



**The Pennsylvania Recovery Organizations –
Alliance**

**Preliminary Report to DDAP
Certified Recovery Specialist
Warm Hand Off Survey Results**

March 2018

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I. Introduction

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. The warm hand off process is a recent element of this process. As noted by Secretary Jennifer Smith in a 2017 Press Release, "a warm handoff is a way to encourage overdose survivors usually transported to emergency rooms for observations to agree to enter treatment."

Fundamentally, a warm handoff is the ability to connect with a person experiencing a substance use condition crisis include the ability to connect with the person in crisis in an empathetic manner, to instill hope for healing and to stay with the individual until a connection with treating professionals within our larger drug and alcohol system has been completed. 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 CFRSs 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.

Respectfully Submitted



William Staffer, LSW, CCS, CADC
Executive Director

II. 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.

III. Survey Objectives and Methodology

The Pennsylvania Recovery Organizations Alliance created this survey specifically for Certified Recovery Specialists (CRS) credentialed by the Pennsylvania Certification Board, in search of data relative to warm hand offs in the CRS's capacity and its relationship to the larger drug and alcohol service system. CRS Warm Hand Off Survey was conducted Via Survey Monkey links sent to all CRSs in PA, beginning 11/18/17 and ending on 12/31/17. Total responses for this survey was 136.

The objectives for this survey included acquiring data relative to CRS's satisfaction, confidence in their role, and possible need for additional trainings to increase proficiency and support for those conducting warm hand offs. Measures were taken to ensure that all areas of the state were represented, as well as ample time and sufficient comment areas in order to analyze the diverse scope of views of the respondents.

Areas of interest and data collected:

Demographic questions included: Age, Gender, Zip Code, Region of State, Recovery Status from Substance Use Condition, and Highest Level of Education. In addition to these demographic questions, additional data included If the individual conducts warm hand offs, percentage of time at work conducting warm hand offs, whether the individual is happy with their position as a CRS, whether the individual would recommend others interested in becoming a CRS, if the individual plans to continue their work as a CRS or other career in the Substance Use area, as well if the individual has a clear idea of their career path.

Questions to Certified Recovery Specialists conducting warm hand offs included:

- What services/supports that the individual was utilizing in their continuous recovery
- Which services/supports that the individual was comfortable referring people to
- If regular supervision was conducted
- How the individual rated that supervision
- If the individual felt that they received enough latitude, training and resources to conduct their duties in an effective manner
- If the individual felt that they had the proper support to reach their full potential in their current position
- If individuals would reapply for their current job if given the chance
- If individuals saw themselves conducting warm hand offs in one year.
- What trainings would be beneficial for those conducting warm hand offs.
- Lastly, respondents shared success stories relative to warm hands offs.

IV. Results

Total number survey respondents through 12/31/2017 were 136.

SURVEY QUESTIONS: DEMOGRAPHIC INFORMATION

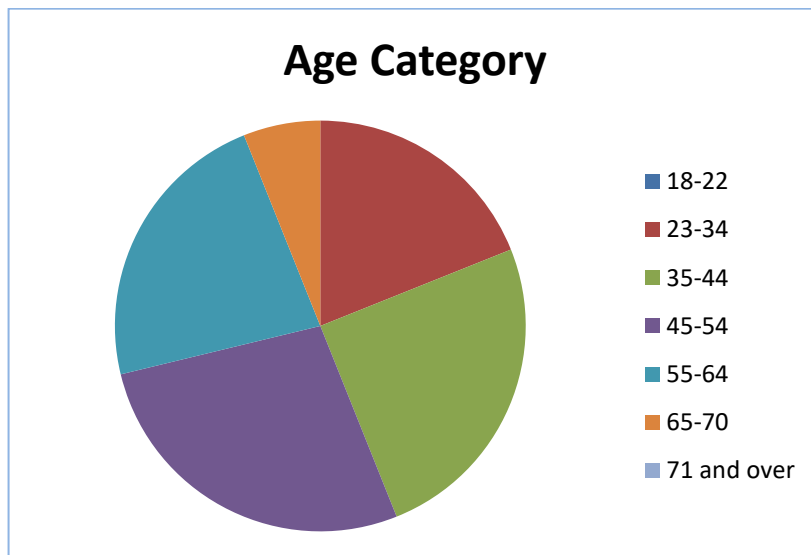
- Question 1: AGE**

- Reported Average Age Category of Respondents:**

Average reported age category of respondents: 45

Skipped responses: 4 Total responses: 132

Answer Options	Response Percent	Response Count
18-22	0%	0
23-34	18.93%	25
35-44	25%	33
45-54	27.27%	36
55-64	22.72%	30
65-70	6.06%	8
71 and over	0%	0

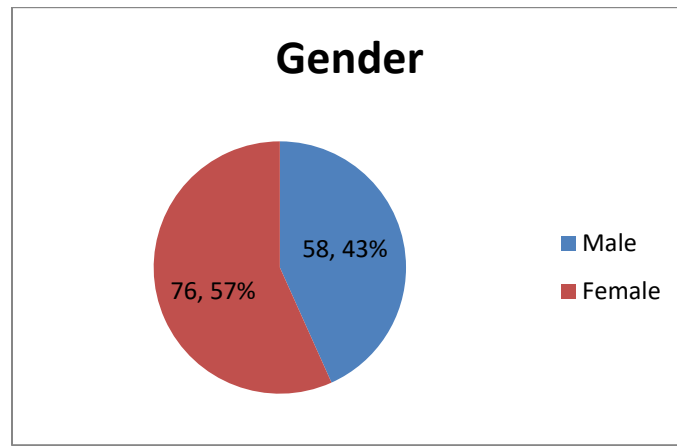


- **Question 2: GENDER**

- **Reported Gender of Respondents:**

Skipped responses: 2 Total responses: 134

Gender	Response Percent	Response Count
Male	43.28%	58
Female	56.72%	76
Answered question		132
Skipped question		2



- **Question 3: ZIP CODE**

- **Reported Zip Codes of Respondents:**

Skipped responses: 0 Total responses: 136

84 Zip Codes were represented from respondents. There were 3 responses from zip code 16001 (Butler County), the most common response

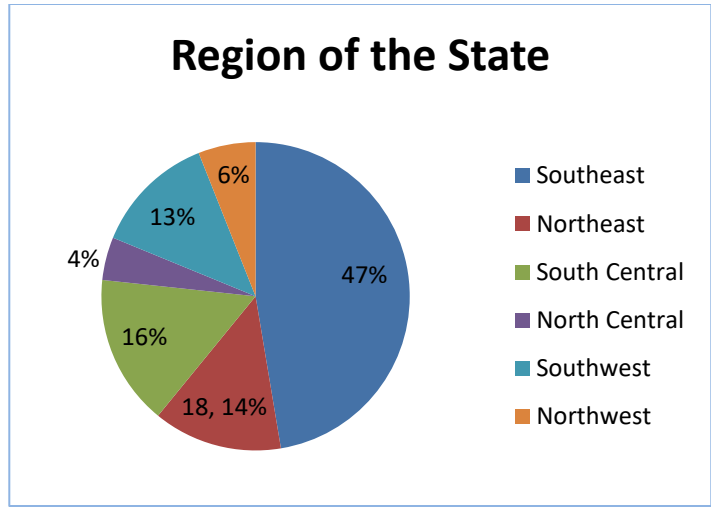
• **Question 4 : REPORTED REGION OF THE STATE**

• **Reported Region of the State:**

Total Responses: 133 Skipped Responses: 3

- 63 responses or 47.37%** **Region 1: Southeast** – Berks, Bucks, Chester, Delaware, Lancaster, Montgomery, Philadelphia Schuylkill
- 18 Responses or 15.53%** **Region 2: Northeast** – Bradford, Carbon, Lehigh, Lackawanna, Luzerne, Monroe, Northampton, Pike, Sullivan, Susquehanna, Wayne, Wyoming
- 21 Responses or 15.79%** **Region 3: South Central** – Adams, Blair, Bedford, Cumberland, Dauphin, Franklin, Fulton, Huntington, Juniata, Lebanon, Mifflin, Perry, York
- 6 Responses or 4.51%** **Region 4: North Central** – Cameron, Centre, Clearfield, Clinton, Columbia, Elk, Jefferson, Northumberland, Mckean, Montour, Lycoming, Snyder, Potter Tioga, Union
- 17 Responses or 12.78%** **Region 5: Southwest** – Allegheny, Armstrong, Beaver, Cambria, Fayette, Greene, Indiana, Somerset, Washington, Westmoreland
- 8 Responses or 6.02%** **Region 6: Northwest** – Butler, Clarion, Crawford, Erie, Forrest, Lawrence, Mercer, Venango, Warren

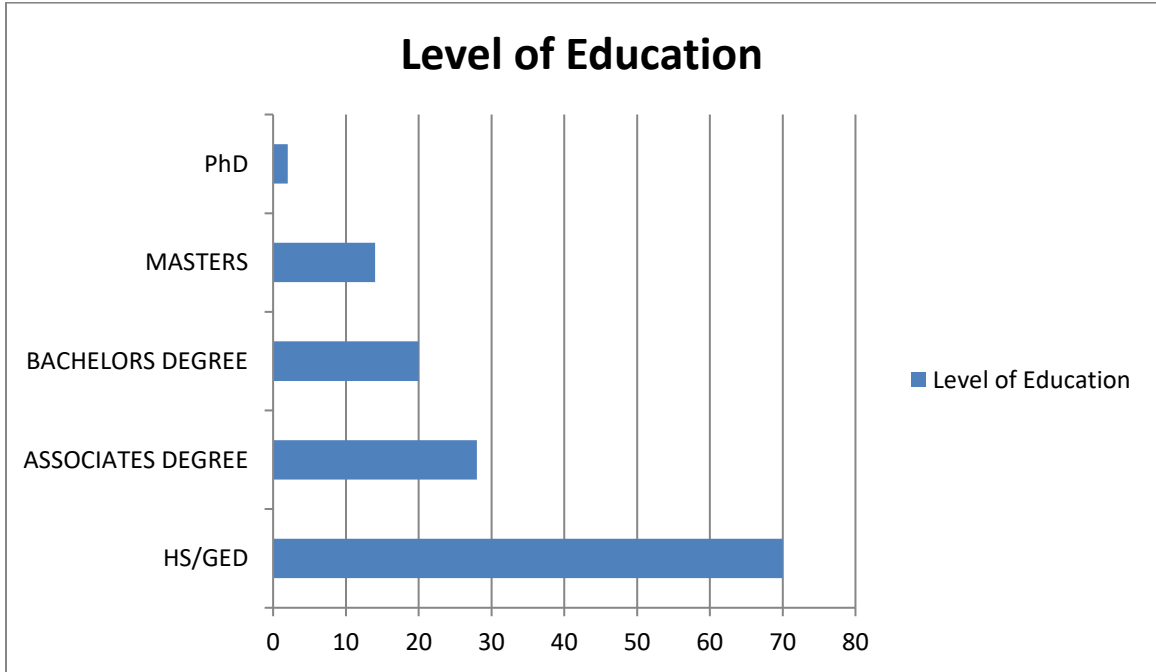
Region of the State		
Answer Options	Response Percent	Response Count
Southeast	47.37%	63
Northeast	13.53	18
South Central	15.79	21
North Central	4.51%	6
Southwest	12.78%	17
Northwest	6.02%	8
	Answered question	133
	Skipped question	3



• Question 5: HIGHEST LEVEL OF EDUCATION

Highest level of education - 134 Responses 2 Skipped

Answer Options	Response Percent	Response Count
High School Diploma/GED	52.24%	70
Associate's Degree	20.90%	28
Bachelor's Degree	14.93%	20
Master's Degree	10.45%	14
Ph.D.	1.49%	2



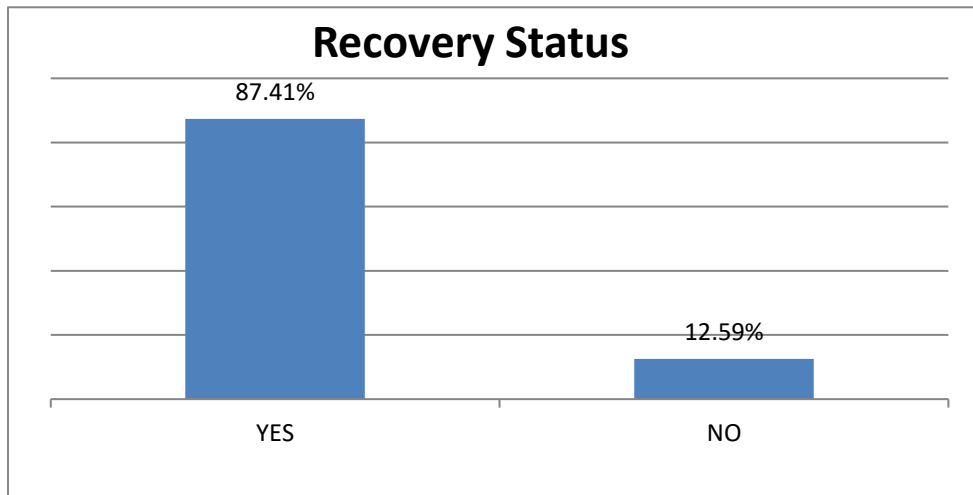
SURVEY QUESTIONS

• Question 6: ARE YOU IN RECOVERY FROM A SUBSTANCE USE CONDITION?

Answered: 135 Skipped 1

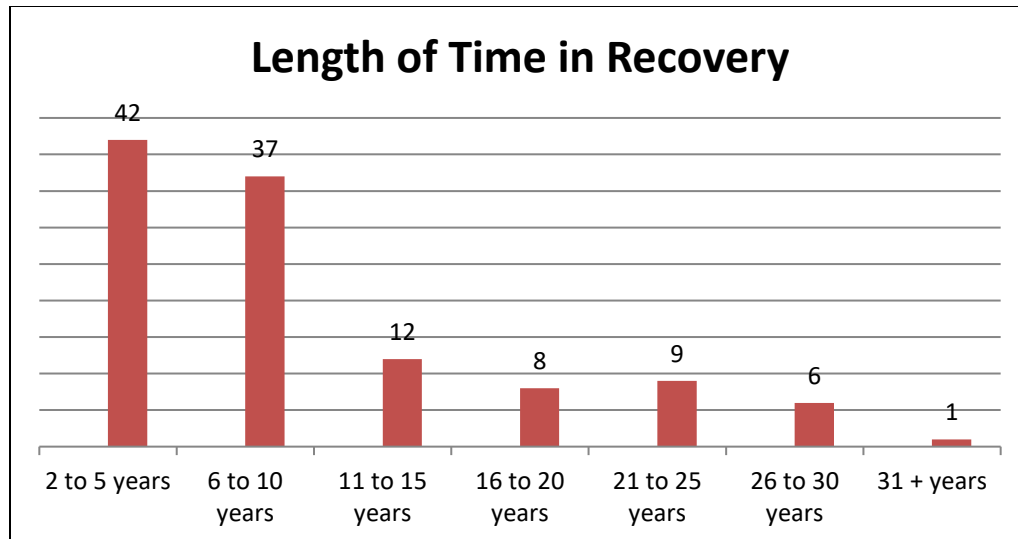
Answer Options	Response Percent	Response Count
YES	87.41%	118
NO	12.59%	17

Answered: 135
Skipped: 1



If Yes, number in years in recovery

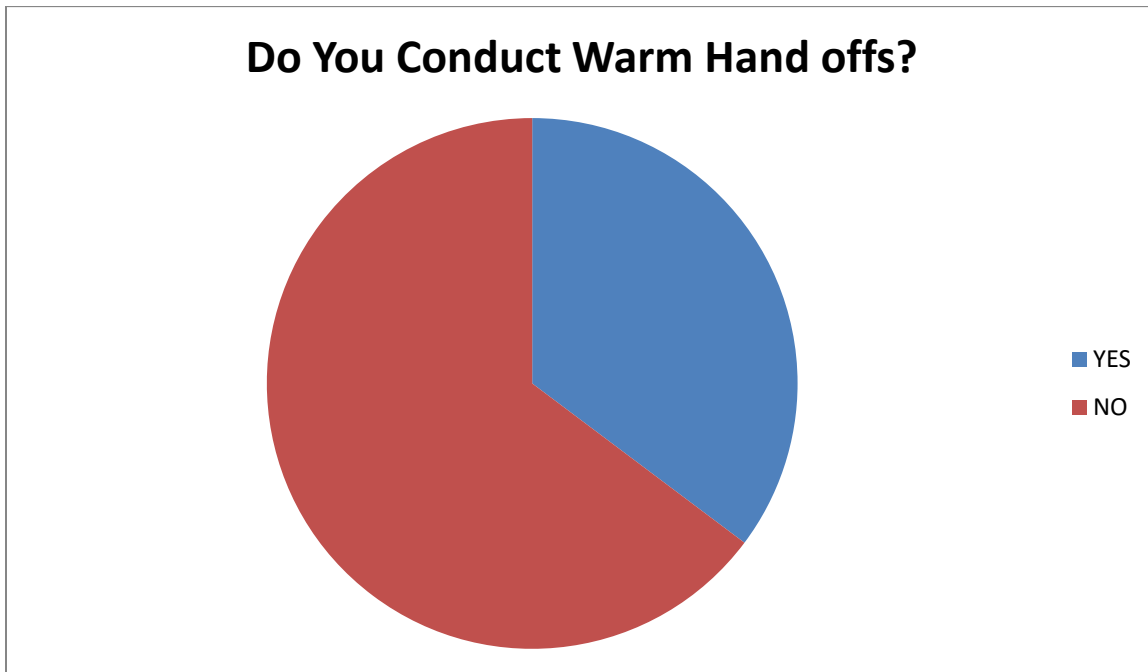
- Median years in recovery = 3.9 years
- Mode = 7 years
- Shortest period in recovery reported = 2 years (8 responses)
- Longest period in recovery reported = 32 years
- The largest group of respondents in age were those individuals with between two and ten years in recovery.



