

Accreditation

Main — Last update: 2017/06/19

CAPRSS

Table of Contents

Copyright Notice	3
Preface	4
About the Resourcebook	6
About the Peer Reviewer Manual	7
About the Accreditation Review Manual	8
About the Site Visit Prep Guide	9
Introduction	10
What is the Council on Accreditation of Peer Recovery Support Services ?	12
The Accreditation Program.....	14
Purpose of Accreditation.....	16
Benefits of Accreditation	17
Difference Between Accreditation and Certification	18
Steps to Accreditation	19
Step 1: Learn About Accreditation Process	20
Step 2: Determine Accreditation Readiness	23
Step 3: Prepare for Core Accreditation	24
Step 4: Become a Candidate for Core Accreditation.....	25
Step 5: Complete and Submit Program Inventory	27
Step 6: Prepare for and Host the Peer Review Site Visit	29
Step 7: Receive Accreditation Determination.....	32
The Standards	34
Core Standards: Summary (v1.1)	35
Criteria Related to Each Core Standard	38
Core Standards: Summary (v0.3)	39
Optional Standards (v0.1): Summary.....	43
The Accreditation Taxonomy	45
For Candidates Only	49
The Three Parts of the Review	50
The Peer Review Site Visit.....	52
Before the Site Visit	53
During the Site Visit	54
After the Site Visit	57

Accreditation Review	58
Accreditation Review: The Three Parts	59
Self Review	61
Peer Review	63
Who is Involved in the Peer Review Process?	64
Who are the CAPRSS Peer Reviewers?	65
Role of the Peer Reviewer	66
Key Milestones in the Peer Review Process	67
Peer Reviewer Tasks	69
Maintaining Confidentiality	71
Consultative Role	72
Team Leader Tasks	73
Pre-site Visit Review	74
The Site Visit	75
Sample Agenda	78
Conducting Interviews	80
The Score Sheets	82
Following the Site Visit	84
The Summary Report	85
The Performance Improvement Plan	87
Committee Review	89
Committee Responsibilities	90
Expectations of the Committee	91
Key Documents Collected During Candidate Review Process	92
Accreditation Determination	95
Accreditation Outcomes	96
Accreditation Outcomes (v1.0)	97
Accreditation Outcomes (v0.3)	99
Accreditation Outcomes (v0.1)	101
Templates and Checklists	103
Key Tasks in Candidacy Process	104
Candidacy Work Plan Template	107
Program Inventory Document Checklist	109
Sample Accreditation Self Assessment	113
Site Visit Workplan Template	114
Resource Room Documents Checklist	116
Sample Peer Review Site Visit Agenda	119
Sample Peer Reviewer Score Sheets	121

Sample Core Accreditation Final Report.....	123
Supporting Documents	124
Peer Reviewer Description	125
Accreditation Review Committee Description	128
Key CAPRSS Policies.....	129
CAPRSS Information Release Policy	130
Complaints Against Accreditation Candidates or Accreditees	131
Confidentiality Policy	134
Conflict of Interest Policy	135
Peer Reviewer Code of Conduct	136
Glossary.....	138

Copyright Notice

© 2017 CAPRSS, LLC

This work is licensed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License, except where otherwise noted. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nc-nd/4.0/>.

Preface

In the last ten years, peer recovery support services (PRSS) – distinct from both clinical treatment and mutual aid supports – have become established in the continuum of care for people seeking, stabilizing, and sustaining recovery from addiction to alcohol and other drugs. As these services have been conceived, defined, and developed, organizations have realized that they need to address the most effective ways to ensure the highest quality of care, while keeping intact the values, principles, and contexts that were the underpinnings of their work and that would give integrity and fidelity to peer recovery practice.

PRSS accreditation has emerged in this context. Accreditation is an evaluation and approval process for organizations or programs to deliver a specific type of services or set of services. The focus is on the organization/program providing the service(s). Accreditation is sponsored by a non-governmental agency, in which trained external peer and expert reviewers evaluate an organization's compliance with preestablished performance standards. Although it is usually voluntary, it can be a requirement set by many diverse funders and purchasers of services.

The **Council on Accreditation of Peer Recovery Support Services** (CAPRSS) accredits programs, rather than credentialing individual practitioners. This orientation is based on the wider purpose of supporting the development of recovery-oriented, community-based institutions and programs where peer services are delivered, and on a commitment to quality assurance and integrity of those services.

There are several reasons why CAPRSS focuses on accreditation of programs rather than certifying, credentialing, or licensing an individual for a specific service role. An accreditation system allows organizations to:

- oversee an expanding menu of peer support services and activities, as many already do today, providing a broader array of support to meet the needs of people seeking or in recovery
- train, supervise, and support volunteers who may or may not be interested in finding a career ladder in the continuum of addiction care, or who may have barriers to employment, certification or credentialing
- be accountable for quality and ethical peer practice in a number of service settings – both on and offsite, actively support peer workers, and protect the recovery community and peer values inherent in the services

A national accreditation system provides a comprehensive response to a range of peer issues, rather than piecemeal approaches that differ widely from state to state. The accreditation of programs that deliver PRSS will:

- create infrastructure necessary for peer service delivery, including standards-driven continuous quality improvement;
- facilitate and disseminate best – and, ultimately, evidence-based – practices; and
- reinforce the recovery-based values and principles that underly peer services and make them valuable in the continuum of care.

[About the Resourcebook >>](#)

About the Resourcebook

The ***Accreditation Resourcebook*** is designed to help peer recovery support services (PRSS) programs as they learn about accreditation. It is divided into three sections:

1. The *Introduction* section provides an overview of CAPRSS and its accreditation program.
2. *Steps to Accreditation* gives an overview of the steps a PRSS program will go through to gain accreditation.
3. *The Standards* provides a summary of the core and optional standards, and introduces the *Accreditation Taxonomy*—the system of classification that CAPRSS uses to organize the standards.

The guide also contains two sections of back matter: *Key CAPRSS Policies* contains core policies that relate to the accreditation process; *Glossary* defines some key terms used in the guide.

[<< Preface](#) | [About the Peer Reviewer Manual >>](#)

About the Peer Reviewer Manual

This document is a guide for Peer Reviewers to help them become familiar with the CAPRSS accreditation process. It is divided into five sections:

1. The *Introduction* section provides an overview of CAPRSS and its accreditation program.
2. *Steps to Accreditation* gives a brief look at the accreditation process, from an organization's perspective.
3. *The Standards* provides a summary of the core and optional standards.
4. *Peer Review* describes the peer review process, and the role of the peer reviewer in the process.
5. The final section, *Supporting Documents*, contains key policies with which peer reviewers should be familiar.

[<< About the Resourcebook](#) | [About the Accreditation Review Manual >>](#)

About the Accreditation Review Manual

The Council on Accreditation of Peer Recovery Support Services (CAPRSS) Accreditation Review Committee (ARC) an essential part of the accreditation process. The ARC ensures fair and equitable accreditation reviews of RCOs and qualifying programs.

This manual provides an overview of the accreditation process, and the roles and responsibilities of the Accreditation Review Committee.

[<< About the Peer Reviewer Manual](#) | [About the Site Visit Prep Guide >>](#)

About the Site Visit Prep Guide

Your organization has completed its three-part candidacy profile...now what? This guide will help you to learn more about the site visit.

To become accredited, organizations go through eight core steps and two optional ones. You have completed steps 1-4; this manual will walk you through steps 5 & 6.

Step	Description	Available Tools
Step 1	Learn about accreditation process	Quick Reference Guide to Accreditation Process <i>Accreditation Resource Book (this manual)</i> Accreditation 101: Introduction to Accreditation webinar
Step 2	Determine accreditation readiness	Accreditation Readiness Self-assessment
Step 3	Prepare for core accreditation	Free online resources and reference materials (CAPRSS online Learning Community; registration required) Short assessment tools and online courses (<i>Learning Community Plus</i> , coming soon)
Step 4	Become a candidate for Core Accreditation	<i>Candidacy checklist</i> <i>Application and Self Study</i>
Step 5	Prepare for Peer Review Site Visit	Site Visit Preparation Guide
Step 6	Host Peer Review Site Visit	
Step 7	Receive accreditation determination	<i>Understanding the Accreditation Final Report</i>
Step 8	Follow-up	<i>Feedback Form</i> <i>PIP template (as needed)</i> <i>Annual Update Report</i>
Step 9	(optional) Apply for accreditation in optional performance domains	
Step 10	(optional) Follow up	

[<< About the Accreditation Review Manual](#) | [Introduction >>](#)

Introduction

Around the country, much attention is now being paid to peer support. Many different titles are used, depending on the type of organization to which the peers are connected: community health worker; outreach worker; social services aide; mental health worker; recovery coach; promotora; youth worker; and peer paraprofessional. Little attention, however, is being given to the settings/contexts in which peers offer support.

The work of CAPRSS is based on the idea that **context** is of utmost importance—that is, that the most effective peer work happens in a setting that honors, nurtures, and actively supports peers. Through its accreditation process, CAPRSS focuses on those special places, and on helping the people who run them make them better. CAPRSS also focuses on a specific kind of peer support—addiction-related peer recovery support services (PRSS).

We believe that accrediting programs that deliver PRSS will:

- create infrastructure necessary for peer service delivery, including standards-driven, continuous quality improvement;
- facilitate and disseminate promising, best, and, ultimately, evidence-based practices; and
- reinforce the recovery-based values and principles that underlie peer services.

Further, we believe that accreditation of PRSS programs embraces and includes the valuable wealth of volunteerism and service-giving that is inherent in the addiction recovery community. Accreditation helps programs to continue to create volunteer work and resume-building opportunities for the many community members: individuals who may face legal barriers in the workplace (including certification) because of their histories with the criminal justice system; individuals without formal work histories; and others who simply want to volunteer and give back.

Accreditation also helps programs to that provide a career path for individuals who choose to do peer work as paid work. Providing a healthy work environment and engaging in supportive workforce development—inclusive of both volunteer and paid peer leaders—are important components of effective PRSS programs. Accreditation can help to strengthen a program's efforts in those areas.

Last, we believe that accreditation is consistent with the philosophy and principles of peer practice, firmly grounding the focus, responsibility, and decision-making within the organized addiction recovery community. PRSS programs happen in a variety of peer services in multiple settings (e.g. community, treatment, primary

care, corrections, etc.); regardless of setting, accreditation can help programs to be accountable for recovery-orientation, ethical practice, strengths-based approaches, peer integrity, and quality assurance.

[<< About the Site Visit Prep Guide](#) | [What is the Council on Accreditation of Peer Recovery Support Services ? >>](#)

What is the Council on Accreditation of Peer Recovery Support Services ?

The **Council on Accreditation of Peer Recovery Support Services** (CAPRSS) is a private organization that provides asset-based accreditation [™] of addiction peer recovery support services (PRSS) provided by recovery community organizations (RCOs) and qualifying programs. CAPRSS promotes the quality, value, and optimal outcome of PRSS through a consultative accreditation process that centers on enhancing the lives of the persons served.

At present time, CAPRSS is the only accrediting body in the United States for recovery community organizations and qualifying programs offering addiction peer recovery support services. CAPRSS offers a recovery-oriented, peer-infused accreditation system that:

- helps emerging and established RCOs and peer programs to build capacity;
- improves the performance of organizations and programs providing peer services by setting and measuring the achievement of standards; and
- increases accountability of peer services providers to funders, the public, and the field.

CAPRSS takes an “accreditation plus” philosophical approach, viewing accreditation as more than the evaluation and approval of organizations or programs based on a set of standards. Offering a process that promotes capacity-building and the achievement of excellence within organizations from beginning to end, CAPRSS offers services for:

- emerging organizations seeking information and resources to develop their programs;
- established organizations looking to improve depth, breadth, scope, and quality of the peer services they provide, and preparing to seek accreditation;
- “accreditation-ready” organizations applying for accreditation;
- accredited organizations; and
- state and other governmental entities seeking to support and assure the quality of peer recovery support services within their jurisdiction.



The mission of the **Council on Accreditation of Peer Recovery Support Services** is to identify and support excellence in the delivery of peer recovery support services and other activities by recovery community organizations (RCOs) and qualifying programs.

[<< Introduction](#) | [The Accreditation Program >>](#)

The Accreditation Program

There are five main aims of the accreditation program. These are presented in the table below.

Purpose	CAPRSS will:
1. Increase public confidence, and confidence within the field, in the quality of peer services.	promote the legitimization and efficacy of services
	highlight potential and positive recovery outcomes of peer support
	demonstrate the ability to ensure ethical practice and supervision
	encourage utilization and development of promising and evidence-based practices
	highlight the quality, efficacy, value, and/or scientific and empirical basis of peer services
2. Improve the performance of organizations and programs providing peer services by setting and measuring the achievement of standards.	ensure standards for RCOs and peer programs are established by RCOs and peer programs of host organizations
	embed quality assurance and quality improvement protocols in standards
	define and clarify peer supports/services and service roles
3. Encourage RCOs and peer programs to build capacity and infrastructure.	increase capacity of RCOs and programs to provide peer services that reflect the strengths and needs of geographic and cultural communities being served
	strengthen staff (both paid and volunteer) workforce development
	maintain the integrity of peer programs, including peer processes, principles, values, and ethics
	increase the ability of programs to generate sustainable revenue, including third-party reimbursement
	increase ability of programs to develop responsible fiscal and business practices
4. Increase accountability of peer services providers to funders, the public, and the field.	attract the recognition of funders, other stakeholders
	establish and legitimize authentic peer recovery positions in addictions workforce

5. Increase access to recovery supports for people seeking and in long-term recovery, for those served and those providing services.	increase the number of organizations equipped to deliver PRSS
	increase availability, scope, and outreach of PRSS
	increase recovery capital for individuals, families, and communities
	include measures to promote recovery for those served

[<< What is the Council on Accreditation of Peer Recovery Support Services ?](#) | [Purpose of Accreditation >>](#)

Purpose of Accreditation

Accreditation is an evaluation and approval process for organizations or programs that deliver a specific type of services, or set of services. The focus is on the organization/program providing the service(s). Accreditation is sponsored by a non-governmental agency, in which trained external peer and expert reviewers evaluate an organization's conformance with pre-established performance standards. Although it is usually voluntary, it is often a requirement set by many diverse funders and purchasers of services.

At CAPRSS, we believe that accrediting programs that deliver PRSS will:

- create infrastructure necessary for peer service delivery, including standards-driven, continuous quality improvement;
- facilitate and disseminate promising, best, and, ultimately, evidence-based practices; and
- reinforce the recovery-based values and principles that underlie peer services and make them valuable and effective in supporting long-term recovery.

Further, the accreditation of organizations and programs embraces and includes the valuable wealth of volunteerism and service-giving that is inherent in the addiction recovery community. Accreditation will allow organizations and programs to continue to create volunteer work and resume-building opportunities for the many community members who may face legal barriers from the workplace (including certification) because of their histories with the criminal justice system, as well as those without formal work histories, and others who simply want to volunteer and give back. Under the accreditation system, organizations and programs can also choose to pay peer service workers.

Finally, accredited organizations and programs will be able to oversee a variety of peer services in multiple settings (e.g. community, treatment, primary care, corrections, etc.) and be accountable for quality assurance, ethical practice, risk management, recovery-orientation, strength-based approaches, and peer integrity. This is consistent with the philosophy and principles of peer practice, firmly grounding the focus, responsibility, and decision-making within the organized addiction recovery community.

Many accreditation programs use external peers and expert reviewers as evaluators in a peer review process. Using the peer review approach allows individuals from RCOs with experiential expertise in operating peer support programs to be of service to other organizations, promoting a community of practice. The process has the potential of enhancing the ability of all involved to serve the recovery community by learning from each other.

[<< The Accreditation Program](#) | [Benefits of Accreditation >>](#)

Benefits of Accreditation

Accreditation can bring many things to a PRSS program, such as:

- new ideas for designing and implementing best practices in organizational development, management, and program design
- guidance for providing high-quality PRSS, implementing strategies for quality improvement, and developing specific policies and procedures in all areas
- identification as an organization that meets recovery-community developed standards in the provision of quality addiction peer recovery support services
- increased confidence on the part of persons seeking recovery or family members
- increased confidence of funding sources, referral agencies, other providers, businesses, community leaders, and community resources
- evidence that funds are being used effectively
- documentation that demonstrates good management, accountability, positive outcomes, a recovery-centered and person-driven approach
- continuing support from CAPRSS through online, telephone, and on-site consultation.

[<< Purpose of Accreditation](#) | [Difference Between Accreditation and Certification >>](#)

Difference Between Accreditation and Certification

The terms certification and accreditation both are discussed when talking about addiction peer support. It is important to be clear about the differences between them, as both are relevant. Generally, certification is given to individuals, and accreditation applies to organizations.

Certification is a voluntary process in which an individual demonstrates proficiency or competence on standardized criteria that relate to a specific field. To become certified, an individual must often meet eligibility requirements and pass an assessment. Certificants may have ongoing requirements, such as continuing education or retesting, to maintain the certification. Certification has traditionally arisen when a group of professionals determines the need to publicly set standards for a field; however, in the area of PRSS, many states are doing the assessment and providing the credential.

Accreditation is a voluntary process in which an organization's or institution's operations are evaluated according to established qualifications or standards. The initial and periodic evaluations usually involve submitting a self-evaluation report, site inspection by a team of experts, and a determination by an independent board or commission.

Type	Recipient	Who Does	Participation
Certification	Individual	Association/ Agency	Voluntary
State Certification	Individual	Government Agency	Can Be Voluntary, May Be Involuntary/ Required
Licensure	Individual, Organization	Government Agency	Involuntary/Required
Accreditation	Program, Organization, Institution	Association/ Agency	Voluntary

[<< Benefits of Accreditation](#) | [Steps to Accreditation >>](#)

Steps to Accreditation

To become accredited, organizations go through eight core steps and two optional ones.

Step	Description	Available Tools
Step 1	Learn about accreditation process	Quick Reference Guide to Accreditation Process <i>Accreditation Resource Book (this manual)</i> Accreditation 101: Introduction to Accreditation webinar
Step 2	Determine accreditation readiness	Accreditation Readiness Self-assessment
Step 3	Prepare for core accreditation	Free online resources and reference materials (CAPRSS online Learning Community; registration required) Short assessment tools and online courses (<i>Learning Community Plus</i> , coming soon)
Step 4	Become a candidate for Core Accreditation	<i>Candidacy checklist</i>
Step 5	Complete and submit Program Inventory	<i>Organization Profile, Welcome Walk Through, and Accreditation Self Study</i>
Step 6	Prepare for and host Peer Review Site Visit	<i>Site Visit Preparation Guide</i>
Step 7	Receive accreditation determination	<i>Understanding the Accreditation Final Report</i>
Step 8	Follow-up	<i>Feedback Form</i> <i>PIP template (as needed)</i> <i>Annual Update Report</i>
Step 9	(optional) Apply for accreditation in optional performance domains	
Step 10	(optional) Follow up	

[<< Difference Between Accreditation and Certification](#) | [Step 1: Learn About Accreditation Process >>](#)

Step 1: Learn About Accreditation Process

The CAPRSS accreditation process consists of eight core steps and two optional ones. Following is a quick reference guide to the steps, and the key tasks to be done in each.

