency. With the support of the agency's leadership, the recovery support program is introduced as an exciting and positive addition to existing programs and services. The RSS role is described as a valuable asset to the program, offering unique experiences and skill sets which will benefit the persons served by the agency.

What are the key RSS roles and responsibilities that should be communicated to all staff?

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Existing staff need to understand the difference between their jobs and the role of the RSS in their day to day work. Training to identify and differentiate responsibilities and how best to work together to improve services to the individuals served is a must. Ongoing guidance should also be provided to avoid service duplication or conflict.

What are some of the typical differences in responsibilities between RSS staff and clinical staff?

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Develop a detailed plan for your RSSs which covers each aspect of their training. This plan should include the following questions:

Who will do the training within the agency and at the local level?

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Who will facilitate the training via the Online Recovery Academy and CRSS Library (See Exhibit 2A) and state conference calls, webinars, workshops, etc.?

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When will we do it?

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How much time do we need to accomplish each step?

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Who will follow up?

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What additional questions would you like to add?

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b. Open Communication Lines for RSSs
    Clinical staff and RSSs may find more common ground if they regularly communicate
    with one another about individuals they share on their caseloads.

    Suggestions for enhancing communication between RSSs and clinical staff:

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EXHIBIT 2A

ORACL: Online Recovery Academy and CRSS Library

http://www.recoveryacademyillinois.org

The Online Recovery Academy and CRSS Library (ORACL) is a resource for people with (mental health conditions) lived experience who are in recovery, working as a Recovery Support Specialist, have or are seeking their Certified Recovery Support Specialist (CRSS) credential, and/or are furthering the principles of recovery within the State of Illinois.

Illinois Recovery Support Specialists (RSSs) and CRSSs gain access to a vast training and professional development library through ORACL membership**.** More information about ORACL and instructions for enrolling can be accessed through the website address listed above.

In collaboration with the Department of Human Services Division of Mental Health (DMH), DMH's Recovery Services Development Group (RSDG), volunteer advisors, and the Human Resources Center of Edgar and Clark Counties (HRC) Recovery Support Team, ORACL provides access to online courses and e-learning resources whenever the member wants it, anywhere they want to access it. Through ORACL's partnership with Relias Learning, Academy members have free access to training and continuing education resources. These professional resources provide assistance with CRSS exam preparation, complying with continuing education requirements, and gaining access to hundreds of behavioral health and human services courses covering everything from "Abuse" to "Workplace Violence." The courses provide the potential for over one hundred training hours which automatically qualify for CEUs. Additional courses continue to be developed and approved for CRSS CEUs, providing ORACL members with ample opportunity to meet their present and future formal training requirements.

A unique online member account is created for each individual when he or she enrolls, establishing a detailed training record and "reminder system." Each ORACL member is able to track his or her training progress and document formal training hours, successfully completed online courses, and continuing education credits earned, all through the individual's own online account.

Exhibit 2B

A Brief History of the Mental Health Recovery Movement

Recovery from mental illness is not a new concept, with its history dating back to the early 1800's. John Perceval, the son of an English prime minister, wrote about his experiences with psychosis from 1830 until 1832, as well as the recovery he achieved, despite the questionable "treatment" he received from the physicians of the time. In 1881, researchers at Massachusetts' Worcester Asylum for the Insane surveyed 1,157 individuals who had been discharged over a 40-year time span. Of those who were discharged as "recovered," 58 percent remained well for the remainder of their lives.

Unfortunately, the psycho-social mechanisms that would otherwise support the process of individual recovery were stymied in the 1940's and 50's as the confinement of people with severe mental illness in state hospitals became a standard practice. Individuals were institutionalized by family members for convenience sake, so as not to embarrass them if they behaved differently from societal norms, and in some cases, just to gain access to their bank accounts. The stigma associated with mental illness remained prevalent throughout this time period.

"Warehousing" people with severe mental illness in large institutions fell under greater scrutiny and criticism in the 1960's and 70's as accounts of unnecessary confinement and mistreatment in asylums became more public. However, even as support for the deinstitutionalization of individuals with mental illnesses increased and more humane treatment approaches were explored, many people with severe mental illnesses were told that there was little hope for recovery and that they ultimately would not be able to maintain employment or even care for themselves independently.

Despite the proliferation of myths about mental illnesses and their grave prognoses, many individuals with mental health disorders continued to believe in themselves and often managed to find a path to recovery. The psychiatric survivor movement arose out of the civil rights movement of the late 1960's and early 1970's. Known as the consumer/survivor/ex-patient movement in the 1980's and 90's, these individuals and organizations brought national attention to the possibility of recovery and inspired change throughout the mental health system. Grassroots organizations began to exemplify and educate the public about the concepts of self-determination and the possibilities of recovery, and effectively advocated for change, offering hope to people with mental health disorders and their families.

The recovery movement received a significant boost from the President's New Freedom Commission on Mental Health. The Commission's July 2003 report emphasized the importance of fully involving individuals and families in a recovery-based mental health system. In response, the Illinois Department of Human Services' Division of Mental Health (DMH) began a major service system transformation. Over the next decade, DMH's transformation included the development of a process of certifying the growing number of individuals with lived experience

across the state who were taking on roles as recovery support specialists (RSSs). In collaboration with the Illinois Certification Board, DMH established the Certified Recovery Support Specialist (CRSS) credential for persons providing professional services for persons in recovery from mental illness or combined mental illness and substance abuse disorders.

The CRSS professional in Illinois is trained to incorporate his or her own unique life experiences as a current or former mental health service recipient in conjunction with providing mental health, rehabilitation, and substance abuse services to others. As of 2018, there are over 200 CRSSs in Illinois.

CHAPTER THREE

From a Manager's Point of View: Risk Management and Program Sustainability

1. Introduction

"Take calculated risks. That is quite different from being rash."   -George S. Patton

"Inside my empty bottle I was constructing a lighthouse while all the others were making ships."
                                                                                    -Charles Simic

Risk management and program sustainability are critical issues which must be addressed in the earliest stages of any new project. Too often, program and service design and implementation activities within an organization are handled by individuals other than those bearing the responsibility for evaluating risk, calculating cash flow, and forecasting revenue and expenses. Developing a detailed and comprehensive communication plan, which is shared liberally throughout the agency, will reduce the potential for misunderstandings and unpleasant surprises during and after implementation of a program or service.

    a. The definition of risk management related to Recovery Support Services programs for the purposes of this chapter was adopted from the Irish Health Service System ("Risk Management in Mental Health Services," Health Service Executive Guidance Document, 2009): "The culture, processes and structures that are directed towards realizing potential opportunities whilst managing [potential] adverse effects." In other words, "The environment and procedures that aid personal growth in those recovering from mental health or substance abuse disorders, while minimizing hindrances to growth." While risk can never be eliminated completely, it can be minimized by ensuring that there is:
        i. adequate preparation of all staff for the innovations and changes,
        ii. formulation of sound hiring and human resource policies (including well-thought-out job descriptions),
        iii. evaluation of potential liability exposures and insurance coverage gaps,
        iv. verification of required staffing ratios and shifts required,
        v. appropriate selection and training of supervisory staff,
        vi. good communication among all staff,
        vii. continuous service user feedback and input,
        viii. sufficient attention to the safety of staff and persons served, and
        ix. appropriate ongoing training and support for both staff and individuals receiving services.

    There is widespread agreement that employing RSSs can actually reduce risk and increase levels of safety within the community behavioral health environment. Recovery Support Services have proven to significantly benefit persons in the criminal justice system -

particularly those in recovery from substance use or requiring personalized and individualized supports.

b. According to the Substance Abuse and Mental Health Services Administration (SAMSHA) "research has shown that peer support facilitates recovery and reduces health care costs,"[3] and the Consumer Operated Service Programs (COSP) Multisite Research Initiative revealed that "consumer/survivors experienced significant improvements in wellbeing" as a result of their participation in peer run recovery support services."[4]

This chapter summarizes the best practices for evaluating and addressing key risk management and program sustainability issues through a series of recommended questions, processes, and checklists.

2. Best Practices - Sustainability of Recovery Support Services Programs with RSSs

Sustainability requires thinking ahead and acting in ways that ensure the program will be viable on a long-term basis. The agency must carefully consider the fiscal, clinical and administrative impact of the Recovery Support Services program.

a. Is the culture of the agency ready for the addition of RSSs working in recovery support roles?
b. If your agency launches a program using a time-limited grant or grants for seed money, what is the plan for sustainability once this form of funding runs out?
c. How will your agency consistently ensure quality services on an ongoing basis?
d. Has adequate staff training and supervision been arranged?
e. Is there appropriate administrative and agency support?
f. Does that agency support include a willingness to hire more than one RSS?
g. How will referrals be made?
h. How will RSSs and other staff work together?
i. How will the RSS role benefit individuals receiving services?
j. What statewide and regional supports exist?

These are just examples of some of the questions that should be answered in planning and developing a successful Recovery Support Services program. What other questions do you believe should be addressed?

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[3] Excerpt *from "Peer Support and Social Seclusion,"* SAMSHA website topic

[4] Campbell, J., Lichtenstein, C., Teague, G. Johnson, M., Yates, B., Sonnefeld, et al (2006) *The Consumer Operated Service Programs (COSP) Multisite Research Initiative: Final Report.* Saint Louis, MO: Coordinating Center at the Missouri Institute of Mental Health.

3. Phase I, Processes for the Manager and Administrative Team to Consider

   a. The process often begins with an individual in the agency sharing what he or she has learned about recovery support services and the potential value to the agency and individuals receiving services.
   b. Upon recognizing the benefits, the agency head consults with the governing body and assembles a team to evaluate and decide on a course of action. Ideally, the team:
      i. Involves key leadership.
      ii. Obtains input from individuals receiving services (through advisory councils, surveys, and focus groups).
      iii. Gives all team members adequate opportunities to share ideas and concerns.
      iv. Educates and orients agency staff about involving individuals receiving services as RSSs.
      v. Evaluates the agency buy-in and readiness among the various work groups.
      vi. Determines if buy-in and general agency readiness are sufficient to proceed.
   c. If buy-in and conditions appear favorable, a strategic planning process begins:
      i. Consider a SWOT (Strengths, Weaknesses, Opportunities and Threats) Analysis or similar tool – focusing on agency culture and readiness.
      ii. Develop or review the agency's Vision and Mission Statements.
      iii. Determine if Vision and Mission Statements adequately support the Recovery Support Services program you are planning to create.
      iv. If necessary, work with your administrative team and governing body to revise your agency's vision and mission statements.
   d. Before moving forward with your plan to implement a Recovery Support Services Program, other important questions to ask include:
      i. What are some of the potential negative outcomes you wish to avoid?
      ii. What type of process do you not want to see at your agency?
      iii. What will success look like?
      iv. What are some real or imagined risks associated with developing a Recovery Support Services Program?
      v. What have other agencies learned through experience?
      vi. How do you plan to educate other community service providers and stakeholders about your Recovery Support Services and the unique role of the RSS?
   e. The issue of sustainability should be readdressed during each stage of the planning process and each time there is a major change in the project scope or timetable:
      i. Financial viability – how will you fund the startup of this program?
         • Grants
         • Fee for Service
         • Other community support (such as "708" Community Mental Health Board)
      ii. What are your preliminary thoughts about long term clinical and financial viability?
         • Staff Productivity

- Staff Competence
- Staff Certification
iii. What kind of supports and resources will you try to access from the state?
- Regional Recovery Specialist Support
- Federal Grants

4. Phase II, General Preparation Checklist

   a. Training and Education of Staff – Essential to Program Development:
      i. Review CRSS credential – domains, competencies and certification
      ii. Select training topics
      iii. Pursue agency to agency mentorship – program sharing
      iv. Establish planning for supervisory competency
      v. Identify what you want your RSS staff to do
   b. Risk Management Questions to Consider:
      i. What does proper planning look like and how will you accomplish it?
      ii. What are the implications of not getting input from individuals receiving services?
      iii. What approach will you use to obtain input from individuals receiving services?
      iv. Who is the right kind of supervisor for this program? Background? Training?
      v. Does the agency have the support of its board for this program?
   c. Sustainability Issues:
      i. Are there realistic timelines for program start up and long term sustainability?
      ii. Has the agency thoroughly looked at its cultural change needs to support this program?
      iii. What are the desired outcomes for this program? What are the quality indicators?
      iv. Is this programming a part of new employee orientation? Who will do it?
      v. Is there an ongoing training and education plan for agency staff?