Question 7: DO YOU CONDUCT WARM HAND OFFS AS PART OF YOUR JOB?

135 responses 1 Skipped

Yes = 43 responses 31.65%
 No = 79 responses 58.52%



If Yes, percentage of work time conducting warm hand offs (13 responses):

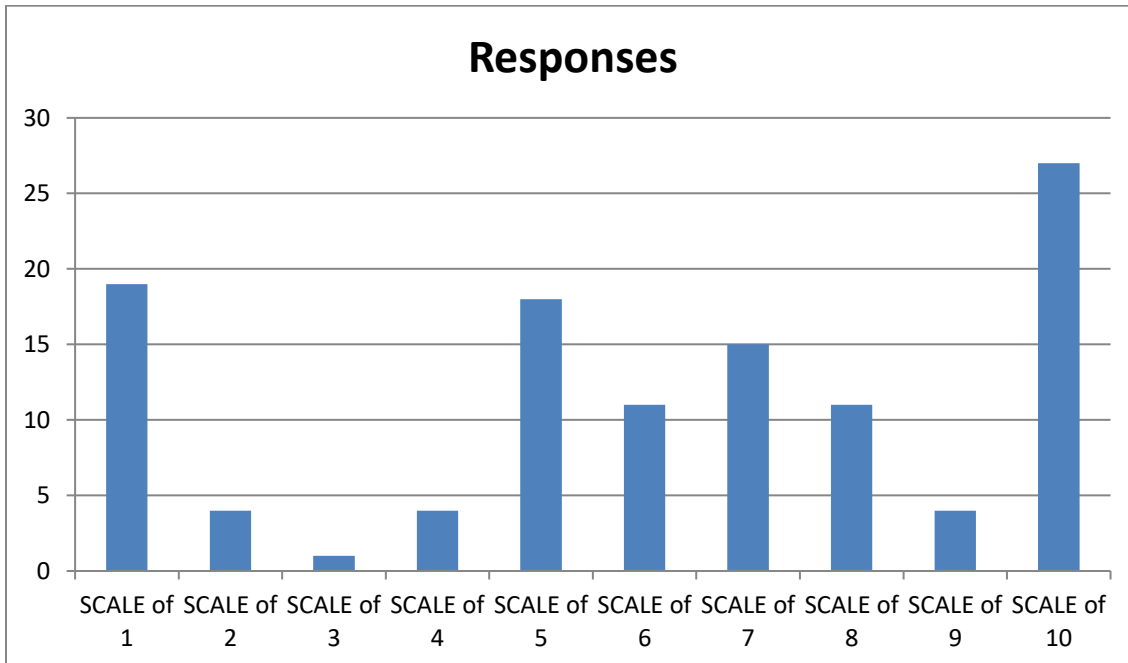
- I do warm handoffs with CM Staff and Tx providers outside of hospital setting
- On call
- 80%

- 60%
- 50%
- 25%
- 10%
- 10%
- 1%
- 1%
- Only 2 times in past 4 months
- As needed
- N/A

Question 8: HOW HAPPY ARE YOUTH WITH THE WORK YOU DO CONDUCTING WARM HANDOFF PROCEDURES AS A CRS?

*On a scale of 1 to 10 (1 being poor and 10 being excellent)
 Answered 109 skipped = 27*

Scale of:
 1 = 19 responses or 17.43%
 2 = 04 responses or 3.67%
 3 = 01 response or .92%
 4 = 04 responses or 3.67%
 5 = 18 responses or 16.51%
 6 = 11 responses or 5.50 %
 7 = 15 responses or 13.76 %
 8 = 11 responses or 10.09%
 9 = 04 responses or 3.67%
 10 = 27- responses or 24.77%



Comments (97 responses):

Only about 24% reported dissatisfaction (scores 1-4) while about 50% reported positive feelings toward this work (scores 7-10). Based on the descriptions, low scores were due to situational issues (e.g. bed availability) rather than issues of skill of the respondents (e.g. lack of knowledge of the system).

Many of the respondents commented that they felt that they were bridging the gap in services. In addition, respondents identified the positive impact that warm handoffs have on the individual who is being seen in an emergency setting. Respondents identified a connection with an individual with lived recovery experience as one of the most important aspects of the warm handoff. Some of the respondents identified the need for a more fluid process, and related frustration at times with not being able to transition the individual into treatment due to insurance difficulties, bed availability, and lack of knowledge on the medical staff's part. Several respondents reported that there are limitations that impact the process.

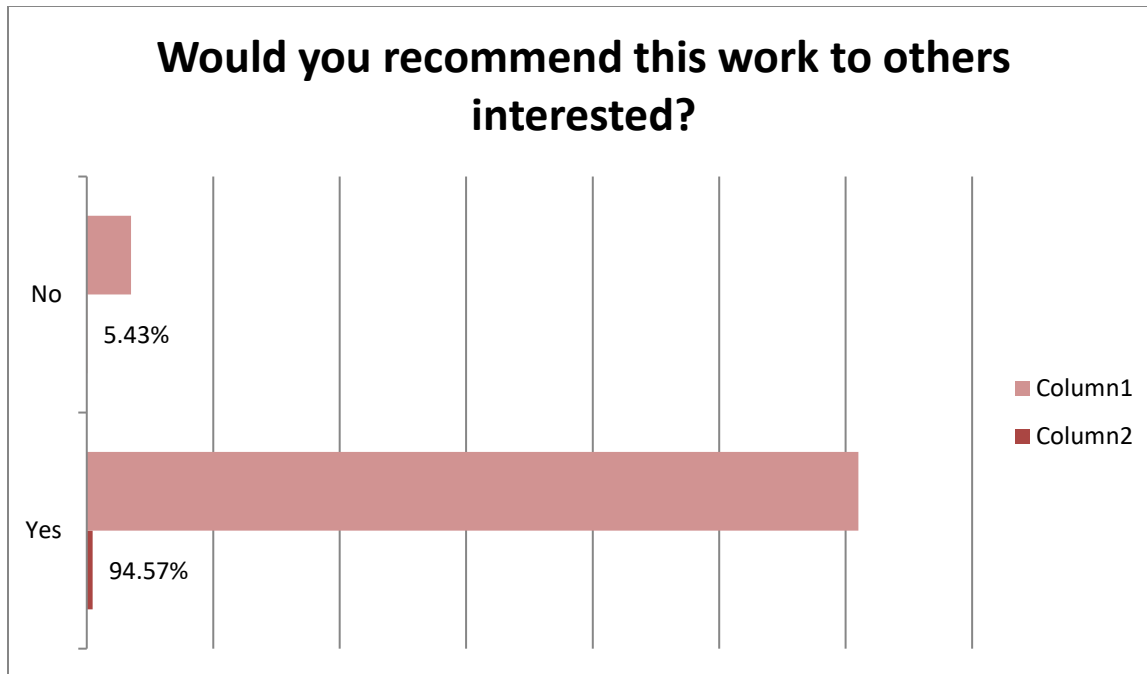
Sample comments:

- It's an amazing project and progress is being made; it will take some time to have everybody clear on the services available
- I love doing this type of work helping people in this recovery process. I would like to see more of a Fluid process.
- I enjoy the work that I do; although it emotionally taxing at times when people refuse treatment. It is equally just as satisfying when some accepts the help offered to them.
- I love my job but with any job comes boundaries. There's great successes and also no successes.
- I believe it is fulfilling a need in the community and a different approach to helping.
- We are still working on establishing a good relationship with ER staff so that they call us during off hours when a substance-related client comes in.

Question 9: WOULD YOU RECOMMEND THIS KIND OF WORK TO OTHERS INTERESTED IN BECOMING A CERTIFIED RECOVERY SPECIALIST?

Answered: 129 Skipped: 7

<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
Yes	94.57%	122
No	5.43%	7
		Answered: 129 Skipped: 7



Comments (64):

The majority of respondents identified the warm handoff work as rewarding and meaningful. Additional comments included the positive impact that individuals with lived recovery experience have on individuals struggling with Substance Use issues, and that the warm handoff is an extremely valuable tool. Several respondents identified barriers, which include low pay, lack of career path in all areas of the state, and difficulty in availability of detox beds.

Sample Comments:

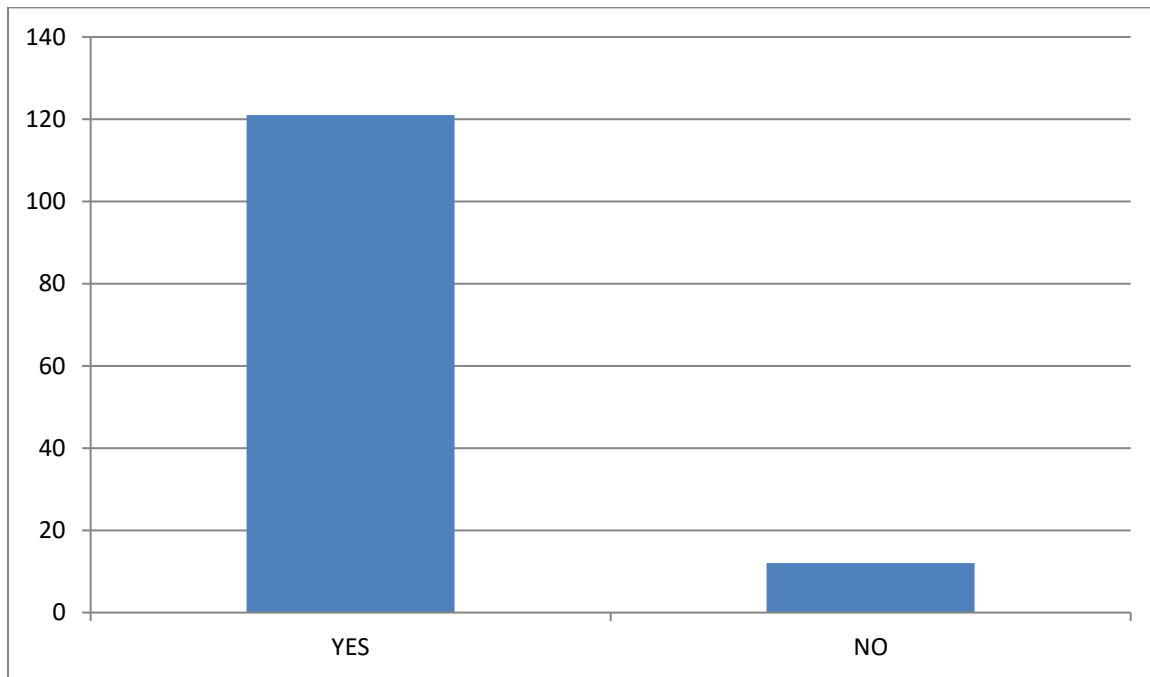
- This is rewarding, not in pay but to be able to help someone get further in their recovery. Sometimes this person is the closest thing to family they know. They are trusting you to help them make the right choices
- We need people in recovery to help with the addiction problem
- I feel that CRS services are needed all across the world. People like myself and others in long term recovery are the best resources to sparking light in a person’s dark vision of themselves. not only have we been where the client is at before, but more importantly we found a way out that provides us an opportunity to live full and healthy lives.
- Demanding but very meaningful work
- I love the security and hope it brings. Helps someone with a substance use disorder trust you
- Definitely worthwhile.
- I think it’s a great tool to use for a person to directly relate on a level that someone who isn't in recovery cannot achieve.
- The better the treatment options, the better the long-term outcome.
- I think CRSs have the best chance of getting clients to be receptive to treatment and have the passion and networking ability to get clients into treatment the fastest

• **Question 10: DO YOU PLAN TO CONTINUE TO WORK AS A CRS OR ANOTHER POSITION WITHIN THE SUBSTANCE USE SERVICE SYSTEM?**

133 responses 3 skipped

<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
Yes	121	90.98%
No	12	9.02%

Answered: 133
Skipped: 3



Comments (56):

Over 90% of respondents identified that they planned on continued to work as a CRS or other capacity in the Substance Use field in the future. Many of the respondents reported planning on continuing their education in the field of Substance Use, while some stated that they are already working towards increasing their academic knowledge in order to work in another capacity in the field.

Sample Comments:

- I believe that in one way or another helping those in recovery is my calling.
- I will continue to work in this field and as a CRS. Our goal is to help anyone who wants help. That need will not go away.

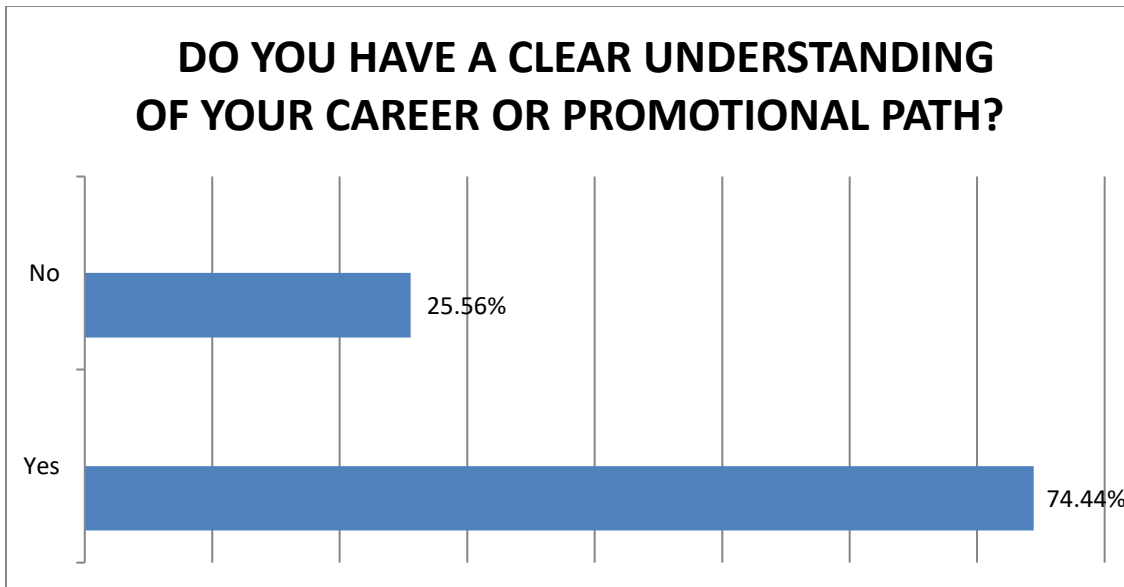
- I'm in the right place
- I'm working on funding for my associates degree in human services
- Now working with a Single County Authority, and, support for veteran's treatment court. I will continue to work in this field, as drug court becomes available to others.
- Yes, only 20 hrs. a week
- I would like to continue to volunteer and hopefully facilitate some CRS trainings.
- I am currently working as a CRS, but I work for an employment agency for people with disabilities. I work with the D&A population as well as the offenders.

• Question 11: DO YOU HAVE A CLEAR UNDERSTANDING OF YOUR CAREER OR PROMOTION PATH?

133 responses 3 skipped

<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
Yes	74.44%	99
No	25.56%	34

Answered: 133
Skipped: 3



Comments (47):

Many of the respondents identified being content with their current positions, with some knowledge of advancement. Some respondents identified that they had no clear understanding of their career or promotional path, as they did not identify an area for advancement without continued education.

Several respondents reported that they have found a way to make their own path, reinforcing the motivation and passion that CRS's have for the work that they do.

Sample Comments:

- A foggy vision perhaps. “Clear” would be an overstatement.
- I have a clear understanding and expectation of my career path and goals.
- Work with high risk substance disorder clients every day.
- I am a retired Special Education School Teacher. I want to get involved with my CRS program.
- I know the potential for advancement within my facility
- Road map is in place and path endured
- I shall continue on this journey as long as I am able to.
- I understand my duties in this career, yet I know to remain open-minded to change in this field occurring.

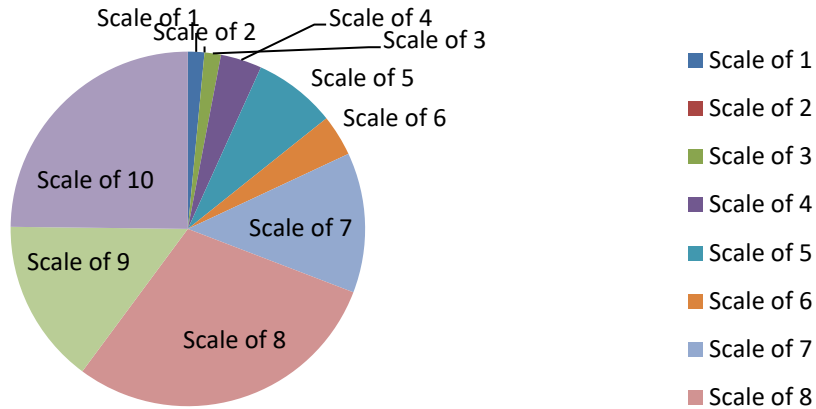
• **Question 12: ON A SCALE OF 1 TO 10, HOW WELL PREPARED DO YOU FEEL TO MAINTAIN SELF-CARE AND AVOID COMPASSION FATIGUE AND BURNOUT?**

Answered: 133 Skipped: 3

<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
Scale of 1	2	1.50%
Scale of 2	0	0%
Scale of 3	2	1.50%
Scale of 4	5	3.76%
Scale of 5	10	7.52%
Scale of 6	5	3.76%
Scale of 7	17	12.78%
Scale of 8	39	29.32%
Scale of 9	20	15.04%
Scale of 10	33	24.81%

Answered: 133
Skipped: 3

How well prepared do you feel to maintain self-care and avoid compassion fatigue and burnout?



Comments (61): Only about 7% reported feeling relatively ill-prepared to manage burnout (Scores 1-4) as compared to 82% who report feeling relatively confident in their self-care abilities (scores 7-10)

The majority of respondent identified the ability to maintain self-care, simply by putting their own recovery first. Although many respondents identified the high stress that often comes along with the job of conducting warm handoffs, individuals identified the importance of utilizing their own supports to ensure continued the CRS's spiritual, physical, emotional and mental health needs are met.