Learn about accreditation process	<p>PRSS programs:</p> <ul style="list-style-type: none"> • review web site and written background materials on PRSS accreditation • consider benefits and costs of accreditation • review possible accreditation outcomes; and • determine whether accreditation is appropriate for the program
Determine accreditation readiness <i>Tool: Accreditation Readiness Self-assessment</i>	<p>PRSS programs:</p> <ul style="list-style-type: none"> • complete online Accreditation Readiness Self-assessment • identify areas for improvement • have a history of at least two years in providing PRSS • request, and receive applicant assistance
Prepare for core accreditation <i>Tool: Accreditation Resource Book</i>	<p>PRSS programs:</p> <ul style="list-style-type: none"> • form an Accreditation Coordinating Committee • obtain and review candidacy checklist • take a careful look at the standards, criteria, and elements of performance—and use resources and assessment tools to make sure your program is ready in each area • begin to collect key information for application • discuss the accreditation process with key stakeholders
Become a candidate for Core Accreditation <i>Tools: Candidacy Workbook, Application and Self Study</i>	<p>Applicants:</p> <ul style="list-style-type: none"> • register for a CAPRSS account • pay candidacy fee • collect key information for application • complete online application • establish relationship with key contact at CAPRSS • set dates for Peer Review Site Visit
Prepare for Peer Review Site Visit <i>Tools: Site Visit Preparation Guide</i>	<p>Candidates:</p> <ul style="list-style-type: none"> • participate in CAPRSS site visit orientation webinar • pay site visit fee, or work with CAPRSS staff to set up payment plan • finalize agenda for Peer Review Site Visit (with CAPRSS contact) • help CAPRSS with travel logistics • announce/introduce process to your community

Host Peer Review Site Visit	<ul style="list-style-type: none"> • identify peer participants and community stakeholders to be interviewed during site visit • set up Resource Room for onsite Peer Review Team
Receive Accreditation Determination Tool: <i>Understanding the Accreditation Final Report</i>	<p>Candidates:</p> <ul style="list-style-type: none"> • work with the Peer Review Team, following the agreed upon agenda, for the duration of the site visit • select, if any, nominations for Promising Practices (whether practice-based evidence or evidence-based practice). • celebrate completion of the site visit
Follow up after accreditation decision	<p>Approximately six to eight weeks after the Peer Review Site Visit, CAPRSS will notify the candidate of the accreditation decision and any required or recommended areas for improvement</p> <p>Accreditees:</p> <ul style="list-style-type: none"> • complete feedback documents and satisfaction assessments relating to the structure, process, content, and outcome of accreditation process and any recommendations for improvement • if required, submit a performance improvement plan (PIP): Within 90 days following notification of the accreditation outcome, the organization fulfills an accreditation condition by submitting a PIP outlining actions that have been or will be taken in response to the areas for improvement identified in the report • submit an Annual Update Report (AUR): An organization that earns accreditation submits a signed AUR on the accreditation anniversary date in each of the years following the award • consider and request opportunities, as desired, to join the committees associated with the accreditation process. <p>Programs that are not accredited:</p> <ul style="list-style-type: none"> • complete feedback documents and satisfaction assessments relating to the structure, process, content, and outcome of accreditation process and any recommendations for improvement • review the process for challenging the accreditation determination • review the Accreditation Report recommendations and develop a performance improvement plan • re-apply for accreditation after completion of tasks in the performance improvement plan.

Seek accreditation in optional performance domains	Accredited programs: Once a program is accredited in the core domains, it can seek accreditation in one or more options domains.
Follow up after accreditation decision in optional domains	Surveyed program: <ul style="list-style-type: none">• complete feedback documents and satisfaction assessments relating to the structure, process, content, and outcome of accreditation process and any recommendations for improvement

[<< Steps to Accreditation](#) | [Step 2: Determine Accreditation Readiness >>](#)

Step 2: Determine Accreditation Readiness

Accreditation is an intensive process that looks at seven areas (called [domains](#)):

1. Recovery Principles, Culture and Climate
2. Ethical Framework for Service Delivery
3. Peer Leader Development
4. Peer Supervisor Development
5. Governance and Program Oversight
6. Management Systems
7. Peer Support Capacity: Core Competencies

CAPRSS wants every program that applies for accreditation to succeed—and for programs to spend the time they need to prepare for accreditation before they apply. CAPRSS requires candidates for accreditation to have a history of at least two years in providing PRSS. Upcoming sections in this guide provide more information about domains and core standards. The CAPRSS website has links to resources that provide more in-depth information about key concepts that are embedded in the standards.

The [Accreditation Readiness Self-Assessment Tool](#) is available to help you to determine whether your program is accreditation ready. It focuses on key criteria for each of the accreditation domains and standards and contains multiple choice questions that allow you to assess whether your program meets the criteria.

You are encouraged to explore all of these resources to determine whether your program is already accreditation ready, or whether it needs to spend extra time preparing for core accreditation (step 3) before it applies for candidacy (step 4).

[<< Step 1: Learn About Accreditation Process](#) | [Step 3: Prepare for Core Accreditation >>](#)

Step 3: Prepare for Core Accreditation

There are many different ways to prepare for core accreditation, based on your PRSS program's unique characteristics, and based on the results of the Accreditation Readiness Self-assessment. However, there are a few key tasks, described below, that each program needs to do to prepare for accreditation.

If you haven't already:

- Form your Accreditation Coordinating Committee (ACC). Put together a working group that will work on tasks, assess practices, help prepare, and generally manage the work of getting accredited. One member of the team should be designated as the your Point of Contact (PoC); this person will serve as the primary contact with CAPRSS.

Other key tasks:

- Download a PDF copy of the *Candidacy Application Checklist*. It lists of all the documents that your program will submit to apply for candidacy. Use the form to identify and begin to collect key information for application.
- With your ACC, take a careful look at the standards, criteria, and elements of performance—and use resources and assessment tools to make sure you are ready in each area.
- Discuss the accreditation process with key stakeholders. The CAPRSS accreditation process will engage not just staff and peer leaders but also peers, board members, community partners, and other key stakeholders. Let the know that you are pursuing accreditation, and how they can help.

[<< Step 2: Determine Accreditation Readiness](#) | [Step 4: Become a Candidate for Core Accreditation >>](#)

Step 4: Become a Candidate for Core Accreditation

In the previous steps, your organization formed an Accreditation Coordinating Committee (ACC)—a workgroup of staff, peer leaders, peer workers, and board members who will work on tasks, assess practices, help prepare, and generally manage the work of getting accredited. Your ACC will continue the work it began in the previous step.

Register your organization and pay accreditation candidacy fee

[Register your organization](#) to create an organizational profile with CAPRSS. This online form gathers basic information about your program and the contact persons for CAPRSS records.

The fee for candidacy is \$1000 through June 30, 2017; as of July 1, 2017, the fee will be \$1,250. Please note, that CAPRSS requires candidates for accreditation to have a history of at least two years in providing PRSS.

Collect and compile key information to prepare for the Program Inventory (step 5).

To complete the Program Inventory, you will be uploading several documents; you will also need hard copies of these documents later in the accreditation process. Your team should (a) identify a central location on a computer or server to file the electronic documents, and (b) a file cabinet drawer or binder to organize the hard copies. Use the [document checklist](#) to gather the required documents.

What Happens Next

Registering your organization and paying the candidacy fee sets in motion the accreditation process. Two key things will happen:

Your accreditation webpage will be set up

Each candidate for accreditation has its own dedicated webpage with links to materials that will be needed in the accreditation process. The contact persons for your organization will be given log-in information to access your page. You will use this page to submit your program inventory (step 5).

You will establish a relationship with key contact at CAPRSS

The CAPRSS contact person will work with you throughout the accreditation process. He or she will contact you to discuss your application, let you know how to access the Site Visit Preparation webinar, and identify possible site visit dates.

Your organization will be asked to designate a person who will be your organization's primary point of contact (PoC) during the accreditation process.

CAPRSS Liaison Roles and Responsibilities	Your Organization's PoC Roles and Responsibilities
<ol style="list-style-type: none"> 1. Serves as your primary contact throughout the accreditation process 2. Helps access accreditation assistance, and other CAPRSS resources 3. Answers questions you or your ACC may have about the standards and the accreditation process 4. Provides feedback on documents and other items submitted as part of application 5. Helps ensure that your organization is making progress and staying on track with regard to due dates and deadlines leading up to the Peer Review Site Visit 	<ol style="list-style-type: none"> 1. Serves as the primary organizational contact throughout the accreditation process 2. Assigns tasks to ACC 3. Tracks task assignments and task completion 4. Communicates progress updates with organizational staff and members 5. Oversees all preparations for the Site Visit

[<< Step 3: Prepare for Core Accreditation](#) | [Step 5: Complete and Submit Program Inventory >>](#)

Step 5: Complete and Submit Program Inventory

The Program Inventory consists of three parts: (1) an Organizational Profile; (2) the Welcome Walk Through; and (3) the Accreditation Self Study. (Each is described more fully below.) Once you have submitted all three parts:

- Your application will be reviewed for completeness. You will be notified by email and asked to submit any missing items.
- The CAPRSS staff will calculate the cost of the site visit and send an invoice for the site visit fee, which ranges from \$1500 for small organizations to \$6500 for large ones.
- A Peer Review Team will be assigned. They will begin a review of your application, in preparation for a Peer Review Site Visit.

The first part of your application is the Organizational Profile.

This online form gathers information to create a “snapshot” of your organization. It starts with information that you will have provided when you registered your organization (which you can edit or update), and adds depth to the data. The profile is divided into seven sections: (1) Basic Information; (2) Profile of Participants; (3) Peer Recovery Support Services; (4) Paid and Volunteer Staff; (5) Facilities and Sites; (6) Governance; and (7) Budget and Finance. The information collected will help the Peer Review Team to get a good sense of the size and scope of your organization.

The second part of your application is the Welcome Walk Through.

The Welcome Walk Through can be an effective tool to gain an understanding of the needs of prospective or new participants. It is designed to simulate a person’s initial contact with your PRSS program, by asking questions about five topics: (1) initial phone contact; (2) ease/convenience in reaching the site; (3) impressions of the site; (4) processes to engage new participants; and (5) overall observations.

Before completing the online questions, someone will need to do a literal walk-through of your site—make the phone call, drive to the facility, visit the site—to experience what it is like to be someone who is trying to find out information and join your program.

After the Welcome Walk Through: Suggestions

- Discuss with peer leaders and staff what went well with the walk through, what didn't go well or was confusing, and what you would do differently the next time around.
- Make a list of practices that seem to work well from walk-through.
- Make a list of the areas that need improvement along with suggested changes to attempt.
- Discuss how to implement the relevant change ideas— include the perspectives of the peer participant, family member, peer leaders, and staff.

The third part of your application is the Accreditation Self Study.

In order to be accredited, your program will be required to meet standards in four general areas: [Principles; People; Practices; and Performance](#). The online self study tool is organized by domains in those four areas. In it, you will answer questions about criteria for performance under each of the standards, which will help you to examine the strengths and challenges your organization has in each of the domains. At the end, you will receive a brief report on the results.

It will be helpful to involve individuals throughout your PRSS program, including peer participants, in a participatory process to answer the questions in the self study. Depending on the size of your organization, it may be useful to divide into working groups or to use existing committees to complete different areas of the study.

[<< Step 4: Become a Candidate for Core Accreditation](#) | [Step 6: Prepare for and Host the Peer Review Site Visit >>](#)

Step 6: Prepare for and Host the Peer Review Site Visit

A key component of the accreditation process is the Peer Review Site Visit. The purpose is to obtain in-depth information concerning all aspects of your PRSS program(s). In addition, the two-day site visit permits the Peer Review Team to assess your program's conformance with the CAPRSS Standards and the achievement of your own stated mission, goals, and objectives. The site visit confirms and complements the information contained in the comprehensive Self-assessment Study completed as a part of the application process. The tasks to prepare for and host the site visit are described below.

Participate in CAPRSS Peer Review Site Visit orientation webinar

The purpose of the orientation webinar is to give an overview of the site visit process. It provides an opportunity for the members of your Accreditation Coordinating Committee to get answers to specific questions about your site visit.

Set dates for Peer Review Site Visit

The Peer Review Site Visit will take up to two full days. Identify several dates, a minimum of 6 weeks from the date you submit your Program Inventory.

Finalize agenda for Peer Review Site Visit (with CAPRSS liaison)

In this manual, you will find a [sample site visit agenda](#). We know that every organization is different. Your CAPRSS Liaison will work with you to set a agenda that is specific to your organization and its needs.

Help CAPRSS with travel logistics

Your CAPRSS Liaison will work with you to coordinate the travel of the Peer Review Team. Your suggestions about good hotels near your main site, restaurants that deliver (for PRT working lunches), exact locations of your sites, and other tips that travelers need to know will help your liaison to make the best travel arrangements for the team.

Announce/introduce process to your community

Applying for CAPRSS accreditation is a big deal. Let your community know that you are in the process, what it means, and how they can help.

Identify peer participants and community stakeholders to be interviewed during site visit

The accreditation process is another opportunity to engage peer participants and your many stakeholders, to get their input, feedback, and good thinking. The Peer Review Team also needs their participation in order to gain a complete picture of your organization. Let peer participants and community stakeholders know that there will be an opportunity to talk with the Peer Review Team, either in small groups or individually.

Set up Resource Room for Peer Review Team

The Resource Room will be the “home base” for the Peer Review Team while it is visiting your organization. The team will need privacy and Internet access.

Additionally, you will need to prepare binders for each of the Peer Review Team members with hard copies of all of the documents submitted with your application. The [documents checklist](#) provides the listing of the sections for the binder, and the order of the documents in each section.

Host the Site Visit

Each Peer Review Team will be composed of 2-3 individuals with expertise or experience in peer recovery support services. The team may include a:

- PRSS program manager or administrator
- Peer leader
- Consultant who has worked extensively with PRSS

CAPRSS will designate one person on each team to serve as lead; this person is responsible for coordinating the activities of the team when on-site and is the spokesperson for the group.

Peer Reviewers do not decide if you are accredited or not. They are observers and reviewers—that is, they will document and comment on what they observe on site. It is the CAPRSS Accreditation Review Committee's role to determine whether an organization will be accredited or not.

The site visit begins with the Peer Review Team meeting with your organization's Accreditation Coordinating Committee, and a dialogue about your Welcome Walk-through and Self Study results. The site visit ends with an Exit Conference between the Peer Review Team and your Accreditation Coordinating Committee, in which the team summarizes findings from the visit, gives general recommendations, and maps out next steps. In between, the peer reviewers will review documents, talk with peer participants, peer leaders, board members, and community stakeholders to get a comprehensive view of your organization.

Directly following the visit, the Peer Review Team Leader will oversee the compilation and synthesis of the onsite report. The Team Leader will prepare a checklist and assign specific sections of the report to team members. The completed report will be submitted to CAPRSS within ten (10) days following the site visit. All information gathered during the site visit and the report will be kept strictly confidential. Peer Reviewers adhere to strict codes of ethics and confidentiality are not allowed to share any information, except with each other and with CAPRSS. This includes any final accreditation suggestions or decisions.

Within 6 weeks of the visit, CAPRSS will make final accreditation determinations and contact the applicant organization.

Step 7: Receive Accreditation Determination

Approximately six to eight weeks after the Peer Review Site Visit, CAPRSS will notify the candidate of the accreditation decision and any required or recommended areas for improvement. The notification has two parts: a cover letter and the Core Accreditation Final Report (described below).

Core Accreditation Final Report

The *Core Accreditation Final Report* consists of four main sections: (1) organizational profile; (2) survey summary; (3) findings and recommendations; and (4) next steps for the applicant.

Organizational Profile

The organizational profile is a “snapshot” of the organization, based on the organizational profile submitted by the organization. It includes basic information about the size and scope of the organization: mission; participants and peer recovery support services; staffing; facilities and sites; governance; and budget.

Organization Profile

The *Anytown Recovery Community Organization's* mission is to provide peer-to-peer support to the individual and family, educate all segments of the community about the nature of addiction and recovery, and strengthen the recovery community through advocacy.

PRSS Participants and Services	
Unduplicated PRSS participants 2000	
Participants by Gender	
Female	53%
Male	47%
Participants by Ethnicity	
Hispanic or Latino	4%
Not Hispanic or Latino	96%
Participants by Race	
White	43%
Black/African American	32%
American Indian or Alaska Native	5%
Asian	1%
Native Hawaiian or Other Pacific Islander	0.5%
Multiracial (two or more races)	5%
Involved in criminal justice system?	36%
Veterans/served in armed forces?	5%
Lesbian, Gay, Bisexual or Transgender?	2%
Other significant population?	N/A
The organization offers:	
Recovery planning	Y
Recovery coaching or mentoring	Y
Systems, services or resource navigation	Y
Support groups for family members	Y
Telephone-based recovery supports	Y
Health and wellness classes	Y
Life skills classes	Y
Other services:	
Volunteer training and supervised volunteer opportunities	Y
Other organizations with which organization is affiliated or with which has agreements/memoranda of understanding to enhance, strengthen, or broaden peer recovery support services	Y
Part of a health home?	No
Other accreditations or certifications	None

Survey Summary

In four short subsections, the Survey Summary provide a brief overview of the peer reviewer scoring and findings. It lists the overall scores given by each reviewer, the average scores for each domain, and the findings for each standard.

Survey Summary

Grade scale (from highest to lowest): (1) Mastery; (2) Approaching Mastery; (3) Proficiency; (4) Approaching Proficiency; (5) Needs development

	Reviewer 1		Reviewer 2		Reviewer 3	
	Has	Uses	Has	Uses	Has	Uses
Points Given	207/266	209/266	241/266	245/266	239/266	242/266
Percent	77.8	78.6	90.6	92.1	89.8	91.0
Overall Grade	Proficiency	Proficiency	Mastery	Mastery	Approaching Mastery	Mastery

Findings at a Glance

RPI= Requires performance improvement; MS= Meets standards; ES= Exceeds standards

Domain	Has	Uses	RPI	MS	ES
Recovery Principles, Culture and Climate					
RPCC-1.0 Core Recovery Principles					
RPCC-1.0 Core Recovery Culture & Values					
RPCC-1.0 Recovery Climate/Environment					
Ethical Framework for Service Delivery					
EFSD-1.0 Code of Ethics					
EFSD-2.0 Ethics Training and Support					
EFSD-3.0 Confidentiality					
EFSD-4.0 Boundary Setting					
Peer Leader Development					
PLD-1.0 Recruitment					
PLD-2.0 Selection and Orientation					
PLD-3.0 Training and Development					
PLD-4.0 Retention					
Peer Supervisor Development					
PSD-1.0 Recruitment					
PSD-2.0 Selection					
PSD-3.0 Training, Mentoring, and Support					
Governance and Program Oversight					
GPO-1.0 Program Oversight					
GPO-2.0 Board of Directors					
GPO-3.0 Organizational Policies and Practices					
Management Systems					
MS-1.0 Fiscal Management					
MS-2.0 Human Resource Management					
MS-3.0 Quality Assurance					
MS-4.0 Peer-competence Recertification					
MS-5.0 Confidentiality of Records					
Peer Support Capacity, Core Competencies					
PSCC-1.0 Determining Community Strengths and Needs					
PSCC-2.0 Planning					
PSCC-3.0 Offering Support					
PSCC-4.0 Managing the Supports/Services					
PSCC-5.0 Supervising Peers Providing Services					
PSCC-6.0 Evaluating the Supports/Services					

Findings

This section begins with a summary of the overarching organizational strengths. The findings are then presented for each standard. There are three possible findings: (1) Exceeds Standards, (2) Meets Standards, or (3) Requires Performance Improvement. The basis for the finding is briefly explained.

Recommendations

The final section of the report outlines the consultative and performance improvement recommendations. **Consultative Recommendations** are important findings that merit the attention of the applicant but do not rise to the level of a requirement for improvement (no formal response required). **Performance Improvement Recommendations** are critical findings that need attention of the applicant, for which a formal response (in the form of a Performance Improvement Plan) may be required. It also discusses the next steps that the applicant organization needs to take to upon receipt of the summary report.