5. Phase III, Program and Service Specifics

   a. Program Planning
      i. Determining what the program will be. Examples include:
         - Community Support
         - IPS
         - ACT
         - Individual Mentoring
         - Crisis Support– Hospital/ER - respite, diversion programming
         - Non-Funded Services (NMR)
         - WRAP/Groups
         - Waiting List
         - Housing

- Drop-in Center

ii. Write Initial Program Plan – Address Cost and Staffing:
- Program narrative
- Timeline
- Program budget

iii. Develop Job Descriptions

iv. Human Resource Education and Considerations:
- Full/Part Time
- Benefits
- Reasonable Accommodations
- Background Checks

b. Risk Management Questions to Consider:
i. Do the job descriptions contain the appropriate components for the RSSs as well as the other personnel who supervise or interface with the RSSs?
ii. Are the role expectations clear? (e.g. will the RSSs facilitate groups? If so, what type? What are the expectations for sharing their experiences and engaging in advocacy efforts? In what ways will they share lived experience?)
iii. Do the job descriptions appropriately describe tasks and responsibilities using the domain section from the CRSS manual?
iv. Have you consulted providers who are operating successful RSS programs?
v. What do you think will happen if your agency does not have a clear, written plan?
vi. What is the best way to educate your HR personnel about recruiting for the new position(s)?
vii. What plans are in place to educate individuals receiving services as to the benefits of Recovery Support Services?

c. Sustainability Issues:
i. What are your program quality indicators?
ii. How will you collect your data sets?
iii. Have you created a plan for systematic program review and revision?
iv. Have you devised a plan for employee feedback on program improvements/ successes?

6. Phase IV, Program Implementation—Preparing to Hire and Interviewing Candidates

a. Preparing to Hire and Interviewing the Candidate:
i. Is the interviewer well-versed about the role of the RSS and Recovery Support Services?
ii. Is the interviewer informed about the parameters of asking about lived experience in an interview setting?
iii. Does the candidate possess competent public speaking skills?
iv. Is the candidate sufficient in mentoring skills?
v. Does the candidate possess adequate group facilitation skills?

    vi. Is the candidate proficient in content knowledge?

    vii. Do you perceive potential in the candidate to be trained and learn about recovery principles and helping relationships?

    viii. Is the candidate capable of becoming certified (CRSS)?

b. Risk Management Questions to Consider:
   i. Has your agency addressed liability concerns to avoid discriminatory or insensitive hiring practices for this position? What questions should you avoid asking during the hiring process?
   ii. Has your agency considered the input of regional recovery staff?
   iii. Has your agency gathered input of other RSS staff inside and outside of the agency?
   iv. Has your agency determined the level of your involvement in agency-to-agency mentorship?
   v. Has your agency decided your level of involvement in the Recovery Support Services Learning Collaborative?

c. Sustainability Issues:
   i. Does the agency show indications of its commitment to the role of RSSs in community mental health?
   ii. Has the agency decided to initially hire more than one RSS?
   iii. Is there a training plan in place for the newly hired RSS staff (especially WRAP, CRSS)?
   iv. Is the supervisor sufficiently involved to address early program development needs?
   v. Based on what you have learned from other agencies that have developed recovery support programs, what ethics and values are important for your new employees to acquire?

7. Phase V, Program Implementation - Ensuring Proper Supervision and Support

a. Supervision:
   i. Supervisor has detailed knowledge of the CRSS domains
   ii. Supervisor ensures adequate time for regular meetings
   iii. Supervisor focuses on work and not personal therapy
   iv. Supervisor is a champion of recovery services
   v. Supervisor properly manages boundary issues, including:
      • Confidentiality
      • Disclosure of personal information
      • Dual relationships

b. Risk Management Questions to Consider:
   i. How are new staff members being trained to document the work they do?
   ii. What does the coordination of RSS services with treatment team planning look like at your agency?
   iii. What kind of assistance is planned for helping RSSs obtain their CRSS and WRAP training?

    iv. Are the tasks and roles of the RSS within the parameters of their training and competencies?

  c. Sustainability Issues:
    i. Are productivity expectations properly aligned with the RSS role and function?
    ii. Is there a strong and positive supervisory relationship?
    iii. Are there executive oversight, involvement, and commitment to the program?
    iv. Is supervision planned to be regular, timely and consistent?

8. Phase VI, Continuous Quality Improvement
  a. Program Evaluation:
    i. Have clear outcomes and indicators
    ii. Use data to inform change
    iii. Conduct a WRAP plan for the organization
    iv. Carry out a systematic review
    v. Implement ongoing training
  b. Risk Management Questions to Consider:
    i. How will you know what you are and are not accomplishing?
    ii. How will you determine the staff training needs?
    iii. How will you gather feedback from consumer surveys in order to acquire the outcome data you're looking for?
    iv. How will the outcome data be shared?
    v. Who will be responsible for making sure that adjustments are data driven?
  c. Sustainability Issues:
    i. What are the early indicators/warning signs of success or failure of your program?
    ii. Have you evaluated team member roles and functions?
    iii. How are the internal and external workgroup relationships working?
    iv. How will you decide to expand or contract your program?
    v. What other revenue/funding streams might you consider?

CHAPTER FOUR

Uniqueness of the Recovery Support Specialist Position: Roles and Responsibilities

1. Introduction

"Each role has a different level of competency and thus, a different area of expertise. RSS bring their intimate personal knowledge of mental illness and systems where as others in our organization may not."

> -Dr. Jennifer Aurand, Assistant Vice President of Behavioral Health, Family Counseling Center, Freeport, IL.

This chapter focuses on the roles and responsibilities that individuals providing recovery support services may fulfill at your agency. The uniqueness of recovery support services will be explored providing a picture of the complementary array of services that can be provided within an agency.

The roles and responsibilities of an RSS include the same ethical and professional conduct standards as any other agency staff. They are responsible for making referrals to other staff or programs for service needs that are not within their defined role or position within the agency. They must maintain confidentiality, report abuse and neglect, respond to risk indicators, and document services and interactions with individuals receiving services.

The expectation of self-disclosure is a unique aspect of the Recovery Support Services positions. While clinical staff with lived experience might choose to disclose if they deem it to be of therapeutic benefit to the individual served, disclosure is not a clinical practice expectation. For the RSS, however, the expectation of self-disclosure is the cornerstone of their role.

2. Best Practices: Defining Roles and Responsibilities of RSSs
   a. The leadership of each agency, preferably in consultation with staff and representatives of individuals receiving services, should define the specific RSS roles and responsibilities. It is also important for the leadership to decide which programs and supervisors are the best fit. If the RSSs are going to be required to obtain the CRSS credential, then their work experience, education, and supervision must develop around the four domains (defined in Chapter 2) of the credential: Advocacy, Mentoring, Professional Responsibility, and Recovery Support.
   b. Responsibilities in the ADVOCACY domain may include:
      i. serving as an individual's advocate
      ii. explaining self-advocacy as an important element of recovery/wellness
      iii. practicing effective communication skills to help individuals self-advocate
      iv. collaborating with individuals to identify, link, and coordinate pertinent resources

     v.   helping to ensure that the methods and programs of the agency promote person-centered, recovery-oriented services

     vi.   recognizing the importance of a holistic (mind, body, spirit, environment) approach to recovery/wellness

    vii. applying the principles of individual choice and self-determination

   viii. serving on an individual's recovery team

c.   Responsibilities in the MENTORING domain may include:

     i.   serving as a role model of recovery and wellness to individuals receiving services

     ii.   maintaining a relationship which includes self-disclosure as needed

    iii. promoting social learning

    iv. teaching common life skills

     v.   promoting individual choice

     vi.   educating on rights and responsibilities

    vii. teaching effective self-advocacy skills

d.   Responsibilities in the PROFESSIONAL RESPONSIBILITY domain may include:

     i.   promoting throughout the agency the 10 Guiding Principles of Recovery as detailed by SAMHSA

     ii.   offering hope for recovery to individuals receiving services

    iii. pursuing ongoing understanding of cultural differences to relate to and advocate for individuals of all cultures

    iv. holding oneself accountable to individuals receiving services, fellow RSSs, and the agency where one works

     v.   maintaining the confidentiality of individuals receiving services

     vi.   setting and keeping clear boundaries with individuals receiving services and with other staff

    vii. documenting all topics and encounters relating to an individual's treatment plan

   viii. identifying and responding appropriately to each person's stressors, triggers, and risk indicators

e.   Responsibilities in the RECOVERY SUPPORT domain may include:

     i.   assisting individuals with goal-setting

     ii.   engaging individuals as active members of their recovery team

    iii. helping individuals identify their strengths and resiliencies

    iv. assisting individuals in identifying options for recovery

     v.   working with individuals to encourage development of problem-solving skills

     vi.   assisting individuals to access the services and supports needed to reach their recovery goals

    vii. helping individuals to develop tools for effective outreach and continued support

   viii. pursuing recovery education, including Wellness Recovery Action Planning (WRAP)

f.   A commitment to recovery principles is woven throughout Recovery Support Services. Quality services include:

     i.   identifying as an equal rather than a superior

     ii.   holding out hope for the individual's recovery

iii. maintaining a strengths-based focus that works from individuals' strengths rather than weaknesses
iv. promoting choice and self-determination
v. seeing the whole person
vi. applying effective coaching techniques such as Motivational Interviewing
vii. serving as a role model of recovery
viii. being sensitive to the impact of trauma (focus on what happened to a person, not what is "wrong" with them)

The following quotes highlight RSS's roles and responsibilities as well as the benefits of recovery support services.

"(The RSS) is an easy person to talk to. I feel that they can relate to me and some of my concerns. I think it's great when a staff member like that can share some challenges in their life and then I don't feel like I'm the only one in the world with problems. (The RSS) also gives me hope that if they can do it, so can I."   -Individual Receiving Services

"Recovery-oriented practices are based on an appreciation of each person's right to determine, to author, his or her own life [and of] the central role that choice plays in defining who and what we are… Implementing high-quality and effective psychiatric rehabilitation and other evidence-based practices is not enough to accomplish transformation if the status and role of people in recovery is not also dramatically transformed from that of a passive 'mental patient' to that of an empowered citizen."
-Recovery-to-Practice Project Director Larry Davidson, PhD

g. Conduct an organizational WRAP (Wellness Recovery Action Plan) self-evaluation for the agency. This is an effective way to self-evaluate the agency vision, strengths, assets and challenges. An agency's readiness to include RSSs on staff, work climate, identification of champion staff to ensure progress, and appropriate mentors within the agency are a few considerations when beginning the process of developing Recovery Support Services.
h. Identify the specific service needs of individuals served such as crisis services, care coordination, individual counseling, and self-care. Also include basic needs such as affordable housing.
i. Give the RSS position(s) credibility by agency-wide education that emphasizes the proof of positive outcomes when RSSs and clinical staff collaborate. The DMH (Division of Mental Health) Regional RSSs can assist you with training staff in preparation for the addition of new RSSs.
j. Agency Exercises
List the current strengths of your agency that will facilitate the RSSs' fulfillment of their roles and responsibilities:

Examples of strengths relevant to this area:

- Active Consumer Advisory Council at agency
- Agency is prepared: Recovery Education provided for staff
- Board of Directors is on board and invested in recovery vision
- Buy-in from the larger community for appropriate referrals

List your agency's strengths:

_____

_____

_____

List the specific goals you would like to pursue:

_____

_____

_____

Examples of potential goals to consider:
- Define specific job responsibilities that allow for the RSSs to integrate their skills into the service milieu (example: member of the ACT team)
- Schedule regular meetings between RSSs and their supervisors to ensure the roles and responsibilities are clear, allowing for the RSSs to ask questions and express concerns

List your specific goals here:

_____

_____

_____

What resources do you currently have that will help you reach your goals?