Sample Comments:

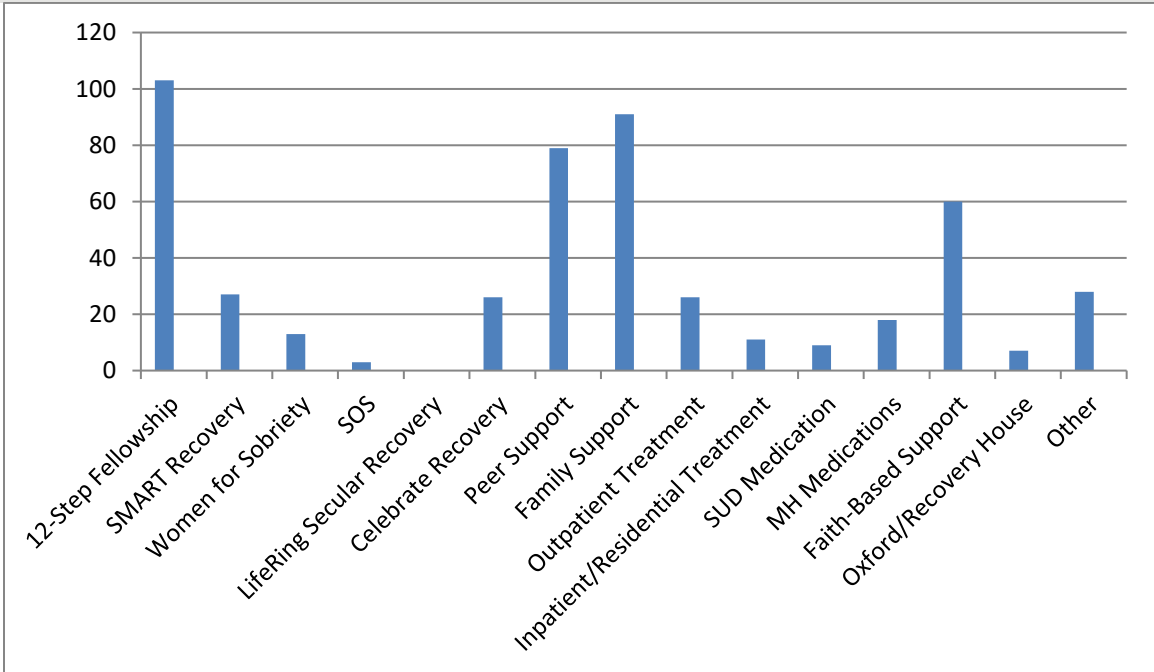
- I think a little fatigue comes with the territory. It's knowing how to recognize it and what you do about it that keeps you healthy.
- My level of self-care and self-discipline is high.
- I understand how important self-care is and have done the work to know what works for me.
- Having worked in other areas related to this field I have learned to take care of my spiritual, emotional, and physical needs to avoid burnout and compassion fatigue.
- I have a good recovery support community and I am stable. I am still early in navigating between agency and recovery needs.
- I have a strong support group, and, professional care available
- I sponsor several AA members only 3 go to 5 AA meetings a week spend lots of time with my family especially my 2 grands children health club meditation 11th step going away with my wife at least once a month if not more.
- I feel adequately prepared but could always use some extra time for self-care.
- I know my boundaries.
- I know when I mentally am getting tired and need my solitude. That is when I take a few hours to myself or reach out to my support.
- I've worked in the recovery field for a number of years, I have learned from my mistakes and have developed some personal boundaries.

• Question 13: PLEASE MARK ALL OF THE FOLLOWING SERVICES/SUPPORTS THAT YOU ARE USING IN YOUR CONTINUOUS RECOVERY.

Responses 133 Skipped 3

103 responses or 77.44%	12 step self-help fellowships
27 responses or 20.30%	Self-Management and Recovery Training (SMART) Recovery.
13 responses or 9.77%	Women for Sobriety.
03 responses or 2.26%	Secular Organizations for Sobriety (S.O.S.)
00 responses or 0%	LifeRing Secular Recovery
26 responses or 19.55%	Celebrate Recovery
79 responses or 59.40%	Peer support
91 responses or 68.42%	Family support
26 responses or 19.55%	Outpatient treatment/counseling services
11 responses or 8.27%	Inpatient or residential treatment services
09 responses or 6.77%	SUD Medication
18 responses or 13.53%	MH Medication
60 responses or 45.11%	Faith-based supports
07 responses or 05.26%	Oxford/Recovery House
Other (please specify)	Comment narrative box 28 responses

SERVICES/SUPPORTS THAT YOU ARE USING IN YOUR CONTINUOUS RECOVERY

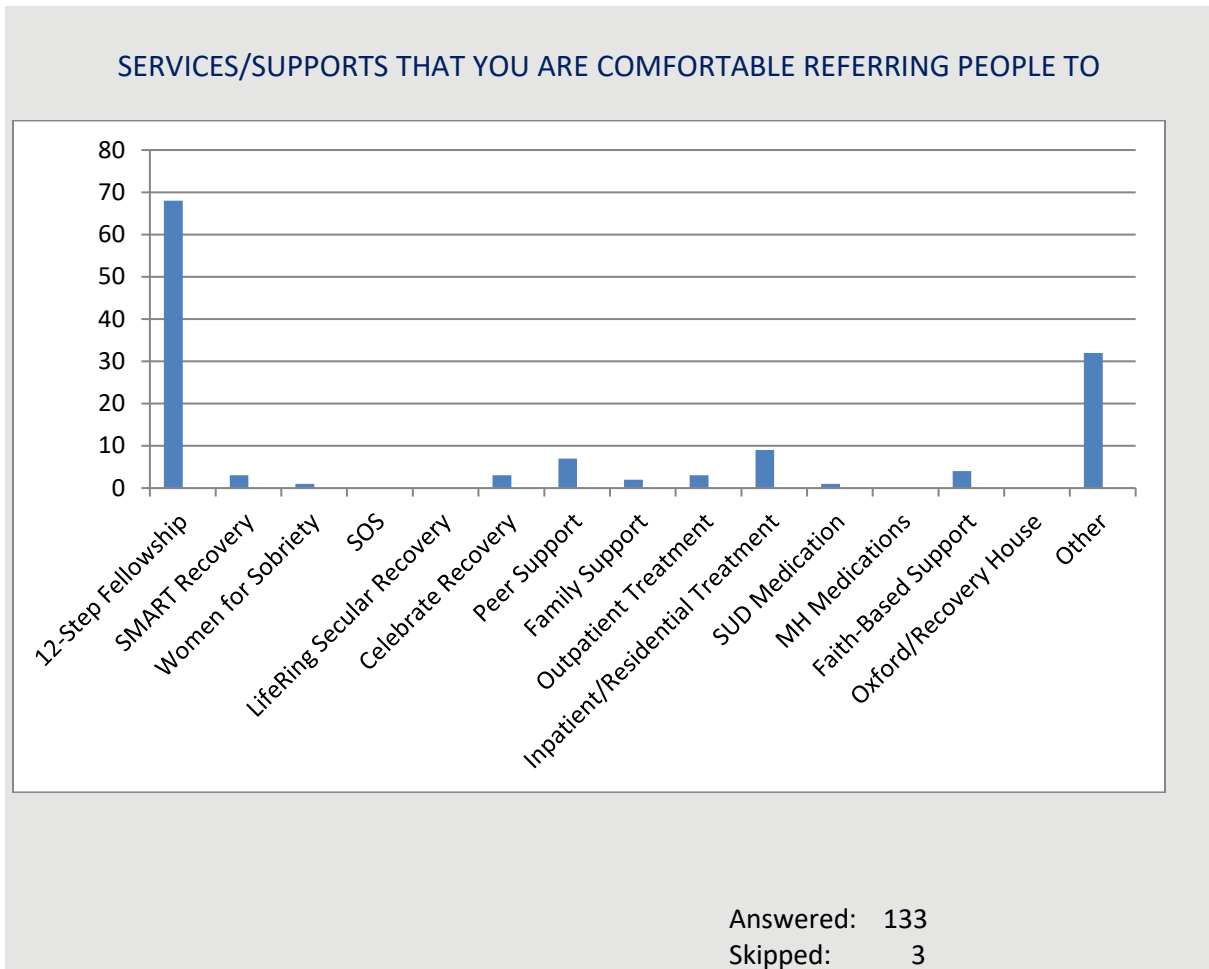


Additional Other comments included:

- New PPT (People Places and Things)
- Refuge Recovery, Yoga, Nature
- My career
- Self Help tools W.R.A.P.
- Long Term Treatment & 3/4 housing
- Gym, hobbies
- Volunteer at rehabs speak volunteer at meals on wheels hospice cloths line for men soup kitchen
- Personal health, nutrition, and exercise program
- Mindfulness
- I'm not in recovery
- Crafts and projects with my granddaughter.
- Individual therapy
- God
- Refuge Recovery
- Not in recovery. Thank God
- Yoga, Refuge Recovery, exercise, education
- Life Recovery
- Positive Punches
- Learning the ropes for recovery and peer support.
- Education
- All of the above. I believe in treating the individual and assisting the person recovering informing their own unique recovery plan.
- Acupuncture and mindfulness
- Working in the field definitely helps keep me sober
- Support of friends in Recovery
- Personal Development strategies from some of the most successful people in the planet
- Not in recovery
- Prevention supports, Recovery trainings
- Refuge Recovery

• **Question 14: WHAT ARE YOU COMFORTABLE REFERRING PEOPLE TO ?**

Responses = 133 3 skipped



NOTE: Other most commonly indicated that the respondent felt comfortable referring across many pathways to recovery and other supports.

Additional Comments (32): Many of the respondents identified feeling confident in referring individuals to most areas listed, although this depended on the individual and their needs. The main thought relayed by the respondents was that there are many pathways to recovery.

Sample Comments:

- Whatever the client needs and will work for them
- Whatever program(s) will provide the individual assistance specific to their needs
- All Pathways of recovery I refer people to
- All the above
- Whatever is most appropriate for the individual

- There are multiple pathway's to recovery I'd have to talk to said person
- Any program that fits their needs.
- Any or all of the above. Whatever works.
- Anything that someone is comfortable with, everyone has a different journey to recovery
- Many of the above I try to fit the persons needs.
- All of the above
- I'm comfortable referring people to many of these options because I have a solid understanding of the fact that there are MANY pathways to recovery

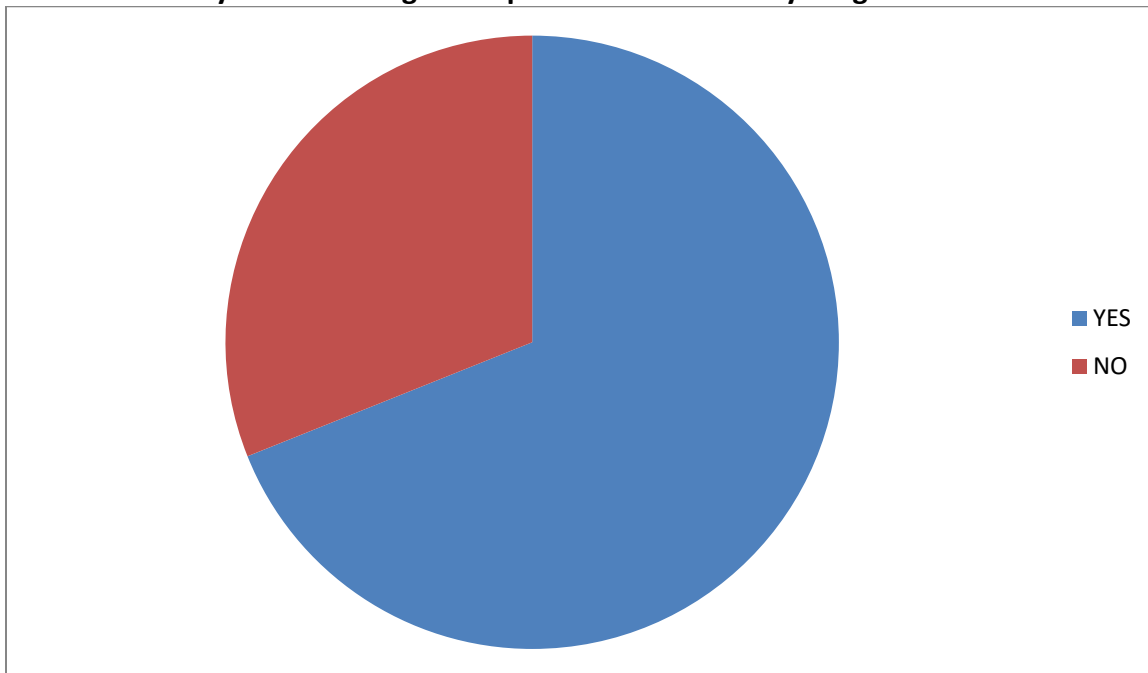
Question 15: DO YOU RECEIVE REGULAR SUPERVISION TO ASSIST IN YOUR GROWTH AS A CRS?

Responses 4 skipped

Yes = 91 or 68.94%

No = 41 or 31.06%

Do you receive regular supervision to assist in your growth as a CRS?



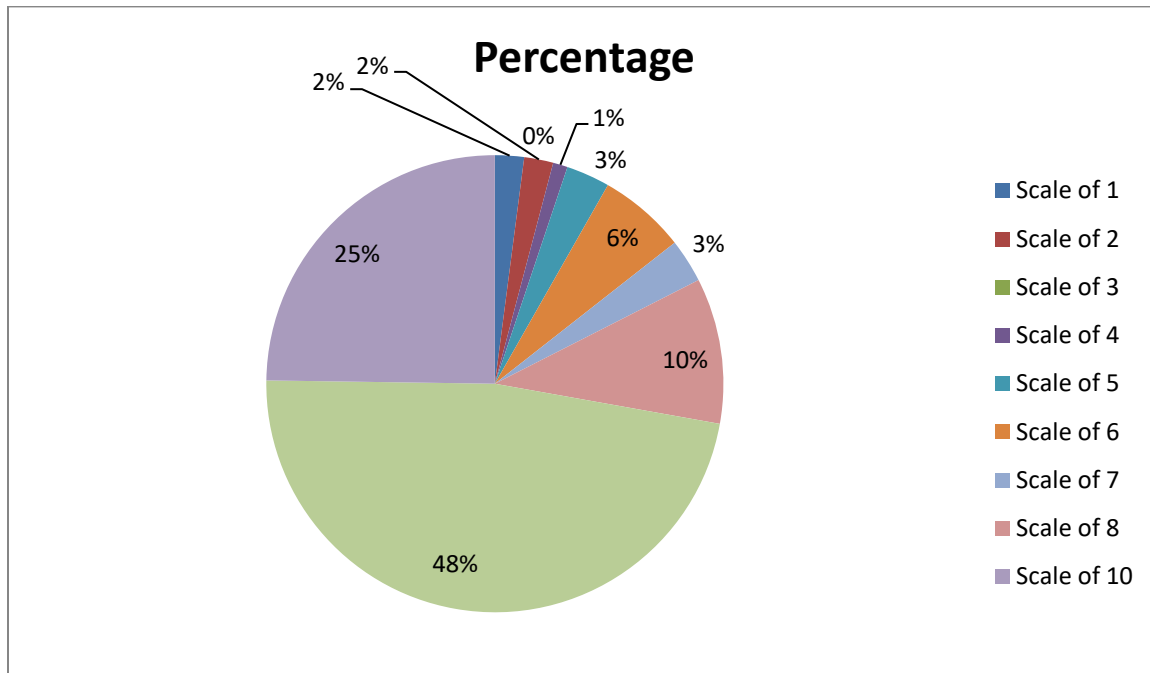
Answered: 132
Skipped: 4

- **Question 16: IF YOU RESPONDED YES TO REGULAR SUPERVISION, PLEASE RATE THE QUALITY OF YOUR SUPERVISION. (1 being poor and 10 being excellent)**

118 Responses 18 skipped

Of the 91 respondents who responded yes to having regular supervision, 89 responded yes 2 skipped

Scale of 1 = 02 responses or 1.69%
 Scale of 2 = 02 responses or 1.69%
 Scale of 3 = 00 responses or 0%
 Scale of 4 = 01 responses or 0.85%
 Scale of 5 = 03 responses or 2.54%
 Scale of 6 = 00 responses or 5.08%
 Scale of 7 = 03 responses or 2.54%
 Scale of 8 = 10 responses or 8.47%
 Scale of 9 = 46 responses or 38.98%
 Scale of 10 = 24- responses or 20.36%



Comments (44):

The majority of individuals who do receive supervision reported positive experiences, with many stating their gratitude for the support of those in supervisory roles.

