

## Peer Integration Organizational Readiness Self-Assessment

**Provider Name:**

**Date:**

**Completed by:**

**Title:**

This self-assessment is designed to help outpatient programs determine the supports in place for the integration of Certified Recovery Peer Advocates (CRPA) and point out areas of improvement needed for successful integration. Based on how strongly you agree with the statement, choose a response from the drop-down menu beside it. Responses are based on a Likert scale (1-5)

### Statement

**Choose one**

1. This organization has developed a peer culture.	
2. This organization has implemented a recovery-oriented focus.	
3. The organization has distributed and acted upon the ROSC resource guidelines below.	
<a href="https://www.samhsa.gov/sites/default/files/rosc_resource_guide_book.pdf">https://www.samhsa.gov/sites/default/files/rosc_resource_guide_book.pdf</a>	
4. The organization's mission and vision reflect a recovery orientation.	
5. Organization staff have all read OASAS guidance on peer services within the SUD system below.	
<a href="http://oasas.ny.gov/peer-support-services">http://oasas.ny.gov/peer-support-services</a>	
<a href="https://www.oasas.ny.gov/community-services">https://www.oasas.ny.gov/community-services</a>	
<a href="https://www.oasas.ny.gov/continuing-care">https://www.oasas.ny.gov/continuing-care</a>	
6. Organization staff; (clinical, administrative and support), are aware of the need, rationale and timetable for the integration of peer support workers into the existing clinical setting.	
7. Organization staff been given access to research based evidence relative to the efficacy of peer support services, specifically around engagement and retention rates.	

8. Organization has distributed research-based peer implementation manuals like those below.	
<a href="https://www.oasas.ny.gov/peer-integration-tool-kit">https://www.oasas.ny.gov/peer-integration-tool-kit</a>	
<a href="https://www.bhwellness.org/toolkits/Peer-Support-Program-Toolkit.pdf">https://www.bhwellness.org/toolkits/Peer-Support-Program-Toolkit.pdf</a>	
<a href="http://dbhids.org/wp-content/uploads/1970/01/PCCI_Peer-Support-Toolkit.pdf">http://dbhids.org/wp-content/uploads/1970/01/PCCI_Peer-Support-Toolkit.pdf</a>	
NYC DOHMH Integrating Peers into Treatment Programs in NYC: An In Depth Guide: <a href="https://www1.nyc.gov/assets/doh/downloads/pdf/mh/peers-treatment-programs.pdf">https://www1.nyc.gov/assets/doh/downloads/pdf/mh/peers-treatment-programs.pdf</a>	
9. Organization staff has been made aware of the benefits of peer integration: inclusive of engagement, retention, increase in the provision of services and enhancement of fiscal viability.	
10. All staff clearly understand the role of the peer support worker and their scope of practice	
11. All staff are aware of, and have read, the peer support competencies in Appendix 3 of the peer supervision competencies referenced in question 23 of this document.	
12. The organization has a plan to implement the 12 core competencies for peer workers.	
13. Program administrators have met with staff and obtained their feedback on the integration of peer support workers into the existing program	
14. The organization has resolved resistance and/or ambivalence about the integration of peers among its staff.	
15. The organization has solicited and recruited an idea champion to lead the integration of peer support.	
16. The organization created a change team led by the idea champion to facilitate peer integration	
17. The idea champion has regular and timely access to program administrators to discuss implementation challenges and improvement opportunities	
18. This organization has taken steps to recruit peer support workers, notified staff of the New York Certification Board, and staff has begun to establish contacts there.	
<a href="http://nycertboard.org/">http://nycertboard.org/</a>	

19. This organization has identified individuals that may be peer supporters (family, friends, individuals in recovery, former clients).	
20. The organization has developed peer support job descriptions, and those descriptions indicate that a High School diploma or HSE is required.	
21. The organization has discussed the pros and cons of assigning a peer supervisor who also has a caseload.	
22. The organization has identified a peer supervisor(s) and developed a supervisory job description.	
23. The organization has developed a plan to ensure that the peer supervisor effectively demonstrates the 20 core competencies.	
<a href="http://www.oasas.ny.gov/peer-supervision-competencies">http://www.oasas.ny.gov/peer-supervision-competencies</a>	
<a href="https://www.pillarsofpeersupport.org/">https://www.pillarsofpeersupport.org/</a>	
24. The identified peer supervisor has been trained on supervisory models for supervising non-clinical staff.	
25. The organization has discussed the pros and cons of peer support workers' participation in clinical team meetings.	
26. Peer support workers will function as members of the clinical team and attend team meetings and conferences.	
27. The organization has developed clear policies, procedures, processes and role definitions to reduce the likelihood of peer support staff being requested to perform functions outside of their scope of practice.	
28. Peers and other staff will be involved on the hiring/interview team.	
29. Human Resources personnel have been involved with developing the hiring protocols and interview questions	
30. Human Resources personnel understand the impact of employment on existing benefits such as SSI that peers may be receiving	
31. Training and development plans have been developed for peer support workers.	

32. The organization checks the FOR-NY website regularly for training opportunities for peers	
<a href="https://for-ny.org/resources/trainings/upcoming-trainings/">https://for-ny.org/resources/trainings/upcoming-trainings/</a>	
33. The program has identified a trainer for peer support workers on your organization's protocols for crisis response and other procedures such as mandated reporting.	
34. Unlike most clinical staff, Peers will be conducting outreach in your community directly. This organization has created guidelines for 1 to 1 peer/client contact within the community, outside of the clinic setting.	
35. The organization has developed documentation protocols for peer support workers.	
36. The organization intends to utilize peer service delivery protocols.	
37. The organization intends to evaluate the effectiveness of peer support.	
38. The organization has developed a plan to sustain the integration of peer support.	
39. The organization has developed relationships in the community where peer support workers may conduct outreach.	
40. The organization has developed and/or identified self-care resources available to peers.	
41. The program has read and distributed OASAS guidance on billing for pre-admission services.	
<a href="https://www.oasas.ny.gov/ambulatory-patient-group-manual">https://www.oasas.ny.gov/ambulatory-patient-group-manual</a>	
42. The program is aware that each OASAS setting must have at least one staff member available always trained in the administration of naloxone. Each OASAS setting must have on hand, at minimum, one naloxone kit to be used in the event of an overdose on the premises.	
43. The organization is aware of the impact SUDs have on the whole family, and the importance of providing treatment to address the stress that loved ones experience when living with someone with a SUD.	
44. This organization has a process developed for matching peer to clients	
<a href="https://ctacny.org/training/oasas-community-services-benefits-and-opportunities">https://ctacny.org/training/oasas-community-services-benefits-and-opportunities</a>	
<a href="https://ctacny.org/training/oasas-community-services-webinar">https://ctacny.org/training/oasas-community-services-webinar</a>	