Some examples of relevant resources might be:
- Administration, Board of Directors, and staff buy-in for clarifying RSSs roles and responsibilities to them as they transition into the agency team
- Qualified interns on staff
- Relationship with DMH Regional Office and RSSs
- WRAP Facilitator on staff

List some of your relevant resources:

_____

_____

_____

How do you/your staff feel about your goals?

Some examples of feelings and attitudes that may be expressed might be:
- Happy and excited about these new services to complement existing services
- Self-disclosure concerns

List feelings of you and staff about your goals:

_____

_____

_____

What challenges do you anticipate you might encounter as you work toward your goals?

Some examples of potential challenges might be:
- Securing Community, Board of Directors, and/or staff buy-in
- Individuals hired being able to obtain their CRSS credential within a year

List some challenges you anticipate you may encounter as you work towards your goals:

_____

_____

_____

What strategies can you use to overcome those challenges?

Some examples of relevant strategies might be:
- Recovery education at all levels of support needed that would involve research, both anecdotal and data, as well as success stories
- Close supervision by an individual well-versed in the CRSS credential and competencies

What are some examples of relevant strategies you may take?

_____

_____

_____

How will you chart your progress along the way as you move toward your goals?

Some examples of ways you may consider charting your progress:
- Satisfaction surveys with specific questions about Recovery Support Services
- Annual Competency Evaluations for RSS staff

Other examples of how you plan to chart your progress

_____

_____

_____

How will you celebrate when you reach your goals?

Some ways to celebrate success might be:
- Staff Recognition Awards
- Announcement/press release of the expansion of Recovery Support Services

Other ideas you may have to celebrate:

_____

_____

_____

CHAPTER FIVE

Uniqueness of the Recovery Support Specialist Position: Self-Disclosure Issues

1. Introduction

"Recovery provides the essential and motivating message of a better future – that people can and do overcome the barriers and obstacles that confront them. Hope is internalized; but can be fostered by peers, families, friends, providers, and others. Hope is the catalyst of the recovery process."

> -National Consensus Statement on Mental Health Recovery, U.S Department of Health and Human Services, SAMHSA, Center for Mental Health Services

Recovery-oriented disclosure is a key component of the Recovery Support Specialist position. Who better to carry the message of hope than persons in recovery from mental illnesses? Persons providing Recovery Support Services are living examples of recovery. Self-disclosure also affects culture change within the agency. It reduces stigma, inspires, motivates and educates.

    a. Appropriate self-disclosure can be a challenging issue for recovery support staff. Administrators, supervisors, and clinical staff may also have concerns that stem from fear that self-disclosure may be overwhelming and harmful to individuals receiving services. Guidelines for appropriate self-disclosure include:

        i. Convey hope. Sometimes a person may believe they cannot get better. At this point it is important to share personal "turning points" when what seemed impossible became possible.

        ii. Make individuals receiving services your priority. Although you may reap benefits from sharing your story, the intent should be to focus on helping the other person move forward. It is important to be mindful that you are not sharing to release your own pain or to work out something for yourself.

        iii. Inspire and relay the message that, "if I can do it, so can you." It is important to identify moments when you surpassed your expectations and the expectations of others. Sharing when and how these moments affected positive change in your life can send a powerful message. Sharing your strengths, supports, and helpful tools encourages others to explore their strengths and to generate strategies and solutions that will help them progress with their own recovery.

        iv. Listen more than you share. Relationship building is essential to your role in providing Recovery Support Services. Therefore, it is important to make sure there is plenty of space for the person to share about him/herself.

        v. Avoid "pushing" or "fixing" a person. What is best for you may not be what is best for individuals receiving services. Speak from a first person ("I") reference point when sharing what helped you. Avoid trying to coax a person into doing what you did just because it worked so well for you. Although many people are likely to ask you for advice, it is best to avoid the temptation and encourage them to craft a plan

of action tailored to their personal preferences, assets, and strengths.

    vi. Adapt your self-disclosure to the audience. What you disclose, how much, when, and why you disclose will all be determined by the person or group with whom you are speaking. An educational presentation on what it is like to live with a mental illness is significantly different than sharing your story one-on-one with an individual.

These guidelines should be shared with recovery support specialists along with the Self-Disclosure Supervisor and Self-Assessment Tool (Exhibit 5A) as soon as they enter the workforce. It is also recommended that a conference call be arranged with your DMH Recovery Support Specialist. Other experienced recovery support specialists can also be of assistance with this training.

  b. The following quotes highlight some of the benefits of self-disclosure:

"(The RSS) is an easy person to talk to. I feel that they can relate to me and some of my concerns. I think it's great when a staff member like that can share some challenges in their life and then I don't feel like I'm the only one in the world with problems. (The RSS) also gives me hope that if they can do it so can I."   -Individual receiving services

"I would say it is very important to self-disclose as a Recovery Support Specialist, as it can build trust between the person and the recovery support specialist, and make the relationship connect on a deeper level."   -Cheryl Farney, MHP, CRSS

"Self-disclosure is valuable for helping people with mental health conditions to believe that there is an ally present, that one is not alone, and that there is hope in the success of another. Curiously, I am able to work with groups and individuals many times without self-disclosure if I don't happen to lead with it. If the discussion is successful on the basis of caring, empathy and hope, I might finish my time without it. If I realize that it would help, I stop and disclose, even offering some history to reassure the group that I am there for them."   -Patrick Norris, CRSS, Gateway Regional Medical Center

2. Best Practices

  a. Educate agency staff members on recovery and the role of recovery support staff, emphasizing the importance of self-disclosure and the specific value of other therapeutic interventions and Recovery Support Services.

  b. Provide formal training for RSSs to appropriately disclose to their audience while promoting wellness and recovery. Rehearse and use role-plays.

  c. Hire more than one RSS. All staff need co-workers with whom they can discuss work-related challenges problem-solve together. RSS staff experience different things on the job than co-workers who have different titles and positions. If there is only one of them on your staff, they have no one with whom to dialogue about the types of challenges

they face that are unique to their role and to bringing self-disclosed lived experience to the workplace.

d. Train the RSS Supervisor on how to conduct self-disclosure role-plays.

e. Be sensitive to how self-disclosure may affect the RSS as well as the audience. Make sure resources are available to RSSs to develop a WRAP or similar wellness plan.

3. Agency Exercises

a. What strengths do you currently have that will help the RSS staff succeed in fulfilling their roles and responsibilities?

Examples of strengths relevant to this are:
- The agency already has a WRAP facilitator.
- The agency promotes self-disclosure.

List some of your agency's strengths:

_____

_____

_____

b. What goals do you want to accomplish in this area?

Examples of potential goals to consider:
- The agency will promote a safe, comfortable atmosphere for RSS self-disclosure.
- The agency will make specific training opportunities regarding self-disclosure available for RSS staff.

What are your specific goals?

_____

_____

_____

c. What resources do you currently have that will help you reach your goals?

Examples of relevant resources:
- The RSS program has appointed a recovery-oriented program supervisor.
- The agency promotes agency-wide acceptance of RSS staff and the principles of recovery.

What are some of your relevant resources?

_____

_____

_____

d. How do you/your staff feel about your goals?

Examples of feelings and attitudes that may be expressed about this are:
- Apprehension
- Fear
- Concern about roles and responsibilities
- Excitement about new resources

List your feelings and those of your staff about your goals:

_____

_____

_____

e. What challenges do you anticipate encountering as you work toward your goals?

Examples of potential challenges:
- Gaining staff buy-in about the value of self-disclosure.
- A general lack of acceptance for recovery support services.
- Concerns about dual relationships/fear of blurring boundaries.

List some anticipated challenges you anticipate encountering as you work towards your goals:

_____

_____

_____

f. What strategies can you use to overcome those challenges?

Examples of relevant strategies:
- Educate staff about contributions and benefits of self-disclosure.

- Openly communicate about the specific elements of your recovery program to the staff and persons served.
- Identify and communicate the supports that are available to RSSs.

What are some examples of relevant strategies you could implement?

_____

_____

_____

What are some of the specific supports that you will make available to your RSSs?

_____

_____

_____

g. How will you chart your progress along the way as you move toward your goals?

Examples of ways your progress can be charted:
- Consumer satisfaction surveys - specifically showing how RSS self-disclosure benefitted someone.
- Periodic reports of how often the RSS is telling their story as part of their work.
- Tracking number of referrals to the recovery support program.

How will you chart your progress?

_____

_____

_____

h. How will you celebrate when you reach your goals?

Examples of ways you might celebrate:
- Agency Wellness Day

- Kudos in the agency's newsletter
- Special page within agency's website recognizing milestones and accomplishments

Some ways our agency will celebrate:

_____

_____

_____

Self-disclosure is one of the most powerful but also most misunderstood tools available for assisting others with their own recovery. Because of the fears and misconceptions that surround self-disclosure, all agency employees should receive a focused training on why, when, and how RSSs use it in their work. Your regional RSDG member can provide assistance and valuable training resources, such as Steve Harrington's article, "To Tell the Truth," from *Recovery to Practice* (Exhibit 5B).

EXHIBIT 5A
Self-Disclosure Supervisor and Self-Assessment Tool

Positive Self-Disclosure Best Practices	1	2	3
1	Carry a message of hope.			
2	Identify and describe the supports that promote your recovery and resilience.			
3	Share with a purpose. Self-disclose when the example makes a good point and benefits the person served.			
4	Briefly share challenges.			
5	Identify and describe "turning points" – when what seemed impossible became possible.			
6	Share success stories – your strengths, strategies, and tools used on your recovery journey.			
7	Avoid traumatic stories and graphic details of illness.			
8	Offer choices and options, not final answers – what is right for you is not necessarily right for the individual receiving services.			
9	Listen more than you share. Create plenty of space for the person to share about him/herself.			
10	Share with co-workers and/or at team meetings to bring understanding, insight and hope.			
11	Share your story in certain ways based on who is listening (an educational presentation on what it is like to live with a mental illness would be different than a hope story shared with an individual).			
12	Practice general sharing focused on providing hope and direction toward recovery.			

Self-scoring:

1 = Not doing this well

2 = Doing ok but still room for improvement

3 = Doing this well

EXHIBIT 5B

To Tell the Truth: Why and How Mental Health Professionals Can and Should Self-Disclose Personal Psychiatric Histories by Steve Harrington, MPA, J.D.

Among mental health professionals, self-disclosure of personal information has been a long-debated subject. Some believe this disclosure interferes with treatment. Other clinicians are open to the practice. Regardless of the preference, it is a controversial and complex issue that has potential benefits and potential dangers.