Comment Samples:

- My supervision is weekly. We discuss my case load, my feelings concerning clients, and my well-being.
- I work with my SCA administrator very closely with my case management and CRS tasks.
- Not person in recovery. Excellent supervisor, but not in recovery.
- Weekly individual supervision plus monthly group supervision with the other CRS staff
- Regularly scheduled trainings
- My supervisor is not a CRS. She is excellent at what she does, balances a great deal. I am a different piece of the puzzle.
- My supervisor is absolutely amazing, she is my mentor, and a constant source of strength. I actually look forward to supervision. She is fair, honest, constructive, open, understanding, the list is huge - she always lets her staff know when we do well - she makes me want to better myself and strive to do a great job. I love my job, and love the people I work for -how many people can say that?
- Many years of experience in the field

• **Question 17: DO YOU FEEL LIKE YOU ARE PROVIDED/HAVE ENOUGH LATITUDE BY YOUR AGENCY TO CONDUCT YOUR DUTIES IN AN EFFECTIVE MANNER?**

125 responses 11 skipped

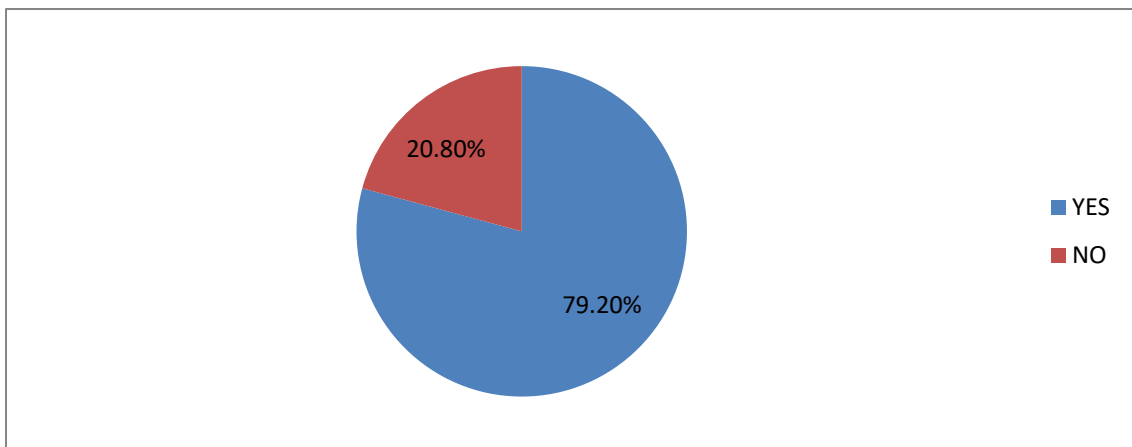
YES = 99 responses or 79.20%

NO = 26 responses or 20.80%

<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
Yes	79.20%	99
No	20.80%	26

Answered:	125
Skipped:	11

DO YOU FEEL LIKE YOU ARE PROVIDED/HAVE ENOUGH LATITUDE BY YOUR AGENCY TO CONDUCT YOUR DUTIES IN AN EFFECTIVE MANNER?



Comments (40): Most of the respondents identified feeling that they were given latitude to their job, as well as feeling that they were supported and had trust from their employers that they could effectively do their job. Several respondents commented that they did not feel that there were enough opportunities for CRS's, and others reported feeling that they were very much on their own in their roles.

Comment Sample:

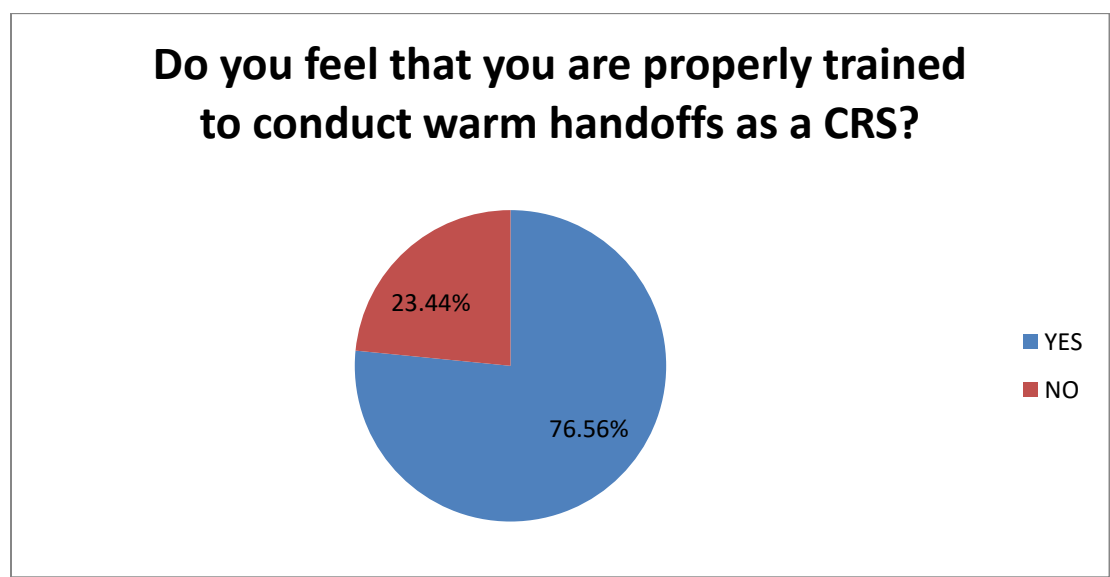
- I have access to many resources, and assistance.
- Agency could not be any better.
- I have full latitude to do what I need to do to help my clients. When something is questionable I go to my program director
- We are a family and team.
- I was stretched very thin through different positions
- I believe that I am restricted to a quality that my facility wants to proceed with
- I work hard to achieve the plan I have in place

• **Question 18: DO YOU FEEL THAT YOU ARE PROPERLY TRAINED TO CONDUCT WARM HANDOFFS AS A CRS?**

Answered: 128 Skipped: 8

<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
Yes	76.56%	98
No	23.44%	30

Answered: 128
 Skipped: 8



Comments (43):

Many respondents reported that they felt that they received ample training for warm handoffs, however, several identified that they felt that their trainings were too broad. A common theme of those who responded related that additional trainings can and should be welcomed by CRS's to increase their knowledge and skills in the area of warm handoffs.

Comment Sample:

- I have been through training
- Enough train and personal experience
- I feel comfortable in warm handoffs.
- Not involved with them actively.
- I don't have any idea of the program.
- Absolutely and it was the part of my job that I loved the most.
- Yes we just need the hospitals to do their part, the doctors or staff need to be reaching out to the CRS
- Multiple trainings and seminars on procedure
- Very informed and current with information
- I am a quick learner.
- I was trained efficiently.
- As a relatively new responder I believe I my skills will improve with each new encounter and situation
- I've never been involved with one, only have the knowledge of what one is.
- Never had training for conducting warm handoff but would like to be.
- As above, my job consists solely of warm hand offs
- More trainings could be offered
- The CRS training was broad training such as hipa training and learning and recovery but really no training about the actual CRS duties.
- I have had my certificate now for two years and I am always being of service to women that are in recovery programs.
- More training is always welcome; however, I feel that I am effective in what I do
- Yes, I am trained, however I am not utilized.

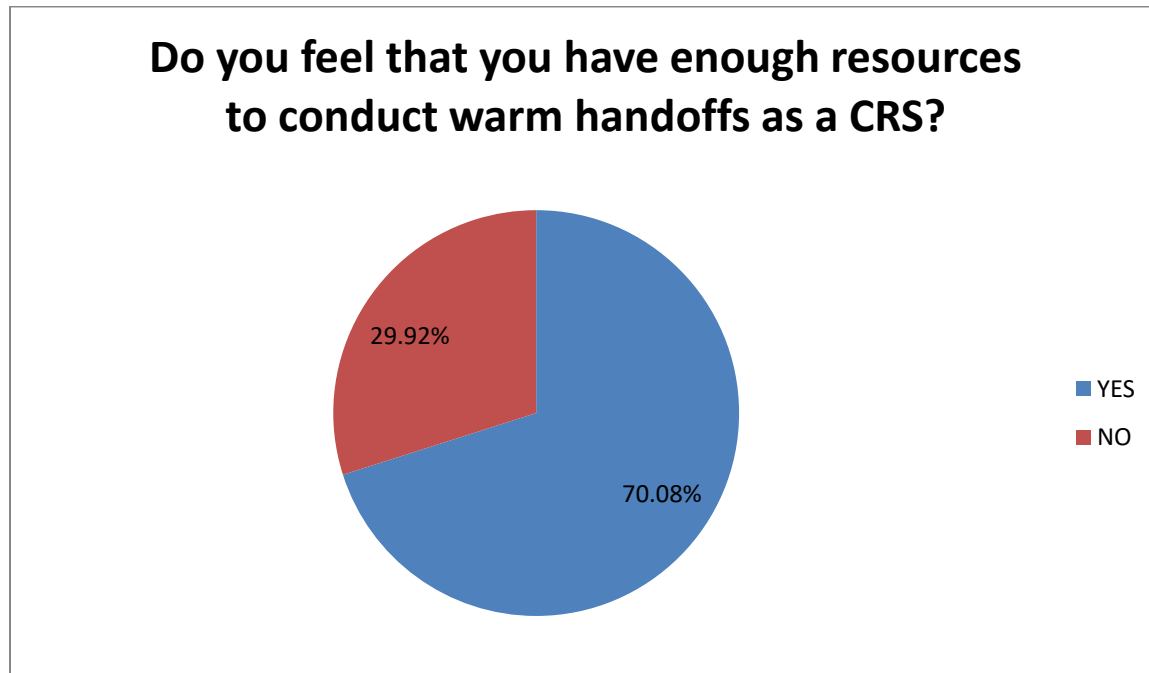
- **Question 19: DO YOU FEEL THAT YOU HAVE ENOUGH RESOURCES TO CONDUCT WARM HANDOFFS S A CRS?**

Answered: 127 Skipped 9

<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
Yes	70.08%	89
No	29.92%	38

Answered: 127

Skipped: 9



Comments (39):

70% of respondents reported that they felt that they had enough resources. Common ideas in the area of resources included barriers identified by those who commented. These barriers include reaching an SCA for funding after business hours, finding a detox bed for individuals in need, and obtaining funding through Managed Care on a timely basis.

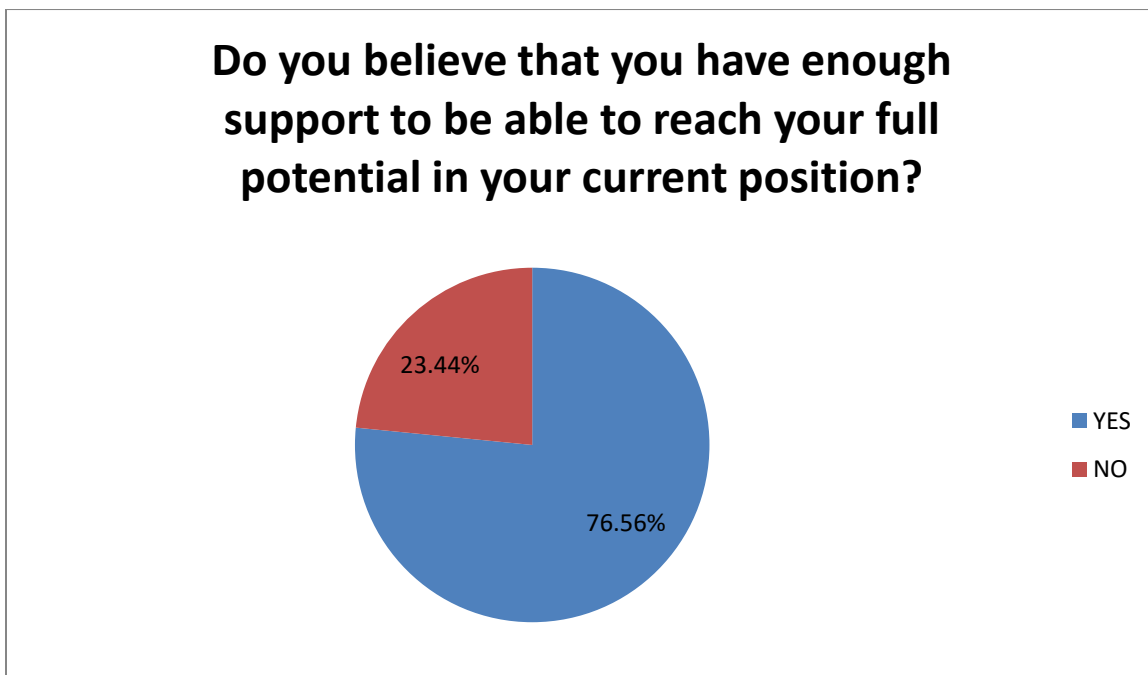
Comment Sample:

- Can always use more resources
- Building community relationships with other providers is key.
- While finding an open bed has gotten a little easier over the past couple years, it is still difficult and more beds are needed for people wanting treatment
- Aware
- I absolutely do.
- There will always be more that I need to have and be knowledgeable about.
- I have very many resources that I have been given to use involving this career.
- There are rarely resources available at two o'clock in the morning.
- It would help if I was trained on how to complete assessments in case I cannot find a case manager to do so. This would fast track the warm hand off process if they individual is needing inpatient.
- The CRS community in my area stays very connected and is very good at offering each other resources that some others may not have.
- Depending on the situation.

- **Question 20: DO YOU BELIEVE THAT YOU HAVE THE PROPER SUPPORT TO BE ABLE TO REACH YOUR FULL POTENTIAL IN YOUR CURRENT POSITION?**

128 responses 8 skipped

<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
Yes	76.56%	98
No	23.44%	30
		Answered: 128
		Skipped: 8



Comments (39): Over three quarters of respondents identified feeling that they have enough support to be able to reach their full potential in their current position. However, some respondents identified the need for increased support in their roles. Some of the respondents reported that they utilize their personal support network to balance this need.

Comment Sample:

- Yes
- We desperately need more exposure to quality trainings and enhancement

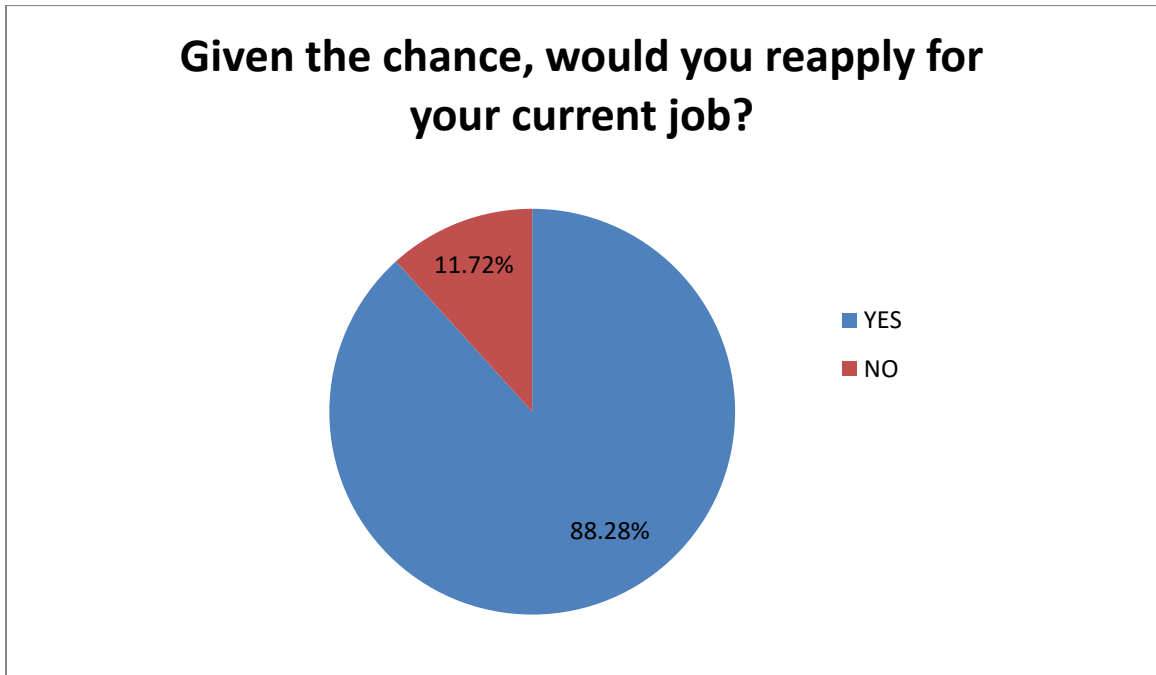
- The system works but needs a little adjusting.
- I am still learning. Programs that my agency offers are not well explained to me
- I am provided with ongoing training
- Yes, given all the tools I needed through the training and working in rehabs as a peer
- Could probably offer more assistance to reach and facilitate.
- I have no supervisors that are educated in D&A.
- There is confidence placed in my abilities.
- I was let go
- The business of helping people is not easy, if it was there wouldnt be a need for the services
- I am maxed on my present job
- Because I ask questions and seek more Information
- Co-workers are supportive and willing to help.
- My employer is very supportive

• Question 21: GIVEN THE CHANCE, WOULD YOU REAPPLY TO YOUR CURRENT JOB?

128 responses 8 skipped

YES	88.28%	113
NO	11.72%	15

Answered:	128
Skipped:	8



Comments (32): The majority of respondents identified a love for the work that they do. Several respondents, however, identified that the work was difficult, with some reporting that they did not feel that there were any avenues for advancement with their current employer.

Comment Sample:

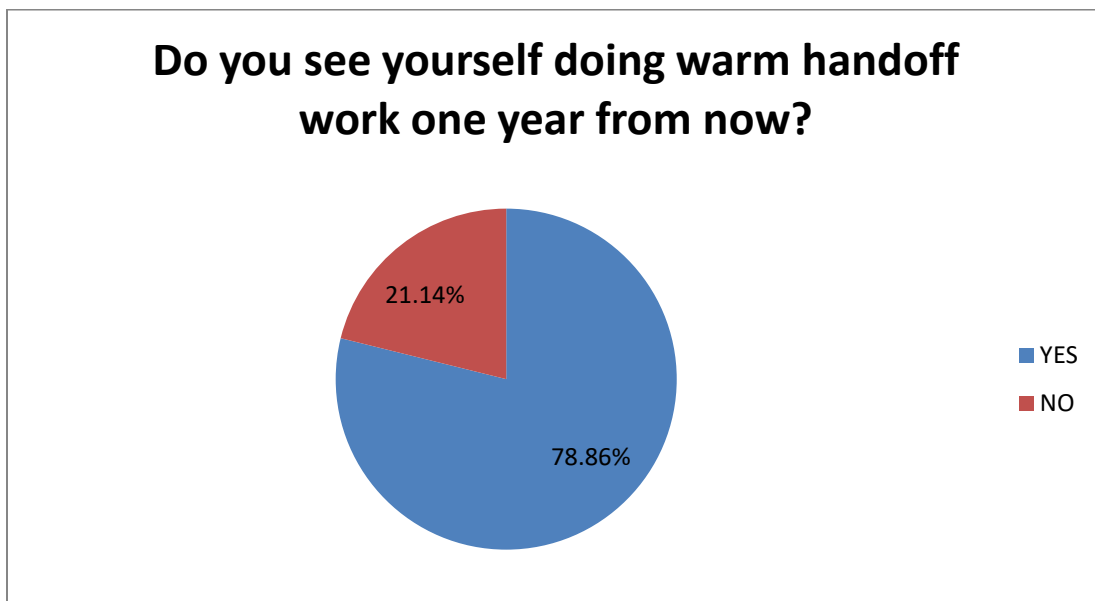
- I can think of nothing I would rather do
- I really love my job
- I like it
- Very rewarding field
- Enjoy both jobs not really a job I witness miracles happen
- Enjoy what I do
- I really enjoy my position.
- I love the diversity of my position.
- But it is voluntary at Gateway and Continuing Care at Greenbriar.
- While I feel that my personal addiction recovery story is unique and inspirational, and I've had an opportunity to speak publicly and being received well, I am contemplating abandoning any further volunteer work in the recovery community.
- I miss helping people on that level a great deal. It is a shame that I was not quick enough in attaining results for my agency.
- You have to work hard to achieve your goals, failure or not. Everything you do is a learning experience
- Love what I do, and why I do it.
- I love this career.
- I love my job and will never give it up or do anything else.
- Yes, I like volunteer work but would like to get a paid position either part time or full time in the future.