Recovery Principles, Culture, and Climate	
Standard	Finding
RPCC-1.0 Core Recovery Principles The program is grounded in the values of the recovery community—both local community and the national movement.	Exceeds Standards Program incorporates recovery principles in documents, processes and overall environment. Recovery plans are being developed and used. However, data reviewed in the Vision Team meeting indicates significant variability in tracking and using recovery plans. This variability is further increased by the multiple tracks for individuals in various programs at the center.
RPCC-2.0 Core Recovery Culture and Values The program incorporates key practices that support and enhance recovery.	Exceeds Standards Recovery culture and values are in evidence as one enters the front door to the site modeling of peers and volunteers. Peers and peer leaders were vested in the accreditation outcome.
RPCC-3.0 Recovery Climate/ Environment The program establishes a welcoming climate that is conducive to/facilitates personal recovery.	Meets Standard The organization has recently moved into a new space that was formerly a clinical health environment. The Peer Review Team suggests: (1) more recovery-decorated areas to soften the environment, (2) patching and painting of holes in the walls from prior usage, (3) general repair of furniture throughout the facility, and (4) care for outside grounds and parking lot areas. The physical environment is spacious and open, infused with a recovery spirit, and rich with available resources—expressions of gratitude, and hope, as well as access to information, personal development, and skill building.

[<< Step 6: Prepare for and Host the Peer Review Site Visit | The Standards >>](#)

The Standards

Introduction

Standards are the core of an accreditation process. They can be seen as an external guide to assess the capacity and efficiency of a PRSS program: Organizations and programs that are applying for accreditation will be evaluated on the extent to which they can demonstrate their ability to meet specific standards.

They can also be considered a guide which a recovery community organization or peer program can conduct a self-inventory of how well it works by engaging in a reflective and participatory process. This may, in fact, be their best use, as programs continuously work to offer the best peer recovery support for their communities.

CAPRSS employs a set of rigorous standards that come directly from the recovery community and reflect current practice in peer recovery support. There are 30 core standards that are assessed the initial accreditation process, which are categorized into seven domains, which in turn are organized into four functional areas.

Once an organization has core accreditation, it can apply for accreditation in one or more of the optional domains. There are **optional (elective) standards** in four performance-related domains: (1) Peer Support Capacity: Recovery Community Centers; (2) Peer Support Capacity: Recovery Coaching; (3) Peer Support Capacity: Training and Technical Assistance; and (4) Furthering the Field.

[<< Step 7: Receive Accreditation Determination](#) | [Core Standards: Summary \(v1.1\)](#) >>

Core Standards: Summary (v1.1)

Principles-related Standards

Recovery Principles, Culture, and Climate		
RPCC-1.0	Core Recovery Principles	The program is grounded in the values of the recovery community—both local community and the national movement.
RPCC-2.0	Core Recovery Culture and Values	The program incorporates key practices that support and enhance recovery.
RPCC-3.0	Recovery Climate/Environment	The program establishes a welcoming climate that is conducive to/facilitates personal recovery.
Ethical Framework for Service Delivery		
EFSD-1.0	Code of Ethics	The PRSS program has guidelines, policies, procedures, and practices related to ethics that are consistent with peer values, protecting both providers and recipients of peer services.
EFSD-2.0	Ethics Training and Support	The PRSS program ensures that training and guidance are provided on the implementation of ethical guidelines.
EFSD-3.0	Confidentiality	The PRSS program has guidelines, policies, procedures, and practices related to maintaining confidentiality of personal information.
EFSD-4.0	Boundary Setting	The PRSS program provides supervision, support, and learning opportunities to address boundary-related conflict before, during, and after conflict happens.

People-related Standards

Peer Leader Development		
PLD-1.0	Recruitment	The program uses efficient and effective processes to recruit quality peer leaders.
PLD-2.0	Selection and Orientation	The program has clearly defined processes for screening, selecting, and orienting peer leaders to the PRSS program.
PLD-3.0	Training and Development	The program provides peer leaders with training to help them gain the knowledge and skills necessary for their assigned job, to help them develop within the organization.
PLD-4.0	Retention	The program has clearly defined methods for increasing peer leader retention.
Peer Supervisor Development		
PSD-1.0	Recruitment	The program uses efficient and effective processes to recruit quality peer supervisors.

PSD-2.0	Selection	The program has clearly defined processes for identifying needed qualifications, screening, and selecting peer supervisors.
PSD-3.0	Training, Mentoring, and Support	The program provides peer supervisors with training and ongoing support to gain knowledge, skills, experience, attitudes, and attributes necessary to effectively supervise peer leaders in a non-clinical context.

Practices-related Standards

Governance and Program Oversight		
GPO-1.0	Program Oversight	The program oversight is inclusive of and responsive to local communities of recovery.
GPO-2.0	Board of Directors	The board of directors is appropriately representative of and responsive to local communities of recovery.
GPO-3.0	Organizational Policies and Practices	The board of directors ensures that the organizational policies and practices are consistent with the principles of good governance.
GPO-4.0	Community Linkages	The board of directors facilitates linkages with other organizations to strengthen the larger community's network of support for recovery
Management Systems		
MS-1.0	Fiscal Management	The organization is a good steward of financial resources, accountable to the recovery community, funders, and donors in its use of funds.
MS-2.0	Human Resource Management	The organization uses best practices in human resources management to create a safe and healthy work environment.
MS-3.0	Quality Assurance	The organization establishes ongoing, data-driven, quality assessment and improvement processes and methods.
MS-4.0	Peer-compatible Recordkeeping	The organization establishes record keeping processes and methods that are compatible with peer-led efforts.
MS-5.0	Confidentiality of Records	The organization establishes record keeping processes and methods that ensure compliance with state and federal regulations related to confidentiality and privacy.
MS-6.0	Participant Protection and Informed Consent	The organization is committed to providing a safe, secure, and respectful environment.
MS-7.0	Cultural Competence	The organization has clear goals, policies, and oversight practices to provide culturally and linguistically appropriate peer services.

Performance-related Standards

Peer Support: Core Competencies

PSCC-1.0	Determining Community Strengths and Needs	The program uses participatory processes to assess community strengths and needs.
PSCC-2.0	Planning	The program plans to offer PRSS that that will have a measurable impact, based on community assets and needs.
PSCC-3.0	Offering Support	The program is an opportunity-rich recovery environment that builds individual and community strengths (recovery capital) and addresses individual and community needs.
PSCC-4.0	Supervising Peers Providing Services	The program provides regular guidance, support, and skills-building through non-clinical supervision to all peer leaders, whether service is provided at the program site or elsewhere in the community.
PSCC-5.0	Evaluating the Supports/ Services	The program uses evaluation data as a management tool.

[<< The Standards](#) | [Criteria Related to Each Core Standard >>](#)

Criteria Related to Each Core Standard

Each of the core standards has several underlying criteria, which are used to assess how well an organization is meeting the parent standard. Two primary instruments are used in assessing standards and criteria: the Accreditation Self Study (completed by applicants) and Peer Review Score Sheet (completed by Peer Review Team after a site visit).

[View complete listing of core standards and criteria](#)

[<< Core Standards: Summary \(v1.1\) | Core Standards: Summary \(v0.3\) >>](#)

Core Standards: Summary (v0.3)

Principles-related Standards

Recovery Principles, Culture, and Climate		
RPCC-1.0	Core Recovery Principles	The program is grounded in the values of the recovery community—both local community and the national movement.
RPCC-2.0	Core Recovery Culture and Values	The program incorporates key practices that support and enhance recovery.
RPCC-3.0	Recovery Climate/ Environment	<p>The program establishes:</p> <ol style="list-style-type: none"> 1. A welcoming climate that is conducive to/facilitates personal recovery; and 2. An opportunity-rich environment in which people can increase their awareness of a wide variety of recovery resources within the program and in the community
Ethical Framework for Service Delivery		
EFSD-1.0	Code of Ethics	The PRSS program has guidelines, policies, procedures, and practices related to ethics that are consistent with recovery and peer values that protect both providers and recipients of peer services.
EFSD-2.0	Ethics Training and Support	The PRSS program ensures that training and guidance are provided on the implementation of ethical guidelines.
EFSD-3.0	Confidentiality	The PRSS program has guidelines, policies, procedures, and practices related to maintaining confidentiality of personal information.
EFSD-4.0	Boundary Setting	The PRSS program provides supervision, coaching, and mentoring to help staff and peer leaders address boundary-related conflict both when and before it happens.

People-related Standards

Peer Leader Development		
PLD-1.0	Recruitment	The program uses efficient and effective processes to recruit quality peer leadership.

PLD-2.0	Selection and Orientation	The program has clearly defined processes for screening and selecting peer leaders and orienting them to the PRSS program, including the culture, structure, vision, mission, values, and offered services.
PLD-3.0	Training and Development	The program provides each peer leader with training that will enable them to acquire the knowledge and skills necessary for their assigned job and to help them develop within the organization and beyond.
PLD-4.0	Retention	The program has clearly defined methods for increasing peer leader retention.
Peer Supervisor Development		
PSD-1.0	Recruitment	The program uses efficient and effective processes to recruit quality peer supervisors.
PSD-2.0	Selection	The program has clearly defined processes for identifying needed qualifications, screening, and selecting peer supervisors.
PSD-3.0	Training, Mentoring, and Support	The program provides each peer supervisor with training, development opportunities, and ongoing support that will enable them to acquire the knowledge, skills, experience, attitudes, and attributes necessary to effectively supervise peer leaders in a non-clinical context.

Practices-related Standards

Governance in Recovery Community Organizations		
GRCO-1.0	Board of Directors	The board of directors is representative of and responsive to local communities of recovery.
GRCO-2.0	Organizational Policies and Practices	The board of directors ensures that the organizational policies and practices are consistent with the principles of good governance and with the values of the local recovery community__.
GRCO-3.0	Community Linkages	The board of directors supports and facilitates linkages with allied individuals and organizations that can strengthen the larger community's network of support for recovery.
Governance in Programs in Host Organizations Other than RCOs		
GPHO-1.0	Program Oversight	The program oversight is inclusive of and responsive to local communities of recovery.
GPHO-2.0	Program Accountability and Transparency	The program is transparent (open) and accountable to those served (e.g., recovery community, greater community and funders).
GPHO-3.0	Organization Board of Directors	The board of directors ensures that the organizational policies and practices are consistent with the principles of good governance.
GPHO-4.0	Community Linkages	The organization's board of directors support and facilitates linkages with other organizations that can strengthen support for recovery.

Management Systems		
MS-1.0	Fiscal Management	The organization is a good steward of financial resources, accountable to the recovery community, as well as funders and donors, in its use of funds. <i>Alternate: Organization uses its resources, and assets toward improving the lives of people in recovery.</i>
MS-2.0	Human Resource Management	The organization uses best practices in human resources management to create a stable, safe, healthy, and happy work environment.
MS-3.0	Quality Assurance	The organization establishes ongoing, data-driven, quality assessment and performance improvement processes and methods that are compatible with peer-led efforts and that ensure the provision of safe, effective, efficient, and equitable recovery-centered peer supports.
MS-4.0	Program Recordkeeping	The organization establishes record keeping processes and methods that are compatible with peer-led efforts and that ensure compliance with state and federal regulations related to confidentiality and privacy.
MS-5.0	Participant Protection and Informed Consent	The organization is committed to providing a safe, secure, and respectful environment for participants and for persons providing peer support.

Performance-related Standards

Peer Support: Core Competencies		
PSCC-1.0	Determining Community Strengths and Needs	The program uses participatory processes to assess the skills, talents, and strengths and assets within the local recovery communities; to identify other community resources; and to ascertain the needs of people in or seeking recovery.
PSCC-2.0	Planning	The program plans to offer PRSS that reflect and serve the local communities of recovery.
PSCC-3.0	Offering Support	The program offers PRSS that reflect local recovery values, build individual and community strengths (recovery capital), and address individual and community needs.
PSCC-4.0	Managing the Supports/ Services	The program is managed to ensure the delivery of PRSS that are needed and that have a measurable impact, at a level that is sustainable over time.
PSCC-5.0	Supervising Peers Providing Services	The program provides regular guidance, support, and skills-building through non-clinical supervision to all peer providers in a manner that adheres to peer ethical guidelines, whether supports/services are provided at the program site, or elsewhere in the community.
PSCC-6.0	Evaluating the Supports/ Services	The program uses evaluation data as a management tool to assess and improve the quality and effectiveness of supports; to ensure that its program elements are aligned with community assets and needs; and to redesign its program, as needed.

[<< Criteria Related to Each Core Standard | Optional Standards \(v0.1\): Summary >>](#)

Optional Standards (v0.1): Summary

Performance-related Standards

Peer Support Capacity: Recovery Community Center

PSRCC-1.0	Recovery Community Center Governance	The recovery community center has structures and processes for governance and decision-making that are inclusive of the recovery community and its principles.
PSRCC-2.0	Operations and Management	The physical space is safe, clean, and in compliance with building codes and ordinances.
PSRCC-3.0	Recovery Hospitality	The recovery community center is inclusive of all paths of recovery and responsible to local recovery communities.
PSRCC-4.0	Community and Civic Engagement	The RCC is embedded among community institutions and stakeholders; it provides its members opportunities for community engagement and valued social roles.
PSRCC-5.0	Programming	The recovery community center offers a diverse menu of programs and services.
PSRCC-6.0	Preparing Peers for Service	The recovery community center has effective methods to prepare peers to be of service.
PSRCC-7.0	Evaluation	The recovery community center uses community-informed evaluation measures (processes) and collects a variety of data on both <u>outputs</u> and <u>outcomes</u> to determine effectiveness and to improve programs, services, and activities.

Peer Support Capacity: Recovery Coaching

PSMC-1.0	Preparing Peers for Service	The program has effective methods to prepare peers to be recovery coaches.
PSMC-2.0	Ensuring Program Quality	The program ensures that its recovery coaching program is effective in engaging and supporting participants.
PSMC-3.0	Evaluating Performance	The program uses <u>validated, non-clinical tools</u> at entry and across time to track participant progress and program outcomes.

Peer Support Capacity: Training & Technical Assistance

PSTTA-1.0	Facilitating Change	The training/technical assistance provider has up-to-date expertise and competencies related to facilitating learning and change within organizations.
-----------	---------------------	--

PSTTA-2.0	Establishing Relationships	The training/technical assistance provider establishes effective relationships/partnerships with T/TA clients.
PSTTA-3.0	Assessing Needs, Finding the Facts	The training/technical assistance provider uses a variety of assessment strategies to gather objective, accurate, complete and relevant information the group to be served.
PSTTA-4.0	Providing Technical Assistance	The technical assistance provider uses the best practices in facilitation/consultation to engage TA clients in participatory/joint problem solving.
PSTTA-5.0	Providing Training	The training provider provides objective- oriented (and when applicable, standards based) training curricula that use best practices in adult learning, and are sensitive to the needs of the recovery community.
PSTTA-6.0	Evaluating Training and Technical Assistance	The training/technical assistance provider conducts evaluation to assess the efficacy of T/TA.

Principles-related Standards

Furthering the Field		
FTF-1.0	Service to the Recovery Community	The organization engages in the highest level of service to the recovery community on a local, regional, and national level.
FTF-2.0	Advocacy	The organization engages in exemplary advocacy for people in recovery at a local, regional, and national level, using a variety of strategies.
FTF-3.0	Champion for a Recovery-oriented Community	The organization works to change systems and community conditions to help create context in which a recovery- oriented community can emerge.
FTF-4.0	Evidence-based Practice	The organization uses best available evidence to make informed decisions about programs, services, activities.
FTF-5.0	Cultural Competence	The organization has clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate peer services. (Adapted from the Office of Minority Health National Standards for Culturally and Linguistically Appropriate Services)

[<< Core Standards: Summary \(v0.3\) | The Accreditation Taxonomy >>](#)

The Accreditation Taxonomy

Now that you have seen the standards and criteria, it is time for a look at the complete taxonomy.

A taxonomy is a scheme of classification. (Remember learning the biologic classification system of domain, kingdom, phylum, class, order, family, genus, and species? The CAPRSS one is not quite that complex.) CAPRSS has created an accreditation taxonomy, which consists of (in descending order):

- functional area (operational area)
 - domain
 - standard
 - criterion
 - element of performance

Each of the levels of the taxonomy is described below.

Functional areas

The classification begins with the four functional areas.

1. Principles: Elements that are often seen as intangible—principles, culture, and climate—and yet are known to have a significant impact on organizational success.
2. People: People are the heart of peer recovery support services program; this area helps PRSS programs to examine how peer leaders and peer supervisors are recruited, oriented, trained, supervised, and developed, and policies needed to ensure a good environment for all staff—volunteer and paid.
3. Practices: Organizational practices that are critical for organizational stability and success.
4. Performance: Capacities that programs have to help people achieve and maintain recovery.

Domains

There are seven core domains, and four optional domains. The core domains are presented below.

1. **Recovery Principles, Culture, and Climate (RPCC)**

Recovery principles are what differentiate peer recovery support/services from treatment and from other types of recovery services. A program's principles—its basic assumptions and ways of

working—and values—those things of worth, meaning, or importance—serve as the core from which practices (patterns of actions), services, and everything else emanate.

Culture includes deeply held values, beliefs and assumptions, symbols, heroes, and rituals. An organization's culture is the mixture of qualities that gives the group its identity. It is comprised of many tangible elements—such as dress “code” or language— and intangible ones —such as underlying values.

Climate consists of the recurring patterns of behavior, attitudes and feelings that characterize life in the organization. Climate is akin to the weather within an organization—how warm or cool it is. Like the weather, organizational climate is the sum of “prevailing conditions,” including accessibility, openness, inclusivity, and diversity. An organization with a good climate attracts new people to its efforts; one with a negative climate is characterized by high turn-over, low participation, high levels of mistrust, and lack of momentum.

The climate and culture of peer recovery support organizations and programs directly relate to the effectiveness of recovery support. The program's climate and culture set the context in which personal recovery can occur.

2. Ethical Framework for Service Delivery (EFSD)

Peer recovery support services (PRSS) programs require an ethical framework for service delivery—an essential supporting structure that helps to guide interactions in the peer setting. This structure includes a code of ethics or code of conduct, training, and ongoing dialogue. In most cases, simply “importing” a professional code of ethics and training is not effective. There is a difference between the professional-client relationship and the relationship of the peer leader and the peer being served that warrants an ethical framework specifically tailored to PRSS.

3. Peer Leader Development (PLD)

Peer recovery support service (PRSS) programs are engaging a new cadre of personnel in the recovery workforce: peer leaders. Peer leaders (also called peer workers) are people with experiential wisdom on how to achieve and sustain recovery who help those with less recovery experience. They provide this help through mentoring or coaching individuals; facilitating support and educational groups; providing a connection to resources that support recovery, such as housing, employment, and healthcare services; and creating a community of people in and seeking recovery where all feel welcome and where hope can dispel despair. They can provide this support before, during, and after treatment or independently of treatment. A quality peer leader development system that starts with the strengths and experiences of the recovery community and builds the knowledge and skills necessary to deliver quality peer-to-peer services.

4. Peer Supervisor Development (PSD)

Peer programs engage a diverse—and often sizeable—cadre of people with experiential wisdom to provide recovery support to their peers. An effective program supports its peer leaders (peer workers)

through mentoring, facilitation, and management and is designed to enhance motivation, autonomy, self-awareness, and skills. This support role falls to peer supervisors. PRSS programs must ensure that they have processes to develop the competencies of peer supervisors so that they have a good understanding of their role, and the knowledge, attitudes, and skills to do well.

