



UNDERSTANDING THE ROLE OF CERTIFIED RECOVERY SUPPORT SPECIALISTS (CRSS): VALUE ADDED FOR CCBHC'S

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RECOVERY SUPPORT SERVICES

- DEFINITIONS
- RESEARCH-BASED EVIDENCE
- CRSS
- RULE 132
- RESOURCES



RECOVERY SUPPORT SPECIALIST

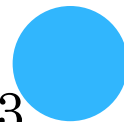


RECOVERY SUPPORT SPECIALIST

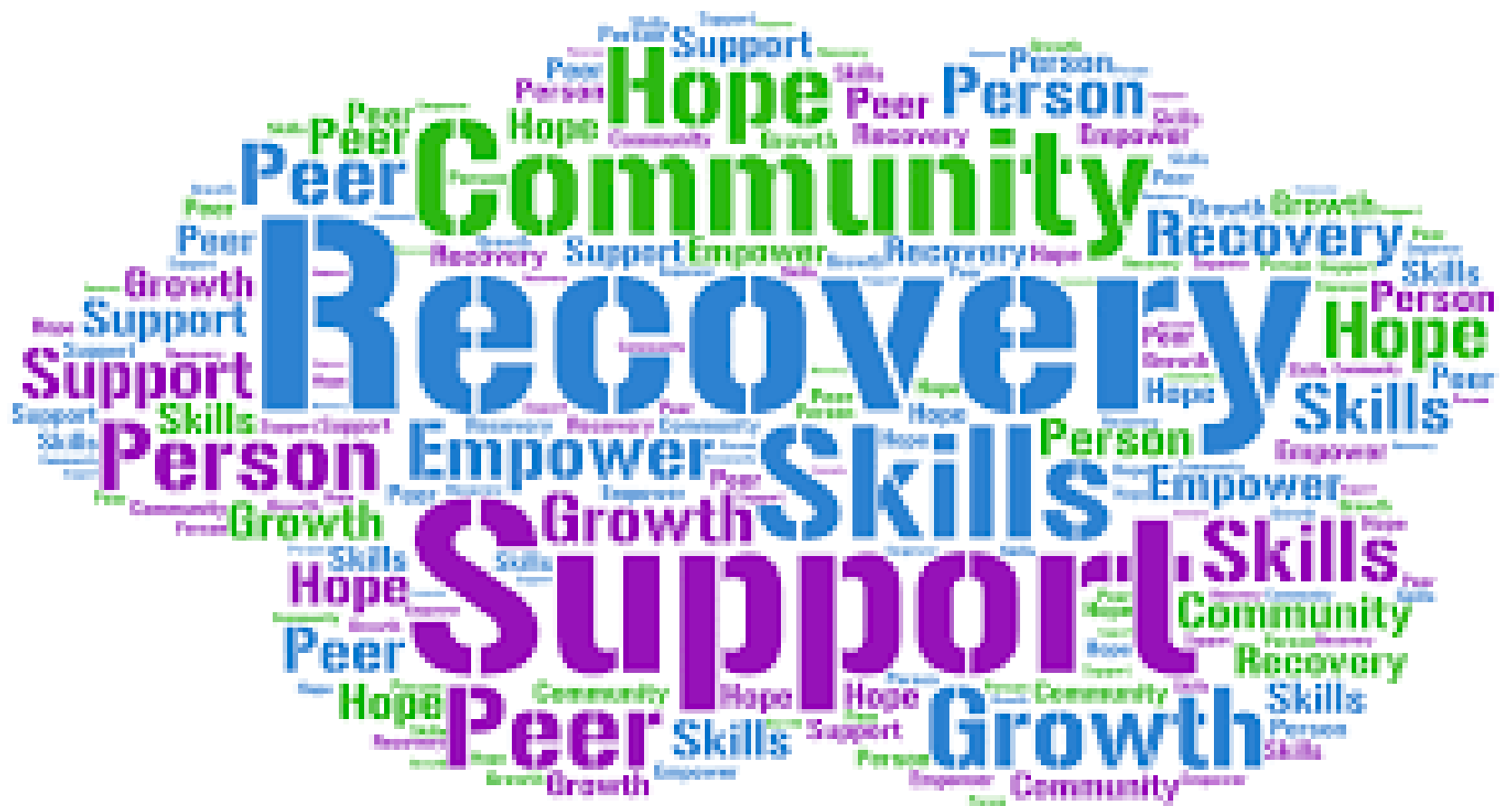
A professional employed specifically to use their own lived recovery experiences to:

Support the recoveries of others

Help improve the human service system



WHAT IS RECOVERY?