• **Question 22: DO YOU FORESEE YOURSELF DOING WARM HAND OFF WORK ONE YEAR FROM NOW?**

Answered: 123 Skipped: 13

<i>Answer Options</i>	<i>Percent</i>	<i>Response</i>
YES	78.86%	97
NO	21.14%	26

Answered: 123
Skipped: 13



Comments (44): Over three quarters of the respondents identified that they saw themselves conducting warm handoffs one year from now. Some comments included respondents seeking better living wages. Other respondents identified continuing their education and possibly moving forward in their career path.

Comment Sample:

- Like what I'm doing so why not
- Not planning on leaving current employer.
- If given the opportunity.
- Honestly, I don't know, but I would love to.
- Not applicable to my position
- We're going to build this recovery community center, and warm handoffs is part of the process
- If I can find a job with a living wage

- **Question 23: WHAT KINDS OF TRAININGS DO YOU THINK WOULD BE HELPFUL FOR OTHERS CONSIDERING DOING WARM HANDOFFS?**

Answered: 91

Skipped: 45

Comments (89):

Training suggestions included Motivational Interviewing, Family Engagement, Trauma-Informed Care, and education for and with both CRS's and hospital staff. Additional suggestions include Pathways to Recovery, Navigating and Understanding Insurances, Confidentiality, and Adolescent Trainings.

Comment Sample:

- The trainings are offered in other counties usually distant and far in between.
- Able to see and bring up the underlying cause of SUD
- Very useful when engaging with person who may be still in denial about substance use
- We speak the same language but I still had fear starting the job
- Necessary, regardless of current position.
- Just to be able to understand the difference insurances
- Having the ability to show someone that treatment would be beneficial for them. Sharing my experience, strength, and hope. It is vital for the success of the Warm Handoff program that both the agencies that employ CRSs and the hospital ER staff are included in the same training series for continuity and consistency. At this juncture, there has been a consistent misunderstanding from the hospitals' staff and crisis depts. When follow ups have occurred, they have shown they do not know why or when to call our program. They do not seem to understand warm handoff includes bed placement amongst other things.

- **Question 24: IF YOU HAVE PARTICULAR SUCCESS STORY THAT YOU ARE ABLE TO SHARE (WITHOUT PROVIDING ANY KIND OF CLIENT IDENTIFYING INFORMATION), PLEASE DO SO HERE:**

Answered: 47 Skipped: 89

Answered: 47
Skipped: 89

Comments (47):

Many of the respondents identified their own journeys, and the crucial role that individuals with lived recovery experiences played in their own recovery. Seeing individuals months and even years after the CRS was involved in their recovery was reported by many respondents, reinforcing the long-term positive outcomes of the CRS's role in their recovery.

Comment Sample:

- I will talk about myself. I am in recovery for 8 years. if it were not for people helping me get to treatment and self-help meetings afterward I would not be who I am today. today, I continue to fellowship with my recovery support system daily and also attend self-help meetings regularly.
- I love my recovery and I share who I am
- I was able to answer questions and actively listen to hospital staff concerns regarding recovery
- It just feels good when system is working in a fluid manner...and the seeds of recovery is sewn by sharing the hope that recovery is possible.
- We have a client that now celebrates 1 year clean
- Everyone that gets into treatment and is afforded another chance at life.
- I have recently been able to close service with my first client that has met all her goals. She chose to move forward with her own resources knowing she can call back if she needs us in the future. She has gained a new perspective and appreciation for her life and wants to help others
- If my participants are identifying with anything I'm saying and it helps them to not use that day. Success!!!!!!!!!!

- **Question 24: ANY ADDITIONAL COMMENTS THAT YOU HAVE THAT WOULD ASSIST US IN UNDERSTANDING TRAINING AND RETENTION NEEDS FOR CRS'S CONDUCTING WARM HANDOFFS IN OUR SERVICE SYSTEM:**

Answered: 43 Skipped: 93

Comments (43):

Respondents identified the increased need for CRS's in the Substance Use systems of care, reiterating the hope and strength that CRS's share when conducting warm handoffs. Several respondents identified that not all counties utilize CRS currently, and those that do are under-utilizing the service. Individual comments included the need for a living wage, increased education for medical staff, and increased cohesiveness in the warm handoff process. An underlying theme of this survey reinforced the

research on warm handoffs: the process has the potential to transmit hope to individuals with Substance Use issues.

Comment Sample:

- I would just suggest additional trainings and education that would help prepare folks for that hospital setting and interaction with medical staff.
- It's an extremely difficult and demanding position on many levels. Unless someone actually has responded as a WHOS, I don't think they can fully understand all the aspects and dynamics involved.
- CRS's have started coming into their own. We are seeing the need for them more and more. I CRS needs to be more than a warm handoff. They are that person's life line and in most cases like a family member.
- Start more programs in our county we don't have any
- Always be empathic, listen to the client's needs. share your own success story to give the client hope. be very supportive while maintaining professional boundaries and PCB code of ethics.
- Dealing with out of state clients like I'm doing now and there's different insurance policies and how to deal with somebody who is out of state as more and more clients are out of state and don't have anyone here in Pennsylvania so that's where I come in so I feel that current and future CRS be informed on this most important topic and that's Recovery
- No, I just love my job and the warm handoff has helped me out tremendously with placement as well as additional resources that would be helpful to our clients!
- Just that I would be interested in training and work as a CRS doing warm handoffs.
- Again, I think warm handoff is great but underutilized. CRS should be called for any and all drug related problems on hospitals.

V. Survey Limitations

The survey was limited to the experiences of CRS. With 136 respondents, this can be considered to be a representative sample of those with a CRS (According to the Pennsylvania Certification Board, there are 1115 CRSs as of 2/28/18). Due to the broad geographic sampling of respondents, this may be considered representative of CRS in the Commonwealth of Pennsylvania.

- These results cannot be assumed to generalize beyond CRS. If there are others who do similar work but have not dedicated to Certification in these duties (such as certified peer specialists, sponsors, volunteers etc.), these trends may or may not apply. Similarly, these results may or may not be generalizable to other similar peer services outside of the Commonwealth of Pennsylvania.
- In self-report surveys there is no way of checking to assure accuracy, honesty, or reliability of responses. However, it is assumed that anonymity of responses limit this concern. The detailed nature of the responses also support the validity of the trends identified, as well as the strength of consistency of responding.
- Self-selection limits participants to those who volunteered to share their experiences and may result in an individual not choosing to participate who could add important data to the research. The detail of spontaneous responses and descriptions reflects a motivated respondent pool, which is reflective of the types of responses received.
- This survey represents a snapshot of experiences at this moment in time. In the context of a rapidly changing SUD environment, these findings may also change over time. This would suggest that recommendations should be implemented in a timely manner in order to most effectively address issues identified in this snap-shot.
- Since there is no common language for the duties provided by CRS', as well as a variety of ways in which these services are implemented, it is unclear which of these practices or service activities produce these results. For example, those providing warm hand offs from hospitals may have a different experience than a peer working within an SUD treatment facility.

VI. Conclusions

Based on these results there are a number of conclusions that may be drawn that reflect the current status as well as guide future directions.

- **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 of these 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.

VII. Implications or Services and Policies

Based on these findings, recommendations include:

- **Workforce Consistency:** Development of consistent activities, funding, employment opportunities and other task related issues may be needed to engage the workforce.
- **Workforce Engagement:** While the workforce growth is needed in general, specific areas for growth include young adults and older adults.
- **Workforce Retention:** Consistent supervision and career development path mentoring may be improved to support retention of the existing workforce.
- **Workforce Growth:** Training and supervision may be expanded to grow the existing workforce, and develop the supervisors of the future.
- **Funding:** Funding is needed to permit agencies to hire additional CRS, as well as support the related infrastructure for workforce growth.

Appendix I: Sample of Blank Survey

PRO-A Survey of CRSs conducting Warm Hand Offs

PRO-A is sending out this survey monkey questionnaire link to all Certified Recovery Specialists so that we can better understand CRSs involved in warm hand off processes statewide and to determine training and retention needs for this growing element of our drug and alcohol service system workforce.

A Warm handoff - Is when health care staff, such as physician, a nurse, a social worker, a case manager see the need for someone suffering from substance use disorder to receive services while they are in the emergency department. It is connecting the patient in the emergency department directly into treatment or other resources they may need.

Please take the time to answer these questions. All individual responses will be kept in strict confidence.

The aggregate responses will be compiled into a summary with no individual identifying information disclosed. The survey is anonymous. If you wish to receive more information about PRO-A please sign up for free digital membership here: <http://pro-a.org/membership-join/membership-registration/>

Thank you,

Bill Stauffer, LSW, CCS, CADC

Executive Director

CRS Warm Hand Off Survey –

1. Age (numerical Value)
2. Gender (M/F)
3. Zip Code
4. Region of the state (1-6)

Region 1: Southeast –Berks, Bucks, Chester, Delaware, Lancaster, Montgomery, Philadelphia Schuylkill

Region 2: Northeast – Bradford, Carbon, Lehigh, Lackawanna, Luzerne, Monroe, Northampton, Pike, Sullivan, Susquehanna, Wayne, Wyoming

Region 3: South central – Adams, Blair, Bedford, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lebanon, Mifflin, Perry, York

Region 4: North Central – Cameron, Centre, Clearfield, Clinton, Columbia, Elk, Jefferson, Northumberland, Mckean, Montour, Lycoming, Snyder, Potter Tioga, Union

Region 5: Southwest – Allegheny, Armstrong, Beaver, Cambria, Fayette, Greene, Indiana, Somerset, Washington, Westmoreland

Region 6: Northwest – Butler, Clarion, Crawford, Erie, Forrest, Lawrence, Mercer, Venango, Warren

5. Highest level of education

High School / GED Associate Degree Bachelor Degree Master's Degree PhD

6. Are you in Recovery from a Substance Use Condition Yes / No

If Yes, number in years in recovery (numerical value)

7. Do you conduct warm hand offs as part of your job? Yes / No

If Yes, percentage of work time conducting warm hand offs

8. On a scale of 1 to 10, (with 1 being poor and 10 being excellent) how happy are you with the work you do conducting warm handoff procedures as a CRS? (Likert Scale)

Please explain your answer Narrative Box

9. Would you Recommend this kind of work to others interested in becoming a Certified Recovery Specialist?

Yes / No Please explain your answer Narrative Box

10. Do you plan to continue work as a CRS or another position within the substance use service system?

Yes/No Please explain your answer Narrative Box

11. Do you have a clear understanding of your career or promotion path?

Yes/No Please explain your answer Narrative Box

12. On a scale of 1 to 10, (with 1 being poor and 10 being excellent) how well prepared do you feel to maintain self-care and avoid compassion fatigue and burnout? (Likert Scale)

Please describe self-care rating Narrative Box

13. Please mark all of the following services/supports that you are using in your continuous recovery.

- 12 step self-help fellowships
- Self-Management and Recovery Training (SMART) Recovery.
- Women for Sobriety.
- Secular Organizations for Sobriety (S.O.S.)
- LifeRing Secular Recovery
- Celebrate Recovery
- Peer support
- Family support
- Outpatient treatment/counseling services
- Inpatient or residential treatment services
- SUD Medication
- MH Medication
- Faith-based supports
- Oxford/Recovery House
- Other (please specify)

Comment narrative box

14. What are you comfortable referring people to?

- 12 step self-help fellowships
- Self-Management and Recovery Training (SMART) Recovery.
- Women for Sobriety.
- Secular Organizations for Sobriety (S.O.S.)
- LifeRing Secular Recovery.
- Celebrate Recovery
- Peer support
- Family support
- Outpatient treatment/counseling services
- Inpatient or residential treatment services
- Referral for SUD medication
- Referral for MH Medication
- Faith-based supports
- Oxford/Recovery House
- Other (please specify)

Comment narrative box

15. Do you receive regular supervision to assist you in your growth as a CRS? Yes/No

Rate the quality of your supervision (with 1 being poor and 10 excellent) (Likert Scale)

Describe your supervision Narrative Box

16. Do you feel like you are provided have enough latitude by your agency to conduct your duties in an effective manner?

YES / NO Please explain your answer narrative box

17. Do you feel that you are properly trained to conduct warm handoffs as a CRS?

YES / NO Please explain your answer narrative box

18. Do you feel that you have enough resources to conduct warm handoffs as a CRS?

YES / NO Please explain your answer narrative box

19. Do you believe that you have the proper support be able to reach your full potential in your current position?

Yes/No Please explain your answer narrative box

20. If you were given the chance, would you reapply to your current job?

Yes/No Please explain your answer narrative box

21. Do you foresee yourself doing warm hand off work one year from now?

Yes/No Please explain your answer narrative box

22. What kinds of training do you think would be helpful for others considering doing warm handoffs?

Please explain your answer Narrative Box

23. If you have a particular success story that you are able to share (without providing any kind of client identifying information) please do so here:

Please explain your answer Narrative Box

24. Any additional comments that you have that would assist us in understanding training and retention needs for CRSs conducting warm handoffs in our service system

Please explain your answer Narrative Box

APPENDIX II: ALL COMMENTS COLLECTED FROM SURVEY

8. On a scale of 1 to 10, (with 1 being poor and 10 being excellent) how happy are you with the work you do conducting warm handoff procedures as a CRS? - Please explain your answer:

(97 responses)

- I have only been a WHO responder since 10/30/17. That is a short time period to truly determine if I am "happy" with the work I do.
- I can offer person options on where to go next but it is up to them to decide what they want to do but it is fantastic there is someone a person can talk to that can offer options as opposed to no one at all.
- While doing my job, most counselors at the rehabs do not want to work with CRS or Case managers
- No warm handoff in Mercer co.
- I really enjoy being part of the warm hand off because sometimes I go to the Hospital Emergency room to screen and assess clients for placement after they overdosed. this is such an opportunity to help people get to the next level of care to better their lives. we call it bridging the gap with services.
- Not hired as CRS yet
- Not sure what warm hand off is sorry
- Sometimes it can be frustrating.
- I'm not sure what a warm handoff means? Do you mean when I take someone struggling to get assessed and into treatment that I show them compassion and empathy?
- It's an amazing project and progress is being made; it will take some time to have everybody clear on the services available
- I love doing this type of work helping people in this recovery process. I would like to see more of a Fluid process.
- We aren't getting calls for a overdose till OD's leaves the hospital
- I enjoy the work that I do; although it emotionally taxing at times when people refuse treatment. It is equally just as satisfying when some accepts the help offered to them.
- We are on the forefront of this problem. Getting users into treatment a lot faster.
- My county agency currently does not use CRS in their warm hand off initiative.
- I love the work - contact with those who are in need, but not dealing with the hospital staff where we are responding
- Not be implemented on wide scale
- I work for probation which I find warm hand offs to be approximately 60 percent positive. I also work for a Doctor's office which is approximately 30 percent positive warm hand results due to the COE award using suboxone and vivitrol. Peers just want the cravings to go away due to opiate heroin / fentanyl. Also other COEs not all just provide the MAT with no recovery process / plan being used. Other CRS have personally working with them. Just being used as a go for cleaning offices toilets etc. As you can see it's very frustrating to sit in our monthly meeting approximately 60 CRS and listening to their stories. Don't get me wrong I believe we are making a positive foot print in the Northeast.
- Have not experienced as of date
- I love my job but with any job comes boundaries. There's great successes and also no successes.
- Not really applicable since I've not used the training.
- Na
- I did these in the past, but not currently. I was comfortable conducting them.
- Do not work in ER.

- I am unfamiliar with this program. I would love to be involved to the best of my ability. I presently volunteer at two rehabilitations but no hands on work.
- N/A
- While it was challenging, seeing something click really helped.
- Haven't been involved
- I don't do them
- I do not do warm hand offs
- I would give this a 10, but the pay is awful.
- Not Applicable
- Whatever the best level of care for the client is top priority
- I am not working as a CRS at this date
- I believe it is fulfilling a need in the community and a different approach to helping.
- We are still working on establishing a good relationship with ER staff so that they call us during off hours when a substance-related client comes in.
- Currently I'm not involved with warm hand offs
- I enjoy the connection and ensuring the information will be cleared up...
- I would LOVE to do them.
- I think it's great to meet an individual at bedside in the hospital. I believe as a CRS, patients and clients feel more comfortable in that setting with someone who understands them. Sometimes, doctors carry the stigma with them throughout the day that the client may assume, but as a CRS, we leave "the white coats at the door."
- I love being a warm handoff responder. The hope. the help we offer and the resources the RASE Project has to offer is amazing.
- There are limitations and guidelines needed to be followed. With that being said, it can cause the job and ultimate goal to be more complicated or confusing.
- There are not always adequate resources available when needed and many people do not want assistance.
- I enjoy helping people in their process, but there are times when people are very unwilling to see the damage they are causing in their lives and do not want to make a change. I work on being the hope, but it can be a bit frustrating to help people see what they are doing to themselves.
- I don't do warm hand offs at my job
- Not involved but would like to be.
- Does not apply to my duties
- It's so hard to get a detox bed right then. You usually have to wait days and the client is going back on the streets.
- I've been working warm hand off since July and only been called one time. I arrived to the hospital and Crisis was unable to locate the survivor. It was determined he left the hospital.
- My job is solely based around warm hand offs in a hospital setting (we place patients who come in through the ED treatment) and my only complaint would be that we don't have enough TX providers who will do insurance pre-certifications, which we don't do on site (we do them at our main site, business hours, M-F) coca will pay for detox, but we sometimes run in to problems when trying to place people who only need 3B LOC.
- I work in an inpatient treatment facility and we strive to have our clients complete at our facility and remain in treatment whether it be a halfway house or outpatient treatment
- It is usually under circumstances that would not allow for the handoff to happen smoothly if at all. Mostly, this boils down to the individuals desire to seek help, which is often lacking in those moments of opportunity.

