



Pennsylvania Department of Drug and Alcohol Programs
2601 N 3rd St
Harrisburg, PA 17110

March 5th, 2018

Dear Secretary Smith,

I am very happy to present you with our attached Warm Handoff Survey report that we conducted with the CRSs in the state of Pennsylvania. We would love an opportunity to sit down with you to talk about what we found and to consider how it may be used to inform the warm handoff process and to strengthen our workforce.

As you are aware, the Pennsylvania Recovery Organizations – Alliance developed the Certified Recovery Specialist credential in collaboration with the Pennsylvania Certification Board over a decade ago. Even then, it was apparent that persons with lived recovery experience played a critical role in the recovery process for many Pennsylvanians. We are dedicated to the development of recovery services as the single largest trainer of CRSs in the state of Pennsylvania. We believe that people with lived recovery experience are ideally suited to this role and important to the overall mission of the state to restore persons with substance use conditions to productive citizenship.

It is important to note that this survey was conducted in the winter of 2017 and data collection ended on 12/31/17. On 1/1/18, the Pennsylvania Certification Board introduced a new credential the Certified Family Recovery Specialist (CFRS) credential. The development of this CFRS credential was a joint effort between PCB and PRO-A. PRO-A supports the role of persons with lived family recovery experience in the healing process for individuals and families seeking help with a substance use condition, including the warm hand off process. We note persons with lived family experience have historically been certified as CRSs. This survey was conducted in a way that included their perspectives, most likely within the 12.5% of the CRSs who completed this survey who did not identify as in recovery.

Additionally, through our work over the years on examining the drug and alcohol service system workforce, it is clear to us that people in recovery have been the backbone of the drug and alcohol service system workforce. As such, the recruitment, development and retention of CRSs and CFRSs become even more important for an effective service system with the capacity to serve our state effectively into the future.

Finally, CRSs are a critically important element in our larger drug and alcohol service system workforce, which is currently experiencing severe and systemic shortages. The majority of Substance Use Condition workforce research conducted over the last two decades has noted, our systems lack clear

career pathways of development. As noted in the Pennsylvania Senate Resolution 267 of 2016 Final Report of the Advisory Committee on Addiction Treatment Services. A typical counselor needs about seven years' experience to be fully effective—a tenure similar to other job fields. Consistent with this perspective, we see CRSs and CFRs as critically important to the development of a strong and effective drug and alcohol service system workforce to serve the needs of Pennsylvanians into the future.

Executive Summary

The prescription opioid and heroin crisis is the most significant public health crisis facing Pennsylvania. In 2017, Pennsylvania had the highest rate of increase in overdose rates in the nation, with a rate of increase of 43% between 2016 and 2017, with 5,443 lives lost. The opioid epidemic has been increasingly devastating to Pennsylvania's residents and their families, with over thirteen deaths per day in our Commonwealth. Overdose survivors are a priority population, and warm handoffs, when utilized efficiently, are identified as an efficient tool in the fight against addiction. SAMHSA defines a warm handoff as an approach where the primary care provider utilizes a behavioral health specialist in order to encourage an individual to follow through with the treatment recommendation that they are referred. Functions of the Certified Recovery Specialist in this approach include: providing peer support services, connecting with the individual by utilizing their own lived recovery experience, encouraging the individual to transition to treatment services, and educating the individual, their loved ones, and personnel. In the context of warm handoffs, Certified Recovery Specialists assist in the rapid engagement of someone who has experienced an overdose to improve the likelihood of engaging in treatment and other services they need to obtain and sustain recovery.

Based on the findings of the survey, there are some general recommendations including:

Workforce Consistency: We believe it is important to focus on the development of consistent recovery specialist service activities, stable funding mechanisms, employment opportunities and other task related issues may be needed to engage the workforce, to include warm handoffs into our larger drug and alcohol service system.

Workforce Engagement: Recovery specialists workforce growth is needed in general, specifically to include more young and older adults. This is important to the warm handoff process as significant age differences between the person being helped and the helper can result in a less effective process.

Workforce Retention: Consistent supervision and career development path mentoring may be improved to support retention of the existing workforce. Anticipating this need, The Pennsylvania Recovery Organizations Alliance collaborated with the Pennsylvania Certification Board in the Summer of 2017 to set up core skills for Recovery Specialist Supervisors. This is one of the first sets of such core competencies developed in the nation. Supervision for recovery specialist is in the formative stage. Supervision for recovery specialists, including those conducting warm handoffs could be funded and supported in a manner that may improve care and workforce retention efforts.

Workforce Growth: Training and supervision may be expanded to grow the existing workforce and develop the supervisors of the future. As we begin to recognize the relationship between the drug and alcohol peer workforce to our larger service system, we believe that the importance of focus in this area will benefit our larger workforce needs.

Funding: Stable and consistent funding is needed to permit agencies to hire additional CRS, as well as support the related infrastructure for workforce growth to support the needs of those seeking help across our service system now and into the future.

A summary of some of the key results of the survey include:

There were 136 respondents from across the Commonwealth. The responses represented a diverse response sample and included a range of detailed narrative responses.