DEFINING RECOVERY: SAMHSA

SAMHSA'S WORKING DEFINITION OF RECOVERY

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.



DEFINING RECOVERY: THE NEW FREEDOM COMMISSION

❖ The process in which persons are able to:

- Live
- Work
- Learn
- Participate fully in their communities



NEW FREEDOM COMMISSION (PART 2)

- For some individuals recovery is the ability to live a fulfilling and productive life despite a disability.
- For others, recovery implies the reduction or complete remission of symptoms.
- Science has shown that having hope plays an integral role in an individual's recovery.

EVIDENCE

- Feasibility studies show that it is possible to train and hire persons with histories of severe mental illnesses to serve as mental health staff
 - Four randomized controlled trials found that peer staff were able to produce outcomes at least on par with those produced by non-peer staff
 - **Two studies showed slightly better outcomes for those receiving peer support in addition to usual care as compared to those receiving usual care only**



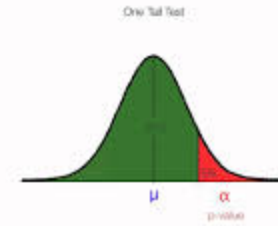


EVIDENCE

- Comparison studies compared peer staff and non-peer staff, with both functioning in *conventional* roles, such as case managers, rehabilitation staff and outreach workers
 - Peer staff functioned at least as well in these roles as non-peer staff, with comparable outcomes
 - **Peer-delivered services generated superior outcomes in terms of:**
 - Engagement of “difficult to reach” clients
 - **Reduced rates of hospitalization and days spent inpatient**
 - Decreased substance use among persons with co-occurring substance use disorders



RESEARCH FINDINGS



- Statistically significant findings for the number of hospitalizations and the number of days spent in the hospital, with participants assigned recovery mentors doing **significantly better** than those without a RM
 - **Admission events** (0.89 vs 1.53)
 - **Number of hospital days** (10.1 vs 19.1)
- Significant decrease in substance use for people with RM services
- Decrease in depression and increases in hope, self-care, and sense of well-being



COST FINDINGS



- One night hospitalization cost = \$650
 - Member with 2 or more hospitalizations which last 4 days in a year = \$5,200
- Recovery Support Services for members with 2 or more hospitalizations in a year can reduce hospital days 70-90%
- Based on research, and assuming 50% reduction of hospital days, save \$1448 per member served by ensuring member has access to recovery support services



WHAT'S UNIQUE ABOUT PEER RECOVERY SUPPORT?



- The installation of hope through **positive self-disclosure**
- The **role-modeling** function to include
 - Self-care of one's illness
 - Negotiating daily life, not only with the illness, but also with
 - Little or no income
 - Unstable housing
 - Overcoming stigma, discrimination and other trauma
 - Negotiating the complex maze of the human service system
- The nature of the relationship, characterized by
 - Trust, understanding, and the **unique use of empathy** based on having been in the same shoes he or she is in now

The Illinois Model For Mental Health Certified Recovery Support Specialist (CRSSSM)



**Illinois
Certification
Board, Inc.**

**In Collaboration with the
IDHS:
Division of Mental Health
Division of Alcohol and Substance Abuse**

**Mission: To protect Illinois consumers of mental health recovery support
services through the provision of competency-based credentialing of
Certified Recovery Support Specialists**