5. **Governance and Program Oversight (GPO)**

Peer recovery support programs can be developed and operated in many different organizational contexts, including recovery community organizations— organizations that are primarily composed of and led by people with lived experience of addiction and recovery. Many other PRSS programs are housed in organizations that provide peer recovery support as part of a larger mission that is recovery-oriented or is focused on another agenda of which recovery is an important part (e.g., AIDS, community re-entry from prison, or child protection). Regardless of organization type, basic good governance is important. In addition, there are some specific governance characteristics that are important in order for PRSS programs to flourish. Both are reflected in the CAPRSS standards.

6. **Management Systems (MS)**

Management systems provide a structure for doing things efficiently and effectively. The management systems for PRSS program are much the same as those for any other organization—human resources, financial management, quality assurance. And yet, each also has unique characteristics because of the peer setting.

7. **Peer Support Capacity: Core Competencies (PSCC)**

In order to effectively serve individuals in and seeking recovery, peer recovery support programs must have the capacity to offer/deliver needed PRSS in their communities. There are specific core competencies for well-run peer programs that differentiate PRSS from treatment and other recovery support organizations, including the capacity to engage in continuing community strengths-and-needs assessments and capacities related to program design, implementation, management, and evaluation.

Standards and Criteria

There are 30 core standards and nearly 150 criteria within the seven core domains.

Elements of Performance

Each criteria has one or more elements of performance, which are examples of the the activities, actions, or processes that an organization might do that in meeting a particular **criterion** or standard. For example, criterion RPCC-3.6 is “The program maintains a warm and welcoming space.” The listed elements of performance are:

- Decor/decoration is culturally inviting
- The physical site is pleasant and attractive
- The space is safe and clean
- The site is conveniently located
- Visitors to site are welcomed in a warm and friendly manner

Each of these elements is indicative of the criterion being met. **It is very important to note that there may be things not on the list that also demonstrate that the criterion is being met.** As part of their self study, candidates are encouraged to present other elements of performance that fit the criteria. As a peer reviewer, you are also encouraged to note other elements that are not on the list.

[Complete list of standards, criteria, and elements of performance](#)

[<< Optional Standards \(v0.1\): Summary | For Candidates Only >>](#)

For Candidates Only

The Three Parts of the Review

For any accrediting body, the accreditation review is a core service. The CAPRSS accreditation review consists of **self review**, **peer review** and **committee review**. Combined, these help to ensure that accredited organizations will have institutional integrity (clear purposes, high levels of integrity, fiscal stability, systems to fulfill its purposes), PRSS effectiveness (clear and appropriate objectives & design, process of review, collection and use of data that ensure environment for recovery), and sufficient capacity to sustain quality over time.

Self Review

As an accreditation candidate, you have completed a thorough self review using the CAPRSS standards, which provide a framework for evaluating your program's processes, results, and your progress toward your goals and objectives. You completed a three-part program inventory, which included your Organizational Profile, Welcome Walk Through, and Accreditation Self Study. The materials that you submitted are the foundation for the peer and committee reviews.

Peer Review

Peer review is a common practice in many fields to maintain standards of quality, improve performance, and provide credibility. For CAPRSS, it is a reflection of the peer support process that is at the heart of PRSS; peer reviewers provide knowledge, experience, and practical help to others in the field.

The key people from CAPRSS involved in the peer review process are CAPRSS staff member (your CAPRSS liaison), the Peer Review Team Leader, and Peer Reviewers. Each peer review team will consist of 1-3 peer reviewers who bring expertise from direct experience.

✿ **Peer Reviewers.** The peer reviewer is an external consultant to CAPRSS who has expertise in peer recovery support services, addiction recovery, and/or management of service organizations. Peer reviewers are responsible for evaluating an organization's conformance with the CAPRSS standards for excellence; they ensure that each candidate receives an objective, impartial, and fair initial peer review. Peer Reviewers do not decide if an organization is accredited or not. Rather, the Peer Reviewer's role is to be CAPRSS' "eyes and ears." They are fact-finders who rate according to what they actually find on site. They write a Summary Report of the site visit, which is used by the Review Committee.

Committee Review

Committee review is the capstone of the accreditation process; it completes the process begun with the the Accreditation Self Study and furthered by the Peer Review Site Visit. The purpose is to (1) examine the in-depth information concerning all aspects of the PRSS program(s) gathered by the site itself and considered by the Peer Review Team and (2) determine a program's conformance with the CAPRSS standards.

The Accreditation Review Committee (ARC) is composed of three individuals with experience or expertise in PRSS. The ARC members:

- Review and discuss the Peer Review Site Visit Summary Report that the Peer Review Team completes for each candidate, which includes findings and recommendations regarding accreditation;
- Speak with members of the Peer Review Team, if necessary, to obtain additional information and/or clarification;
- Discuss which [accreditation outcome](#) is the best fit for the candidate; and
- Issue the formal accreditation determination.

The ARC also conducts follow-up reviews of organizations that are implementing performance improvement plans that may required for accreditation, and review complaints filed by interested parties.



After review and discussion of the summary report, the Accreditation Review Committee issues the final accreditation report containing your accreditation determination.

[<< For Candidates Only](#) | [The Peer Review Site Visit >>](#)

The Peer Review Site Visit

The cornerstone of the peer review is the *site visit*, which confirms and complements the information contained the applicant's Accreditation Self Study. The purpose of the site visit is to obtain in-depth information concerning all aspects of the PRSS program(s). The site visit permits the Peer Review Team to assess a program's conformance with the CAPRSS Standards and also the achievement of the program's own stated mission, goals, and objectives.

[<< The Three Parts of the Review](#) | [Before the Site Visit >>](#)

Before the Site Visit

To prepare for the site visit, there are five key tasks that you the candidate will need to complete:

1. Set date for site visit
2. Finalize agenda
3. Announce/ introduce accreditation process to key stakeholders
4. Help CAPRSS with travel logistics
5. Set up Resource Room

The [Site Visit Workplan Template](#) will help you to breakdown those tasks into “To do’s.”

Prior to the site visit, the Peer Review Team will review and comment on the candidate’s (a) Organizational Profile, (b) Welcome Walk Through, and (c) Accreditation Self Study, along with (d) supporting documents. They will be looking for evidence of how well the organization meets each of the standards and criteria, and will be looking for the evidence to be:

reliable	the evidence can be consistently interpreted
current	the information supports an assessment of the current status of the institution
verifiable	the meaning assigned to the evidence can be corroborated, and the information can be replicated
coherent	the evidence is orderly, logical, and consistent with other patterns of evidence presented
observable	the evidence is based on observable data and information
relevant	the evidence directly addresses the requirement or standard under consideration
representative	the evidence is reflective a larger body of evidence and not an isolated case

[<< The Peer Review Site Visit](#) | [During the Site Visit >>](#)

During the Site Visit

The site visit provides an opportunity for the peer reviewers to become more familiar with the organization and peer program in real time. The review team can get a first-hand account of the physical environment and the people in it, observe program activities, interview key informants, and offer consultation.

Over the course of the visit, a number of activities will be taking place. These will be scheduled and organized by you and the CAPRSS staff. While much of the scheduling will be done in advance, there will be flexibility to accommodate changes that will inevitably occur onsite.

Sample agenda for a two-day site visit is below.

Day One		
Start Time	Item	Notes
8:30 am	Peer Review Team arrives at main site and is shown private Resource Room and sets up	Arrive at established time
9:00 am	Introductory meeting with the Accreditation Coordinating Committee (ACC) and any key stakeholders.	Conduct orientation meeting (introduce CAPRSS, explain site visit, review and revise agenda, etc.) When the Peer Reviewer Team arrives on site, it will conduct an orientation with a representative group assembled by the organizational leadership. The orientation will provide an overview of the process, the nature of the visit, a walk-through of the agenda, and roles and responsibilities of the peer reviewers. The agenda and appointments are finalized during the introductory meeting.
9:30 am	Peer Review Team is given a tour of the facility	
10:30 am	Review of Welcome Walk Through and Accreditation Self Study	Two of the key items that candidates submit prior to the site visit are the <i>Welcome Walk Through</i> and the <i>Accreditation Self Study</i> . This block of time is set aside to have an in-depth conversation with the ACC about what they learned from the process of completing the two assessments.
12:30 pm	Working Lunch/ Peer Review Team	

2:15 pm	Peer Review Team Interviews with Peer Participants (Focus group from 2:15-3:15; individual meetings from 3:15-4 as needed)	Throughout the site visit, interviews will be conducted with key leaders and staff, peer leaders, peer who are using the supports and services, and various stakeholders. Peer support activities will be observed, as appropriate.
4:00 pm	Peer Review Team Discussion/ Meeting	
4:45 pm	Peer Review Team Interviews with Board Members	The board of directors plays an important role in the success of a PRSS program. Interviews with board members provide a chance to find out what board members think are the strengths and challenges related to organizational governance.
5:30 pm	BREAK	
6:00 pm	Peer Review Team member(s) observes evening programs	Many PRSS programs have evening support group meetings or educational session. If appropriate, peer reviewers can observe to get a better sense of a program in action.
7:15 pm	Peer Review Team departs for hotel	
Day Two		
Time	Activity	**Notes **
8:30 am	Peer Review Team arrives at main site Review of Day One with Accreditation Coordinating Committee	The Peer Review Team shares its observations from the first day of the site visit, and answers questions about day two.
9:00 am	PRT & ACC discuss PRSS, Quality Assurance	Throughout the second day, the PRT will meet with various people to discuss different domains or areas of focus. The specific areas will be determined in part based on the pre-site visit review and any questions or concerns that the ACC expressed during the Introductory Meeting

10:00 am	Peer Review Team interviews Peer Leaders/ Staff	
11:00 am	PRT & Finance Staff, Finance Committee discuss fiscal management	
12:30 pm	Working Lunch/ Peer Review Team	
1:30 pm	PRT & Staff, Personnel Committee discuss Human Resources	
2:30 pm	Peer Review Team observations	Direct observation is one of the ways that peer reviewers get a sense of the recovery culture and climate. The idea is to observe whatever is going on at the site—such as an orientation of new participant(s), or participatory processes, or a training session—without being intrusive.
	Or Peer Review Team visit additional sites	
4:00 pm	Peer Review Team prepares draft site visit report	Before leaving the site, the Peer Review Team will assemble gathered notes and charts, determine process to compile report, delegate report writing tasks.
4:45 pm	Peer Review Team Exit Conference with Peer Review Team/ Coordinating Committee	At the end of the second day, the Peer Reviewer Team will meet with organizational leaders (and others, at the discretion of the leaders) to summarize findings, make cursory recommendations, review continuation of accreditation process, and terminate visit.
6:00 pm	Peer Review Team departs for hotel	

[<< Before the Site Visit](#) | [After the Site Visit >>](#)

After the Site Visit

There are several things that happen following your site visit *before* you receive your accreditation outcome:

1. The Peer Reviewers submit their scores and comments.
2. The Peer Review Team Leader writes the Site Visit Summary Report within 10 working days following the site visit.
3. CAPRSS staff reviews the Site Visit Summary Report for accuracy and completeness.
4. The Site Visit Report is given to the Accreditation Review Committee for the final steps in the accreditation process. The ARC makes final determinations of accreditation status within eight weeks of site visit.

[<< During the Site Visit](#) | [Accreditation Review >>](#)

Accreditation Review

For any accrediting body, the accreditation review is a core service. It is doubly important for CAPRSS: As CAPRSS begins granting accreditation, the review provides a sense of the individual applicants *and* allows data gathering that will give a clearer picture of the field. Accreditation review is at the center of an iterative learning process that will lead to the development of ever-more accurate standards and indicators; improved self-review by programs; and a deeper understanding of the capacities needed to provide effective peer supports for recovery.

The CAPRSS accreditation review consists of **self review**, **peer review** and **committee review**. Combined, these help to ensure that accredited organizations will have institutional integrity (clear purposes, high levels of integrity, fiscal stability, systems to fulfill its purposes), PRSS effectiveness (clear and appropriate objectives & design, process of review, collection and use of data that ensure environment for recovery), and sufficient capacity to sustain quality over time.

[<< After the Site Visit | Accreditation Review: The Three Parts >>](#)

Accreditation Review: The Three Parts

For any accrediting body, the accreditation review is a core service. The CAPRSS accreditation review consists of **self review**, **peer review** and **committee review**. Combined, these help to ensure that accredited organizations will have institutional integrity (clear purposes, high levels of integrity, fiscal stability, systems to fulfill its purposes), PRSS effectiveness (clear and appropriate objectives & design, process of review, collection and use of data that ensure environment for recovery), and sufficient capacity to sustain quality over time.

Self Review

Each accreditation candidate completes a thorough self review as a part of the application for candidacy. The CAPRSS standards provide a framework for evaluating your program's processes, results, and your progress toward your goals and objectives.

The process of completing the three-part program inventory—Organizational Profile, Welcome Walk Through, and Accreditation Self Study—provide an opportunity for your PRSS program to how well you are doing from a variety of perspectives. It also provides an opportunity to consider your PRSS program's accomplishments, focus the program on common goals, and identify areas for development as well as for streamlining.

Candidates are encouraged to use variety of participatory processes to engage individuals across their program in the self review process.

Peer Review

Peer review is a common practice in many fields to maintain standards of quality, improve performance, and provide credibility. For CAPRSS, it is a reflection of the peer support process that is at the heart of PRSS; peer reviewers provide knowledge, experience, and practical help to others in the field.

The cornerstone of the peer review is the *site visit*, which confirms and complements the information contained the applicant's Accreditation Self Study. The purpose of the site visit is to obtain in-depth information concerning all aspects of the PRSS program(s). The site visit permits the Peer Review Team to assess a program's conformance with the CAPRSS Standards and also the achievement of the program's own stated mission, goals, and objectives.

The key people from CAPRSS involved in the peer review process are CAPRSS staff member (your CAPRSS liaison), the peer review team leader, and peer reviewers. Each peer review team will consist of 1-3 peer reviewers who bring expertise from direct experience.

Review Committee

Committee review is the capstone of the accreditation process; it completes the process begun with the the Accreditation Self Study and furthered by the Peer Review Site Visit. The purpose is to (1) examine the in-depth information concerning all aspects of the PRSS program(s) gathered by the site itself and considered by the Peer Review Team and (2) determine a program's conformance with the CAPRSS standards.

The Accreditation Review Committee is composed of three individuals with experience or expertise in PRSS. The ARC members:

- Review the site visit findings, consultative and performance improvement recommendations made by peer reviewers to ensure that are consistent with the CAPRSS standards and criteria;
- Speak with members of the Peer Review Team, if necessary, to obtain additional information and/or clarification;
- Discuss which [accreditation outcome](#) is the best fit for the candidate; and
- Issue the formal accreditation determination.

[<< Accreditation Review](#) | [Self Review >>](#)

Self Review

Each accreditation candidate completes a thorough self review as a part of the application for candidacy. The CAPRSS standards provide a framework for evaluating your program's processes, results, and your progress toward your goals and objectives.

 Engaging your peers, peer leaders, partners, and community through Participatory Process

Organizational Profile

Welcome Walk Through

Accreditation Self Study

Dialogue

Dialogue is an essential part of the assessment. Talking about what you heard in meetings or focus groups, or what was collected surveys, helps to turn all the information into actionable knowledge. Consider what the information you collected means.

Meaning of surveys

For each question on a survey, discuss the rating:

- What does being rated highly on this question mean to us?
- How would we know we are highly rated?
- What would it take for us to rate ourselves highly consistently?

Questions with a "Do not know" response should seek further team discussion, such as:

- Why don't we know this?
- How can we find out?
- Why is it important to find out?

Summarize the findings and then determine next steps:

- What is most important for us to address?
- Where do we have strengths that we need to make sure others see and build on?
- How can we gain more patient and family advice on what to focus on next?

Peer Review

Peer review is a common practice in many fields to maintain standards of quality, improve performance, and provide credibility. For CAPRSS, it is a reflection of the peer support process that is at the heart of PRSS; peer reviewers provide knowledge, experience, and practical help to others in the field.

The cornerstone of the peer review is the *site visit*, which confirms and complements the information contained the applicant's Accreditation Self Study. The purpose of the site visit is to obtain in-depth information concerning all aspects of the PRSS program(s). The site visit permits the Peer Review Team to assess a program's conformance with the CAPRSS Standards and also the achievement of the program's own stated mission, goals, and objectives.

Using the peer review approach gives individuals from recovery community organizations with expertise in operating peer support programs another way to be of service to other organizations and to learn from others at the same time. The process has the potential of enhancing the experience of all involved, promoting a community of practice.

[<< Self Review](#) | [Who is Involved in the Peer Review Process? >>](#)

Who is Involved in the Peer Review Process?

The key people involved in the Peer Review Process include:

1. CAPRSS staff member—the CAPRSS Liaison
2. Peer Review Team Leader
3. Peer Reviewers

The Peer Review Team

Each peer review team will consist of 1-3 peer reviewers, who bring expertise from direct experience. This team completes both a pre-site visit review of documents submitted by organizations, and site visits.

Site Visits

Because the duration of a two-day visit is very short, each team will want to make the best use of the allotted time. It is important that teams achieve the desired goals, as well as to honor the time commitment that the applicant organization is making.

A high level of teamwork, organization, and communication will be necessary in order to get everything accomplished. Each team will need to communicate before the actual site visit and to coordinate efforts once on location. It is imperative that teams schedule a face-to-face meeting the night before and/or the morning of the first day of the visit. Teams will make use of “face time” throughout, as well as directly following, the visit. Meeting time will offer important opportunities to share notes, divide and assign tasks, and offer/receive support from other team members.

[<< Peer Review](#) | [Who are the CAPRSS Peer Reviewers? >>](#)

Who are the CAPRSS Peer Reviewers?

[list and bios of current peer reviewers]

[<< Who is Involved in the Peer Review Process? Role of the Peer Reviewer >>](#)

Role of the Peer Reviewer

The peer reviewer is an external consultant to CAPRSS who has expertise in peer recovery support services, addiction recovery, and/or management of service organizations. Peer reviewers are responsible for evaluating an organization's conformance with the CAPRSS standards for excellence; they ensure that each candidate receives an objective, impartial, and fair initial peer review. We believe that using a peer review process reflects the nature of the programs that we accredit and the work that they do.

Peer Reviewers do not decide if an organization is accredited or not. Rather, the Peer Reviewer's role is to be CAPRSS' "eyes and ears." They are fact-finders who rate according to what they actually find on site.

You have been selected to be a member of the Peer Review Team because you have valuable subject matter expertise. You also have demonstrated skills in communication and organizing, which are key to the role, as are skills in asking questions with respect and diplomacy, using an asset-based and strengths-based approach, and maintaining a consultative rather than a directive attitude.

