

## ANNEX A 2.2

### Peer Recovery Support Services

#### A. General Requirements:

1. The contractee shall provide peer recovery support services (PRSS) to assist DCP- involved parents/caregivers in developing skills and accessing the resources needed to initiate and maintain recovery by offering the benefit of shared life experiences and providing support. PRSS will assist individuals in establishing and sustaining a physical, psychological, social, and emotionally safe environment supportive of recovery. The short-term goals of PRSS are to increase the rates of treatment engagement, treatment completion, and post-acute treatment recovery stability among parents/caregivers. The long-term service goals include reduction in the risk of harm associated with parental substance use disorders and improved child welfare outcomes including safety, stability, reduced repeat maltreatment, and reduced reengagement with the child welfare system.
2. The contractee shall provide one (1) PRSS Specialist for each local office within the contractee's catchment area. Staff will be recruited, and trained according to the phase implementation schedule created by the Office of Clinical Services.
3. The contractee shall adhere to established program eligibility criteria. Priority for services will be given to parents/caregivers with an SUD who have at least one child five years of age or younger. Referrals shall be screened and accepted for PRSS in consultation with DCP.
4. The contractee shall maintain processes to accept referrals for PRSS from the DCP's Child Protection Substance Abuse Initiative (CPSAI) upon completing an assessment, or from DCP when a client is transitioning from one level of care to another or completing formal treatment services.
5. The PRSS Specialist shall establish a one-on-one relationship with the parent/caregiver and provide encouragement, motivation, and support to initiate or strengthen recovery.
6. The contractee shall maintain a caseload of 18-25 clients per each PRSS Specialist
7. The contractee shall conduct outreach to engage parents/caregivers in PRSS, including at least three attempts to contact the parent/caregiver within 30 days of referral for services. If the parent/caregiver does not respond, the contractee shall ensure that documentation of said attempts, and a termination letter, are sent to the parent/caregiver and are provided to DCP.
8. The contractee shall ensure that during the first 30-60 days after referral for services, the PRSS Specialist will have at least one face-to-face contact with the parent/caregiver per week, with each contact lasting 20-30 minutes. The PRSS Specialist shall adjust the frequency of face-to-face contact in consultation with his or her supervisor after the initial 30-60 day engagement period, with at least one 20-30 minute face-to-face contact each month. Telephone contact shall occur weekly during the initial 30-60 day engagement phase, and biweekly thereafter.

9. The contractee shall provide PRSS to parents/caregivers for 9-12 months.
10. The contractee shall ensure that program management staff are available to participate in program implementation and management meetings.

**B. Service Requirements:**

1. The contractee shall ensure that PRSS Specialists provide three specific types of direct service: peer mentoring/coaching, recovery consultation, and recovery resource connecting. Services shall be provided telephonically and/or face to face, depending on the parent/caregiver's needs:
  - i. Recovery mentoring/coaching: assisting the parent/caregiver in setting and accomplishing goals related to family/children, home, work, community, and health; coaching in desired skills and strategies to set recovery goals, develop recovery action plans, and solve problems directly related to health, wellness and recovery and recovery supports (such as finding sober housing, making new friends, re-establishing, or creating family support, finding new uses of spare time, managing crisis, improving one's job skills, and developing relapse prevention skills); mentoring/coaching may also include aiding with issues in other life domains including legal involvement or co-occurring physical or mental health needs
  - ii. Recovery consultation: attending treatment team meetings, communicating with case workers, supervisors and treatment providers, client advocacy, facilitating discharge planning in collaboration with treatment team, researching and identifying valid information and options from established resources; educating family, community and other supportive individuals about recovery, community supports, and recovery management.
  - iii. Recovery resource connecting: connect the parent/caregiver with professional and non-professional services and resources in the community. These resources may include concrete supports such as housing, employment, navigating formal treatment systems, advocating for access and admittance to formal treatment and supporting discharge planning. The PRSS Specialist will encourage and support participation in mutual aid groups as appropriate, encourage and facilitate participation in educational opportunities, and develop linkages to resources that address specialized needs.