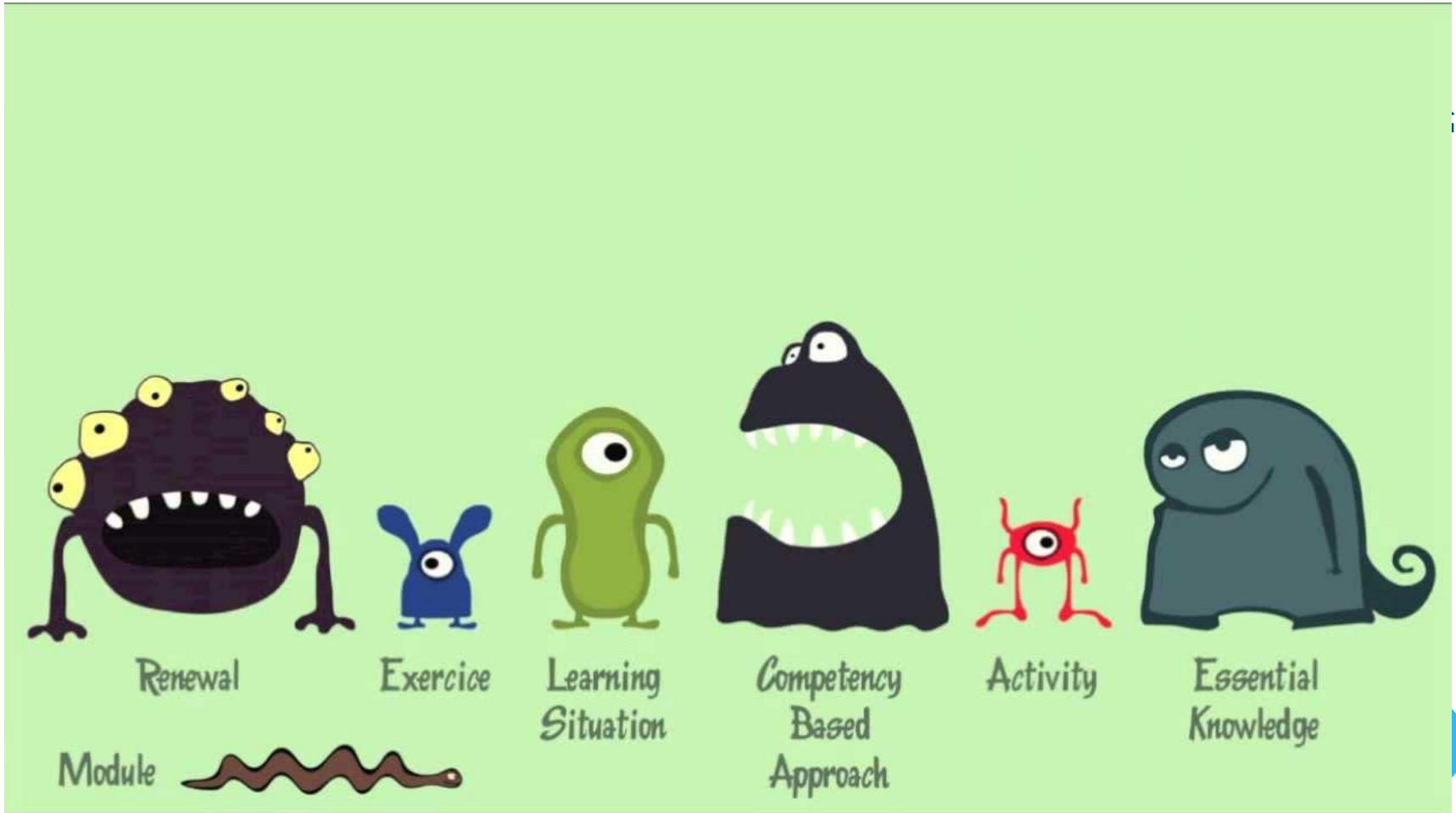
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**© April 2010
Supersedes all previous requirements
Illinois Certification Board d/b/a IAODAPCA, Inc.**



CRSS: COMPETENCY BASED CREDENTIAL



CRSS: PERFORMANCE DOMAINS

- Advocacy
- Professional Responsibility
- Mentoring
- Recovery Support

Illinois Model p. 11



CRSS: MINIMUM STANDARDS FOR CERTIFICATION

- Training/Education
 - 100 clock hours (total):
 - 40 hours CRSS specific
 - 54 hours core functions
 - 6 hours professional ethics

Illinois Model p. 4



CRSS: MINIMUM STANDARDS FOR CERTIFICATION

- Work Experience
 - 2000 (one year FT)
 - Paid, supervised employment OR volunteer work
 - 51% of time providing mental health recovery support services

Illinois Model p. 4 - 5



CRSS: MINIMUM STANDARDS FOR CERTIFICATION

- Supervised Experience
 - 100 clock hours supervision
 - Covering the four CRSS performance domains
 - Hours spent being observed, time spent discussing CRSS role and work performance

Illinois Model p. 4 - 5



CRSS: MINIMUM STANDARDS FOR CERTIFICATION

- Examination
 - 100 multiple choice Q's
 - Recall, comprehension, application
 - Test sites available all over the state

Illinois Model p. 6

Study Guide p. 5



CRSS: MINIMUM STANDARDS FOR CERTIFICATION

- Disclosure
 - Statement of Self-Disclosure
 - “...accepts and agrees that his or her experience as a mental health consumer will be known by their colleagues, consumers and others with whom s/he may share that s/he has achieved this certification...”