- I don't do this. But I think it's a great program
- no job
- I am not currently employed but certainly support warm handoff
- I work in primary care so most referrals come from within the organization
- Was never offered that position
- I do not have a job in recovery at this time.
- It's very fulfilling and rewarding.
- I am learning more about how to help others and stay clean myself. I see myself in other addicts I meet and the CRS job kicks right in. I have been that person at holy spirit and pinnacle that just walked out and used right away. This is a great opportunity to share my experience. To listen to them and let them know there is a way out of this cycle of overdose, get released from hospital going right back to using. I have volunteered for 1 year as a CRS before accepting a position as a paid CRS and I never saw myself as this person 4 years ago.
- I do not conduct warm handoff procedures as a CRS.
- I work outpatient and do not generally do warm hand offs
- The company I work for has 4 ED's which makes complying with HIPPA and Confidentiality much easier
- Sometimes it's hard to get the sending organization to return phone calls to coordinate the warm hand offs.
- NA
- I love being able to show love & support to people who may not have either in their lives. Just knowing someone cares goes a long way.
- Neutral, I do not personally do warm hand off
- I feel that Case Management is not helpful with connecting the warm handoff to CRS staff
- Don't work in ER, but have utilized CRS credential in outpatient where I work.
- Don't conduct warm handoffs
- I have not been involved in warm handout
- I've been in the field for 22 years
- I would love to be a part of the warm off procedure but at my current employment we are currently not participating, we are a small agency and hoping to grow.
- Warm hand offs are good in theory and thought, however they aren't really being followed through.
- Don't know what a warm handoff is? However I have advocating & volunteering over a year in Recovery field.
- Not done smoothly or enough
- The hospital and Jails need to be better informed on what exactly a warm hand off is. There is too much confusion on what it really is and how it should look.
- Warm handoffs are a part of my job description however I have not come across this so far in my role as a CRS.
- I'm neutral
- I don't do them
- There are always barriers in terms of accessing recovery support services. If we lived in a perfect world and there were no barriers and everyone wanted treatment here in Philadelphia there are simply not enough inpatient beds available.
- Does not apply
- I am not happy about the process in our county because the CRS involvement is lower than what is required for individuals to find adequate recovery support services.

- I don't work with D&A clients on a daily basis however when I do I always assess the need and proceed accordingly
- N/A
- I don't do warm handoffs
- The company I work for has been trying to arrange warm hand offs however it seems that the hospitals are not following through. We have yet to get one call.
- I have not had experience with doing it yet, however, I am pretty comfortable in situations that may occur.
- In our area there is not many warm handoffs being done at all.
- Not used
- I am looking forward to the opportunity to experience the warm handoff process. I am so willing to help others that are ready to experience a lifestyle of recovery.
- Very satisfied
- Typically, I do refer people to our local Single County Authority. Our local area lacks in the infrastructure to complete warm hand offs, even if the patient elects to participate. There is no local detox or large rehabs within 40 miles. Our single County authority does a wonderful job, but they are open 8 am to 4 pm and closed on weekends. Most of the calls that I get are people that need immediate detox during weekends and off hours, as substance abuse is a 24/7 issue. We need detox in hospitals and jails. We need to reduce the wait times for detox, treatment and rehab.
- I have found too many CRS's seem to overstep their scope of training and consequently refer inappropriately. As a Clinical Psychologist as well as a CIP the role of the CRS in a warm hand off should be more fully explained.
- Do not do it
- I have not had an opportunity to conduct warm hand offs in Dauphin County even though I signed up to do that. I filled out paperwork twice about what I would like to do as a CRS, but nothing has been assigned by Dauphin Co. D&A which is who I got my certification through.

9. Would you Recommend this kind of work to others interested in becoming a Certified Recovery Specialist? Please explain your answer:

(64 responses)

- It has positive challenges and potential for individual growth.
- This is rewarding, not in pay but to be able to help someone get further in their recovery. Sometimes this person is the closest thing to family they know. They are trusting you to help them make the right choices
- We need people in recovery to help with the addiction problem
- I feel that CRS services are needed all across the world. People like myself and others in long term recovery are the best resources to sparking light in a person's dark vision of themselves. not only have we been where the client is at before, but more importantly we found a way out that provides us an opportunity to live full and healthy lives.
- It is often rewarding.
- Yes, I'd recommend this type of field/career to anyone that cares for his/hers fellow man/women kind especially when they can't help themselves anymore
- Demanding but very meaningful work
- I love the security and hope it brings. Helps someone with a substance use disorder trust you
- I am aware of others that enjoy giving back to the communities in which they live.
- It is very rewarding, it is humbling, it keeps it real for those in recovery, it is a time where 'peer to peer' interaction is most meaningful

- Very much needed support
- Yes and no, I believe a CRS should have 5 years sober and explain what they have and done as of the interview what they do currently. Surely most of us cannot survive on \$12.00 an hr. I'm retired and donate many of my hours since I Can only make \$900.00 a month till I turn 65 .
- Definitely worthwhile.
- I think it's a great tool to use for a person to directly relate on a level that someone who isn't in recovery cannot achieve.
- The better the treatment options, the better the long-term outcome.
- But please include me on the information. I have been a CRS for 3 years.
- N/A
- I believe that CRS is needed first hand to help others that suffer from addiction
- It is a rewarding job to help people in our community and be a ray of hope for the people still struggling.
- In an effort to help those suffering the condition of SUDs it may be beneficial to know that there are others who once walked in their shoes and are now living a drug free lifestyle
- Why not?
- It's rewarding if you can find a job you can live on.
- I think CRSs have the best chance of getting clients to be receptive to treatment and have the passion and networking ability to get clients into treatment the fastest
- Currently I'm not involved with warm hand offs
- As long as the passion for helping doesn't become second
- My work is so fulfilling. I am amazed on a daily basis as to how much my peers give to me, and I hope I give to them. God truly blessed me.
- It is the most rewarding job to help assist in coordinating care for someone who needs our help! It is one of the hardest jobs you'll ever love due to the rewards of your hard work that is saving someone else's life.
- It's amazing to give back and be there for another person.
- It feels very rewarding just being able to show up for overdose survivors so that they know there are people there to help them and listen.
- The potential is there for this to be an extremely valuable tool.
- I believe it's a great idea, and if my job involved warm hand offs, I would try to be a part of them.
- Yes, but if you want to make a living job are not around.
- Even though it is so hard to get a bed it's rewarding work. You are planting a seed even if it's a small one
- I love it. It's very rewarding.
- I think this is a great idea. But I think the CRSs should be called in for ANY drug problem cases not just overdose. Then maybe we can get the rescue squads to use warm handoff too especially if someone refuses treatment
- Doesn't appear to be any part time work in the area.
- N/A
- I believe a warm handoff is a very important part of recovery for the person in addiction.
- I stay clean by helping others!!!
- I would highly recommend others interested in becoming a CRS.
- I would love to do more of this. To help someone in their absolute time of need to change their life and be hope for someone is such satisfying work
- Giving back and seeing someone succeed in recovery is an unexplainable feeling

- There are too many people who are not serious, don't have enough recovery time, and/or are not about abstinence or 12 step recovery who are taking CRS courses that are not thoroughly taught, taking the boards and potentially doing more harm than good.
- It is very rewarding helping others especially when you have been where they are
- First point of contact is critical, as is following through with participants.
- CRS is a great support for addicts who are not only attempting to recover, but need services pertaining to many roadblocks in life.
- However, persons have to have the heart for this work
- It's rewarding
- It works in our personal recovery also.
- Like 12 step work only better
- I love the work I do and I feel that it is very rewarding and believe others wanting to help fellow peers suffering the same way we did should absolutely get in this field to help the fight.
- In addition to becoming a Certified Recovery Specialist, people should consider seeking higher education around chemical dependency, etc.
- Immediate response is necessary to the intervention / work being effective.
- Conducting Warm Handoffs is an essential part of CRS work. I have been a CRS for over 7 years and I find it very rewarding, even though I am technically not permitted to use my CRS title at my current job. I have used facets of the position in jails, institutions and all recovery environments, and it has been quite rewarding.
- When you can help someone, you need know the different avenues that are available
- I don't do warm handoffs
- I feel it's really important that an addict talk to someone who recently overdosed. It has more impact than when hospital staff does it.
- It's extremely beneficial to clients speaking to someone other than a counselor or sponsor
- Haven't experienced the warm hand off experience.
- Rewarding and a great way to get started if you like working with people and making a difference.
- Yes, but be prepared to face challenges to get patients into immediate detox and treatment
- The fact that the individual seeking TX is more receptive to another in recovery.
- Don't know
- No until a warm hand off protocol using CRS individuals is developed locally.

10. Do you plan to continue work as a CRS or another position within the substance use service system? Please explain your answer:

(56 responses)

- I believe that in one way or another helping those in recovery is my calling.
- I will continue to work in this field and as a CFRS. Our goal is to help anyone who wants help. That need will not go away.
- I attend as and NA in my area including Pa and Ohio
- I love CRS work because I can work with the client to promote recovery.
- I've been certified since 1-12-13 and I plan on getting recertificated every 2 years as I'm doing now and I've 12 clients from PA NJ DE NY Florida Texas and I've personally put 31 people into treatment including 11 this year!!!! I'm also the head navigator (on call 7/24) for the Bensalem Police Department and I'm scheduled every other day what an incredible program
- I'm in the right place
- I'm working on funding for my associates degree in human services
- I am willing to do this work as long as the position exists.

- I plan to continue to increase the level of my education and credentialing - I am almost finished with my MA in Behavioral health. My hope is to be able to have more options as to where I can work, and in what capacity. As far as my position as a CRS, I am almost positive I will not stay in this exact role for life, but I absolutely LOVE this role, and will always work on some level as a peer to those in recovery. I believe having CRS experience will keep me humble, and relatable. It is more important than having my MA in many ways dealing directly with people.
- Now working with a Single County Authority, and, support for veterans treatment court. I will continue to work in this field, as drug court becomes available to others.
- Yes only 20 hrs. a week
- I would like to continue to volunteer and hopefully facilitate some CRS trainings.
- I am currently working as a CRS, but I work for an employment agency for people with disabilities. I work with the D&A population as well as the offenders.
- I love my role in the substance disorder realm.
- I would love to be more involved.
- I am extremely disappointed with the recovery community. In my experience and opinion, there is little to no coordination between entities and organizations designed to promote substance abuse recovery education, outreach, and treatment and the Certified Recovery Specialists willing to work in the field and/or volunteer their time.
- I was let go by the council in a different position so I was unable to continue the warm handoff program
- I am a counselor now, but my CRS helped me to obtain this position
- I am in process of open a D/A & Mental Health program for youth & younger adults
- I love helping other people and also feel like it is my duty to help people just like I was helped
- I will maintain my certification, but have now better developed skills.
- I run a nonprofit who's goal is to build a recovery community center. I've spent several years trying to get it off the ground and plan on completing this major feat
- I've been working at a treatment center for 11 years
- I like doing field work
- Currently do case manager work
- I wouldn't have it any other way. I love giving back.
- Planning to stay in the field.
- I work PT for a helpline. I am currently seeking a FT position.
- CRS because it can be very rewarding. Especially after a long career in law enforcement.
- I plan on continuing my education
- I'm currently exploring options for continuing my education in the D&A treatment field
- would like to continue if there was a job.
- Currently a counselor assistant
- I am certified now in Peer Support, so I will be working with peers who have mental issues along with addiction issues.
- Going to school to be an addictions counselor in the near future.
- I am a case manager at a transitional housing program. I do use what I learned in CRS training with my clients.
- I love my job
- I will be going back to school to obtain my BSW and eventually MSW
- I love helping others to find their strengths.
- Provides the opportunity to make meaningful contributions to society
- CRS credential is always helpful for people struggling.
- it's my purpose to be of service

- I am Certified in Recovery, Forensics and Mental Health fields.
- No money
- I plan to stay as a CRS as of now. If anything, I may attend further education however I plan to stay with something in this field.
- I am currently a Program Manager- and once I complete my MSW program I am looking forward to performing clinical work.
- I do not work in the substance abuse field at this time. I am just certified. I am looking to break into the substance abuse field asap. I am currently working in Child Welfare and am in the process of possible discussion in merging fields.
- I plan to advance into a leadership role at some point within an organization. I am a very big proponent of internal checks & balances, creating quality within staff supervision and continuing to build a better overall D & A delivery system that better serves our clients. Fidelity and quality issues along with maintaining strong client confidentiality standards are very critical in all of these areas.
- I plan to use my knowledge to continue to help others
- My CRS skills and training apply even in my current role as a National Director of Intervention Services.
- Not sure what I'm going to do with it right now.

11. Do you have a clear understanding of your career or promotion path? Please explain your answer:
(47 responses)

- A foggy vision perhaps. "Clear" would be an overstatement.
- I recently switched career paths, and am currently adjusting, observing, and taking it a day at a time. I continue to stay motivated, focused and allow my awareness to grow within current position with the RASE Project
- Not of my promotion path.
- My goal is to meet people where they are at that time in their recovery. Aid them in furthering life in recovery. I want to take the CFRS certification and help families rebuild. Our country has forgotten what family is
- Not currently employed in CRS
- I am currently a Wayne County SCA Drug and Alcohol Case Manager Specialist. I am 6 credits away from obtaining my Associates Degree, and I will be going directly into my Bachelors program by June 2018. My degree Concentration is in Community and Human Services.
- See above
- I've been with the Council SEPA for 7 plus years; I'm comfortable
- At this time, I am not aware of the promotion path.
- I wish!
- I will continue to work in this field as the need for CRS continues to grow
- Being retitled and working with others 12th step I get two-fold in return
- I have a clear understanding and expectation of my career path and goals.
- I am in school for nursing. I hope to obtain my nursing degree, and use my knowledge and skills to bridge the gap between medical professionals and people suffering from substance abuse.
- I work with high risk substance disorder clients every day.
- I am a retired Special Education School Teacher. I want to get involved with my CRS program.
- I thought I did and was proved that I was clearly mistaken.
- I plan to continue my education, and go for a higher level of certification.
- After years of suffering from addiction I've had to fight for myself to get back on my feet. I don't plan on stopping now

- I'm maxed out without a full degree.
- I know the potential for advancement within my facility
- Road map is in place and path endured
- I shall continue on this journey as long as I am able to.
- I understand my duties in this career, yet I know to remain open-minded to change in this field occurring.
- Want a career as a CRS not much interested in a promotion path. I enjoy helping people at the CRS level.
- But only because I have my own recovery related business
- I drove 200 miles to take the exam and have not been contacted by anyone and have no place to send a resume.
- To obtain CAAC
- I am very interested in Recovery and Peer Support to help others.
- My life experience guided me to this profession.
- My company has very clear guidelines for the CRS role
- Yes, there is no position to move into at my organization so this is it.
- I have the ability to move up if I continue to further my education.
- I'm 70 so it's truly "one day at a time" and "live in the moment"
- Just moved out to outpatient pavilion where I utilize my skills as a CRS.
- Not much of a path
- However, I can tell you that I created opportunities for myself. That being said, I have witnessed many CRS remain in the same position over the years. I on the other hand have clear and obtainable goals in place- thus I have been promoted 4 times in the past 5 years- with the end goal of starting my own counseling services where it is needed the most (West Kensington, Philadelphia)
- See previous answer. I will be discussing the possibility of creating a CRS position either within Lehigh County or OCYS today.
- I have a clear vision of my personal career path, but I'm not so sure it's with this current organization. I'd like to find a place where I can have more influence to the entire process. A place where my input is valued and appreciated and a place where I can fully utilize my education and leadership potential to help other improve their professional standing and improve quality within an organization.
- I will start my own non-profit and help others in need of whatever their issues may be
- It's still send pretty unclear what the career is.
- Addiction Counselor
- Right now most of my time as a CRS has been volunteer. Working with agencies that offer peer to peer support people that are just coming into the recovery process.
- I am the founder if a non-profit.
- I do have a continuing vision for my role
- I founded the company and developed the programming.
- When signing up for CRS classes, I thought I would be hands-on with the recovery community as a CRS doing the warm hand-off and other things. However, that has not been the case. It seems very disorganized.