**C. Peer Recovery Specialist Qualifications and Duties:**

1. The contractee shall ensure that the PRSS Specialists meet the following qualifications:
  - i. Have at least 2 continuous years of sustained recovery or 2 years of practicing the principles of recovery as a family member affected by substance use
  - ii. Possess a high school diploma or GED (Bachelor's Degree is preferred)
  - iii. Demonstrate good written and verbal communication skills
  - iv. Demonstrate basic computer skills

- v. Be at least 21 years of age
- vi. Pass a pre-employment drug test and background check
- vii. Participate in random drug testing as required by agency policy
- viii. Have a valid driver's license

2. The contractee shall ensure that the PRSS Specialists perform the following job duties:

- i. Educate parents/caregivers on how to appropriately navigate treatment, social service and recovery support systems
- ii. Serve as a positive role model to parent/caregiver and their families by sharing knowledge, hope, and skills
- iii. Maintain relationships with parents/caregivers and families in order to assist individuals in the treatment engagement and retention process
- iv. Reinforce, guide, and ensure parents/caregivers and their families that recovery is possible, and is built on multiple strengths, coping abilities, and resources of each individual
- v. Assist parents/caregivers with developing skills and accessing resources needed to initiate and maintain recovery
- vi. Assist Parents/caregivers in establishing and sustaining a social and physical environment supportive of recovery
- vii. Enhance identification and participation in the recovery community
- viii. Empower parents/caregivers to make self-determined and self-directed choices about their recovery pathway
- ix. In collaboration with the parent/caregiver, develop and regularly update a Recovery Plan which should include culturally competent and relevant services and which identifies goals with measurable objectives, assesses strengths, can be used to work toward those goals, identifies barriers that can hinder goal attainment, and monitors the progress made attaining those goals
- x. Provide supportive outreach and engagement (in-office and out-of-office) for the purpose of furthering recovery in coordination with staff members including but not limited to phone calls, letters, and home visits
- xi. Help to create a safe environment for the parent/consumer through encouragement and the modeling of recovery principles, including self-determination, empowerment and personal responsibility
- xii. Attend Family Team meetings and Focus on Supervision meetings as requested; participate in case consultation meetings with parent/caregiver and DCCP case worker; attend consortia (if parent/caregiver is presented); attend agency staff meetings
- xiii. Complete mandatory orientation and training; demonstrate ability to perform basic computer functions as required by job function; follow policies and procedures outlined in employee handbook; demonstrate familiarity with organization and program specific policies; all other duties as assigned
- xiv. Provide direct client services not less than 75% of work time

- xv. Maintain appropriate service records according to agency and program guidelines
- xvi. Complete all documentation of parent/caregiver contacts within 24 hours

**D. Training and Supervision Requirements:**

1. The contractee shall ensure that all PRSS Specialists receive training as required in this contract and as otherwise directed by the Office of Clinical Services, including:
  - i. Department of Children and Families approved Recovery Support Specialist training, including ethics
  - ii. Division of Child Protection and Permanency New Worker Training modules as required by the Office of Clinical Services
  - iii. Additional trainings may include Domestic Violence, Sexual Assault, Human Trafficking, Psychological First Aid, and all agency-specific trainings.
2. The contractee shall ensure that all PRSS Specialists receive weekly supervision from a licensed clinician with expertise in substance use disorders, alternating between individual and group supervision, with a minimum of two individual supervision sessions per month. Group supervision shall be no less than one hour, and individual supervision shall be no less than 45 minutes per session.

**E. Program Reporting Requirements:**

1. The contractee shall submit to the Department of Children and Families Contract Administrator a separate budget and expenditure report identifying expenses incurred by the program.
2. The contractee shall electronically submit on a monthly basis a roster of program participants to the Office of Clinical Services via secure file transmission protocol.

**F. Evaluation:**

1. The contractee shall, as required by the Office of Clinical Services, participate in program evaluation activities that address program performance, program outcomes, and child welfare outcomes for the families served.

**F. Staff Background Checks:**

1. The contractee shall conduct complete criminal background checks, including state and federal fingerprint checks, for all staff, volunteers, interns and any other employees routinely scheduled to work in the facility. The contractee may use Department of Children and Families funds for this purpose. The contractee shall enumerate these costs in its final expenditure report for the contract year.
2. The contractee shall ensure that documentation of background checks is maintained in staff personnel files.

**G. Reporting Child Abuse and Neglect:**

1. In situations of possible child abuse or neglect, the contractee is required to immediately report the matter to DCPP as mandated by, and in accordance with, N.J.S.A. 9:6-8.10 and 8.14, and N.J.S.A. 2C:43-3 and 43-8. The contractee shall also notify the Office of Clinical Services:
  - i. Concurrently with notification to the police and DCPP of allegations or suspicion of abuse or neglect of a client's child.
  - ii. Upon termination of a staff member due to inappropriate behavior toward other staff or clients.
  - iii. Upon discovering, or being notified of, alleged or suspected crimes committed by or against a client.
  - iv. The contractee shall coordinate with, and report to, DCPP as required.