CRSS Application p. 9



CRSS: MINIMUM STANDARDS FOR CERTIFICATION

- Code of Ethics
 - 18 distinct standards
 - Self-disclosure
 - Conflict of interest
 - Rights, dignity, privacy
 - Duty to inform
 - Gifts

CRSS Application p. 11-14



CRSS: MAINTENANCE & RECERTIFICATION

- Ongoing Professional Growth
 - 40 CEU's every two years
 - 15 CRSS specific (Category I)
 - 25 Core Functions (Category II)

Illinois Model p. 7



CRSS: RELATED FEES

- Application Fee: \$75
- Exam Fee: \$125
- Annual Recertification Fee: \$60

- Note: Scholarship Money Available

Illinois Model p. 10



CRSS: HOW LONG DOES IT TAKE?

- Applicant has one year to complete all requirements after original application is submitted to the ICB
- Minimum requirements can all be completed in one year (training/education, work experience & exam)
- For some, it may take less than one year (if they have already acquired training/education and/or work experience before they begin the process, for example)
- For others, it may take more than one year (if their work experience opportunities are less than full-time, for example)



CRSS & RULE 132

A service delivery system that is based in concepts of recovery and resilience must be person-centered

The current version of Rule 132 was written from the perspective of individually based, person-centered services



RULE 132 QUALIFICATIONS

- As defined and recognized in Rule 132
 - Licensed Practitioner of the Healing Arts (LPHA)
 - Qualified Mental Health Professional (QMHP)
 - **Mental Health Professional (MHP)**
 - Rehabilitative Services Associate (RSA)
- **CRSS = MHP (& above)**



COMMUNITY SUPPORT



- Community Support
- Community Support – Residential (CSR)

May be provided to

- Individual
- Group of 2 or more individuals
- A family

Minimum staff: **RSA**

- **CRSS staff** can provide numerous interventions under Community Support, and can bill at the higher MHP rate.
- **WRAP[®]** is most commonly billed as CSG



COMMUNITY SUPPORT TEAM (CST)

- Mental health rehabilitation and supports available 24/7
- **Decrease hospitalization & crisis episodes**
- Increase community functioning
- Team of 3-6 staff
 - Client to staff ratio no more than 18:1
 - One team member **must be CRSS certified**



CASE MANAGEMENT

- Case management vs. Community support:
 - Case management does for the person
 - Community support teaches the person how to do for self
- Explaining options
- Linking with appropriate resources
- Minimum staff: **RSA**



CASE MANAGEMENT - TRANSITION LINKAGE & AFTERCARE

- Services provided to individuals being discharged from inpatient psychiatric care, transitioning to adult services, moving into or out of one placement to another placement or parent's home
- Time spent planning with staff of current living arrangement or the receiving living arrangement
- Time spent locating individual-specific placement resources
 - Minimum staff: **MHP**



PSYCHOSOCIAL REHABILITATION (PSR)

- Facility-based service
- Focused on identification & use of recovery tools & skill-building
- Facilitate independent living, problem solving & coping skills
- Primarily provided in group settings
 - Minimum staff requirement: **RSA**



ASSERTIVE COMMUNITY TREATMENT (ACT)

- Evidence based practice
- Comprehensive team-based services
- Must be a member of the identified team in order to provide ACT
 - In Illinois, ACT Teams are **required** to have a **CRSS** on the team within 12 months of inception of the team.



CRISIS INTERVENTION SERVICES

- Activities to stabilize an individual in psychiatric crisis
- Goal of immediate symptom reduction, stabilization, and restoration to a previous level of role functioning
- May be provided by **MHP** with immediate access to QMHP
 - **CRSS** staff can be immensely beneficial in crisis situations





- Illinois Certification Board
<http://www.iaodapca.org/>

- Illinois Mental Health Collaborative
http://www.illinoismentalhealthcollaborative.com/consumers/consumer_crss.htm
 - Illinois Model
 - CRSS Application
 - CRSS Study Guide



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