Over the last 10 years, people with lived experience of mental illness have entered the mental health workforce. Their success in quickly establishing meaningful therapeutic relationships has caught the attention of wary clinicians. As a result, more traditional mental health professionals are disclosing their psychiatric histories to the people they serve.

Barriers to widespread practice of self-disclosure include perceived ethical issues, self-perceptions about having a psychiatric condition, potential ramifications in the workplace and in social contexts, and uncertainty about why and how to disclose this information.

Why Disclose a Psychiatric History?

Mental health professionals are no different from the rest of the population. No one is immune to psychiatric conditions, and personal experience with such conditions may drive a considerable number of people to these professions.

Because psychiatric conditions are often "invisible" and there may be no obvious reason to disclose, a careful examination of the potential benefits and disadvantages is warranted. Corrigan and Lundin (2001) explained why practitioners may wish to self-disclose, including not having to worry about someone discovering a psychiatric history, finding people with a similar history who could help, promoting a sense of self-power, and providing living testimony that combats stigma.[1]

For mental health professionals, an additional and important reason for considering self-disclosure is the opportunity to foster a positive therapeutic relationship with those they serve. Self-disclosure can remove or reduce power differentials and create a peer-to-peer relationship that benefits mental health treatment. Power differentials in therapeutic relationships can be especially problematic when one is serving a person with a traumatic history.

Self-disclosure does not automatically cast clinicians in the role of peer specialist. The peer specialist's role is diverse and centered on the use of one's recovery experience to inspire hope, provide encouragement, explore barriers, and identify resources with and for those served. Peer specialists accomplish these tasks through individual support, facilitating support groups, expressing empathy,

building trusting relationships, and modeling recovery.

For peer specialists, self-disclosure is an expectation of employment. They are hired almost exclusively because of a past or current psychiatric condition. What is considered a detriment by most employers is thought to be an asset for peer specialists. Because they are expected to share their recovery experiences and related knowledge and skills, self-disclosure is vital and often incorporated into job descriptions. Peer specialist training addresses several points of consideration prior to self-disclosure: 1) Do not discuss specific medications, 2) Ensure the dialogue focuses more on the person served than on you as the peer specialist, 3) Tell your story of psychiatric challenges only when beneficial to the person served, 4) Explain the challenges you encountered early on, but focus heavily on the recovery process to inspire hope, and 5) Decide beforehand how much will be disclosed and what method will be used.

Despite roles distinct from other mental health professions, there is clear overlap of peer support with the potential benefits of self-disclosure. Mutuality can be the foundation for a trusting, supportive relationship. One study reported that supportive relationships were identified as "most helpful" for 90 percent of people with psychiatric conditions, outpacing traditional talk therapies (7 percent) and medications (3 percent).

Although self-disclosure has many potential benefits, it also has potential disadvantages. Corrigan and Lundin (2001) compiled a list of general concerns that included disapproval of the condition and/or disclosure, potential for gossip, and social exclusion. Other potential disadvantages are the loss of educational or recreational opportunities, personal attacks by others, lack of credibility, and anxiety related to hiding one's psychiatric history or current mental health status.

A leading barrier is the fact that self-disclosure may have serious employment ramifications and cause negative reactions among employers and coworkers. One psychologist employed by a federal medical facility reported he had dealt with major depression in his adult life, an experience that helped him empathize with those he served. But he could not disclose this psychiatric condition, as he believed it would result in his termination. The federal government is exempt from the Americans with Disabilities Act of 1990, and employees may be discriminated against due to a psychiatric condition.

Additionally, clinicians often interpret their respective professions' codes of ethics as barriers to self-disclosure, especially when disclosure involves sensitive information such as personal psychiatric experiences. An author who conducted a comprehensive review of ethical codes for mental health professionals found that although such codes include standards related to intimacy, there are no codified barriers to self-disclosing one's personal psychiatric history and/or status in a therapeutic relationship.

The "rules" of self-disclosure have changed with changing times. Two changes that make self-disclosure among mental health professionals more appropriate are extensive reporting by news media on the true nature of psychiatric conditions and recovery, and the emergence of new treatment models that are not constrained by anonymity.

Although psychiatric nursing, psychology, and psychiatry professions have engaged in the debate

regarding how and why to self-disclose psychiatric histories, the social work profession appears to struggle with this issue in professional literature. Whether people with such histories are capable of providing quality social work services remains a concern, despite a growing body of evidence that social workers experience clinical depression more often than the general population. The profession's discrimination of social work students based on their psychiatric histories is well-documented.

When Is Self-Disclosure Appropriate?

Even the most ardent advocates of self-disclosure concede there are times when it is inappropriate to do so.

Because self-disclosure is very personal, no particular set of guidelines can determine when it is universally appropriate. Advice from other mental health professionals with considerable self-disclosure experience reveals a consistent theme: always consider the environment before disclosing. By "environment," they mean the attitude of employers, coworkers, and those they serve. Disclosing in an unfriendly and potentially hostile environment can have devastating effects on the individual.

One case manager said she often discloses her psychiatric history spontaneously. For her, disclosure is dependent upon the apparent needs of those she serves, and most often arises in conversation about medication side effects. Disclosure occurs with the full knowledge and support of her employer and helps her establish credibility, especially regarding medication issues.

Psychiatrist Dan Fisher, Executive Director of the National Empowerment Center, readily discloses his experience with schizophrenia to a wide audience. As a public speaker, advocate, and writer, Dr. Fisher uses self-disclosure to combat the ignorance, prejudice, and discrimination often associated with psychiatric disorders.

I have been diagnosed with schizophrenia and major clinical depression. Through public speaking engagements, books, articles, and personal communication, I freely disclose my psychiatric history to encourage and inspire others on recovery journeys.

How Can and Should One Disclose?

Just as the decision to disclose is very personal, so is the chosen extent and method of disclosure.

One peer specialist instructor and program administrator emphasized the importance of practice through role plays or "rehearsing" with friends and family. She said it is often a matter of finding the right words when self-disclosing, and that trial and error is an effective way to refine one's method for communicating a psychiatric history.

The use of humor can also be effective depending on the individual's comfort level and personality. In the curricula reviewed, students were advised that humor must be used carefully and in a manner that does not denigrate, embarrass, or discomfit the person served. Self-deprecating humor seems to help initiate

the practice.

Self-disclosure must be appropriately timed and evolve naturally in the relationship—often, the earlier the better. In several curricula, peer specialists are encouraged to consciously look for an appropriate opportunity to begin the self-disclosure process.

When initiated by a mental health professional at the appropriate time and in the right way, self-disclosure can reduce power differentials, validate others' thoughts and feelings about a psychiatric condition, and inspire hope and motivation. It is a key element of the peer specialist practice and can play an important therapeutic role for other mental health professionals.

Steve Harrington is the Executive Director of the National Association of Peer Specialists and a postdoctoral fellow at Boston University's Center for Psychiatric Rehabilitation. He is a person in recovery from schizophrenia and major depression.

[1]Although Corrigan and Lundin use the term "stigma," the author acknowledges that other terms, including ignorance, prejudice, and discrimination, may be more accurate and acceptable to describe negative feelings, thoughts, and behaviors expressed by people who fail to understand the true nature of psychiatric conditions and recovery.

Recovery to Practice Weekly Highlights, July 19, 2012, accessible online at http://www.dsgonline.com/rtp/wh/2012/2012.07.19/WH.2012.07.19.html

CHAPTER SIX
Posting and Filling Recovery Support Service Positions

1. Introduction

"Development can help great people be even better–but if I had a dollar to spend, I'd spend 70 cents getting the right person in the door."

-Paul Russell, Director, Leadership and Development, Google

One of the challenges all organizations face is how to attract the best employees available to optimize workforce performance. Jim Collins (*Good to Great*) describes this endeavor as getting "the right people on the bus, the wrong people off the bus, and the right people in the right seats." When posting and filling recovery support positions, specific attributes to look for among candidates include lived experience with mental illness, resilience, willingness and ability to engage in self-disclosure, demonstrated passion to help others with their recovery, and an understanding of the complexities of interdisciplinary services teams.

While they are essential to the Recovery Support Service (RSS) position, a person's recovery focus and lived experience should not be the only criteria for selection and hire. A reasonable rule of thumb is that 75% of the qualities employers look for in prospective RSS staff are the same qualities they look for in a candidate for any other position (Posting and Filling RSS Positions Breakout, 10/15/2012 Statewide CRSS Forum).

The unique role of the RSS position and its relationship to the larger agency workforce may not be readily understood, particularly when the position is new to the organization. This chapter focuses on evaluating organizational readiness for recruiting and hiring Recovery Support Services staff and successfully integrating them into the workforce. The goal is to help you identify and obtain the best matches between position roles, people, and service needs.

2. Recruiting and Hiring Best Practices

"You need to have a collaborative hiring process."   -Steve Jobs

Established best practices for recruiting begin with clearly defined roles and responsibilities, communication processes, and management structures. This is a developmental process requiring thoughtful analysis, planning, and coordination. Answering the following questions will assist you in evaluating your organization's readiness to begin the process of posting and filling your RSS positions:

   a. Is everyone on the management team familiar with the Posting and Filling RSS Positions "Do's and Don'ts" (Exhibit 6A)?

b. Are all agency staff familiar with The Foundational Principles of Wellness (See Exhibit A), the Illinois Department of Human Services Division of Mental Health's Expectation of Recovery and the importance of Recovery Support Services?

c. Have all work groups been advised and given opportunity to give input on RSS position roles within the agency (outlined in the "Roles and Responsibilities")?

d. Has a Communication Chart / Organizational Chart been developed which includes the RSS position?

e. Has an analysis of the Essential Job Functions for the RSS position been conducted (see Exhibit 6B for worksheet)?

f. Has a detailed job description been developed for the position (see Exhibit 6C for examples)?

g. Do the essential job functions and the job description address the competencies for understanding recovery: "recovery support," "advocacy," "mentoring," and "professional responsibility" (see Exhibit 6D).

h. Do the essential job functions and the job description specifically list the "lived experience with mental illness" and "self-disclosure" requirements for the position?

i. Have want-ads / job postings been prepared which directly reflect the essential job functions and job description?

j. Do you have a structured interview process which takes into consideration the position's essential job functions, job description, and CRSS competencies (see Exhibit 6E)?

k. How do you plan to involve other staff in the interviewing and selection process?

l. Do you have a plan in place for celebrating when the RSS reaches his or her goals similar to how you celebrate all other staff members that you want to recognize? This does not mean special incentives for RSSs. The objective is to create an environment of mutual respect and recognition for all members of the work group and enhancing the morale of all staff.

3. Agency Exercises

"Recently, I was asked if I was going to fire an employee who made a mistake that cost the company $600,000. No, I replied, I just spent $600,000 training him. Why would I want somebody to hire his experience?"
-Thomas J. Watson, Founder of IBM

No organization wants an employee to make a $600,000 mistake. Nevertheless, new employees will inevitably stumble along the way to learning their roles and responsibilities even when given excellent training and support. The challenges and the potential for unanticipated problems are considerably greater when new employees are hired into positions without historical precedence or protocols. To assist you in the process of preparing your agency for the challenges accompanying the addition of a new RSS position into your workforce, the following questions and corresponding examples are provided below:

a. What strengths do you currently have related to recruiting new staff?

    i. Agency has a reputation for being a great place to work.
    ii. Existing staff are very helpful with recruiting through word of mouth.
    iii. Good relationships with local college and employment service personnel.
    iv. Agency culture is supportive of new ideas and positive change.

