

**Peer Recovery Support Services (PRSS) Community of Practice (CoP)**

March 27, 2017

**Telephone Recovery Support (TRS)**

*Questions & Answers*

**Q1. What trainings are offered/required before a volunteer begins TRS?**

*A1. A two-hour volunteer orientation is provided followed by a TRS-specific training. Additionally, the volunteer shadows another volunteer.*

**Q2. Is ongoing training/supervision provided for volunteers?**

*A2. Yes. Enhancement trainings on motivational interviewing are provided and volunteers can participate in some of the recovery coaching trainings offered.*

**Q3. When contact is not made, how often are follow-up calls made?**

*A3. When a person is not reached, calls are made every two days until the person is reached, up to ten calls. If person is not reached after ten calls they are discharged.*

**Q4. What message is left for an individual registered for TRS when the person cannot be reached and who does the call back number go to?**

*A4. The volunteer leaves a call back number and indicates that they will try to call back in two days. The call back number goes to the volunteer coordinator/staff phone.*

**Q5. Are baseline and post-service questions asked?**

*A5. The CCAR TRS program does not ask baseline and post-service questions but the new emergency room TRS program is implementing this protocol but has only been doing so for the last month.*

**Q6. How often is the follow-up survey administered and are these questions asked of everyone receiving TRS? What is your survey response rate?**

*A6. This recovery capital survey is based on questions from William White. A select number of questions are asked. These questions are asked quarterly at a specific point in time during a particular week. Volunteers decide if the questions are appropriate to ask of a particular individual. Average response rate is 20% (130 people).*

**Q7. Is a unique identifier used to track individuals receiving services?**

*A7. The system produces an identifier.*

**Q8. What protocol do you follow when a volunteer may be in personal crisis and not saying so - pre-relapse or close to (this based on saying some are early recovery themselves with 30 days)?**

*A8. Volunteers and computers/phones are located in close proximity to the supervisor allowing them the opportunity to overhear calls, review documentation, etc. If there is an issue, the volunteer will be asked to not make calls for a certain period of time.*

**Q9. How are requests to communicate with external providers handled?**

*A9. A formal release of information is required before external communication can be provided (e.g. letter, phone calls).*

**Q10. Do recovery centers serve individuals from their location?**

*A10. No. CCAR will refer an individual to a volunteer located outside of where the person is living to avoid any potential boundary issues.*

**Q11. If someone is discharged and requests to receive services again at a later date how are they entered into the system?**

*A11. In most cases, their account will be reactivated under the same ID rather than initiating a new account.*

**Q12. How can I obtain the CCAR forms (consent, service log, etc.)?**

*Q12. These forms will be made available on the Center for Excellence website at <http://nhcenterforexcellence.org/resources/community-of-practice-resources/peer-recovery-support-services-community-of-practice/>.*