[<< Who are the CAPRSS Peer Reviewers?](#) | [Key Milestones in the Peer Review Process >>](#)

Key Milestones in the Peer Review Process

There are 12 key milestones in the process:

	Milestone	Notes
1	Organization submits an application for candidacy and pays candidacy fee	Application is reviewed for completeness by staff. An organization that submits a complete application and is determined to be eligible for accreditation is accepted as a candidate for accreditation.
2	Staff calculates the site visit fee	The staff determines the cost of the Peer Review Site Visit, based on the size of the candidate's budget and scope of the candidate's programs.
3	Candidate pays site visit fee and is assigned a site visit date	Generally, the date assigned for a site visit is 6-8 weeks from payment of site visit fee.
4	Candidate is assigned a Peer Review Team	Peer Review Team (of 1-3 people) is assigned from the pool of available trained Peer Reviewers who have no conflict of interest with the candidate. When you are assigned to a review team, you will receive a copy of the <i>Site Visit Handbook</i> , which has all the materials you need to complete the peer review tasks.
5	Peer Reviewers review candidate's materials	Using the Peer Reviewer section of the website, the Accreditation Self Study and the supporting documents are reviewed. Peer Reviewers spend an average of 6 – 8 hours reviewing applications on their own.
6	Peer Review Team has prep phone call	The team of Peer Reviewers has a phone call to discuss each individual's assessment of the candidate's strengths and challenges, based the review of the submitted materials. A CAPRSS staff member facilitates this meeting. This call will take approximately 2 hours.
7	Collect additional information	If additional information is needed, staff contacts the candidate and then shares any additional information with the Peer Review Team. Follow-up discussion takes place via e-mail.
8	Candidate prepares to host the site visit	CAPRSS staff does a pre-visit consultation with the candidate to give an overview of the site visit process, discuss the agenda, and settle logistics for the visit. There are several things that the candidate will do to prepare for the site visit, including finalizing the agenda, identifying peers and other stakeholders to be interviewed, and setting up a resource room for the Peer Review Team.
9	Site Visit	The Peer Review Team conducts a two-day site visit. (See During the Site Visit for more detail on this task.)
10	Preparation of post site visit report	The Peer Review Team identifies candidate's strengths and challenges. It agrees on whether or not to recommend the organization for accreditation and on what performance

		improvements to recommend or require, which will be reflected in the Site Visit Summary report prepared by the Team Leader.
11	Accreditation review and determination	The Accreditation Review Committee reviews and discusses the Site Visit Summary Report. If necessary, a representative of the Peer Review Team clarifies recommendations. The ARC determines the accreditation outcome.
12	Final report is prepared and sent	Staff writes the accreditation final report and, if needed, prepares a template for a Performance Improvement Plan

[<< Role of the Peer Reviewer](#) | [Peer Reviewer Tasks >>](#)

Peer Reviewer Tasks

Peer reviewer tasks are categorized by timeframe: (1) prior to the site visit; (2) during the site visit; and (3) after the site visit.

1. Tasks Prior to the Peer Review Site Visit

- review standards, criteria, and score sheets in the *Site Visit Handbook* to (re)acquaint yourself with the materials
- review documents and materials submitted by the candidate to assess organizational conformance with core standards
- make preliminary notes on the candidate
- participate in review team prep call

2. On Site Tasks

- participate in an orientation conference at the beginning of the site visit
- review Welcome Walk-through and Self Study with the candidate's accreditation team
- communicate and collaborate with review teammates to conduct all site visit tasks
- conduct information-gathering interviews with staff, peers leaders, peers, and other stakeholders
- conduct on site surveys to gather information about the organization and its peer program
- review documents presented onsite
- observe physical space(s)
- observe program services/activities in progress
- meet and regroup with Peer Review Team throughout visit
- adhere to CAPRSS Policies & Procedures and Code of Ethics
- act in a consultative capacity, with a focus on quality improvement and program alignment with CAPRSS standards
- participate in exit conference with candidate's accreditation team
- work with Peer Review Team to prepare recommendations and findings
- complete initial scoring of the candidate

3. Tasks After the Site Visit

- complete and submit Peer Reviewer score sheets with comments
- review and comment on first draft of site visit report (prepared by the Team Leader)

(See [Peer Reviewer Description](#) for complete listing of responsibilities.)

[<< Key Milestones in the Peer Review Process](#) | [Maintaining Confidentiality >>](#)

Maintaining Confidentiality

For a number of reasons, peer reviewers must be mindful of the confidential relationship between CAPRSS and the applicant organization. Organizations are rightfully concerned about their reputation. Nothing about the process nor an organization's accreditation status should be revealed by peer reviewers. Any information leaks or early disclosure could severely alter and compromise the accrediting and peer review process. CAPRSS will officially and publicly release information about accreditations.

Confidentiality begins the moment you begin to review documents and continues as you step foot on site. At the beginning of each meeting, observation, and interview, everyone needs to be assured that what they say will be used only to evaluate the various components of the program. In addition, all documents and process findings, as well as the final report are to be kept strictly confidential. Please take precautions to protect and safeguard any notes, information, or files you have documented in hard copy and especially on your laptop.

The final report is the sole property of CAPRSS. Copies and content from the report cannot be shared with anyone. Hard and electronic copies of all reports sent to CAPRSS need to be completely secured and carefully monitored. Similarly, Peer Review Team members can only discuss the site visit between themselves and with CAPRSS. Any final accreditation suggestions or decisions must be kept confidential between team members and CAPRSS.

[<< Peer Reviewer Tasks](#) | [Consultative Role >>](#)

Consultative Role

Peer reviewers take on a consultative role throughout the review process, addressing both strengths and challenges that a candidate program may have in each of the core domains. You will be using your skills to help programs identify options and to suggest recommendations for change.

On the Peer Review Site Visit

Remember that when you are conducting a site visit, you are not there to inspect but rather to consult. The review process should be educative and exploratory but never punitive.

It is important to set a positive and proactive tone from the beginning to counter the inevitable degree of nervousness and anxiety from those connected to the visited organization. You can do this by establishing a friendly, direct, “one peer to another” style. This also underscores a parallel process, in which your role as a peer is reflective of peer programs in general. You can promote dialogue by asking questions and let them do the talking. Assuming a strength-based approach will highlight what they are doing correctly before you begin suggesting improvements. *Avoid making direct comparisons to how things are done in your organization.* An alternative lead-in might sound like, “I’ve seen a number of organizations do it this way...” or “Other organizations have resolved this issue by...”

Even in your friendly, consultative role, you need to set appropriate boundaries. Take good interview notes and explain that this is to ensure accuracy. You can avoid becoming too familiar by staying focused on how the organization is meeting the program standards. Keep an open mind, realizing that there are many ways in which an organization can meet the standards. In your discussions, give them a menu of choices to consider, rather than a single “correct” way to approach a situation. In the course of your conversations throughout the day, be sure to voice your recommendations. This will encourage buy-in and eliminate any surprises or “zingers” during the exit interview.

[<< Maintaining Confidentiality](#) | [Team Leader Tasks >>](#)

Team Leader Tasks

Each team will be assigned a Team Coordinator. In preparation for the visit, the Team Coordinator will:

1. communicate with the CAPRSS field office and team members to synchronize logistics
2. draft the agenda
3. assign materials for team review
4. organize team roles and responsibilities, and
5. schedule onsite team meetings.

The Team Coordinator will also contact the organization to determine a number of components, including:

- which site(s) will be visited
- the site visit agenda and interview schedule
- the orientation conference
- who should be interviewed
- interview schedules,
- onsite document and program reviews, and
- the exit conference.

Lastly, the Team Coordinator will need to be in timely communication with the CAPRSS field office and the Peer Review team members to coordinate onsite availability, travel logistics, and scheduling.

Pre-site Visit Review

Prior to the site visit, you will review and comment on the candidate's (a) Organizational Profile, (b) Welcome Walk Through, and (c) Accreditation Self Study, along with (d) supporting documents. The supporting documents consists of, but are not limited to, formal policies and procedures, organizational charts, position descriptions, and program descriptions and plans.

As you review the documents the candidate submitted, keep in mind that the items should reveal trends and provide a snapshot of the organization at the time of submission. You are looking for evidence of how well the organization meets each of the standards and criteria. You will be looking for the evidence to be:

reliable	the evidence can be consistently interpreted
current	the information supports an assessment of the current status of the institution
verifiable	the meaning assigned to the evidence can be corroborated, and the information can be replicated
coherent	the evidence is orderly, logical, and consistent with other patterns of evidence presented
observable	the evidence is based on observable data and information
relevant	the evidence directly addresses the requirement or standard under consideration
representative	the evidence is reflective a larger body of evidence and not an isolated case

[<< Team Leader Tasks](#) | [The Site Visit >>](#)

The Site Visit

The site visit provides an opportunity to become more familiar with the organization and peer program in real time. The review team can get a first-hand account of the physical environment and the people in it, check the alignment of processes and documents, observe program activities, interview key informants, and offer consultation.

Over the course of the visit, a number of activities will be taking place. These will be scheduled and organized, including team members' specific responsibilities, by the Team Leader. While much of the scheduling will be done in advance, team flexibility will be needed to accommodate the many changes that will inevitably occur onsite. Throughout the site visit, it will be important for you to have your _ Site Visit Handbook_ handy for quick reference. You will be expected to be familiar with each of the standards and corresponding criteria and should be prepared to cite the rationale for each one.

Sample agenda for a two-day site visit is below.

Day One		
Start Time	Item	Notes
8:30 am	Peer Review Team arrives at main site and is shown private Resource Room and sets up	Arrive at established time
9:00 am	Introductory meeting with the Accreditation Coordinating Committee (ACC) and any key stakeholders.	Conduct orientation meeting (introduce CAPRSS, explain site visit, review and revise agenda, etc.) When the Peer Reviewer Team arrives on site, it will conduct an orientation with a representative group assembled by the organizational leadership. The orientation will provide an overview of the process, the nature of the visit, a walk-through of the agenda, and roles and responsibilities of the peer reviewers. The agenda and appointments are finalized during the introductory meeting.
9:30 am	Peer Review Team is given a tour of the facility	
10:30 am	Review of Welcome Walk Through and	Two of the key items that candidates submit prior to the site visit are the <i>Welcome Walk Through</i> and the <i>Accreditation Self Study</i> . This block of time is set aside to

	Accreditation Self Study	have an in-depth conversation with the ACC about what they learned from the process of completing the two assessments.
12:30 pm	Working Lunch/ Peer Review Team	
2:15 pm	Peer Review Team Interviews with Peer Participants (Focus group from 2:15-3:15; individual meetings from 3:15-4 as needed)	Throughout the site visit, interviews will be conducted with key leaders and staff, peer leaders, peer who are using the supports and services, and various stakeholders. Peer support activities will be observed, as appropriate.
4:00 pm	Peer Review Team Discussion/ Meeting	
4:45 pm	Peer Review Team Interviews with Board Members	The board of directors plays an important role in the success of a PRSS program. Interviews with board members provide a chance to find out what board members think are the strengths and challenges related to organizational governance.
5:30 pm	BREAK	
6:00 pm	Peer Review Team member(s) observes evening programs	Many PRSS programs have evening support group meetings or educational session. If appropriate, peer reviewers can observe to get a better sense of a program in action.
7:15 pm	Peer Review Team departs for hotel	
Day Two		
Time	Activity	**Notes **
8:30 am	Peer Review Team arrives at main site Review of Day One with Accreditation Coordinating Committee	The Peer Review Team shares its observations from the first day of the site visit, and answers questions about day two.

9:00 am	PRT & ACC discuss PRSS, Quality Assurance	Throughout the second day, the PRT will meet with various people to discuss different domains or areas of focus. The specific areas will be determined in part based on the pre-site visit review and any questions or concerns that the ACC expressed during the Introductory Meeting
10:00 am	Peer Review Team interviews Peer Leaders/ Staff	
11:00 am	PRT & Finance Staff, Finance Committee discuss fiscal management	
12:30 pm	Working Lunch/ Peer Review Team	
1:30 pm	PRT & Staff, Personnel Committee discuss Human Resources	
2:30 pm	Peer Review Team observations	Direct observation is one of the ways that peer reviewers get a sense of the recovery culture and climate. The idea is to observe whatever is going on at the site—such as an orientation of new participant(s), or participatory processes, or a training session—without being intrusive.
	Or Peer Review Team visit additional sites	
4:00 pm	Peer Review Team prepares draft site visit report	Before leaving the site, the Peer Review Team will assemble gathered notes and charts, determine process to compile report, delegate report writing tasks.
4:45 pm	Peer Review Team Exit Conference with Peer Review Team/ Coordinating Committee	At the end of the second day, the Peer Reviewer Team will meet with organizational leaders (and others, at the discretion of the leaders) to summarize findings, make cursory recommendations, review continuation of accreditation process, and terminate visit.
6:00 pm	Peer Review Team departs for hotel	

[<< Pre-site Visit Review](#) | [Sample Agenda >>](#)

Sample Agenda

Day One		
Start Time	Item	Notes
8:30 am	Peer Review Team arrives at main site and is shown private Resource Room and sets up	
9:00 am	Introductory meeting with the Accreditation Coordinating Committee and any key stakeholders. The agenda and appointments are finalized during the introductory meeting.	The CAPRSS Promise
9:30 am	Peer Review Team is given a tour of the facility	
10:30 am	Review of Walk Through and Accreditation Assessment	
12:30 pm	Working Lunch/ Peer Review Team	
2:15 pm	Peer Review Team Interviews with Peer Participants (Focus group from 2:15-3:15; individual meetings from 3:15-4 as needed)	
4:00 pm	Peer Review Team Discussion/ Meeting	
4:45 pm	Peer Review Team Interviews with Board Members	
5:30 pm	BREAK	
6:00 pm	Peer Review Team member(s) observes evening programs: Support group meeting Educational Session	
7:15 pm	Peer Review Team departs for hotel	
Day Two		
Time	Activity	**Notes **
8:30 am	Peer Review Team arrives at main site Review of Day One with Accreditation Coordinating Committee	
9:00 am	PRT & ACC discuss PRSS, Quality Assurance and Improvement	

10:00 am	Peer Review Team interviews Peer Leaders/ Staff	
11:00 am	PRT & Finance Staff, Finance Committee discuss Financial	
12:30 pm	Working Lunch/ Peer Review Team	
1:30 pm	PRT & Staff, Personnel Committee discuss Personnel	
2:30 pm	Peer Review Team observations of: Orientation of new participant(s) Participatory processes	
	Or Peer Review Team visit additional sites	
4:00 pm	Peer Review Team prepares draft site visit report	
4:45 pm	Peer Review Team Exit Conference with Peer Review Team/Coordinating Committee	
6:00 pm	Peer Review Team departs for hotel	

[<< The Site Visit](#) | [Conducting Interviews >>](#)

Conducting Interviews

During the site visit, there will be many opportunities to talk with participants, peer workers, community members, board members, and executive staff. These conversations need to be as efficient as possible, while still being open and friendly. Following are suggestions for making the most of each interview.

An interview can be organized into three parts: (1) an opening, (2) a body, and (3) a closing.

The Opening

The opening consists of a basic introduction and establishing some explanations. Introduce yourself, briefly explain the CAPRSS accreditation process, and state your role on the team and the purpose of the interview. Explain that the information that they share with you is strictly confidential and will not be shared or repeated. Ask if you can take notes and assure them that their name will not be attached.

Sample questions for the opening

- Can you tell me about your background and job duties?
- What accomplishment are you most proud of since you have been working here?
- What does a typical work day look like?

The Body

The body of the interview is the section where you ask the substantive questions. Be careful to use terminology that is familiar to the person and organization. Spell out acronyms and avoid lingo. Hinge your questions on the particular program standards that are relevant to the experience of the person you are interviewing. Focus on recording the information as it is relayed to you and steer clear of editorializing and/or personal bias.

Sample questions of the body

- Can you describe for me what the first session of recovery coaching looks like?
- How is information recorded and stored?
- Please describe how peers receive supervision in the program.

The Closing

The closing of the interview should be short and sweet. You can ask them if they have any questions or if they would like any specific consultation. Be sure to acknowledge and express gratitude for the time and information they have given you.

Sample questions for closing

- You mentioned that you were having issues in matching peers. Would you like to hear some ideas that may be helpful?
- Is there anything we left out that you would like to add before we close?
- Do you have any questions for me?

Tips and reminders for conducting successful interviews

- Be prepared with your questions in advance.
- Ask your questions across the standards subsections.
- Refer to your checklist without obviously marking it off the points and questions.
- Work toward a conversational flow, rather than a barrage of questions.
- When possible, use open-ended questions.
- Follow up with probe questions, based on the answer cues.
- Be aware of eye contact and body language.
- Use active listening and paraphrasing to promote engagement.
- When someone does not know the answer to a question, let it go and move on.

[<< Sample Agenda](#) | [The Score Sheets >>](#)

The Score Sheets

The score sheets used by Peer Reviewers list each of the standards and underlying criteria. The score sheets have two dimensions that reviewers rank: (1) “Has It” and (2) “Uses It”. The two dimensions have been designed to capture the “structure” of the service (Has It), and the “process” (Uses It), to gauge overall conformance. Often many organizations and programs have good policy and procedure but do not use it; others have very basic policy and procedures but excellent practice. The strongest reviews will have high ratings in both dimensions.

The scoring systems for the criteria for the standards are “0”: none; “1”: moderate conformance “2”: excellent conformance. The score sheets also have an area to check off Supporting Evidence for each rating in the categories that are outlined in the previous sections: D=Documents, O=Observations, I=Interviews, S=Surveys, T=Tracers.

Under the scoring section are three narrative areas. As a peer reviewer, you are expected to complete the first two areas: Findings (s) and Recommended Action(s). The third area is optional; it is a place to write suggestions or comments that will enrich the assessment of the standard. The *Site Visit Handbook* will contain detailed instructions on how to complete the score sheets.

Sample score sheet

RECOVERY PRINCIPLES, CULTURE, AND CLIMATE SCORE SHEET												
RPCC-1.0: Core Recovery Principles												
The program is grounded in the values of the recovery community—both local community and the national movement.												
Criteria	Has It			Uses It			Supporting Evidence					
	0	1	2	0	1	2	D	O	I	S	T	
1.1 Keeps recovery first, placing recovery at the center of the effort.												
1.2 Uses participatory processes to engage people who are in and seeking recovery.												
1.3 Maintains the authenticity of peers helping peers, drawing on the lived and shared experience of addiction and recovery.												
1.4 Builds leadership and capacity among members to guide and direct the program.												
1.5 Recognizes, acknowledges, affirms, and celebrates peer contributions.												
1.6 Welcomes, affirms, and embraces cultural diversity and inclusion.												
1.7 Encourages and promotes being of service/ giving back to the community.												
1.8 Engages in advocacy activities.												
Finding(s)												
Recommended Action(s)												
Peer reviewers, what would you add to enrich assessment of this standard?												

CAPRSS/ Score Sheet

A

[Download a copy of a sample score sheet](#)

[<< Conducting Interviews](#) | [Following the Site Visit >>](#)

Following the Site Visit

Following the visit, there are several important tasks that need to be completed, to keep the accreditation process moving.

1. All members of the Peer Review Team need to submit their scores and comments via the online scoring form (which you will find in the Peer Reviewer section of the website) within three days of the site visit. If your report was submitted on site, you will submit final revisions by the deadline.
2. The Team Leader will oversee the compilation and synthesis of the Site Visit Summary Report. The Team Leader may ask other Peer Review Team members to write the first draft of specific standards or domains. The report must be completed and submitted to CAPRSS within 10 working days following the site visit.
3. CAPRSS staff will review the Site Visit Summary Report for accuracy and completeness.
4. The entire Peer Review Team will be asked to review and comment. CAPRSS staff will make revisions to the report as necessary.
5. The Site Visit Report will be given to the Accreditation Review Committee for the final steps in the accreditation process. The ARC makes final determinations of accreditation status within eight weeks of site visit.

[<< The Score Sheets](#) | [The Summary Report >>](#)

The Summary Report

The Site Visit Summary Report report consists of four main sections: (1) organizational profile; (2) survey summary; (3) findings and recommendations; and (4) next steps for the applicant. The ARC reviews the report, meets to discuss the findings and ask questions, and makes the final accreditation determination to CAPRSS staff. Once the final determination is made, CAPRSS will formally issue the accreditation status award to the program.

Organizational Profile

Completed by the CAPRSS staff, the organizational profile is a “snapshot” of the organization, adapted from the profile submitted by the organization. It includes basic information about the size and scope of the organization: mission; participants and peer recovery support services; staffing; facilities and sites; governance; and budget.

Organizational Profile

The Antelope Valley Recovery Community's mission is to provide peer-to-peer support to the individual and family, educate all segments of the community about the nature of addiction and recovery, and strengthen the recovery community through advocacy.