Add your strengths to the list:

_____

_____

_____

b. What goals do you want to accomplish related to recruiting and hiring RSS Staff?
    i. Identify Essential Job Functions for the position by (specify date).
    ii. Complete development of the job description by (specify date).
    iii. Post and begin advertising job opening by (specify date).
    iv. Recruit, interview, and hire two RSS positions by (specify date).

Your agency's goals:

_____

_____

_____

c. What resources do you currently have that will help you reach your goals?
    i. Supportive board and administration.
    ii. Capable HR Department/HR Professional.
    iii. The utilization of a well-developed job description format (see Exhibit 6C for examples).

Your agency's resources:

_____

_____

_____

d. How do you/your staff feel about your goals?

    i. Some staff are excited about the increased service and support the RSS position will provide.

    ii. Some staff are unsure if we can reach these goals in the time stated.

Your staff's feelings:

_____

_____

_____

e. What challenges do you anticipate you might encounter as you work toward your goals?

    i. Concerns have been expressed about hiring RSSs who have recently received agency service.

    ii. It may be difficult for the new RSSs to acquire enough hours and training to become CRSS certified.

    iii. Questions that there may not be adequate communication between administration and other staff about Recovery Support Services.

Your identified challenges:

_____

_____

_____

f. What strategies can you use to overcome those challenges?

    i. The first two RSSs you hire should have previously received services from a different agency than yours.

    ii. Develop a detailed work and training plan to assist the new staff with achieving their CRSS credential.

    iii. Develop a comprehensive communication plan to advise and update staff about the growth and activities of Recovery Support Services.

Strategies to overcome the challenges you have identified:

_____

_____

_____

    g. How will you chart your progress along the way as you move toward your goals?
        i. Establish action plans with timelines for each prerequisite, posting, and hiring component.
       ii. Monitor action plan progress and revise plans bi-weekly.

        Charting your goal progress:

_____

_____

_____

    h. How will you celebrate when you reach your goals?
        i. Issue a press release highlighting the new recovery support program and the hiring of the RSS staff.
       ii. Hold an Open House.
      iii. Send out "milestone announcements" through social media and other mass communication platforms about your goal achievement.

        NOTES:

_____

_____

_____

"Very often, gleams of light come in a few minutes' sleeplessness, in a second perhaps; you must fix them. To entrust them to the relaxed brain is like writing on water; there is every chance that on the morrow there will be no slightest trace left of any happening."

                            -Antonin Sertillanges, French philosopher

EXHIBIT 6A
Posting and Filling Recovery Support Specialist Positions "Dos and Don'ts"

Often a misunderstood and confusing role when first introduced – it is very important to work out as many details as possible before recruiting/posting for these positions.

1. **DON'T** have job tasks to be performed by the new RSS positions listed as "other duties as assigned."

2. **DO** ensure job postings and ads carefully reflect the roles and responsibilities listed in the job description.

3. **DON'T** recruit individuals currently receiving services from your agency when first starting an RSS Program.

4. **DO** consult the DMH Recovery Support Specialists for potential referrals and advice.

5. **DON'T** exclude consumer advisory groups as a valued resource for program development feedback.

6. **DO** advise and acknowledge with potential RSS staff that:
   - It may be difficult to completely avoid past relationships, associations, and stereotyping.
   - The negative impact of self-stigma could be more intense in "familiar treatment surroundings".
   - In most instances employees must seek mental health services outside of the agency they work.
   - The "former client – now self-disclosing agency employee" may raise legal / confidentiality concerns with other staff.

7. **DON'T** limit the screening and interviewing processes to one person.

8. **DO** involve individuals with lived experience in the interviewing processes.

9. **DON'T** make the decision to hire someone in an RSS role based on a belief that it will be "therapeutic" for him or her.

10. **DO** explore in interviews the candidate's need to disclose versus the benefits of the disclosure for others.

11. **DON'T** overlook the importance of interpersonal skills, documentation capabilities (writing/computer skills), passion, and genuineness when evaluating candidates.

12. **DO** invest in on-going training, and consider other approaches such as job-shadowing and internships as potential recruiting, orientation, and training techniques.

13. **ADD YOUR OWN** (as you discuss your implementation plans with various leadership, staff and individual receiving services):

_____

_____

_____

_____

EXHIBIT 6B
Worksheet for Identifying Primary Duties and Essential Job Functions for RSSs

The primary job duties of RSSs are those that are critical to the work that needs to be accomplished and represent the key reason why the position exists. The essential functions are the physical and mental demands an RSS must be able to perform, with or without reasonable accommodation, in order to successfully accomplish the primary duties that have been established.

Essential job functions for RSSs may vary from agency to agency because of differences in organizational structure, the array of services offered, and recovery orientation. To begin the process of identifying the primary duties and essential job functions for RSSs within your agency, complete the following worksheet:

Purpose: Summarize in two to three sentences the main purpose for RSSs within your agency:

_____

_____

_____

_____

Physical Demands: List all anticipated physical demands of the RSS role and the number of hours or expected percentage of work time involved, including time (or percentage of work time) spent standing, walking, bending, crouching, reaching, sitting, moving inanimate objects or people, reading, keyboarding, seeing (including colors), hearing, speaking, and using stairs. With respect to moving objects by pushing, lifting or carrying, the amount of weight or force required should also be specified:

_____

_____

_____

_____

_____

_____

_____

_____

Attendance: As for all positions, the essential attendance requirements for RSSs should be clearly outlined and understood. Is the ability to maintain a regular work schedule required? What does the regular work schedule for an RSS consist of? How important is it for the RSS to be physically at work versus working from a remote location? List your attendance requirements below:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Mental Demands: Human service positions present many mental challenges and the RSS position is no exception. It is vital for RSSs, their supervisor, and the administration to recognize the potential degree and frequency of these challenges for RSSs as they relate to problem solving, concentration and memory, comprehension, prioritization, learning, self-awareness and emotional regulation, frustration tolerance, analyzing and decision making, interpersonal communication, judgment, stress tolerance, and the ability to follow directions. List the intensity and frequency of the demands you believe apply to your RSSs:

_____

_____

_____

_____

_____

_____

_____

_____

_____

NOTES:_____

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EXHIBIT 6C

Job Description Examples
Sample Job Description – Long (Agency and Function Specific) Format

JOB DESCRIPTION

JOB TITLE: Recovery Support Specialist

DEPARTMENT/PROGRAM: Outpatient/Recovery Services

RATIONALE:
The Recovery Support Specialist (RSS) shall provide recovery-oriented, person-centered, and trauma informed services; serve as an advocate; provide information and support for individuals in emergency, outpatient and walk-in settings. The RSS shall perform a wide range of tasks to assist individuals (receiving services) in the recovery process and to reclaim their lives from mental illness. The RSS will possess the skills to maintain a high level of professionalism, ethics, and positive interactions. In addition, the RSS will help to increase wellness and recovery education and stigma reduction through the state of Illinois, in targeted communities, and at HRC. The RSS will when applicable promote or educate on the components of Wellness and Recovery Action Planning (WRAP), Whole Health Action Management (WHAM), Mental Health First Aid (MHFA), and help to increase Online Recovery Academy and CRSS Library (ORACL) activity. The RSS will complete other duties as assigned as related to recovery support services and other state and federal grant deliverables.

IMMEDIATE SUPERVISOR: Recovery Services Supervisor
POSITIONS SUPERVISED: None
SALARY SCHEDULE/PAY GRADE LEVEL: III
EXEMPT/NON-EXEMPT STATUS: Non-Exempt
EEO CATEGORY: 9.0
SAFETY SENSITIVE POSITION: No
DRIVING IS ESSENTIAL FUNCTION: No

BASIC DUTIES:
- Willingness to self-disclose personal experience as a consumer of mental health services and/or dual diagnosis services.
- Participate in statewide events/summits/trainings/activities that support the education/development/promotion of WHAM, WRAP, MHFA, and Recovery Support and Consumer Provider Services
- Commitment and ability to practice within the domains and ethics of the CRSS (certified recovery support specialist)
- Communicate with members of the outpatient team when appropriate and needed for appropriate consumer care
- Support for choice by the persons receiving services (individuals)
- Educate individuals on wellness and recovery supports
- Educate individuals on how to make treatment work for them and their choices in the recovery process

- Advocate for individuals using professionalism and non-adversarial approaches
- Be aware of and take appropriate action with high-risk indicators/suicidal and homicidal ideations.
- Willingness, ability, and commitment to serving as a role model for Recovery.
- Travel required
- Facilitate group and individual sessions
- Avoid dual relationships when possible and appropriate for the best interest of the individuals
- Utilize Relias learning when applicable and for annual training
- Comply with rule 132, collaborative and CARF documentation
- Awareness of Recovery planning needs and development.

DESIRABLE QUALIFICATIONS:
- Lived experience as a consumer of mental health or substance abuse services
- GED or higher education.
- Public speaking and communication skills
- Experience either as a consumer of or facilitator of groups
- Ability to utilize computer for service documentation.
- Teaching skills, non-judgmental personality, and empathic listening skills.
- Valid driver license / current automobile liability insurance including uninsured motorist coverage.
- Current CRSS or desire to pursue CRSS state certification.
- WRAP Certification or Desire to pursue WRAP Certificate
- Ability to pass pre-employment background checks.

PHYSICAL REQUIREMENTS:
1. Sit, 76-100% of the time.
2. Stand, walk, 11-40% of the time.
3. Climb stairs, stoop, kneel, bend, reach in front of body, 11-40% of the time.
4. Lift up to 25 pounds.
5. Ordinary speech and hearing, 76-100% of the time.
6. Visual acuity of 20" or less or 20" or more.
7. Simultaneous use of Hand, Wrist, Fingers, 76-100% of the time.

JOB HAZARDS:
1. Ergonomics: This job may involve repetitive motion and/or keyboard related activities. Ergonomic procedures are required.
2. Blood Borne Pathogens: This job may involve exposure to blood borne pathogens. Universal precautions are required.

Initial Review by Employee:

_____   _____
Signature   Date

PERFORMANCE EVALUATION RATINGS

1 = SUPERIOR
Employee shows initiative, independence and creativity in task performance, which is above expectations for the job assignment.

2 = ABOVE STANDARD
Employee exceeds the expectations for the job assignment. Job tasks are completed in a timely and complete manner requiring no follow-up or retraining by supervisor.

3 = AT STANDARD
Employee meets the expectations for the job assignment. Tasks are completed in a timely and complete manner requiring no follow-up or retraining by supervisor.

4 = BELOW STANDARD
Employee's performance falls below the agency expectation for the job assignment. Occasional reminders, direction and retraining by supervisor needed in order for employee to complete assigned tasks.

5 = UNACCEPTABLE
Employee consistently requires frequent reminders and monitoring by supervisor in order to complete assigned tasks. Individuals/members of community may express dissatisfaction with conduct or services provided by employee. Performance is well below agency standard even after training.

DUTIES   RATING

I.   SERVICE RECIPIENT RELATED
    A. Essential Functions:

       1. Assists individuals (receiving services transition from an   _____
           inpatient/crisis setting to an outpatient setting by offering hope,
           navigating through the process of starting services, and providing
           ongoing peer support.

       2. Helps individuals build self-esteem through social learning.   _____

       3. Facilitates consumer self-direction and empowerment   _____
           utilizing person-driven approaches.

       4. Advocates on the consumer's behalf within HRC and the   _____
           community as necessary to assist the consumer in the recovery
           independent living process.

       5. Assists individuals in articulating their personal goals for recovery   _____
           and determining objectives/steps needed to reach their goals.

       6. Facilitates peer support groups and individuals' utilization of   _____
           Wellness Recovery Action Plans (WRAP).