12. On a scale of 1 to 10, (with 1 being poor and 10 being excellent) how well prepared do you feel to maintain self-care and avoid compassion fatigue and burnout? Please describe your self-care rating:

(66 responses)

- I think a little fatigue comes with the territory. It's knowing how to recognize it and what you do about it that keeps you healthy.
- My level of self-care and self-discipline is high.
- Just paperwork can be time consuming but not at all a bother, just a question of a person needed the full amount of time necessary and then going directly to the next person and doing paperwork later on.
- I have my support people in place and use them.
- Meetings and support groups
- I always keep my personal recovery first and my main priority in my life. I understand that my job is not my recovery, but that I am a recovering addict that works at a job helping people. I attend NA meetings weekly, I have a sponsor, I work and live the 12 steps of recovery, and most importantly I maintain my relationship with my higher power Jesus Christ as my primary source of strength through the daily practice of prayer, meditation, seeking guidance, and giving thanks.
- Besides taking care of myself and my clients and the navigator program and I'm also my disabled mothers full time caregiver and I've been since my father passed in March of 2012 so as of right now I'm pretty busy juggling my duties/responsibilities
- I understand how important self-care is and have done the work to know what works for me.
- Having worked in other areas related to this field I have learned to take care of my spiritual, emotional, and physical needs to avoid burnout and compassion fatigue.
- I have a good recovery support community and I am stable. I am still early in navigating between agency and recovery needs.
- It has been very difficult, especially with the heroin epidemic. I have never experienced anything like this, and I have been through a rough road. The loss, the struggle, the pain, and suffering is horrendous. There are not enough detox/treatment beds, people in the field are burnt out all over the place, it is becoming too routine, and not given the compassion it should get. People who work in this field are overworked, grossly underpaid, and not appreciated - the emotional toll is like nothing I have ever experienced before (and I worked as a nurse for half my life). For the 200 people we deal with, maybe 1 person makes it - and YES it is soooooo very worth it, but some days that sad statistic is unbearable to think about. After caring, supporting, encouraging, listening, cheering on, advocating, being lied to, scammed, hung up on, blown off, used, stood up, and more, it is hard at the end of the day to put effort into your own self - or even your loved ones. You have to get prepared, or you lose a little of your own self a day at a time - and all the recovery and peace you have worked so hard for slowly dissipates and you are left with scraps for yourself and everyone else. Self-care is a must
- I have a strong support group, and, professional care available
- I sponsor several AA members only 3 go to 5 AA meetings a week spend lots of time with my family especially my 2 grand children health club meditation 11th step going away with my wife at least once a month if not more.
- I feel adequately prepared but could always use some extra time for self-care.
- My life is very busy at the moment. I work full time, in school part time, mother, and everything else in between. I don't have much time for self-care, and I do tend to feel burned out from time to time. I just keep moving forward and stay focused on my goals.
- I know my boundaries.
- I have had years of experience as a teacher.
- While I am doing better upon being let go, my recent position called for extreme compassion fatigue and no time for self-care.
- Self-care is always a struggle when people's lives are at stake.
- Top priority amongst anything else

- been in recovery for over 20 years, I'm a 12-step guy n/a.
- I know I work too much (60-70) hours per week but I try to make my time off useful to me instead of just sitting on the couch watching Netflix nonstop
- Haven't been able to take time with a busy filled life
- I am doing well at self-care.
- Recovery is a major part of my life so talking about recovery all day actually helps me. Helping others helps me and I take care of myself and my wellness outside of work.
- I am actually going through maintain self-care and taking time to relax on days off or nights off. I attend a meeting almost every night which isn't a bad thing but I put self-care and house hold duties behind. so I'm working on it.
- I know when I mentally am getting tired and need my solitude. That is when I take a few hours to myself or reach out to my support.
- I've worked in the recovery field for a number of years, I have learned from my mistakes and have developed some personal boundaries.
- I am involved in a 12-step program and the agency I work for insists that everyone is active in their personal recovery in order to avoid burnout.
- After a long police career I have seen burn out by many. I have a hobby and children and grandkids that keep me going. All good
- I have a great support network, many of whom work in this field in one capacity or another, who have expressed the importance of self-care before I even made the final decision to become a CRS
- I know that self-care is very important in this line of employment. I will continue to stay active in my own recovery so the I can effectively continue to help others
- I know I have to take breaks or I'll burn out quickly.
- I manage very well.
- Seek spiritual balance to support my mental and physical health
- I hope to be able to know myself enough to take care of myself before burnout.
- This is the key. I have to set boundaries, comply with HIPPA, ethics..... I have to remain teachable and be able to change.
- I know my boundaries and have a great team I work with that can help me whenever
- Self-care is something I sometimes lack, but am working to make it a priority
- I am actively practicing self-care by way of acupuncture. I am also continuing to seek out new self-care solutions.
- I work as a part-time volunteer doing CRS work, do paid interventions (buckscountyinterventions.com), and am heavily involved in AA. However, I am not under the stress of being a full-time CRS working in the field.
- Have a clear understanding of how to care for myself.
- I'm pretty good at taking care of myself and am aware of how important it is and I prioritize it.
- I have a secure support network in place
- I make self-care my number one priority, and I have built remarkable resiliency into my approach to managing my emotions/mental/spiritual states.
- I maintain self well, however at times I may deal with trying to cope successfully with my challenges
- Don't over extend, know limits, can say no and refer
- I try to take time for myself and not over do it. If there are things that bother me I have no problem going straight to my supervisor to ask for advice or just get something off my chest.
- A CRS is expected to hit the ground running! That said, there is little time spent around self-care- it's all about billable services/units!

- After being a Family Finder / Family Group Decision Making Coordinator I've returned to Child welfare casework. This has been traumatic. The volume of work is crushing.
- I feel that my current position allows for adequate balance between providing prevention services to groups and the work I do with youths. I would like a more direct services role again working with individuals and families to combat addiction. This may appear in the form of a counselor role within the D & A system or in the educational system or a blended environment. I feel that I have excellent skills in separating my personal life from work while maintaining and building my personal recovery, especially regarding my own personal spiritual growth.
- You must take care of yourself first or you are no good helping others
- Unsure
- I work on my spirituality every day and have a strong support in 12 step meetings.
- I have a tendency to bring my work home with me.
- I continue with my own personal recovery on a daily basis. Even though I have experienced numerous clients that have died, I process my feelings and do things daily for myself
- I have a time schedule. Which is a set amount of hours that I am willing to volunteer and once those hours in a day are over I go home to unwind and make time for myself and my family.
- I've had to learn "on the job" to do this but I also took a course to help me evaluate myself that was very helpful.
- I rely on my faith to get through the tough moments
- It is a critical part of being most effective.
- I feel well-prepared, but continuance of self-care is always an issue that needs continually explored and promoted.

13. Please mark all of the following services/supports that you are using in your continuous recovery. (Comment narrative box for OTHER category)

28 responses

- New PPT (People Places and Things)
- Refuge Recovery, Yoga, Nature
- My career
- Self Help tools W.R.A.P.
- Long Term Treatment & 3/4 housing
- Gym, hobbies
- Volunteer at rehabs speak volunteer at meals on wheels hospice cloths line for men soup kitchen
- Personal health, nutrition, and exercise program
- Mindfulness
- I'm not in recovery
- Crafts and projects with my granddaughter.
- Individual therapy
- god
- Refuge Recovery
- Not in recovery. Thank God
- yoga, Refuge Recovery, exercise, education
- Life Recovery
- Positive Punches
- Learning the ropes for recovery and peer support.
- Education

- All of the above. I believe in treating the individual and assisting the person recovering informing their own unique recovery plan.
- acupuncture and mindfulness
- Working in the field definitely helps keep me sober
- Support of friends in Recovery
- Personal Development strategies from some of the most successful people in the planet
- not in recovery
- Prevention supports, Recovery trainings
- Refuge Recovery

14. What are you comfortable referring people to? (Comment for OTHER category):

Comments (32)

- I am comfortable and would suggest any and all of these where appropriate
- 12 step, Inpatient, outpatient, yoga, Refuge Recovery, SMART, Faith-based, Nature Therapy
- Survey will let me choose only one. I am comfortable referring to all options.
- Whatever the client needs and will work for them
- Whatever program(s) will provide the individual assistance specific to their needs
- All Pathways of recovery I refer people to
- All the above
- Whatever is most appropriate for the individual
- There are multiple pathway's to recovery I'd have to talk to said person
- Any program that fits their needs.
- Any or all of the above. Whatever works.
- Anything that someone is comfortable with, everyone has a different journey to recovery
- Many of the above I try to fit the persons needs.
- All of the above
- I'm comfortable referring people to many of these options because I have a solid understanding of the fact that there are MANY pathways to recovery
- What suits the individual
- All
- All of the above. I believe in individualized recovery plans.
- All of the above
- Any of the above
- All of the above and anything that helps keep the person sober/clean
- Meetings sponsorship, any other org. that provides help.
- All, there are many pathways to recovery
- Not sure
- All of the above each client is different and any or all might work
- All the above
- Whatever is needed to handle the crisis.
- 12 step fellowships, SMART Recovery, Faith-Based supports, prevention supports, RCO's, Celebrate Recovery and Grief support groups
- All of the above whatever may work for that person
- All of the above
- All of the above
- All of the above

16. If you responded yes to regular supervision, please Rate the quality of your supervision (with 1 being poor and 10 excellent. Describe your supervision:

(44 comments):

- Biweekly individual supervision last 30-60 minutes. Weekly update phone-in w all CRS staff. Monthly CRS staff meeting. Plus phone and email support as needed.
- It has been in depth, open and honest,
- My supervision is weekly. We discuss my case load, my feelings concerning clients, and my well-being.
- I work with my SCA administrator very closely with my case management and CRS tasks.
- Not person in recovery. Excellent supervisor, but not in recovery.
- My supervision comes from my mentor Jay Levitz of Aldie's counseling in Doylestown Pa. and Sue Demachuk of good friends/today inc. in Morrisville Pa. and Anne Maria Walsh of the Bensalem Police Department
- Weekly individual supervision plus monthly group supervision with the other CRS staff
- Regularly scheduled trainings
- My supervisor is not a CRS. She is excellent at what she does, balances a great deal. I am a different piece of the puzzle.
- My supervisor is absolutely amazing, she is my mentor, and a constant source of strength. I actually look forward to supervision. She is fair, honest, constructive, open, understanding, the list is huge - she always lets her staff know when we do well - she makes me want to better myself and strive to do a great job. I love my job, and love the people I work for -how many people can say that?
- Many years of experience in the field
- Monthly
- My agency does not have anyone who is educated in the D&A field. I reach out to former supervisors and people that are educated in the field to help me if I need support.
- My employer is not well-versed in addiction. I look to outside support for growth and opportunities.
- Very poor at Gateway Rehabilitation and Extremely helpful at Greenbriar.
- There was little to no supervision
- My supervisor spends minimal time with me, as I was working as a counselor before moving into doing CRS support
- I didn't
- Mainly discussion on clients
- I am always being mentored and taught new things. My CEO and Supervisors have an open-door policy that I am grateful for.
- I work out of a hospital and my boss works at our main office downtown she visits me every other week but we speak on a weekly basis. She also has access to my work due to documentation.
- Everyone that I work with is always willing to help me with my questions and concerns.
- Weekly opportunities for direction and to ask questions. Open door policy.
- As a volunteer I receive support and guidance.
- My company & direct superiors are incredibly supportive
- DDAP approves trainings
- Since I am the only CRS at my place at work. I work closely with my supervisor, doctor, nurses, and the 2 counselors onsite. I meet with my supervisor and doctor every Friday to discuss each participant.
- My boss is amazing

- I feel weekly supervision is a necessity as a CRS and my company offers supervision as much as is needed
- My provider's and staff. Are very supportive and willing to help if. Needed.
- Twice monthly I meet with a supervisor who reviews my charts and asks what I need help with or if I have any concerns or struggles. We also review my personal recovery progress.
- My supervisor is very knowledgeable to recovery and mental health processes.
- We are in transition
- I receive supervision by the program director who has not been CRS trained so I do think that would be beneficial
- I receive supervision by the program director who has not been CRS trained so I do think that would be beneficial
- We have a weekly meeting to discuss current patients and issues anyone has with a certain patient.
- My superior is a MSW level executive- the experience and knowledge that she is passing own to me (is priceless). I could not be happier to have this opportunity to learn from this individual
- I am not permitted to use my CRS in my current position as a Community Mobilizer. I am more about using Prevention Specialist techniques when delivering services in my community.
- N/A
- My supervisor is great. Very accessible and extremely knowledgeable.
- I have supervision on a weekly basis and have other counselors and support staff available to talk to
- I attend the quarterly meetings for CRS in my area. I stay in touch with peers that on the same path I am as a CRS.
- From a LPC, LSW
- Quarterly CRS meetings where we submit info about how we would like to help, but then receive no assignments.

17. Do you feel like you are provided have enough latitude by your agency to conduct your duties in an effective manner? Please explain your answer:

(40 responses)

- I have access to many resources, and assistance.
- Agency could not be any better.
- I have full latitude to do what I need to do to help my clients. When something is questionable I go to my program director
- We are a family and team.
- But they are talking about making the position "billable" which is hugely concerning. They are encouraging me to make 28 hours of face-time with my clients as a goal each week...other functions are not included in that time...such as working with families, probation officers, treatment centers on behalf of my clients
- I do all of my work on a voluntary basis I'm affiliated with Aldie's Counseling of Langhorne Pa. and also Doylestown Pa. Good friends/Today Inc. also with Livengrin of Bensalem Pa. and Valley Forge Medical Center
- They are confident in our expertise
- They let me do my job actually did not what my role as a CPS / CRS
- There is no one in my agency that is educated on D&A.
- I am the one called to handle all substance use disorder cases.
- They just don't have CRS in either site. I'd love to do more if available.
- I was stretched very thin through different positions

- I believe that I am restricted to a quality that my facility wants to proceed with
- I work hard to achieve the plan I have in place
- Does not apply to me at this time.
- I pretty much make my own schedule while holding two positions
- I don't work for an agency
- Being the longest-term CRS and employee I am able and capable of doing what is ethical to do my job well.
- My agency and everyone in it is so supportive.
- I have my CRS but have not applied it in my job.
- Our scheduling is done to my satisfaction.
- They let you work where you are best suited.
- The only hindrance is the lack of tx providers who pre-cert insurance for warm hand offs.
- Don't have an agency.
- At my previous job, support and encouragement were less than good
- Not allowed to transport
- Do not yet have funding
- I am only starting to work as a Peer Support Specialist.
- Yes, I am able to make decisions on my own and ask for advice if needed.
- My company is very good about letting us use our own lived experience as often as needed
- The philosophy of our organization is such that we are trusted to make sound decisions and when we are uncertain of to do, we call our immediate supervisor.
- My angels is very helpful and is willing to offer anything I say I need to help me help my patients
- My supervisor stands by my decisions and she turns my mistakes into successful teachable moments.
- Not working in the field. Could be a great asset to my department. Caseworkers do not walk where I can walk
- As I expressed earlier, my agency is a bit restrictive. Partly because CRS services are offered through a third-party vendor from our SCA. Our SCA is more administrative, yet we are beginning to deliver more direct services and are becoming more involved in that way.
- The agency I work for does not have room for growth that's why I've decided to start my own
- Continuous training and supervision
- I volunteer for a recovery based agency and am always asks for my input concerning new ideas for the agency.
- N/A
- We seem to be on our own.

18. Do you feel that you are properly trained to conduct warm handoffs as a CRS? Please explain your answer:

(43 responses)

- I completed CRS training and have worked in the field 2 yrs. My skills have gotten better on this time
- Years of recovery
- Yes
- I have done 1..but that was an emergency situation as The RASE project was not available at the time. My agency is doing "door to door" work from the County Prison as well as MAT therapy.
- Our supervisor delivered and intensive training and is available for additional support when needed
- I have been through training

- Enough train and personal experience
- I feel comfortable in warm handoffs.
- Not involved with them actively.
- I don't have any idea of the program.
- Absolutely and it was the part of my job that I loved the most.
- Yes if you take the training seriously, from my observations a lot of folks are doing it for the hell of it, whatever that may be
- Have been getting people into treatment for 17 years
- Yes we just need the hospitals to do their part, the doctors or staff need to be reaching out to the CRS
- Multiple trainings and seminars on procedure
- Very informed and current with information
- I am a quick learner.
- I was trained efficiently.
- As a relatively new responder I believe I my skills will improve with each new encounter and situation
- I've never been involved with one, only have the knowledge of what one is.
- Never had training for conducting warm handoff but would like to be.
- As above, my job consists solely of warm hand offs
- Not working in the field
- I practice my CRS and continue use my skills wherever possible
- This was in our training.
- I have been trained well by PRO-A and have done this job every weekday for over 2 years now.
- I do not conduct warm handoffs.
- We don't really do these something I'm sure there is more stuff that I would need to know about it
- Company training and supervision are amazing
- I have not been trained to do this specifically
- I've never done this training but I'm open to it and live by a major hospital
- Communication is key.
- I have not received training in warm handoff
- I try to stay current and attend workshops and trainings
- Nope, I learned my skills over the years from tips I picked up here and there
- Yrs. of handling OCYS emergency's
- I do not conduct warm handoffs
- More trainings could be offered
- The CRS training was broad training such as HIPPA training and learning and recovery but really no training about the actual CRS duties.
- I have had my certificate now for two years and I am always being of service to women that are in recovery programs.
- More training is always welcome; however I feel that I am effective in what I do
- Don't do
- Yes, I am trained, however I am not utilized.

19. Do you feel that you have enough resources to conduct warm handoffs as a CRS? Please explain your answer:

(39 responses)

- We can always use more resources

- Building community relationships with other providers is key.
- What is it
- Resources are updated as needed plus the CRS team is knowledgeable in a variety of areas
- I would say that there is a period where the services rendered are limited because the county closes after say 9:00 pm, if a patient isn't allowed to stay in the emergency room things are back up and running the situation becomes frustrating. People with substance abuse disorder are not very patient.
- More treatment centers are needed - not WHO fault - but there are never enough beds!
- Not being fully used in our area
- Great team of case workers therapist probation officers and both my Directors of the dept
- Again, not involved on that level.
- I'm sure I do if I fully understand your program.
- Training did not lack in that area
- See above
- While finding an open bed has gotten a little easier over the past couple years, it is still difficult and more beds are needed for people wanting treatment
- Aware
- I absolutely do.
- There will always be more that I need to have and be knowledgeable about.
- I have very many resources that I have been given to use involving this career.
- There are rarely resources available at two o'clock in the morning.
- Yes
- Same as above lack of providers willing to pre-cert insurance for after business hours WHOs.
- Need funding
- I have people I can call and discuss resources.
- Can never have enough resources.
- As someone with lived experience, I have a wide knowledge of recovery resources
- Open beds for detox are always a problem.
- My county is lacking tremendously in this area.
- If we need to branch out we do.
- Due to my networking and experience
- Need more recovery houses and treatment centers
- It would help if I was trained on how to complete assessments in case I cannot find a case manager to do so. This would fast track the warm hand off process if they individual is needing inpatient.
- The CRS community in my area stays very connected and is very good at offering each other resources that some others may not have.
- Philadelphia is a Recovery rich environment, we shared resources, etc.
- Depending on the situation.
- As a CRS, I do feel that we have the trained capacity to deliver this service appropriately. I also feel that with my other trainings, I feel that I am adept at providing this service.
- It's not utilized enough
- I only need to be given a chance to work with the resources I have been given.
- We need more resources in my county. And detox beds
- I have numerous in state and out of state resources, but on a limited basis. More detox, treatment and rehab facilities are needed in the area.
- I have the training.