2020 Participants and Services	
Unduplicated PWS participants	
Participants by Gender	
Female	53%
Male	47%
Participants by Ethnicity	
Hispanic or Latino	5%
Not Hispanic or Latino	94%
Participants by Race	
White	43%
Black/ African American	15%
American Indian or Alaska Native	0%
Asian	1%
Native Hawaiian or Other Pacific Islander	0%
Multiracial (two or more races)	1%
Involved in criminal justice system	26%
Veterans/ served in armed forces	0%
Lesbian, Gay, Bisexual or Transgender	0%
Other significant population	N/A
The organization offers:	
Recovery planning	Y
Recovery coaching or mentoring	Y
Systems, services or resource navigation	Y
Support groups for family members	Y
Telephone-based recovery supports	Y
Health and wellness classes	Y
Life skills classes	Y
Other services:	
Volunteer training and supervised volunteer opportunities	Y
Other organizations with which organization is affiliated or with which has agreements/memoranda of understanding to enhance, strengthen, or broaden your peer recovery support services	Y
Part of a health home?	No
Other accreditations or certifications	None

Survey Summary

In four short subsections, the Survey Summary provide a brief overview of the peer reviewer scoring and findings. It lists the overall scores given by each reviewer, the average scores for each domain, and the findings for each standard. This is completed by the Peer Review Team Leader.

Survey Summary

Grade scale (from highest to lowest): (1) Mastery; (2) Approaching Mastery; (3) Proficiency; (4) Approaching Proficiency; (5) Needs development

	Reviewer 1		Reviewer 2		Reviewer 3	
	Has	Uses	Has	Uses	Has	Uses
Points Given	207/266	209/266	241/266	245/266	239/266	242/266
Percent	77.8	78.6	90.6	92.1	89.8	91.0
Overall Grade	Proficiency	Proficiency	Mastery	Mastery	Approaching	Mastery

Findings at a Glance

RPI+ Requires performance improvement; MS+ Meets standards; ES+ Exceeds standards

Domain	Has	Uses	RPI	MS	ES
Recovery Principles, Culture and Climate					
RPCC-1.0 Core Recovery Principles					+
RPCC-2.0 Core Recovery Culture & Values					+
RPCC-3.0 Recovery Climate/Environment					+
Ethical Framework for Service Delivery					
EFSD-1.0 Code of Ethics					+
EFSD-2.0 Ethics Training and Support					+
EFSD-3.0 Confidentiality					+
EFSD-4.0 Boundary Setting					+
Peer Leader Development					
PLD-1.0 Recruitment					+
PLD-2.0 Selection and Orientation					+
PLD-3.0 Training and Development					+
PLD-4.0 Retention					+
Peer Support Development					
PSD-1.0 Recruitment					+
PSD-2.0 Selection					+
PSD-3.0 Training, Mentoring, and Support					+
Governance and Program Oversight					
GPO-1.0 Program Oversight					+
GPO-2.0 Board of Directors					+
GPO-3.0 Organizational Policies and Practices					+
Management Systems					
MS-1.0 Fiscal Management					+
MS-2.0 Human Resources Management					+
MS-3.0 Quality Assurance					+
MS-4.0 Peer-compatible Recordkeeping					+
MS-5.0 Confidentiality of Records					+
Peer Support Capacity - Core Competencies					
PSCC-1.0 Determining Community Strengths and Needs					+
PSCC-2.0 Planning					+
PSCC-3.0 Offering Support					+
PSCC-4.0 Managing the Supports/Services					+
PSCC-5.0 Supervising Peers Providing Services					+
PSCC-6.0 Evaluating the Supports/Services					+

Findings

This section begins with a summary of the overarching organizational strengths. The findings are then presented for each standard. There are three possible findings: (1) Exceeds Standards, (2) Meets Standards, or (3) Requires Performance Improvement. The basis for the finding is briefly explained. Completed by the Peer Review Team Leader.

Recovery Principles, Culture, and Climate	
Standard	Finding
RPCC-2.0 Core Recovery Principles The program is grounded in the values of the recovery community—both local community and the national movement.	Exceeds Standards Program incorporates recovery principles in documents, processes and overall environment. Recovery plans are being developed and used. However, data reviewed in the Vision Team meeting indicates significant variability in tracking and using recovery plans. This variability is further increased by the multiple tracks for individuals in various programs at the center.
RPCC-2.2 Core Recovery Culture and Values The program incorporates key practices that support and enhance recovery.	Exceeds Standards Recovery culture and values are in evidence as one enters the front door to the site modeling of peers and volunteers. Peers and peer leaders were vested in the accreditation outcome.
RPCC-3.0 Recovery Climate/ Environment The program establishes a welcoming climate that is conducive to/facilitates personal recovery.	Meets Standard The organization has recently moved into a new space that was formerly a clinical health environment. The Peer Review Team suggests: (1) more recovery-decorated areas to soften the environment, (2) patching and painting of holes in the walls from prior usage, (3) general repair of furniture throughout the facility, and (4) care for outside grounds and parking lot areas. The physical environment is spacious and open, infused with a recovery spirit, and rich with available resources—expressions of gratitude, and hope, as well as access to information, personal development, and skill building.

Recommendations

The final section of the report outlines the consultative and performance improvement recommendations. **Consultative Recommendations** are important findings that merit the attention of the applicant but do not rise to the level of a requirement for improvement (no formal response required). **Performance Improvement Recommendations** are critical findings that need attention of the applicant, for which a formal response (in the form of a Performance Improvement Plan) may be required. It also discusses the next steps that the applicant organization needs to take to upon receipt of the summary report. Completed by the CAPRSS staff.

[<< Following the Site Visit](#) | [The Performance Improvement Plan >>](#)

The Performance Improvement Plan

When there are significant areas that are noted for improvement, a Performance Improvement Plan (PIP) is required for the program. This plan must be submitted by the candidate within 90 days of receiving the final site visit report. If there are critical, time-dependent issues or if the improvement process requires acceleration, the timelines may be adjusted as needed. A sample page from a PIP is below.

Upon submission, the PIP is reviewed and approved by the Accreditation Review Committee (ARC). If the PIP needs additional work, a revised PIP will be required within 60 days— and again, as necessary, in 30 days if the revised plan is not satisfactory.

CAPRSS will provide follow-up, verification, and support for implementing the PIP.

As organizations implement their plans, supportive materials (e.g., new policies), improvement data (e.g., new self study findings), and other evidence of progress will be submitted to CAPRSS, and reviewed by staff, and as appropriate, the ARC.

PIR-1. Further define peer supervision responsibilities and methods.

Table 1

Plan of Action to be Taken	Measures/Indicators of Improvement	Date to be Completed	Supporting Materials
Develop a written Peer Supervisor Description with role, responsibilities and duties	Evaluation of progress and performance, 1x month	Feb 18	(Evidence) Job Description, Recovery Coach and Peer Leader Supervision Manual (Resources) SAMHSA guidelines for Peer Recovery Coaching.
Continuing education re Peer Supervision responsibilities and methods	Measure and document performance of Peer supervision and supervisors with 3-month evaluations. Show decrease in questions concerning difficult supervisor challenges Show increase in Peer Leader/recovery coach knowledge, skills and attitudes	Ongoing	(Resources) Recovery Coach and Peer Leader Supervision Manual, Recovery Coach Manual, Risk Management procedures, Boundaries Scale, Evaluation form
Create a Peer Supervision Test Test created with assistance from Peer Leaders, Peer Coaches, Consultant, Board Members	Test results	Feb 15	(Evidence) RCO Supervision Exam
Practice strengths-based personal path for long term recovery	Minimum of 2 years of continuous recovery. Continued practice of principles of recovery by attendance of support groups, verbalize benefits of recovery and benefits of being a Peer Leader supervisor for the RCO	Jan 10	Personal path practice in recovery verbalized and written for Faces and Voices of Recovery media message training, Supervisor Job Description,
Definition of peer supervision in Policies and Procedures, RCO supervision practices and performance	Policies and Procedure approved by Board of Directors, Consultant and Peer Leaders	Feb 15	RCO, Peer Leader, Recovery Coach Supervision Policies and Procedures,

[<< The Summary Report](#) | [Committee Review >>](#)

Committee Review

Committee review is the capstone of the accreditation process; it completes the process begun with the the Accreditation Self Study and furthered by the Peer Review Site Visit. The purpose is to ensure that the Peer Review was conducted fairly and in conformance with CAPRSS guidelines.

[<< The Performance Improvement Plan](#) | [Committee Responsibilities >>](#)

Committee Responsibilities

For each accreditation candidate, the ARC will:

- Review the process undertaken for the peer review site visit to ensure that it was fair;
- Review the site visit findings, consultative and performance improvement recommendations made by peer reviewers to ensure that are consistent with the CAPRSS standards and criteria;
- Review the survey recommendation ([accreditation outcome](#)) and ensure that it is consistent with CAPRSS guidelines;
- Speak with members of the Peer Review Team, if necessary, to obtain additional information and/or clarification;
- Recommend a formal determination to CAPRSS.

The ARC also conducts follow-up reviews of organizations that are implementing performance improvement plans that may required for accreditation, and review complaints filed by interested parties.

[<< Committee Review](#) | [Expectations of the Committee >>](#)

Expectations of the Committee

The members of the committee will be expected to:

- Use your professional judgment and maintain integrity in your role on the committee process;
- Maintain confidentiality—the evaluation of applicants should only be discussed with committee members, the Peer Review Team, and CAPRSS staff;
- Remember that there may be a number of acceptable ways for an institution to address the standards;
- Rely on the collective judgment of the committee members to form the basis for any action for committee decisions; and
- Concentrate on being accurate and fair in your findings and observations.

[<< Committee Responsibilities](#) | [Key Documents Collected During Candidate Review Process >>](#)

Key Documents Collected During Candidate Review Process

There are many documents that are collected as a part of the Peer Review process. Key documents are listed in the table below.

Basic Info		
✓	Document	Notes
	Articles of incorporation (all organizations)	
	501c3 determination letter (nonprofit organizations)	
	List of staff and key peer leaders, including titles	
	Organizational chart	
	Most recent annual report	
	Audited financial statements	
	Certificate of Occupancy (C of O) for each site	
Recovery Principles, Culture, and Climate		
	Mission, vision, and values statement(s)	
	Examples of flyers, brochures, or announcements of activities/workshops you have conducted in past year.	
	Meeting minutes or notes that document participatory process	
Ethical Framework for Service Delivery		
	Code of Ethics	
	Ethics orientation manual	
	Agenda and learning objectives for ethics training	
	Ethics policies/procedures	
	Confidentiality policies/procedures	
	Ethics Committee or Workgroup meeting minutes	
	Guidelines for setting and maintaining peer boundaries	
	Sign-off ethics and boundary pledge form	
Peer Leader Development		
	Job descriptions for key peer leader roles	

Recruitment plan	
Staffing plan	
Peer leaders policy manual	
Peer leader orientation and training materials	
Certificate of Training Completion	
Background check policies and procedures	
Peer Leader application form	
Self-care materials	
In-service training agendas	
Peer Supervisor Development	
Peer Supervisor job description	
Peer Supervisor training manual or course description	
Peer supervision guidelines and/or protocols	
Peer Supervision log or notes	
Peer Supervision agenda	
Governance	
List of board of directors, including officers and committee chairs (with brief bios)	
Most recent board of directors agenda and meeting minutes	
List of advisory board members (with brief bios)	
Most recent advisory board agenda and meeting minutes	
<i>Board Policies and Procedures:</i>	
Board job descriptions	
Bylaws	
Conflict of Interest policy	
Other	
Most recent strategic or long-range plan	
Board training agendas	
Management Systems	
Financial policies & procedures	
Risk management plan	
Other applicable plans (e.g. crisis management, safety plan)	

	Human resource/ personnel policies	
	Volunteer management policies	
	Sample timesheets	
	Policies on record keeping and confidentiality	
	Agenda for training on confidentiality/ recordkeeping	
Peer Support Capacity: Core Competencies		
	Sample programming calendar	
	Brochure, flyer, or other participant material that describes your PRSS	
	Recovery planning/recovery capital templates	
	Outreach plan	
	Agreements or memoranda of understanding for key partners	

There may be others available; applicants are encouraged to submit other documents that are not on the list that they feel demonstrate commitment to and implementation of the standards.

[<< Expectations of the Committee](#) | [Accreditation Determination >>](#)

Accreditation Determination

After review and discussion of the site visit, if the committee agrees that the site visit was conducted fairly and that the [accreditation outcome](#) recommended by the Peer Review Team is within the CAPRSS guidelines, then the Final Determination letter will be sent to the candidate along with the site visit report.

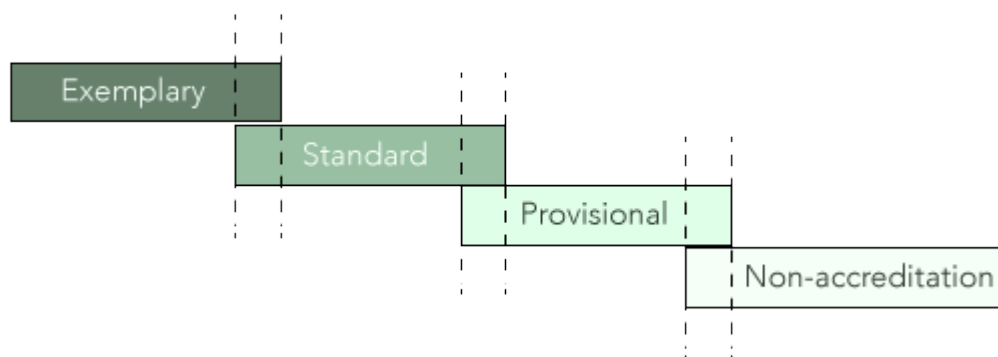
If the committee finds that the Peer Review Site Visit was not conducted fairly or that the findings were not consistent with the CAPRSS standards and criteria, then an extended review process will be initiated to revise the summary report to align the findings, recommendations, and accreditation determination with the CAPRSS guidelines.

[<< Key Documents Collected During Candidate Review Process](#) | [Accreditation Outcomes >>](#)

Accreditation Outcomes

Accreditation Outcomes (v1.0)

Accreditation outcomes are on a continuum of performance from exemplary status to non-accreditation, as depicted below.



The categories have some elasticity—that is, there is some overlap (plus or minus 5-10%) between the accreditation categories. These bands, depending on context, can be referred to as

standard errors, confidence intervals, or errors of prediction. Tighter bands of confidence will emerge as the accreditation process matures, more field experience is gained, and with standards that have been in the field for several years. Nonetheless— and despite inherent variability— the process is designed to be robust, valid, and reliable.

Following are the four categories of accreditation outcomes.

Outcome/ Status	Metrics	Award & Comments
Accreditation, Exemplary	Ranks as exceeding standards on 25 or more of the core standards.	5 year award
Accreditation, Standard	Ranks as meeting or exceeding standards on 20 or more of the core standards.	3-5-year award
Accreditation, Provisional	Ranks as meeting or exceeding standards on 15-19 of the core standards (and requires performance improvement on the other standards).	1-3 year award (<i>during which the organization needs to address key standards that were not met</i>); required to resubmit for accreditation within that time. Performance improvement plan required
Non-accreditation	Ranks as requiring performance improvement on 17 or more of the core standards.	No award; Resubmit within 1 year if desired after improvement activities

The decision of which outcome to grant is driven by: (1) the Accreditation Self-Study conducted by the applicant, (2) the scoring and impressions from the Peer Review Site Visit, and (3) the judgment of the Accreditation Review Committee. The goal is to find the “best fit” on the continuum for each organization, given its implementation of the standards.

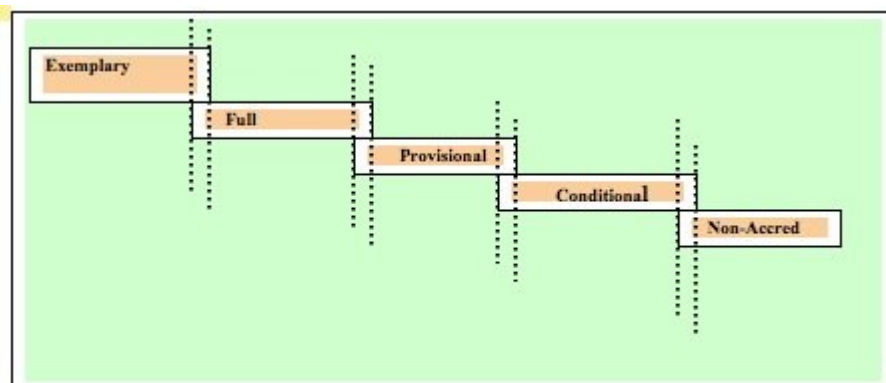
At the discretion of the Accreditation Review Committee, within any of the categories:

- variable lengths of accreditation (years) can be awarded
- organizations may be required to submit a performance improvement plan in order to receive accreditation
- a follow-up visit may also be required.

[<< Accreditation Outcomes](#) | [Accreditation Outcomes \(v0.3\)](#) [>>](#)

Accreditation Outcomes (v0.3)

Accreditation outcome categories are on a continuum of performance from exemplary status to non accreditation, as depicted below.



- ✿ The categories have some elasticity—that is, there is some overlap (plus or minus 5-10%) between the accreditation categories. These bands, depending on context, can be referred to as standard errors, confidence intervals, or errors of prediction. Tighter bands of confidence will emerge as the process matures, more field experience is gained, and with standards that have been in the field for several years. Nonetheless— and despite inherent field variability— the process is designed to be robust, valid, and reliable.

Following are the five categories of accreditation outcomes.

Outcome/ Status	Metrics	Award & Comments
Accreditation, Exemplary	Ranks as exceeding standards on 25 or more of the core standards. <i>Previously published: Ranks highly on 90% or more of the standards within the CORE domains</i>	3 year award
Accreditation, Standard	Ranks as meeting or exceeding standards on 20 or more of the core standards. <i>Previously published: Ranks Highly on 80-89% of the standards within the CORE domains</i>	1-3-year award
Accreditation, Provisional	Ranks as meeting or exceeding standards on 15-19 of the core standards (and requires performance improvement on the other	1-3 year award (<i>during which the organization needs to address key standards that were not met</i>); required to

	standards). <i>Previously published: Ranks well or highly on 70-79% of the standards within the CORE domains</i>	resubmit for accreditation within that time. Performance improvement plan required
Conditional Accreditation	Deleted. <i>Previously published: Ranks as meeting (or exceeding) standards on half the core standards (and requires performance improvement on other half); Ranks Moderately on 60 % or more of the standards within the CORE domains</i>	
Non-accreditation	Ranks as requiring performance improvement on 17 or more of the core standards. <i>Previously published: Ranks poorly on 59% or more of the standards within the core domains</i>	No award; Resubmit within 1 year if desired after improvement activities

The decision of which outcome to grant is driven by (1) the Accreditation Self Study conducted by the applicant, (2) the scoring and impressions from the Peer Review Site Visit, and (3) the judgment of the Accreditation Review Committee. The goal is to find the “best fit” on the continuum for the organization, given its implementation of the standards.

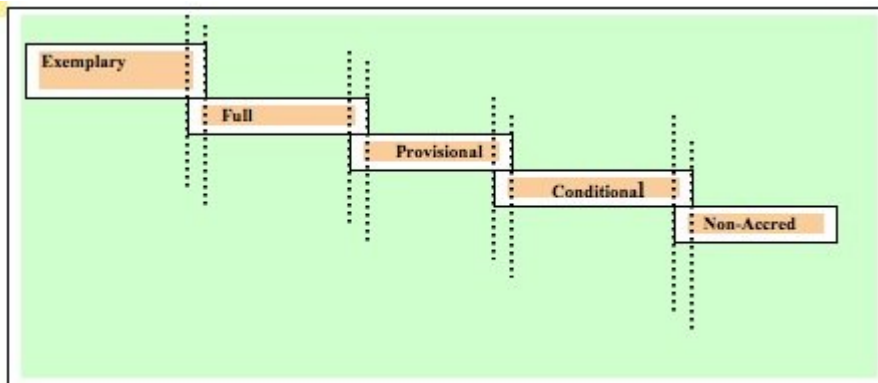
At the discretion of the Accreditation Review Committee, within any of the categories:

- Variable lengths of accreditation (0-3 years) can be awarded.
- Organizations may be required to submit a performance improvement plan in order to receive accreditation.
- In selected cases a follow up visit may also be required.