7. Coordinates with first responders, clinicians, and emergency room personnel to provide hospitalization alternatives. _____

8. Improves access and "stand by" options by providing "Open Hours" in the Living Room while HRC is open. _____

9. Assists IPS with Job Club, transportation support, and instruction/ assistance (Work Net, etc.). _____

10. Educates local groups on how to use MHFA action plan and increasing mental health literacy. _____

11. Provides transportation when necessary for the individuals to become re-established in the community and with HRC. _____

12. Assists individuals with the development and/or maintenance of relationships with family, friends, neighbors, and significant others in the community. _____

13. Assists individuals in acquisition, development and maintenance of vocational skills. _____

14. Helps individuals to recognize and utilize their own strengths, skills, talents,   and abilities to increase the consumer's independence and self-sufficiency in the community. _____

15. Shares own story of recovery to assist individuals in reaching their own recovery goals. _____

II.   PROGRAM/POLICY COMPLIANCE
1. Follows agency policies and procedures related to service provision confidentiality and agency operations. _____

2. Adheres to the IL Mental Health and Developmental Disabilities Code,   Mental Health and Developmental Disabilities Confidentiality Act, the Abused and Neglected Child Reporting Act, and CARF. _____

3. Documents accurately and in a timely manner consumer progress through progress notes, treatment plans, and follow-up contacts according to agency policy and procedure, including Rule 132. _____

4. Is responsible for the maintenance of documentation consistent with agency, state, federal, third party payer and CARF requirements. _____

III.   PUBLIC RELATIONS/COMMUNITY INVOLVEMENT

1. Represents the Agency in the community in a positive and
   professional manner.   _____

2. Provides community educational programs on various mental
   health issues.   _____

IV.   SKILL DEVELOPMENT

    1. Maintains professional competency in the area under his/her
   responsibility through appropriate readings and attendance at
   workshops and conferences.   _____

V.   LEADERSHIP/RELATIONSHIP WITH SUPERVISOR

    1. Performs duties as assigned by the supervisor in a timely manner.   _____

    2. Maintains consultation with the supervisor regarding duties and
   client issues.   _____

    3. Seeks supervision for those cases with difficult diagnosis or
   unresolved treatment issues.   _____

VI.   OUTCOME OF PRIOR PERFORMANCE OBJECTIVES/TRAINING NEEDS:

Previous Performance Objectives/Training Needs (from last performance evaluation)

	Performance Objective/Training Needs	Progress Made	Comments
1.			
2.			
3.			

Current Performance Objectives/Training Needs (Must be MEASURABLE)

	Broad Goals	Measurable Action Steps to Reach Goal	Timeframe/ Completion Date

1.			
2.			
3.			

Comments: _____

_____

_____

_____

_____

_____

_____   _____
Staff Signature   Date

_____   _____
Supervisor Signature   Date

Sample Job Description – Short (Non-Specific) Format

The Recovery Support Specialist utilizes his or her own lived experience to provide support, promote recovery, and reduce stigma. This is a (circle one) salaried exempt / nonexempt employee of **XYZ AGENCY, Any town, Illinois**.

ESSENTIAL DUTIES AND RESPONSIBILITIES

This job description is not intended to be all-inclusive. Employee will also perform other reasonably related duties as assigned by immediate supervisor.

Enhance Individual Recovery and Resiliency:

- Assists participants in identifying strengths, recovery and wellness goals, and barriers; and determining recovery and wellness interventions based on his or her life goals.
- Recognizes and reports progress participants make toward meeting objectives.
- Utilizes specific interventions necessary to support participants in meeting their recovery and wellness goals.

Utilize Specific Training to Develop Skills and Curriculum:

- Leads and teaches participants to facilitate Recovery Dialogues.
- Supports participants in creating a Wellness Recovery Action Plan (WRAP) or **XYZ AGENCY**'s Peer- to-Peer plan.
- Assists participants going through crisis by developing an appropriate plan of action that will ensure the safety and comfort of those involved.
- Utilizes and teaches techniques for problem solving, identifying and combating negative self-talk, identifying and overcoming fears in both one-on-one and group settings.
- Promotes participants' use of self-directed recovery tools.
- Supports participants in building social skills in the community that will enhance job acquisition and tenure.
- Works with **XYZ AGENCY, Any town, Illinois** staff in identifying program environments that are conducive to recovery.

Apply Unique Recovery Experience:

- Shares personal story of recovery with individuals.
- Models effective coping techniques, self-help strategies, and self-care.

Inform Participants of Community Information Related to Recovery:

- Provides and advocates for effective recovery based services.

- Continues to develop and share recovery-oriented material with other RSSs.
- Attends relevant seminars, meetings, and in-service trainings whenever possible and apply this information to current RSS techniques.
- Informs participants about community and natural supports and how to utilize these in the recovery process.
- Supports participants in developing empowerment skill through self-advocacy to combat stigma.

EDUCATION / EXPERIENCE / SKILLS

- Obtained or seeking Certified Recovery Support Specialist licensure valid in Illinois.
- A Bachelor's degree in allied health profession is preferred but not required.
- Training in the Illinois Certified Recovery Support Professional Performance Domains: Advocacy, Professional Responsibility, Mentoring, and Recovery Support.
- A work history in mental health service delivery is desirable.
- Experience working with adults preferred.
- Acts within ethical standards and demonstrates healthy boundaries.
- Demonstrated written and oral communication skills.
- Intermediate level of skills in use of Microsoft Office components of Word, PowerPoint and Excel.
- Demonstrated skills in areas of customer service and team leadership.
- Ability to define problems, collect data, establish facts, and draw valid conclusions.

I have read this position description. I understand my responsibilities and will fulfill them to the best of my ability.

_____   _____
Signature   Date

XYZ AGENCY, Any town, Illinois reserves the right to revise or change job duties and responsibilities as the need arises. This job description does not constitute a written or implied contract of employment.

XYZ AGENCY, Any town, Illinois makes all hiring and employment decisions without regard to race, creed, color, age, gender, gender identity, marital or parental status, religion, ancestry, national origin, physical or mental disability, sexual orientation, sexual identity. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential position functions. Individuals with disabilities requiring accommodations should contact the Executive Director.

Exhibit 6D
Recovery Competencies

Advocacy
- Define system-level advocacy
- Explain why self-advocacy is the foundation of recovery.
- Identify the individual's support systems.
- Promote the principles of individual choice and self-determination.
- Explain how and why individuals should establish and Advanced Directive.
- Explain how to advocate within the mental health system.
- Define consumer-driven recovery.
- Use "person-centered" language that focuses on the individual, not the diagnosis.
- Demonstrate non-judgmental behavior.

Professional Responsibility
- Explain the ten fundamental concepts of recovery as defined in the National Consensus Statement on Mental Health Recovery, which is published by the federal Substance Abuse and Mental Health Services Administration (SAMHSA).
- Define the concept of a wellness-focused approach to consumer recovery.
- Explain the fundamental concepts related to cultural competency.
- Understand the concept of accountability.
- Explain basic federal, state, employer regulations regarding confidentiality.
- Explain what, where, when and how to accurately complete all required documentation activities.
- Explain the concept of decompensation.
- Identify the individual's risk indicators, including individual stressors, triggers and indicators of escalating symptoms.
- Explain basic de-escalation techniques.
- Explain basic suicide prevention concepts and techniques.
- Identify indicators that the individual may be experiencing abuse and/or neglect.
- Identify and respond appropriately to personal stressors, triggers, and indicators.

Mentoring
- Explain the concept of mentoring.
- Explain the concept of role-modeling behaviors.
- Define social learning.
- Define self-advocacy.
- Define life skills.
- Understand basic adult learning principles and techniques.
- Use adult learning techniques to teach life skills.
- Explain the concept of healthy, interdependent relationships.

- Use active listening skills.
- Use empathetic listening skills.
- Demonstrate non-judgmental behavior.
- Demonstrate consistency by supporting individuals during ordinary and extraordinary times.
- Promote the development of Advance Directives.

Recovery Support
- Explain the ten fundamental concepts of recovery as defined in the National Consensus Statement on Mental Health Recovery, which is published by the federal Substance Abuse and Mental Health Services Administration (SAMHSA).
- Explain the concept of a strength-based approach to recovery.
- Promote self-determination and individual choice-driven recovery.
- Use active and empathetic listening skills with individuals.
- Use Motivational Interviewing skills with individuals.
- State the stages of change.
- State the stages of recovery.
- Identify the individual's current stage of change and/or recovery.
- Help the individual develop problem solving skills by working together to identify and discuss options, alternatives, and possible consequences.
- Explain the typical process that should be followed to access and/or participate in community mental health and related services.
- Identify circumstance when it is appropriate to request assistance from other professionals to help meet the individual's recovery goals.
- Identify the individual's strengths, resiliencies, and challenges to recovery.
- Promote the individual's empowerment by assuring that they are informed of their options and participate in all decision-making that will affect their lives.
- Help the individual request appropriate referrals and/or access needed resources.

EXHIBIT 6E
Interviewing a Candidate for a Recovery Support Specialist Position

1. Philosophical Fit / Understanding of Recovery
   a. In Illinois, the vision statement for the Department of Human Services, Division of Mental Health says, "The Expectation is Recovery! All persons with mental illnesses can recover and participate fully in a life in the community."
      i. What do you think about the statement that ALL persons with mental illnesses can recover?
      ii. What does mental health recovery mean to you?

2. CRSS Competency: Recovery Support
   a. In this position, we are looking for people who are able to use their lived mental health recovery experience to help others in the process of recovery.
      i. Please share with me a time you were able to use your recovery experience to help support another person in their recovery journey.
   b. When sharing a piece of our recovery story with others, we've found that it helps to have certain boundaries around what we share, with whom and how much.
      i. How do you know where to draw the line in sharing, for the good of the person you are working with, and for yourself?

3. CRSS Competency: Advocacy
   a. How would you define advocacy?
      i. Note to the interviewer: look for the person's understanding of progression from "advocating for" to "helping people learn to advocate for themselves." If that insight is not reflected in their response, segue to the next question by talking about that process.
   b. Please share with me a time when you were able to help a person learn to advocate for themselves.

4. CRSS Competency: Mentoring
   a. What does mentoring mean to you, and why is it important in recovery?
   b. Tell me about an opportunity you've had to mentor someone in recovery. What was the experience like for you and the person you were mentoring?

5. CRSS Competency: Professional Responsibility
   a. There are many aspects of professional responsibility in the field of peer support. One of those is in regard to (choose the one most relevant in your center, such as suicide prevention or reporting of abuse).
      i. Share with me a time when you helped a person who expressed thoughts of suicide. How did you help? How did you know when to reach out to get assistance from another professional?

6. Additional Questions
   a. What role do you tend to play when you're on a team?
   b. How have you handled disagreements with a supervisor in the past?
   c. What questions do you have for me?
      i. Note to the interviewer: In balance with their responses to the questions above, this is one of the most important moments in the interview. Intelligent questions, especially those that derive from experience working in the field or from personal recovery experience, are a good sign.
   d. If time allows, it is good to introduce the candidate to others at the agency, which will give the interviewer a feel for how the applicant interacts with others. As appropriate, you may be able to ask others later for their impressions of the candidate as well.

Interview Questions to Encourage Self-Disclosure

- What would you like to tell me about yourself?

- What are some of your goals?

- Are you a self-empowered person?

- Can you tell me a little about how you feel about Hope and Recovery?

- How would you express Hope and Recovery to someone?

- What can you tell me about WRAP (Wellness Recovery Action Plan)?

- What do you feel is outstanding about you and how would you be of value to others?

- What things do you think encourage growth and recovery?

- Can you share about a time when you advocated for yourself? How could you use this experience to help others?