Results overview:

- **Age:** With about 75% of the respondents between age 35 and 64, there is a workforce gap of those who are younger as well as older adults. Both demographics represent a valuable resource.
- **Region:** With about 47% of respondents from the Philadelphia region, it is important to consistently grow services across the Commonwealth so that a workforce can be accessed effectively.
- **Education:** With about 52% of respondents holding a HS diploma, career path options that may or may not include additional educational opportunities should be clarified so that this work may lead to a long-term workforce.
- **Warm Hand-offs:** With 58% of respondents not performing warm handoffs, this may be a missed opportunity for engagement of individuals at high risk.
- **Positive Regard for the Work:** With about 94% of respondents willing to refer others to work in the field, this is a strength that may be used to help engage and grow the workforce.
- **Satisfaction:** With job satisfaction much lower than the regard for the work, it may be important to stabilize consistent work conditions and reduce barriers to maintain the current workforce.
- **Career Path:** With 25% of respondent's reporting a lack of clarity in their career path, it is important to clarify current expectations as well as education on the connection between the current activities and future career path opportunities.
- **Self Care:** With 82% reporting confidence in their self-care abilities despite work in a challenging career, this reflects a relatively mature workforce that has stabilized in recovery. However, with about 1 in 5 reporting concerns in this ability, it is important to strengthen training and career opportunities to help protect this subset from working in a high risk setting such as warm handoffs due to the strain this may place on their recovery.
- **Recovery Supports:** Respondents indicated that the most common ongoing supports years into their recovery are: 12 step fellowship (77%), family supports (68%), peer supports (59%) and faith based supports (45%). This suggests that ongoing recovery is firmly grounded in the positive relationships that are developed in the establishment of recovery.
- **Supervision:** With about 69% of respondents reporting regular supervision, a known factor in personnel maintenance and growth, there are substantial strength in mentorship. Notably 59% report that their supervisor would score a 9 or 10 as excellent supervisors. Further research may examine whether the approximately 1/3 of respondents who do not receive regular supervision are

also those who scored negatively in other areas such as occupational outlook, self care abilities and overall satisfaction.

- **Training:** With about 23% of respondents not feeling adequately trained, this is an important workforce development issue. Common training needs indicated included motivational enhancement (engagement skills), family related services, and cross training for medical personnel.

Comments on this response ranged included a range of concerns and positive responses. For some, there was a feeling as though there was a smooth process between the medical staff, CRS, and rehab. Several CRS's identified frustration that they were not getting called in for the warm handoff until after the individual was leaving the hospital. Seeing individuals get the help they need, having a positive feeling that individuals with Substance Use issues are getting the help they need, and feeling that the work is rewarding were just a few of the positive thoughts relayed by respondents. Some of the barriers to success noted were difficulties getting pre-certifications with insurance companies, the business hours of Single County Authorities, and the lack of cohesion between those involved in the handoff. Some individuals identified that there were not enough inpatient detox and rehab beds.

Almost 95% of survey respondents stated that they would recommend this work to those looking to work in the area of warm handoffs. Respondents identified that the work is rewarding and fulfilling and can empower others to make positive change in the field of addictions. Individuals identified that they believed that helping others reinforced their own recovery and helped them as well. 90% of individuals who responded stated that they had planned on continuing to work in the field. A common theme in the comments reinforced that the role of a CRS in warm handoffs provides an opportunity for individuals with lived recovery experience to make meaningful contributions to society.

Many individuals noted that the need for self-care was crucial when working with the Substance Use population, and the majority identified utilizing their own supports and self-care system to support their roles as a CRS. Several individuals identified the difficulty of separating their feelings from their roles as a CRS, and the possible risks to their own recovery when dealing with losses. Over 77% of identified utilizing 12-step fellowships in their own recovery, peer supports (59%), faith-based supports (45%), Celebrate Recovery (almost 20%), and 20% reporting SMART Recovery as continuous in their own recovery. Much lower responses, but still identified, were Women for Sobriety, SUD medication, MH medication, Oxford/Recovery House. Just over 25% identified treatment as one of the conduits to their own recovery. Of all the respondents, 68% identified Family Support as one of the ways that they utilize in their own recovery. Mindfulness, Yoga, and continued education also were noted to be utilized by individuals in their own continuing recovery process. These results parallel the findings of Faces and Voices of Recovery, in a survey of over 3,200 individuals survey with an average of about 10 years in recovery (FAVOR, 2013).

Many respondents identified being comfortable referring to all avenues of recovery, to include 12-step fellowship, faith-based supports, outpatient and inpatient treatment, family programs, and others. A main thought relayed by respondents was that they believed there were many pathways to recovery, and that they felt it was important to customize the referrals to meet the needs of the individual.

This survey supported the idea that CRS's are, overall, satisfied with their jobs as a CRS conducting warm handoffs. Over 75% of respondents identified that they believed that they have the proper

support to be able to reach their full potential in their current position. Individuals identified supportive management, being given autonomy in many areas, and felt that they were trusted to do their job. Almost ninety percent of those who responded reported that they would reapply for their current position if given the chance. In addition, respondents identified seeing themselves in the same job one year from now. Many suggestions were given by respondents relative to types of trainings that they believed may be helpful in their role as a CRS conducting warm handoffs. These areas included documentation, communication, Level of Care Assessments, increased Ethics and Boundaries, how to navigate through insurances, and additional trainings for hospital and medical staff relative to Substance Use Disorder.

Forty-seven individuals shared stories of experience, strength and hope relative to their experiences as a CRS. This survey reinforces the positive outcomes of the CRS warm handoff procedure, as well as strengthens the understanding of the empowerment and affirmation that those CRS's conducting warm handoffs receive. Job satisfaction was determined to be high in this field, although individuals also identified the need for their own self-care, supervision and supports to ensure to guard from compassion fatigue and burnout. The majority of respondents identified that they continued to utilize consistent supports for their own recovery, mirroring the choices that they are encouraged individuals to make.

A Summary takeaway:

Taken together, these findings point to some significant strengths in the CRS service system as well as some significant areas for growth. As a service system that is grounded in the experience, strength and hope of those in personal recovery, these themes provide a valuable resource in the response to the opioid epidemic and development of next steps in the development of the service system.

Respectfully Submitted

A handwritten signature in black ink, appearing to read 'W. Staffer', with a long horizontal flourish extending to the right.

William Staffer, LSW, CCS, CADC
Executive Director