[<< Accreditation Outcomes \(v1.0\) | Accreditation Outcomes \(v0.1\) >>](#)

Accreditation Outcomes (v0.1)

Accreditation outcome categories are on a continuum of performance from exemplary status to non accreditation, as depicted below.



- ✿ The categories have some elasticity—that is, there is some overlap (plus or minus 5-10%) between the accreditation categories. These bands, depending on context, can be referred to as standard errors, confidence intervals, or errors of prediction. Tighter bands of confidence will emerge as the process matures, more field experience is gained, and with standards that have been in the field for several years. Nonetheless— and despite inherent field variability— the process is designed to be robust, valid, and reliable.

Following are the five categories of accreditation outcomes.

Outcome/ Status	Metrics	Award & Comments
Accreditation, Exemplary	Ranks highly on 90% or more of the standards within the CORE domains	3 year award
Accreditation, Standard	Ranks Highly on 80-89% of the standards within the CORE domains	1-3-year award
Accreditation, Provisional	Ranks well or highly on 70-79% of the standards within the CORE domains	1-3 year award <i>(during which the organization needs to address key standards that were not met)</i> ; required to resubmit for accreditation within that time. Performance improvement plan required

Conditional Accreditation	Ranks as meeting (or exceeding) standards on half the core standards (and requires performance improvement on other half); Ranks Moderately on 60 % or more of the standards within the CORE domains_	
Non-accreditation	Ranks poorly on 59% or more of the standards within the core domains	No award; Resubmit within 1 year if desired after improvement activities

The decision of which outcome to grant is driven by (1) the Accreditation Self Study conducted by the applicant, (2) the scoring and impressions from the Peer Review Site Visit, and (3) the judgment of the Accreditation Review Committee. The goal is to find the “best fit” on the continuum for the organization, given its implementation of the standards.

At the discretion of the Accreditation Review Committee, within any of the categories:

- Variable lengths of accreditation (0-3 years) can be awarded.
- Organizations may be required to submit a performance improvement plan in order to receive accreditation.
- In selected cases a follow up visit may also be required.

[<< Accreditation Outcomes \(v0.3\) | Templates and Checklists >>](#)

Templates and Checklists

[<< Accreditation Outcomes \(v0.1\) | Key Tasks in Candidacy Process >>](#)

Key Tasks in Candidacy Process

In the previous steps, your organization formed an Accreditation Coordinating Committee (ACC)—a workgroup of staff, peer leaders, peer workers, and board members who will work on tasks, assess practices, help prepare, and generally manage the work of getting accredited. Your ACC will continue the work it began in the previous step.

Collect and compile key information

As you complete your Candidacy Application and Accreditation Self Study, you will be uploading several documents; you will also need hard copies of these documents later in the accreditation process. Your team should (a) identify a central location on a computer or server to file the electronic documents, and (b) a file cabinet drawer or binder to organize the hard copies. Use the [document checklist](#) to gather the required documents.

Complete the three-part online application

The first part of your application is the Organizational Profile.

This online form gathers information to create a “snapshot” of your organization. It starts with information that you will have provided when you registered your organization (which you can edit or update), and adds depth to the data. The profile is divided into seven sections: (1) Basic Information; (2) Profile of Participants; (3) Peer Recovery Support Services; (4) Paid and Volunteer Staff; (5) Facilities and Sites; (6) Governance; and (7) Budget and Finance. The information collected will help the Peer Review Team to get a good sense of the size and scope of your organization.

The second part of your application is the Welcome Walk Through.

The Welcome Walk Through can be an effective tool to gain an understanding of the needs of prospective or new participants. It is designed to simulate a person’s initial contact with your PRSS program, by asking questions about five topics: (1) initial phone contact; (2) ease/convenience in reaching the site; (3) impressions of the site; (4) processes to engage new participants; and (5) overall observations.

Before completing the online questions, someone will need to do a literal walk-through of your site—make the phone call, drive to the facility, visit the site—to experience what it is like to be someone who is trying to find out information and join your program.

After the Welcome Walk Through: Suggestions

- Discuss with peer leaders and staff what went well with the walk through, what didn't go well or was confusing, and what you would do differently the next time around.
- Make a list of practices that seem to work well from walk-through.
- Make a list of the areas that need improvement along with suggested changes to attempt.
- Discuss how to implement the relevant change ideas— include the perspectives of the peer participant, family member, peer leaders, and staff.

The third part of your application is the Accreditation Self-Study.

In order to be accredited, your program will be required to meet standards in four general areas: "Principles; People; Practices; and Performance":#standards. The online self-study tool is organized by domains in those four areas. In it, you will answer questions about criteria for performance under each of the standards, which will help you to examine the strengths and challenges your organization has in each of the domains. At the end, you will receive a brief report on the results.

It will be helpful to involve individuals throughout your PRSS program, including peer participants, in a participatory process to answer the questions in the self-study. Depending on the size of your organization, it may be useful to divide into working groups or to use existing committees to complete different areas of the study.

Pay accreditation candidacy fee

The fee for candidacy is \$1000 through June 30, 2017; as of July 1, 2017, the fee will be \$1,250.

Submission of your candidacy application and payment of the fee sets in motion the two key things:

- Your application will be reviewed for completeness. You will be notified by email and asked to submit any missing items.
- Once everything is complete, a Peer Review Team will be assigned. They will begin a review of your application, in preparation for a Peer Review Site Visit.

Establish relationship with key contact at CAPRSS

The CAPRSS contact person will work with you throughout the accreditation process. He or she will contact you to discuss your application, let you know how to access the Site Visit Preparation webinar, and identify possible site visit dates.

Your organization will be asked to designate a person who will be your organization's primary point of contact (PoC) during the accreditation process.

CAPRSS Liaison Roles and Responsibilities	Your Organization's PoC Roles and Responsibilities
<ol style="list-style-type: none"> 1. Serves as your primary contact throughout the accreditation process 2. Helps access accreditation assistance, and other CAPRSS resources 3. Answers questions you or your ACC may have about the standards and the accreditation process 4. Provides feedback on documents and other items submitted as part of application 5. Helps ensure that your organization is making progress and staying on track with regard to due dates and deadlines leading up to the Peer Review Site Visit 	<ol style="list-style-type: none"> 1. Serves as the primary organizational contact throughout the accreditation process 2. Assigns tasks to ACC 3. Tracks task assignments and task completion 4. Communicates progress updates with organizational staff and members 5. Oversees all preparations for the Site Visit

Set dates for Peer Review Site Visit

The Peer Review Site Visit will take up to two full days. Identify several dates, a minimum of 6 weeks from the date you submit your candidacy application.

[<< Templates and Checklists](#) | [Candidacy Work Plan Template >>](#)

Candidacy Work Plan Template

Use this template to stay on track with the tasks to be done in steps 3,4, and 5.

✓	Step/Task	Responsible	Notes	Due/ Deadline
PREPARE FOR CORE ACCREDITATION				
	Use the results of the Accreditation Readiness Self Assessment to identify areas for technical assistance			
	Form Accreditation Coordinating Committee			
	Take a careful look at all the standards, criteria, and elements of performance			
	Begin to collect key information			
	Discuss accreditation with key stakeholders			
BECOME A CANDIDATE FOR CORE ACCREDITATION				
	Complete and submit candidacy registration			
	Pay candidacy fee			
	Schedule and complete New Candidate Orientation webinar			
COMPLETE AND SUBMIT PROGRAM INVENTORY				
	Complete and submit Organizational Profile			
	Check in call with CAPRSS staff			
	Complete and submit Welcome Walk-through			
	Check in call with CAPRSS staff			
	Complete and submit Accreditation Self Study			
	Check in call(s) with CAPRSS staff			
PREPARE FOR AND HOST PEER REVIEW SITE VISIT				
	Schedule and complete Site Visit Prep Webinar			
	Pay site visit fee, or work with CAPRSS staff to set up payment plan			
	Finalize agenda for Peer Review Site Visit (with CAPRSS contact)			

	Help CAPRSS with travel logistics			
	Announce/introduce process to key stakeholders			
	Identify peer participants and community stakeholders to be interviewed during site visit			
	Set up resource room for onsite Peer Review Team			

[<< Key Tasks in Candidacy Process](#) | [Program Inventory Document Checklist >>](#)

Program Inventory Document Checklist

Forms		
✓	<i>Document</i>	<i>Completed Online or Submitted as PDF</i>
	Candidate Registration Form	
	Organizational Profile	
	Self Study (also known as Self Assessment)	
	Welcome Walkthrough	

Basic Info		
✓	<i>Document</i>	<i>Upload in:</i>
	Articles of incorporation (all organizations)	Organizational Profile
	501c3 determination letter (nonprofit organizations)	Organizational Profile
	List of staff and key peer leaders, including titles	Organizational Profile
	Organizational chart	Organizational Profile
	Most recent annual report	Organizational Profile
	Audited financial statements	Organizational Profile
	Certificate of Occupancy (C of O) for each site	Organization Profile
Recovery Principles, Culture, and Climate		
	Mission, vision, and values statement(s)	Accreditation Self Study
	Examples of flyers, brochures, or announcements of activities/workshops you have conducted in past year.	Accreditation Self Study
	Meeting minutes or notes that document participatory process	Accreditation Self Study
Ethical Framework for Service Delivery		

	Code of Ethics	Accreditation Self Study
	Ethics orientation manual	Accreditation Self Study
	Agenda and learning objectives for ethics training	Accreditation Self Study
	Ethics policies/procedures	Accreditation Self Study
	Confidentiality policies/procedures	Accreditation Self Study
	Ethics Committee or Workgroup meeting minutes	Accreditation Self Study
	Guidelines for setting and maintaining peer boundaries	Accreditation Self Study
	Sign-off ethics and boundary pledge form	Accreditation Self Study
Peer Leader Development		
	Job descriptions for key peer leader roles	Accreditation Self Study
	Recruitment plan	Accreditation Self Study
	Staffing plan	Accreditation Self Study
	Peer leaders policy manual	Accreditation Self Study
	Peer leader orientation and training materials	Accreditation Self Study
	Certificate of Training Completion	Accreditation Self Study
	Background check policies and procedures	Accreditation Self Study
	Peer Leader application form	Accreditation Self Study
	Self-care materials	Accreditation Self Study
	In-service training agendas	Accreditation Self Study
Peer Supervisor Development		

	Peer Supervisor job description	Accreditation Self Study
	Peer Supervisor training manual or course description	Accreditation Self Study
	Peer supervision guidelines and/or protocols	Accreditation Self Study
	Peer Supervision log or notes	Accreditation Self Study
	Peer Supervision agenda	Accreditation Self Study
Governance		
	List of board of directors, including officers and committee chairs (with brief bios)	Organizational Profile
	Most recent board of directors agenda and meeting minutes	Organizational Profile
	List of advisory board members (with brief bios)	Organizational Profile
	Most recent advisory board agenda and meeting minutes	Organizational Profile
	<i>Board Policies and Procedures:</i>	
	Board job descriptions	Accreditation Self Study
	Bylaws	Accreditation Self Study
	Conflict of Interest policy	Accreditation Self Study
	Other	
	Most recent strategic or long-range plan	Accreditation Self Study
	Board training agendas	Accreditation Self Study
Management Systems		
	Financial policies & procedures	Accreditation Self Study
	Risk management plan	Accreditation Self Study

	Other applicable plans (e.g. crisis management, safety plan)	Accreditation Self Study
	Human resource/ personnel policies	Accreditation Self Study
	Volunteer management policies	Accreditation Self Study
	Sample timesheets	Accreditation Self Study
	Policies on record keeping and confidentiality	Accreditation Self Study
	Agenda for training on confidentiality/ recordkeeping	Accreditation Self Study
Peer Support Capacity: Core Competencies		
	Sample programming calendar	Organizational Profile
	Brochure, flyer, or other participant material that describes your PRSS	Organizational Profile
	Recovery planning/recovery capital templates	Accreditation Self Study
	Outreach plan	Accreditation Self Study
	Agreements or memoranda of understanding for key partners	Accreditation Self Study

[<< Candidacy Work Plan Template](#) | [Sample Accreditation Self Assessment >>](#)

Sample Accreditation Self Assessment

The self assessment survey is an online form that asks candidates to rate themselves on each of the CAPRSS standards. For each standard, there are two dimensions that candidates consider, (1) “Have It” and (2) “Use It”. The Have It scales asks the program to consider whether policies and procedures related to the standard exist; the Use It asks the program to consider how well the standard is put into practice.

Site Visit Workplan Template

Use the chart below in order to prepare for your Peer Review Site Visit.

✓	Step/Task	Responsible	Notes	Due/ Deadline
PREPARE FOR AND HOST PEER REVIEW SITE VISIT				
Participate in the site visit orientation webinar				
	Work with CAPRSS Liaison to set date and time for webinar.			
	Let ACC know date and time for webinar.			
Set date and finalize agenda				
	Work with CAPRSS Liaison to develop agenda for site visit			
	Share final agenda with ACC			
Announce/ introduce accreditation process to key stakeholders				
	Hold accreditation “kick-off” event; review Self Study results			
	Orient peer workforce to accreditation process; share site visit schedule; clarify which people will attend which meetings/sessions			
	Disseminate information to peers, stakeholders			
	Identify and schedule peers, board members, and community stakeholders who will be interviewed during site visit.			
Help CAPRSS with travel logistics				
	Prepare a travel briefing document for the Peer Review Team (e.g., hotels, airports, exact locations with maps, special protocols for visits).			
Set up Resource Room				
	Designate a quiet room or area with internet connection—where the Peer Review Site Visit Team can work undisturbed			
	Set up file system for organizing Self-assessment Study and site visit documents			
	Assign individual(s) to compile documents: <ul style="list-style-type: none"> • RPCC • EFSD • ... 			
	Organize all documents (by domain and standard)			

Final preparation			
	Pre-site visit meeting		
	Conduct a mock site visit		

[<< Sample Accreditation Self Assessment](#) | [Resource Room Documents Checklist >>](#)

Resource Room Documents Checklist

Following are the documents that need to be available in the Resource Room for the Peer Review Team.

Basic Info		
✓	Document	Notes
	Articles of incorporation (all organizations)	
	501c3 determination letter (nonprofit organizations)	
	List of staff and key peer leaders, including titles	
	Organizational chart	
	Most recent annual report	
	Audited financial statements	
	Certificate of Occupancy (C of O) for each site	
Recovery Principles, Culture, and Climate		
	Mission, vision, and values statement(s)	
	Examples of flyers, brochures, or announcements of activities/workshops you have conducted in past year.	
	Meeting minutes or notes that document participatory process	
Ethical Framework for Service Delivery		
	Code of Ethics	
	Ethics orientation manual	
	Agenda and learning objectives for ethics training	
	Ethics policies/procedures	
	Confidentiality policies/procedures	
	Ethics Committee or Workgroup meeting minutes	
	Guidelines for setting and maintaining peer boundaries	
	Sign-off ethics and boundary pledge form	
Peer Leader Development		
	Job descriptions for key peer leader roles	
	Recruitment plan	
	Staffing plan	

Peer leaders policy manual	
Peer leader orientation and training materials	
Certificate of Training Completion	
Background check policies and procedures	
Peer Leader application form	
Self-care materials	
In-service training agendas	
Peer Supervisor Development	
Peer Supervisor job description	
Peer Supervisor training manual or course description	
Peer supervision guidelines and/or protocols	
Peer Supervision log or notes	
Peer Supervision agenda	
Governance	
List of board of directors, including officers and committee chairs (with brief bios)	
Most recent board of directors agenda and meeting minutes	
List of advisory board members (with brief bios)	
Most recent advisory board agenda and meeting minutes	
<i>Board Policies and Procedures:</i>	
Board job descriptions	
Bylaws	
Conflict of Interest policy	
Other	
Most recent strategic or long-range plan	
Board training agendas	
Management Systems	
Financial policies & procedures	
Risk management plan	
Other applicable plans (e.g. crisis management, safety plan)	
Human resource/ personnel policies	
Volunteer management policies	

	Sample timesheets	
	Policies on record keeping and confidentiality	
	Agenda for training on confidentiality/ recordkeeping	
Peer Support Capacity: Core Competencies		
	Sample programming calendar	
	Brochure, flyer, or other participant material that describes your PRSS	
	Recovery planning/recovery capital templates	
	Outreach plan	
	Agreements or memoranda of understanding for key partners	

[<< Site Visit Workplan Template](#) | [Sample Peer Review Site Visit Agenda >>](#)

Sample Peer Review Site Visit Agenda

This sample gives an idea of what a site visit might look like. Your agenda will be drafted with the Peer Review Team Leader and some agenda items may vary considerably.

Day One		
Start Time	Item	Notes
8:30 am	Peer Review Team arrives at main site and is shown private Resource Room and sets up	
9:00 am	Introductory meeting with the Accreditation Coordinating Committee and any key stakeholders. The agenda and appointments are finalized during the introductory meeting.	
9:30 am	Peer Review Team is given a tour of the facility	
10:30 am	Review of Walk Through and Accreditation Assessment	
12:30 pm	Working Lunch/ Peer Review Team	
2:15 pm	Peer Review Team Interviews with Peer Participants (Focus group from 2:15-3:15; individual meetings from 3:15-4 as needed)	
4:00 pm	Peer Review Team Discussion/ Meeting	
4:45 pm	Peer Review Team Interviews with Board Members	
5:30 pm	BREAK	
6:00 pm	Peer Review Team member(s) observes evening programs: Support group meeting Educational Session	
7:15 pm	Peer Review Team departs for hotel	
Day Two		
Time	Activity	**Notes **
8:30 am	Peer Review Team arrives at main site Review of Day One with Accreditation Coordinating Committee	

9:00 am	PRT & ACC discuss PRSS, Quality Assurance and Improvement	
10:00 am	Peer Review Team interviews Peer Leaders/ Staff	
11:00 am	PRT & Finance Staff, Finance Committee discuss Financial	
12:30 pm	Working Lunch/ Peer Review Team	
1:30 pm	PRT & Staff, Personnel Committee discuss Personnel	
2:30 pm	Peer Review Team observations of: Orientation of new participant(s) Participatory processes	
	Or Peer Review Team visit additional sites	
4:00 pm	Peer Review Team prepares draft site visit report	
4:45 pm	Exit Conference with Coordinating Committee	
6:00 pm	Peer Review Team departs for hotel	

[<< Resource Room Documents Checklist](#) | [Sample Peer Reviewer Score Sheets >>](#)

Sample Peer Reviewer Score Sheets

The score sheets list each of the standards and underlying criteria. The score sheets have two dimensions that reviewers rank: (1) “Has It” and (2) “Uses It”, which mirror the scales used in the Accreditation Self Assessment. The two dimensions have been designed to capture the “structure” of the service (Has It), and the “process” (Uses It), to gauge overall conformance. Often many organizations and programs have good policy and procedure but do not use it; others have very basic policy and procedures but excellent practice. The strongest reviews will have high ratings in both dimensions.

The scoring systems for the criteria for the standards are “0”: none; “1”: moderate conformance “2”: excellent conformance.