20. Do you believe that you have the proper support be able to reach your full potential in your current position? Please explain your answer:

(39 responses)

- Our company is always growing and that allows for personal growth. I get all the support I ask for
- I am waiting for employment
- Yes
- We desperately need more exposure to quality trainings and enhancement
- The Council SEPA has invested in me; I feel very well supported
- The system works but needs a little adjusting.
- I am still learning. Programs that my agency offers are not well explained to me
- I am provided with ongoing training
- Yes, given all the tools I needed through the training and working in rehabs as a peer
- Could probably offer more assistance to reach and facilitate.
- I have no supervisors that are educated in D&A.
- There is confidence placed in my abilities.
- At Gateway absolutely not. Greenbriar, excellent support if given the opportunity.
- I was let go
- The business of helping people is not easy, if it was there wouldn't be a need for the services
- I am maxed on my present job
- I work for myself
- Because I ask questions and seek more information
- Co-workers are supportive and willing to help.
- My employer is very supportive
- I have access to trainings through the Bucks county drug and alcohol commission to stay up to date
- I don't have a position.
- Previous employment-NO
- Health care is very aggressive
- Weekly supervision
- I have many peers and supervisors to whom I can talk.
- I have a huge support group.
- Management of my facility is outstanding
- Even though we're in transition the potential is there
- I feel as though my title as a CRS does not hold as much weight as someone who has a CADC
- Yes, not only do I have the support of my superiors but I also have the respect of my staff (something that comes with time and hard work)
- My agency doesn't support my full potential
- I already have and time to move forward
- I'm not working as a CRS right now so some of these questions don't apply to me.
- I have a sponsor and a support group of people that all in the recovery lifestyle and field.
- My director is a pastor and has no clue on support.
- N/A
- I have seen a lack of support other than a quarterly meeting after certification.

21. If you were given the chance, would you reapply to your current job? Please explain your answer:

(32 responses):

- I can think of nothing I would rather do

- I really love my job
- I like it
- Very rewarding field
- Enjoy both jobs not really a job I witness miracles happen
- Enjoy what I do
- I really enjoy my position.
- I love the diversity of my position.
- But it is voluntary at Gateway and Continuing Care at Greenbriar.
- While I feel that my personal addiction recovery story is unique and inspirational, and I've had an opportunity to speak publicly and being received well, I am contemplating abandoning any further volunteer work in the recovery community.
- I miss helping people on that level a great deal. It is a shame that I was not quick enough in attaining results for my agency.
- You have to work hard to achieve your goals, failure or not. Everything you do is a learning experience
- looking to work doing warm hand off's
- I would have remained a counselor
- Love what I do, and why I do it.
- I love this career.
- I love my job and will never give it up or do anything else.
- Yes, I like volunteer work but would like to get a paid position either part time or full time in the future.
- I love my job
- For any position
- The pay is higher than average
- Until graduate to CAAC
- I love working with people who need help.
- I love what I do.
- I would because I believe the agency has the ability to grow.
- I would because I believe the agency has the ability to grow.
- I love my work! Plus I get paid good- I currently make over 50k a year
- I would not because this role doesn't allow me to reach my potential, nor does it allow me to continue to provide CRS trainings if I go full time. It seems that the organization doesn't understand the full value and scope of what I do as a professional and only looks at things as a burden and not a complete and versatile asset.
- The environment you have to endure is horrible
- Yes, I am always ready to give back what has been so freely given to me.
- N/A I am a volunteer.
- I am hoping that someday soon, I will be able to participate in warm hand-offs which is why I wanted to be a CRS.

22. Do you foresee yourself doing warm hand off work one year from now? Please explain your answer narrative box (44 responses):

- I see myself operating a Recovery Center a year from now.
- I have no intention of leaving my job
- If it becomes available
- Yes
- What is it

- If called to do so
- I am emergency back-up
- Especially if pay increases are included.
- Continuing advocacy for the need of this program, with promise of being implemented in our area
- Like what I'm doing so why not
- Not planning on leaving current employer.
- If given the opportunity.
- Honestly, I don't know, but I would love to.
- Not applicable to my position
- We're going to build this recovery community center, and warm handoffs is part of the process
- If I can find a job with a living wage
- I plan to be relocated to another state by then
- Possible - if I could get connected to a hospital to help people with recovery
- Working towards becoming a counselor
- I would absolutely do this. It is NEEDED in our area.
- I enjoy this field. Not everyone wants the help offered, but getting the resources and information out there to those who need it the most still lets me know that we are planting the seeds.
- I honestly can't answer this question.
- I would like to.
- Not sure
- In some capacity although I am planning on continuing my education
- Maybe in 2 years
- Would like to be
- I don't know
- With funding from PRO-A
- I would utilize warm handoff any time I work with people who have mental or addiction issues.
- I will be more at the outpatient level still.
- This role is my passion
- Although I am not formally doing this, I feel I would be proficient at it and would welcome the opportunity.
- Not sure
- I am currently involved in starting a CRS warm hand off program
- Unsure. I heard that LVH was thinking about creating positions.
- I do foresee myself doing warm handoff work within a year for another organization.
- I'm going to do what's in the best interest of the client always
- In some capacity
- I may do it as a volunteer.
- I would like to think so, but I am not sure.
- Recovery is my lifestyle and my passion.
- There is a continuing need
- I hope so. It may be with a different organization than Dauphin County unless they actually decide to utilize CRS individuals for warm hand-offs.

23. What kinds of training do you think would be helpful for others considering doing warm handoffs?

Training Suggestions = 89

- Maybe some more communication and professional advocacy.
- Recovery coaching. Family Counseling. Peer to peer counseling.
- Resource training
- 12 step
- Relapse prevention, motivational interviewing, ethics
- More interaction
- Crisis Intervention
- CRS
- Adolescent training
- Confidentiality
- Clinical documentation (Pre-cert)
- Trauma informed
- The trainings for certification should be offered by the organizations hosting the programs
- Motivational interviewing
- Not sure
- PTSD, Motivational Interviewing
- CBT
- Having CRS / CPS invited into the trains and break them down into groups say twice to educate them in all forms of a recovery / goal bucket list plan
- CRS
- Effective Communications
- DDAP
- The program in general.
- Recovery
- Compassion fatigue and self-care
- Family engagement
- Pathways to recovery, Mental health First Aide
- Crisis Training Motivational Interviewing
- Intervention Skills
- Recovery specialist
- Ethics, Cultural Competency, Confidentiality, Pathways to Recovery, Medication Assisted Treatment
- Any type of education, whether it be drug/alcohol related or not is usually beneficial
- Life and CRS training
- Motivational interviewing
- On all resources available to the patient and government resources for payment
- N/A
- Level of care assessments
- Insurance understanding
- Role playing
- Cultural Competency
- Assisting in Help
- On the job training is best.
- I need suggestions
- A training on resources
- Include ER staff with CRS staff for training.
- N/A
- Resources locally available

- All first responders should have a hotline to call CRS QUICKLY as the window of opportunity is small
- Resource info.
- Learn Positive Punches as trading tool to help clients process anger, resentment and pain
- Training for hospital staff
- Ethics and boundaries should be reinforced once a year at least.

Please Explain your answer = 45

- Relating to interaction with doctors and hospital staff. Those folks only see one end of addiction so a lot of stigma is attached.
- All avenues and aspects of recovery. Individual, family, one on one, etc
- I see CRS's thinking they have all the answers but some have no idea where to look for resources yet alone the skill to just ask
- 12 step
- They are all relevant trainings
- not sure
- Families in crisis training
- More younger people (under 18) are using
- Always important
- Most clients with a substance use disorder have some kind of trauma
- The trainings are offered in other counties usually distant and far in between.
- Able to see and bring up the underlying cause of SUD
- Very useful when engaging with person who may be still in denial about substance use
- We speak the same language but I still had fear starting the job
- Necessary, regardless of current position.
- I want to learn this program if given the opportunity.
- We learn about taking care of others, but rarely ourselves
- Important to understand the roles family plays in their loved one's decision to seek help
- Kind of answers both questions from previous response
- A good understanding of MI helps the CRS gain ability to build relationships faster
- Self-explanatory
- Just to be able to understand the difference insurances
- Having the ability to show someone that treatment would be beneficial for them. Sharing my experience, strength, and hope.
- Nothing like observing a trained professional.
- It is vital for the success of the Warm Handoff program that both the agencies that employ CRSs and the hospital ER staff are included in the same training series for continuity and consistency. At this juncture, there has been a consistent misunderstanding from the hospitals' staff and crisis depts. When follow ups have occurred, they have shown they do not know why or when to call our program. They do not seem to understand warm handoff includes bed placement amongst other things.
- I'm not sure I can answer objectively b/c that's what all my training was for
- Knowledge of resources gives CRS the power to help
- I am the creator of Positive Punches and would like the opportunity to demonstrate to PRO-A and Governor Wolf.
- They are a large part of warm handoffs in the ER.
- It is sometimes difficult to help while holding your own personal boundaries
- A very positive approach

- So that people can be aware of the stage of change the individual is at and use motivational interviewing skills to get them into treatment
- Unsure
- Seriously?
- This is to allow a CRS to properly assess the client during a warm hand off, and allow for a more smooth transition
- I think it is very important for any CRS to know who is and isn't the correct resources to use at what time.
- There is a need to allow families the right to self-determine even though by the time an intervention is needed it is possibly late in the addiction cycle
- I feel all that these trainings will be in demand for the warm handoff to be completely success if delivered by the CRS. The possibility of expanding the role is much needed with education in other areas.
- See above
- I would know better had I the chance to actually do a warm handoff.
- Knowing what to say and how to say it makes a world of difference
- I believe it is important to know boundaries
- Sometimes it's hard to see unless you take a test to evaluate your levels if stress.
- We need more information about the local treatment and recovery organizations in the community

24. If you have a particular success story that you are able to share (without providing any kind of client identifying information) please do so here:

Please explain your answer Narrative Box (47 responses):

- Recently assisted getting an individual into detox. I don't think he would have went without my encouragement and hands on help in linking him to the facility.
- One young lady was using for 5 yrs. I was called by her parents. After meeting with her she wanted rehab and recovery. She completed rehab worked hard on her recovery. She entered the Vivitrol program. I sponsored her to become a CRS. She is currently working as a CRS and loves being able to give back.
- Friends in recovery
- I will talk about myself. I am in recovery for 8 years. if it were not for people helping me get to treatment and self-help meetings afterward I would not be who I am today. today, I continue to fellowship with my recovery support system daily and also attend self-help meetings regularly.
- I love my recovery and I share who I am
- I just had my first client from Florida that needed to get away from his home state and his drug using friends so when he got here last week I was waiting for him and took him to Livengrin last week and he's doing better already as he detoxed himself on the car ride from Florida
- I was able to answer questions and actively listen to hospital staff concerns regarding recovery
- It just feels good when system is working in a fluid manner...and the seeds of recovery is sewn by sharing the hope that recovery is possible.
- We have a client that now celebrates 1 year clean
- Everyone that gets into treatment and is afforded another chance at life.
- I have recently been able to close service with my first client that has met all her goals. She chose to move forward with her own resources knowing she can call back if she needs us in the future. She has gained a new perspective and appreciation for her life and wants to help others

- Every client we link to treatment is a success story, whether they complete or not - stay clean or not - they had a day clean because we linked them to Tx, they had a chance
- I have been able to get several into treatment by getting a preauthorization from the insurance company
- One fellow just celebrated 9 months sober in AA another one 6 month and be there to witness it also getting peers jobs living arrangement etc etc
- I have 10 years worth of stories at Gateway as that is how many years I've been there. I sponsor many women over the years and all are still sober. Thank God
- Yes
- I am a veteran and have mental health issues, but it's not going to stop the progress that I am working towards
- It is rewarding when you see patients after you have met them in the hospital becoming strong people in recovery out in the community. I have had experiences of people thanking me after we have met in the hospital and be grateful that the program was there.
- No
- One client that kept failing in their goal to sobriety eventually got it after learning from all the mistakes he previously made and is still moving forward in the path he chose for sobriety
- Had a client (doc, heroin) that we retrieved from an abandoned house for residential treatment that now has an apartment, a job, transportation, and is paying off all his fines and this all was accomplished in a 4-month span where he had daily contact with myself or 2 other CRS. He also completed a 90-in-90, joined a home group, and has a sponsor. Longest he has been sober (by 4x) since he started going to rehabs approx. 4 years ago.
- I have a peer that went from using heroin, overdosing, being Narcaned. To coming to our outpatient and Individual sessions and also working with myself as a CRS. In 9 months she is clean, actively involved in meetings and just got a data entry job at a nearby mental health facility. She is 56.
- I do but it's hard to type...I have a couple that have already celebrated over a year clean and sober. They are doing well now.
- N/A
- My position doesn't really afford me the opportunity to follow up once we've done the hand-off, but we successfully place clients regularly.
- Multiple clients currently in long term sobriety and some in college to work in the D&A field.
- I have used Positive Punches with alcoholism, drug addiction and trauma of all types with great results. My first client just celebrated a year clean and expressed her gratitude for the training exercise.
- N/A
- If my participants are identifying with anything I'm saying and it helps them to not use that day. Success!!!!!!!!!!
- Decline
- Many—and thankfully there are many success stories because this field also provides many sad outcomes
- n/a
- None
- Client has 10 years sobriety with the assistance of peer support
- none
- Seeing the conversion babies come back to visit is a gift
- Not interested in sharing

- Peer Support provides a network of other friends in Recovery for support & also great career opportunities which provides a purpose for me as well as others and gives a way to turn bad experiences into something meaningful.
- no
- I currently have a patient who is only with us for a little over a month. Her first 3 urines she continued to fail for cocaine. As I started working with her she has been clean since and now has a job and is looking for a second one to help her find a stable home and get her out of the mess she lives in now.
- No
- I don't have the time at this moment. That said, I will tell you that I have managed to turn 3 grant programs into 1 fee for service program- one of the few in the country. The best feeling is that all the staff were retained and now have a job past the 3 year grant period.
- I took the CRS trainings in 2010 and from that point forward I have experienced so much growth in my own personal recovery, educational expectations and my professional development.
- Client faced allot of different issues regarding HIV, D&A abuse, Childhood abuse, and incarceration and still became a productive member of society and doing well
- Nope
- Not at this time
- What is most rewarding is pairing the client with best agency to address their need and witnessing them moving from active drug abuse to rehab to short, mid and long term recovery. I have a number of accounts of this taking place in people that we have worked with

25. Any additional comments that you have that would assist us in understanding training and retention needs for CRSs conducting warm handoffs in our service system

- I would just suggest additional trainings and education that would help prepare folks for that hospital setting and interaction with medical staff.
- It's an extremely difficult and demanding position on many levels. Unless someone actually has responded as a WHOS, I don't think they can fully understand all the aspects and dynamics involved.
- CRS's have started coming into their own. We are seeing the need for them more and more. I CRS needs to be more than a warm handoff. They are that person's life line and in most cases like a family member.
- Start more programs in our county we don't have any
- Always be empathic, listen to the client's needs. share your own success story to give the client hope. be very supportive while maintaining professional boundaries and PCB code of ethics.
- Dealing with out of state clients like I'm doing now and there's different insurance policies and how to deal with somebody who is out of state as more and more clients are out of state and don't have anyone here in Pennsylvania so that's where I come in so I feel that current and future CRS be informed on this most important topic and that's Recovery
- It's a work in progress.
- none at this time.
- Time management
- I am so proud of the agency I work for - TASC, those who worked diligently to form WHO - Karen - Dan - amazing people- doing amazing things! Thanks
- Provide a training for all CRS to be able to complete non-clinical part of assessments in a efficient and thorough manner.
- I believe that current CRS CPS should again be brought into the trains for a few hrs and help with better pay scales

- As mentioned several times. I would love to be trained. I would love to work with the older women in recovery as the ones I work with presently, they feel comfortable with someone their age.
- NA
- I was working with a woman who was on the border about going to treatment. She even left against medical advice and was going to get high. She sat in the lobby and I asked if I could join her. At first I didn't dive into the go treatment spiel. I built rapport and asked about her family. She disclosed that much of her hopelessness came from not seeing her kids. So we visited small goals on ways to see her kids. Once I saw that small glimmer of hope I asked her how leaving and getting high fit into the goal she just created. She seemed put off at first but ended up coming around an hour later. I was able to have her ready-admitted to the hospital and she went to treatment the next day.
- no
- no
- Hard to say, surveys like this are hopefully going to help
- Call me and make me an offer
- n/a
- People in my community are dying on a daily basis in my area. My God we just buried a 16 year old beautiful girl. So many OD and are just left to leave the hospital AMA. We need to do something different. I AM ALL FOR WARM HANDOFF. PLEASE & THANK YOU!!
- No, I just love my job and the warm handoff has helped me out tremendously with placement as well as additional resources that would be helpful to our clients!
- Just that I would be interested in training and work as a CRS doing warm handoffs.