- Do you think personal responsibility is important in regard to recovery? If so, why?

- In what ways do you think education is helpful in recovery?

- What are some ways consumers can learn more about mental health and recovery?

- What are some experiences you've had in life which you believe will contribute to your success as an RSS?

CHAPTER SEVEN
It's More than Just a Job: Returning to and Thriving in the Workforce

1. Introduction

"People want to know they matter and they want to be treated as people. That is the new Talent contract."
          -Pamela Stroko, VP, HCM Transformation & Thought Leadership at Oracle Corporation

This chapter highlights key best practices for agencies to assist individuals in recovery from mental illness as they transition into the work environment. Strategies to identify and address challenges are also covered.

Behavioral health professionals recognize that Recovery Support Specialists (RSSs) are valuable partners in the treatment and recovery goals of individuals with mental illness. These professionals have used various strategies to incorporate individuals with lived experience into the workforce. Because of significant socio-economic, cultural, philosophical, and leadership variations, no single approach has emerged as a blueprint for success (*Results from a National Survey of Certified Peer Specialist Job Titles and Job Descriptions: Evidence of a Versatile Behavioral Health Workforce* -Schwenk, Brusilovskiy, and Salzer). Nevertheless, while it appears "one size does not fit all" when it comes to building a structure and system in which RSSs can thrive, some underlying principles help facilitate better design and integration:

   a. Throughout the process of employment, training, and professional development the RSS should be provided with the level of attention and support given to all other "precious personnel." This includes:
      i.   significant investment of time and resources for orientation;
      ii. careful monitoring and review of specific responsibilities and expectations;
      iii. establishment of specific performance incentives and salary schedule;
      iv. ongoing support for continuing education and specialized certifications; and
      v.   advancement opportunities which are comparable with other professional positions within the entity.
   b. From the very beginning, agency employees and individuals receiving services should understand the importance of the work RSSs perform. RSSs are more likely to thrive in their new positons if they are assigned meaningful tasks and are given opportunities to take on increasing responsibilities. This will allow them to gain experience and demonstrate competence. As stated by management expert and author Ken Blanchard: "Connect the dots between individual roles and the goals of the organization. When people see that connection, they get a lot of energy out of work. They feel the importance, dignity, and the meaning in their job."

2. Best Practices - Returning to and Thriving in the Workforce

"Train people well enough so they can leave. Treat them well enough so they don't want to."
- Richard Branson, Entrepreneur, owner of the Virgin Group of over 200 companies

    a. Compensate the RSSs in accordance with the skills and experience they bring to the table.
    b. Structure the RSS position and its relationship to the agency hierarchy to ensure advancement opportunities and employment growth.
    c. Tie the tasks assigned to the RSSs directly to program objectives and service teams.
    d. Set goals with RSSs to continue their professional development and seek additional certifications such as Wellness Recovery Action Plan (WRAP) Facilitator, Mental Health First Aid Instructor, emotional CPR, Intentional Peer Support, Whole Health Action Management (WHAM), Nutrition & Exercise for Wellness & Recovery (NEW-R), Trauma Informed Peer Support, etc.
    e. Create with your RSSs a formal written action plan for obtaining their CRSS and other desired credentials.

3. Agency Checklist to Identify Current Progress

Check any of the following you already have in place:

_____   IPS (Individual Placement and Support) – evidence-based supported employment: IPS should be an option for someone who needs ongoing support in obtaining and maintaining employment. IPS also may help your agency with initial funding of RSS Positions as well as provide supports for the RSS staff.

_____   WRAP (Wellness Recovery Action Plan)
WRAP is a framework for success, regardless of where a person is on their life journey. A person does not have to have a mental illness or emotional problem to benefit from writing a WRAP plan. The more WRAP is embedded into your agency's culture, the greater foundation of success you will have for the RSS on your staff.

_____   Natural Supports
RSS staff should be encouraged to developed relationships with their colleagues as natural support. Hiring more than one RSS at a time will help develop natural support among the RSS on staff. Recovery Support Services should be part of new staff orientation, conducted by the RSS on staff, to help increase understanding and develop relationships among RSS and people hired into other new positions within the agency.

_____   MHFA (Mental Health First Aid)
MHFA classes should be available to RSSs as well as other members of your service teams.

_____ Wellness Training
Evidence-based wellness trainings such as NEW-R and WHAM should be available to the RSSs and other members of your service team.

_____ Information Sharing
Establish the practice of sharing recovery-oriented information and an increasing focus on a person-centered service model with all staff, not just the RSSs.

_____ Role Clarity
Have clearly-established policies related to the roles and relationships between RSSs and individuals receiving services which you routinely review with all staff.

_____ Confidentiality
Have strict guidelines relating to maintaining confidentiality in accordance with HIPAA laws and best practices.

_____ Strengths Focus
Articulate the strengths the RSSs bring to the team as part of your effort to mitigate the fears clinical staff may express regarding incorporating individuals with lived experience into service teams.

_____ Unique Skills
Acknowledge unique skills to underscore the RSSs as contributors to the service team.

4. Processes for the Manager and Administrative Team to Consider

   a. Work with supervisors and RSSs to set realistic performance expectations and goals (see Exhibits 7A and 7B). If the employer sets the goals without RSS input and the employee fails to achieve them, the RSSs may view the employer as demanding or unreasonable. It is important to ask the RSSs what supports they believe will help them meet the performance expectations and to brainstorm solutions with them. If you set goals with them rather than for them, they are more likely to be invested in the improvement process.
   b. Routinely monitor the RSSs work environment and evaluate for any unexpected complications. It is important to regularly review with the RSSs the goals that have been established and how their performance related to these goals is measured. As necessary, rework goals in concert with the RSSs within the established timelines.

5. Practices Which Provide the RSSs Opportunities to Thrive in the Workplace

   a. Allow for a flexible work schedule and other reasonable accommodations based on the RSSs' needs.

b. Include goals which allow for personal and professional growth.
c. Provide the RSSs with formal staff development opportunities to earn required training hours for their CRSS.
d. Encourage and support RSSs' participation in staffing and treatment team meetings.

Examples of strengths relevant to this area:
i. The supervisor for the RSSs has lived experience and is a CRSS.
ii. The agency's psychiatrist and clinicians have received advance notice and formal instruction on the role of RSSs in the staffing and team meetings.
iii. All direct care staff have been provided orientation on the requirements to obtain the CRSS credential.
iv. RSSs that are new to agency staffing and team meeting participation are provided with guidance from their supervisor and experienced recovery support staff. Difficult conversations are role-played prior to the first staffing or meeting they are to attend.
v. The agency CEO/Executive Director has formally endorsed RSS/CRSSs as full, integral members of the agency's clinical team.

List your agency's strengths:

_____

_____

_____

6. Goals to Help Move your Program Forward

a. Allow time for the RSSs to become skilled in the areas of recovery support, mentoring, advocacy & professional responsibility
b. Provide support from the agency as a whole
c. Ensure RSS staff have the ability to pursue the CRSS credential without undue agency pressure
d. Provide networking opportunities
e. Embrace the recovery model as an agency

Examples of potential goals you may consider:
i. Have the RSS complete WRAP classes as a participant.
ii. Provide a list of training opportunities to your RSS.
iii. Encourage the RSS to take the 8-hour MHFA or YMHFA course.
iv. Arrange for the DMH Recovery Support Specialist to meet with your RSSs

v. Hold a recovery-oriented training for all agency staff.
vi. Enable your RSSs and clinical staff to attend your region's annual recovery conference.
vii. Have an experienced WRAP facilitator conduct an "Organizational WRAP" for the agency.

List your agency's goals:

_____

_____

_____

What resources do you currently have that will help you reach your goals?

Examples of relevant resources:
i. Trained WRAP Facilitators on staff
ii. Adequate conference/training budget to enable new RSSs to attend recovery conferences and other recovery oriented trainings

List your agency's resources:

_____

_____

_____

How do you/your staff feel about your goals?

Examples of ways feelings and attitudes may be expressed:
i. Has your agency completed a Recovery Snapshot?
ii. Are RSSs in the strategic planning of the agency?
iii. What opportunities are there for RSSs within the agency?
iv. Are RSSs able to pursue CRSS and CEUs and not get lost in day to day demands at the agency?
v. Is there someone within the agency experienced with benefit planning who is available to meet with the RSSs to address concerns and stresses related to losing benefits vs. work experience/career advancement?

List your agency's feelings and attitudes:

_____

_____

_____

7. Challenges You Might Encounter and Strategies to Overcome Them

"For many, starting work as an RSS will be a springboard to a better peer support position or to another job in the behavioral health field. Others will transition from working as an RSS to employment outside the field of mental health. And, unfortunately, some will determine that they aren't capable of sustaining recovery and working as a peer."
                                        -National Report on Peer Support Certification, Oct. 2016

a. Criminal background checks might reveal items that eliminate a candidate or raise concerns on the part of the other staff.
   i. Conduct a thorough background check before offering an RSS position to a candidate. Should there be a non-disqualifying finding, address and resolve the concern before hiring the individual.
b. Returning to the workforce may conflict with benefit eligibility.
   i. Encourage candidates for RSS positions to consult a Benefits Counselor to review and discuss the impact of working on benefits eligibility.
c. The work schedule may require consideration of maximum number of hours allowed and the need for periodic time off.
   i. Carefully map out the RSSs work schedule for a month or more at a time.
   ii. Discuss work schedule in detail with potential RSS candidates to ensure clear and open lines of communication on both sides.
d. Returning to the workforce may create additional stress for the RSSs.
   i. As with all staff, RSSs' will benefit from initial orientation and training which includes relaxation techniques and other ways to manage stress.
   ii. Encourage RSS staff to incorporate wellness and stress management strategies on the job.
   iii. Evaluate existing resources and offer these to your RSSs. Organizational resources may include an employee assistance program, peer support, or a wellness department.
e. If agency policies prevent the RSSs from receiving services while employed with your agency, it might prove difficult for him or her to find needed services.
   i. Develop a list of other service providers that the RSSs can use.
   ii. Pursue a mutual working agreement with other agencies so that your agency can provide this resource for any staff that may need it.
f. Medication side effects may impact physical health and stamina.

     i. Encourage RSSs to watch for and address physical symptoms before they become severe.

g. Prior connection with staff as a service provider might create boundary confusion.
     i. Encourage RSS staff to be open with their supervisor about any such prior connections.
     ii. RSS and supervisor should discuss together the best way to proceed, based on the new context of the RSS as colleague to a former service provider, taking into consideration any agency policies that are in place.

h. Self-doubt and prior adverse workplace experiences may make RSSs vulnerable to feeling they don't have sufficient support to be successful.
     i. Meet with RSSs on a regular basis for short periods of time to help create a sense of continuity and support that will make these goals much more achievable.
     ii. Look for ways to help RSSs gain confidence, such as pointing out how resilient they've been to get this far.
     iii. Ask "What can I do to help you succeed at your job?" This is a sign of respect for the RSS's ability to consider solutions. It is also an important way for the supervisor to receive the RSS's commitment to finding a solution.

i. RSSs could experience performance problems which may or may not be related to emotional or mental health crises.
     i. Clarify the changes in performance that are causing you concern without putting your employee on the defensive by listing specific times and dates of offenses.
     ii. On the other hand, avoid vagueness such as, "Your performance could be better." If your employee has been missing critical deadlines or goals, help them understand how this affects the organization.
     iii. Review the Americans with Disabilities Act (ADA) for managing mental health issues. Advise the RSS Supervisor about the guidelines for special accommodations.

j. For many, starting work as an RSS will be a springboard to a better support position or to another job in the behavioral health field. Others will transition from working as an RSS to employment outside the field of mental health.
     i. With the RSS, establish measurable goals.
     ii. Ask him or her to do as much self-assessment as possible.
     iii. Provide guidance on how to conduct a self-assessment which includes specific examples.