Sample score sheet

RECOVERY PRINCIPLES, CULTURE, AND CLIMATE SCORE SHEET												
RPCC-1.0: Core Recovery Principles												
The program is grounded in the values of the recovery community—both local community and the national movement.												
Criteria		Has It			Uses It			Supporting Evidence				
		0	1	2	0	1	2	D	O	I	S	T
1.1	Keeps recovery first, placing recovery at the center of the effort.											
1.2	Uses participatory processes to engage people who are in and seeking recovery.											
1.3	Maintains the authenticity of peers helping peers, drawing on the lived and shared experience of addiction and recovery.											
1.4	Builds leadership and capacity among members to guide and direct the program.											
1.5	Recognizes, acknowledges, affirms, and celebrates peer contributions.											
1.6	Welcomes, affirms, and embraces cultural diversity and inclusion.											
1.7	Encourages and promotes being of service/ giving back to the community.											
1.8	Engages in advocacy activities.											
Finding(s)												
Recommended Action(s)												
Peer reviewers, what would you add to enrich assessment of this standard?												

[Download a copy of a sample score sheet](#)

[<< Sample Peer Review Site Visit Agenda](#) | [Sample Core Accreditation Final Report >>](#)

Sample Core Accreditation Final Report

[<< Sample Peer Reviewer Score Sheets](#) | [Supporting Documents >>](#)

Supporting Documents

Peer Reviewer Description

Purpose

As part of a CAPRSS Peer Review Team, review applications for core accreditation to assess a program's conformance with core standards. Prepare for and participate in peer review site visit, score results of visit, and assist in preparing and presenting findings and recommendations, using an asset-based and strengths-based approach.

Time Commitment

- Prospective Peer Reviewers will attend a two-hour orientation session.
- Selected peer reviewers will need to complete a self-guided, online peer reviewer training.
- Peer Reviewers will be asked to complete at least two Peer Review Site Visits per year.
- The total time commitment for a peer review is approximately 5 days per site visit: half-day for review of organizational materials; 2 days travel; 2 days on-site; and half-day for follow-up reports.

Honorarium: \$1,000 per site visit (airfare and hotel paid)

Knowledge, Qualifications, and Skills

- Knowledge of the recovery community
- Experience in coordinating, managing, or delivering addiction peer recovery support services
- Experience in one or more of the following areas: governance; organizational management, including human resources, finance and budgeting; participatory process; leadership development; peer supervision; program evaluation
- Mature judgment and objectivity
- Ability to work effectively in a team
- Strong interpersonal communications skills

Additional Requirements

- Commitment to CAPRSS' mission
- Knowledge of mental health peer recovery support services a plus
- Must review and sign CAPRSS Confidentiality and Code of Conduct Agreements

Responsibilities

- Become familiar with CAPRSS Peer Reviewer Manual, and the policies and procedures it describes.
- Become familiar with the CAPRSS core standards.
- Become familiar with the Peer Reviewer score sheet, both printed and online form.

In preparation for each Peer Review Site Visit:

- Review the self-assessment information and documentation materials submitted by the assigned organization.
- Participate in Peer Review Team phone calls to prepare for site visits and to finalize site visit reports.

During Peer Review Site Visit

- Adhere to CAPRSS Policies & Procedures and Code of Ethics
- Act in a consultative capacity to focus on quality improvement and program alignment with CAPRSS standards
- Conduct information-gathering interviews with staff, peers leaders, peers, and other stakeholders.
- Conduct onsite surveys to gather information about the organization and its peer program.
- Review documents presented onsite.
- Participate in on-site Peer Review Team meetings to discuss interpretations of the assigned organization's conformance to standards and criteria.
- Participate in exit conference with Executive Director and key staff.
- Work with team to identify areas of excellence and to make recommendations in areas that need improvement.
- Immediately notify the Peer Review Team Leader of any serious issues uncovered during the course of a Peer Review Site Visit, or of any issues, conflicts, problems or concerns that might jeopardize or compromise a Peer Review Site Visit.
- Assist and support other team members as needed and appropriate.
- Complete Peer Reviewer score sheets, restricting opinions to documents, activities, policies and processes that are covered by the standards.
- Review and provide feedback on the draft site visit report.
- Make suggestions to the CAPRSS Accreditation Review Committee and the Standards Committee for addition, deletion, or revision of existing standards.

After Peer Review Site Visit

- Complete and submit Peer Reviewer score sheets online.
- Review and comment on the Site Visit Summary Report that is prepared by the Team Leader.

[<< Supporting Documents](#) | [Accreditation Review Committee Description >>](#)

Accreditation Review Committee Description

Purpose

Review site visits conducted for core accreditations, to ensure CAPRSS standards and guidelines are being applied appropriately and fairly.

Equipment Requirements

Computer with Internet access; telephone

Time Commitment

- One or two full committee meetings per year of two hours
- One review meeting per month, which includes a three-hour web-based meeting to discuss site visits and recommendations
- Reviewer workload should not exceed 24 review assignments per year

Responsibilities

- Review the process taken during a candidate's peer review site visit to ensure that it was fair;
- Review the site visit findings, consultative and performance improvement recommendations made by peer reviewers to ensure that they are consistent with the CAPRSS standards and criteria;
- Review the survey recommendation (accreditation outcome) and ensure that it is consistent with CAPRSS guidelines for accreditation;
- Speak with members of the Peer Review Team, if necessary, to obtain additional information and/or clarification;
- Recommend a formal determination to CAPRSS.

Qualifications

- Knowledge of the recovery community and peer recovery support services
- Knowledge and commitment to CAPRSS' mission.
- Mature judgment and objectivity.
- Ability to work effectively in a group.

[<< Peer Reviewer Description](#) | [Key CAPRSS Policies >>](#)

Key CAPRSS Policies

On the following pages you will find key CAPRSS policies that relate to the accreditation process.

[<< Accreditation Review Committee Description](#) | [CAPRSS Information Release Policy >>](#)

CAPRSS Information Release Policy

All information gathered during the accreditation process and under review will be kept strictly confidential.

Information about specific candidates and their accreditation process will be shared with Peer Reviewers, Accreditation Review Committee members, consultants, and other authorized agents of CAPRSS.

The following information may be released by CAPRSS staff at the discretion of CAPRSS:

- received and filed applications for accreditation
- list of organizations scheduled for site visits, without indication of dates
- scheduled site visit dates (after notification has been given to organizations)
- indication of site visit completion
- notice of an organization appealing a non-accreditation or provisional decision

The following information will be released upon completion of the accreditation process:

- final accreditation status of an organization

Policy effective date: 10/4/13

Last updated: 9/5/14

[<< Key CAPRSS Policies](#) | [Complaints Against Accreditation Candidates or Accreditees >>](#)

Complaints Against Accreditation Candidates or Accreditees

Introduction

In the course of accrediting peer recovery support services programs, it is likely that complaints, disagreements, and potential conflicts of interest will surface. In the spirit of continuous improvement, CAPRSS will respond to concerns through a formal process that is fair, balanced, and comprehensive. Further, CAPRSS maintains a “no retaliation” policy, ensuring that anyone issuing a final complaint or engaged in whistle-blowing activity will not suffer retribution from the organization.

Third Party Complaint Reporting Policy

CAPRSS will evaluate a credible formal third party complaint only as it directly applies to the organization’s conformance with the accreditation standards. CAPRSS will not act in a mediating capacity or be used as a vehicle to resolve disputes.

To be reviewed, a formal complaint must be filed, using the CAPRSS online complaint form. If CAPRSS receives a third party complaint through other channels (such as email) , the party will be asked to submit a Formal Complaint Form.

CAPRSS will not review anonymous complaints. However, it may address, at its discretion, any concern reported anonymously.

Reporting a Complaint

To file a complaint, complete the CAPRSS Formal Complaint Form at caprss.org/complaint_form.html.

To file a formal complaint, you must provide your name and contact information. When CAPRSS communicates your complaint with the organization, we ensure confidentiality. However, our evaluation may necessitate the need to disclose unidentified details of the complaint with the organization.

Once a formal complaint is filed, CAPRSS may need to contact you for more information. CAPRSS expects the complainant to respond to all follow up communication within five (5) business days. Failure to do so may result in CAPRSS dismissing the complaint from further review.

When CAPRSS Receives a Complaint Form

Upon receiving an appropriately submitted complaint, CAPRSS will review the information to determine the reliability, validity, and authenticity of the complaint. Often, we may need to follow up to request clarifying information.

In some cases, CAPRSS will decide that a formal complaint does not meet criteria for further review. When this happens, the decision is final and is not subject to appeal or further review.

Once a formal complaint is deemed reviewable, CAPRSS will decide if the complaint is directly related to the organization's conformance with one or more of the CAPRSS standards. **If the complaint cannot be associated with any standard, the complaint will be dismissed.**

If there is a direct connection with one or more standards, CAPRSS will contact the Executive Director and Board Chair of the organization and request a response to the complaint within twenty (20) business days. Additional documentation may be requested from either or both the complainant and the organization.

Possible Outcomes Following the Review of a Formal Complaint

Upon review of all written information provided by both parties, CAPRSS will make its final decision regarding the formal complaint, which may include the following determinations:

- Unsubstantiated, due to insufficient information
- Unsubstantiated, due to lack of evidence
- Substantiated, in whole or part, but no change in accreditation status
- Substantiated, in whole or part, and accreditation maintained contingent on improvement action plan
- Substantiated, in whole or part, and accreditation maintained, but complaint retained in organization's file and provided, at CAPRSS' discretion, to Peer Review Team at the time of organization's next accreditation review
- Substantiated, in whole or part, warranting a change to the organization's accreditation status (e.g. accreditation downgraded, suspended or revoked)

Notification to Organization Formal Complaint Decision

CAPRSS will notify the Executive Director and Board Chair of the organization within twenty (20) business days of the final formal complaint decision. If the resulting decision determines no change in accreditation status, the communication will remain confidential.

Release of Complaint-related Information

Upon written request, CAPRSS will provide the complainant with the following information, as appropriate:

- Relevance (or not) of complaint to the organization's compliance with specific standards
- Action taken by CAPRSS to evaluate the organization's compliance with the standards

Policy effective date: 10/4/13

Last updated: 9/5/14

[<< CAPRSS Information Release Policy](#) | [Confidentiality Policy >>](#)

Confidentiality Policy

For a number of reasons, onsite reviewers must be mindful in advancing a confidential relationship between CAPRSS and the candidate organization. Organizations are rightfully concerned about their reputation. Nothing about the process nor their accreditation status should be revealed until CAPRSS officially and publicly releases that information. Also, any information leaks or early disclosure could severely alter and compromise the accrediting and peer review process.

Confidentiality begins the moment you step foot on site. At the beginning of each meeting, observation, and interview, everyone needs to be assured that what they say will be used only to evaluate the various components of the program. In addition, all documents and process findings, as well as the final report are to be kept strictly confidential. Please take precautions to protect and safeguard any notes, information, or files you have documented in hard copy and especially on your laptop.

The final report is the sole property of CAPRSS. Copies and content from the report cannot be shared with anyone.

Hard and electronic copies of all reports sent to CAPRSS need to be completely secured and carefully monitored.

Similarly, Peer Review Team members can only discuss the site visit between themselves and with CAPRSS. Any

final accreditation suggestions or decisions must be kept confidential between team members and CAPRSS.

Conflict of Interest Policy

1. Avoid all actual, potential, and perceived conflicts of interest.

Peer Reviewer Code of Conduct

CAPRSS is committed to ethical behavior for all who are involved in the accreditation process. The purpose of this code is to describe the high standards of conduct to which our peer reviewers must hold.

CAPRSS peer reviewers:

1. Value recovery.
2. Embrace the CAPRSS-defined principles.
3. Accept assignments within their areas of competency.
4. Accept assignments only when there is no actual, potential, or appearance of conflict of interest.
5. Report to CAPRSS any improper Peer Reviewer behavior that represents a violation of ethics or the Code of Conduct.

Throughout the accreditation process, peer reviewers:

6. Maintain and exemplify a high degree of confidentiality about the process nor an organization's accreditation status.
7. Are mindful of the confidential relationship between CAPRSS and the applicant organization.
8. Discuss accreditation only with person authorized by CAPRSS.
9. Keep all documents, process findings, and reports strictly confidential.
10. Take precautions to protect and safeguard any notes, information, or files, both hard copy or electronic versions.

When on Peer Review Site Visits, each member of the Peer Review Team will:

11. Approach all staff, volunteers, peers, family members, stakeholders, and the community at large with dignity and respect.
12. Maintain a balance of professional reserve and community-friendliness in self-presentation.
13. Honor the authority of key leadership and respect organizational protocols within candidate organizations
14. Minimize interference with the organization's regular operations and honor organization's internal policies.
15. Limit all contact with the candidates to site visit-related business and keep focus on the site visit process.
16. Accept no gifts nor anything of value from the organization.

17. Report all findings in an honest and fair manner.

Glossary

Term	Definition
Accountability	Accountability is an organization's willingness to explain its actions to its stakeholders. It can be applied to how an organization spends its resources, the way organizations use the resources they raise to accomplish their mission.
Advisory Council	A selected group that serves to counsel and guide the programs (often a specific program) of an organization.
Affiliational support	Support provided to individuals or groups to facilitate interpersonal contact, promoting the learning of social and recreational skills, creating community, and helping individuals acquire a sense of belonging and connection.
Allies	Individuals with a deep understanding of addiction and recovery who are strong supporters of individuals in recovery and the recovery community. While rarely designated as peer leaders, these individuals may play significant roles in the PRSS program.
Board of Directors	A governing body that operates in a stewardship role to oversee mission, planning, and fiscal matters, and has legal accountability for corporations, including nonprofit ones.
Community Recovery	A voluntary process through which a community uses the assertive resolution of AOD-related problems as a vehicle for collective healing, community renewal, and enhanced intergenerational resilience. Voluntary involves community consciousness, community commitment, and community action. Source: White, W., Evans, A.C. and Lamb, R. (2010). Community recovery.
Coordinators	Personnel hired to administer the peer program. They may or may not be in recovery.
Cultural and Linguistic Competence	<ol style="list-style-type: none"> 1. Having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. 2. A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.
Culture	Integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.
Emotional Support	Support in which empathy, caring, or concern are demonstrated and used to bolster a person's self esteem or confidence.
Family Member	Individuals who have been closely involved with another person during that individual's addiction and recovery. Sometimes these individuals provide social support and services to other family members.
Governance	The system of rules, practices and processes by which an organization is directed and controlled. It involves balancing the interests of the many stakeholders of an organization. Corporations (whether for-profit or non-profit) are governed by a board of directors.

Group Facilitator	A person who is trained to facilitate or lead recovery-oriented group activities that are organized to promote and support recovery and/or provide education about recovery.
Host Organization	A nonprofit organization that hosts or includes a PRSS program, which is usually operated as a project within the facilitating organization. The host organization may not be comprised primarily of people in recovery. It hosts a peer-run PRSS and ensures that recovery community members are involved in all aspects of program design and implementation. Examples of host organizations include: treatment and mental health agencies; community service centers; Criminal justice, HIV/AIDS and other allied organizations.
Informational Support	Support in which knowledge or information is shared, referrals for needed services are made, and/or training in life or vocational skills is provided.
Instrumental (practical) Support	Services that provide concrete assistance to help others accomplish tasks.
Participatory Processes	Participatory processes are methods used to gain the active participation of individuals in a idea generation or decision making process. The primary goal of participatory process is to create productive dialogue; often a second goal is to develop positive solutions. The specific method used depends on on what the participants want to achieve, the size of the group, the complexity of the ideas or issues being discussed, and the length of time available.
Peer	An individual who seeks help from a PRSS program in establishing or maintaining his or her recovery. Also called a participant, member.
Peer Leader	A person in stable recovery who provides social support on a peer-to-peer basis. Sometimes peer leaders are staff and sometimes they are volunteers. Also called peer worker.
Peer Recovery Resource Connector	A person who helps the peer connect to professional and nonprofessional services and resources available in the community that support the peer's individual needs on the road to recovery. This role is often embedded in a larger recovery coach role.
Peer Recovery Support Services (PRSS)	Services designed and delivered by people who have experienced both addiction and recovery to help others initiate, stabilize, and sustain recovery from addiction. The services are considered as forms of social support and are non-clinical.
Peer Worker	A person in stable recovery who provides social support on a peer-to-peer basis. Sometimes peer leaders are staff and sometimes they are volunteers. Also called peer leader.
Performance Improvement	Performance improvement (also called quality improvement) is a pro-active and continuous process of identifying areas for betterment. It is both a problem-solving and a opportunity-based approach in which organizations seek to (1) fix underlying causes of persistent/systemic problems; (2) prevent or decrease the likelihood of future problems and; (3) identify and test new approaches to service, with the aim of achieving better results/outcomes.
PRSS Programs	An organized set of peer recovery support services.
PRSS Workforce	The people, both paid staff and volunteers, who work within a PRSS program.

Quality Assurance	Quality assurance is a process of meeting quality standards and assuring that peer services are of a basic quality. In quality assurance processes, organizations seek and use information retrospectively to examine why a particular standard is not being (or was not) met, and to change practices to ensure that the standard is met. (See also performance improvement.)
Recovery Capital	Resources, both internal and external, that support a person's recovery. A recovery capital assessment informs a recovery plan, by identifying strengths and available resources and identifying resources that need to be developed and made available.
Recovery Coach	A person who has more recovery experience than the peer/member being served and encourages, motivates, and supports a peer/member who is seeking, initiating, and/or sustaining recovery from addiction. Coaching often involves a recovery capital assessment and help in developing a recovery plan.
Recovery Community Center	A location where a full range of peer recovery support services are offered.
Recovery Planning	The process in which a Peer Leader assists a participant in developing and following a self-directed plan for achieving and sustaining recovery across all domains of life. Recovery planning is based on an assessment of an individual's goals and the strengths and capacities that he or she will use or rely upon to achieve these goals.
Recovery Community Organization	<p>A recovery community organization is an independent, organized group composed of persons in recovery (from addiction) and their allies. An RCO is:</p> <ol style="list-style-type: none"> 1. governed by individuals who are representative of and responsive to the local recovery community 2. grounded in the values and principles of the recovery community 3. guided by genuine input from members of the recovery community, which is gathered via participatory processes <p>RCOs offer peer recovery support services, engage in recovery-focused community education and outreach, and pursue recovery-oriented advocacy. They serve as a bridge between diverse communities of recovery, the addiction treatment community, governmental agencies, the criminal justice system, the larger network of health and human services providers and systems and the broader recovery support resources of the extended community.</p> <p>In a service-focused RCO, peer support is the core around which other supports or services are based (rather than being adjunct, ancillary or aftercare). Service-focused RCOs provide access to four types of peer-based social support: emotional, affiliational, informational, and instrumental</p>
Recovery Values	Principles that underlie recovery, and bind the vision of a PRSS program to operations.
Social Support	The availability of people whom the individual trusts and who make one feel cared for and valued as a person and socially affiliated with others. Common sources of social support include family, friends, co-workers and peers. Social support can take both tangible and intangible forms. There are four key types of social support services:

	<ol style="list-style-type: none"> 1. Emotional support: Support in which empathy, caring, or concern are demonstrated and used to bolster a person's self esteem or confidence. 2. Informational support: Support in which knowledge or information is shared, referrals for needed services are made, and/or training in life or vocational skills is provided. 3. Instrumental (practical) support: Services that provide concrete assistance to help others accomplish tasks. 4. Affiliational support: Support provided to individuals or groups to facilitate interpersonal contact, promoting the learning of social and recreational skills, creating community, and helping individuals acquire a sense of belonging and connection.
Stakeholder	An individual or group that has an investment (or stake) in the program by lending support or resources (i.e. experience, money, political clout, credibility, etc.) or because it shares common constituencies.
Transparency	Transparency is an organization's willingness to publish and make available critical data about the organization.