List your agency's challenges and your strategies for overcoming them:

_____

_____

_____

Establish agency goals in this area.

Examples of relevant goals:

    i. Create and maintain a clear RSS job description which is expressly linked to other relevant positions in the agency.

    ii. Have regularly scheduled meetings with your RSSs, preferably on a weekly basis.

    iii. Create a formal support system for RSSs using experienced staff as mentors.

    iv. Research the possibility of forming a recovery support group for RSS, including RSSs of other agencies.

    v. Consider producing an RSS hotline.

List your agency's goals:

_____

_____

_____

8. How will you celebrate when you reach your goals?

Examples of ways you might celebrate:

    i. Reserve some time in a staff meeting or other gathering to issue a certificate of achievement and/or recognize an RSS as Employee of the Month

    ii. Create a High Five and/or Kudos Bulletin Board where staff can post comments to express gratitude and recognize fellow employees for extra efforts.

    iii. Community newspaper or agency newsletter.

    iv. Hold a special lunch or snack day for the team.

Enter your agency's own celebration ideas/plans:

_____

_____

_____

Resources:

International Association of Peer Supporters (formerly National Association of Peer Specialists)

Link to website: http://na4ps.wordpress.com/

EXHIBIT 7A
Checklist for Supervisors

As you spend time completing and discussing these questions, you are more likely to build trust and teamwork with your new staff member. In your focus on the job at hand, please consider the special needs of some individuals facing medical challenges as they work toward their career goals. The following questions will help you communicate and develop goals with your employee, thus helping you to build a strong team.

1. What obstacles did your employee face before starting the job?

2. Does your employee understand how going to work can affect the benefits they are currently receiving?

3. Will their assigned work hours meet the organization needs?

4. What special accommodations might the employee need to be successful in this position?

5. What supports does the employee have outside of work that will help him or her deal with the obstacles at work?

6. Will your employee be valued as part of the team and able to build trust with the staff? What steps will you measure this by?

7. Can you arrange a flexible schedule if the needs of the employee change?

8. Are you knowledgeable about self-disclosure?

9. Do you follow the ADA guidelines?

10. How will you strategize to help the employee with challenges in the position?

11. How will you ensure that other staff members view the RSS as an important part of the team?

EXHIBIT 7B
Checklist for Supervisors to Give RSSs

You have a new job and you are excited to start! However, you have certain worries associated with your wellness and recovery. The purpose of the following questions is to strengthen your communication skills with your supervisor. Here are some examples of questions to ask your supervisor to help you become successful from the day you start. There are also some questions to help you think about the challenges to consider regarding your income and benefits.

1. Do I have a plan in place to help me if I have unforeseen obstacles?

2. How will this new income affect my benefits? Will I need to speak with a professional who knows how the income will affect my benefits?

3. What training opportunities will I have to advance my career within the organization?

4. Will time to pursue continuing education units be part of my job description?

5. Will I have the opportunity to increase my hours if I feel that I'm ready?

6. What benefits come with the job?

7. Can I trust myself to be successful and independent?

8. Have I considered when disclosure is appropriate, in what types of situations, and how much to disclose?

9. Do I have a good support system in place, including natural supports in the community?

10. How will this position fit in with my life goals?

CHAPTER EIGHT
Developing a Career Path for Recovery Support Specialists

1. Introduction:

"You are never too old to set another goal or dream new dreams."   -C.S. Lewis

"In today's diverse, global, and technologically savvy work environment, careers are no longer perceived as strictly vertical movements up the rungs of a ladder. Instead, a more appropriate metaphor for one's career path is a rock-climbing wall. You can go straight up the rock face, climb at an angle, or you may choose to go up for a while, move over to find a different path, and then continue on."
                    -ILRHR 6640, Case #3, Jing Cao & Desiree Thomas, 2013, Cornell University

Career paths and career ladders are two ways of looking at how employees can develop and progress within an organization. Traditional career ladders presume that employees aspire to gain higher ranking positons as determined by levels of responsibility, titles, and compensation. "Moving up" in the organization is often characterized by a person climbing up the rungs of a ladder. While at times they may resemble a traditional ladder, career paths can also vary substantially and can take on many forms over time, including horizontal lattices, a rock-climbing wall, or a stationary position within a formal organizational chart.

In the early part of the 20th Century, career choice and career progression were dictated by tradition, socio-economic status, family, and gender. For most men, career choices - and status within those careers - were determined by what their fathers and other male family members had done before them. Career choice options were even more limited for women and people with mental illnesses and disabilities by convention and social mores.

Today, employers are discovering the benefits of providing career growth opportunities for all employees. A collaborative employer/employee career development strategy provides a mechanism for enhancing employee skills and knowledge. The strategy should include job mastery, promotions, and even transfers to new and different positions as key components. Creating career development strategies with employees impacts the organization by improving morale, job satisfaction, motivation, productivity, succession planning, and responsiveness in meeting departmental and organizational objectives.

A collaborative career development strategy takes into consideration a paradigm that emerged in the 21st Century. This paradigm does not have an expectation of lifelong employment with individual employers, but rather an expectation of employees taking control of their own career paths. According to the Bureau of Labor Statistics, the number of "company lifers" is dwindling and the average employee tenure has fallen to 4.6 years. Furthermore, the median tenure for employees between the ages of 25 and 34 is only 3.2 years.

Just as with other careers, individuals working as RSSs have varied aspirations as to how long they plan to stay with their current employers, when and where they move into a new position, and what their ultimate career goals look like. Mapping out the RSSs' career path through a collaborative career development strategy is an effective way to incorporate your agency's overarching recovery support program plans with the employment needs and aspirations of your RSSs. Connecting the RSSs' roles, talents, and goals to your new employment paradigms provides several benefits. You increase the likelihood that a stronger and more complimentary connection will form between your RSSs and your organization for whatever number of years you are fortunate enough to work with them. These connections enhance the RSSs positive bond with the organization. The RSSs feel secure enough to openly and honestly share their career objectives with their supervisors. They also develop a sense of value and worth as an integral part of the agency.

2. Best Practices - Successfully Developing Future Career Opportunities for RSSs

"My job is not to be easy on people. My job is to take these great people we have and to push them and make them even better"   -Steve Jobs

Not everyone at Apple agreed with Steve Jobs' leadership style or some of the ways he "pushed" employees to improve their performance. However, employers who recognize the "greatness within" and encourage employees to pursue their dreams as part of a formal career development program are more likely to have a productive workforce than those who do not invest the time in formal employee development efforts.   Here are some proven ways to achieve greater success with Recovery Support Services staff:

    a. Respectfully communicate your agency's career development philosophy to <u>all</u> employees. This will help pave the way for RSSs to fully embrace their goals. From the time they are hired, be particularly careful not to make any statements which could suggest to your new RSSs that they should "simply be thankful to have a job." Some questions to explore with your management team include:
       i.   Have we clearly defined the differing roles of employees and supervisors in forging career paths for RSSs?
       ii. What evidence can we show that our agency supports career advancement for all employees, no matter what that means to them, including RSSs?
       iii. Do we encourage RSSs to explore and map out their own career paths?
       iv. Are we taking into consideration the special interests and talents of employees that go beyond those applicable to their current positons?

    b. Support the RSSs and their supervisors with the needed tools, guidelines, and incentives which ensure that both parties are committed to their career development plans. Career management resources include:
       i.   Training for managers to assist them with learning how to become better career coaches

ii. Employee self-assessments
iii. Career discussion guides
iv. Diagrams to visualize various positions along the career path
v. Sharing the organizational chart with all employees

c. Support communities that foster collaboration among employees, such as:
i. Informal common interest groups
ii. Social media platforms
iii. Networking events where RSSs can hear success stories from fellow-RSSs who have moved onto a new career path.

d. Identify talents and expectations within the RSS role, giving RSSs a clear picture of how they might move forward. Define expectations of each function of their job, so they will have an accurate, attainable goal for how to get from "Point A to Point B". Focus on their natural abilities and strengths that may lead them to making a decision to forge a rewarding career path.

e. Incorporate forward-thinking training and development for your RSSs. This process begins with asking the question "what training opportunities are made available to help the RSSs pursue their long term career aspirations?" It also involves having them participate in planning and training that goes beyond the minimum requirements for RSSs and encourages them to use and develop their unique talents, interests, and creativity.

Opportunities for development may include leadership training courses, participation in cross-functional teams, taking an adult education course, and brainstorming with RSSs from other agencies. These experiences provide the opportunity to explore and develop mastery of skills that will help prepare the RSS staff for the next leg of their career journey. A more well-defined path is likely to emerge through the process of supervisors and RSSs co-evaluating their experiences and observations.

3. Agency Exercises

a. Agency Checklist to Identify Current Progress
Check any of the following you already have in place:

_____ Communicate to RSSs and their supervisors that you encourage the advancement of their career goals and dreams

_____ Support RSSs and their supervisors while embracing their vision and goals

_____ Provide opportunities for RSSs to explore work options within the agency

_____ Redesign work and schedules to accommodate increased flexibility

_____ Develop and implement strategies for identifying and growing the talent within the agency

_____ Enlist career advisors and/or mentors within your agency or through another agency, to assist RSSs with career development questions

_____ Provide RSSs with tools to help them complete required training and development to meet the agency's and their own goals on their career path

_____ Offer training or provide templates for RSSs to facilitate regular discussions with their managers regarding career development

_____ Reinforce activities that augment the career path with yearly goals or performance appraisals by RSS supervisors

_____ Provide tips to managers to customize RSS's Individual Development Plans (IDPs) that reflect meaningful, realistic, attainable career goals

_____ Communicate to all employees the career path tools available to them

4. Processes for RSSs, their supervisors, and program manager to consider

   a. Establish clear strategies for how RSS talent can and will be utilized from within your agency for overall effectiveness of the organization.

   b. Keep abreast of each RSS's career path goals and progression, encouraging the RSSs to think in terms of job enlargement opportunities.

   c. Guide RSSs and their supervisors to help them align the RSSs goals with the overall goals of the organization.

   d. Provide appropriate training for RSSs to reach their career goals.
   Examples of strengths relevant to this area:
   i. Agency already has an established career development plan which can be expanded to incorporate RSSs
   ii. Career development goals are included in employee performance reviews
   iii. The agency has budgeted funds to assist RSSs with their training needs

   List your agency's strengths:

_____

_____

_____

Examples of potential goals you may consider:

i. Update agency career development plan to include RSSs
ii. Add the establishment and monitoring of career development goals as a required component for all employee performance reviews
iii. Establish a specific line item within the agency's annual operating budget for RSS training

List your agency's goals:

_____

_____

_____

What resources do you currently have that will help you reach your goals?

_____

_____

_____

How do you/your staff feel about your goals?

_____

_____

_____

5. Challenges you might encounter as you work toward your goals:
   a. Reluctance from RSS supervisors who may see the movement of RSSs onto another career path as a loss to their department rather than a gain for the entire organization.
   b. Lack of confidence on the part of the RSSs to move into new areas of expertise.
   c. Lack of training resources and time to train both RSSs and their supervisors.

What methods can you use to overcome these specific challenges?

_____

_____

_____

How will you celebrate when you reach your goals?

_____

_____

_____

Resources:

Cornell University ILRHR 6640, Case #3,
When Developing a Career Path, What are the Key Elements to Include?
Jing Cao & Desiree Thomas, April 12, 2013

IDHS

Illinois Department of Human Services