Establishing Peer Support Services for Overdose Response: Strategies from the Field

Wednesday, March 23 from 1-2:30pm ET

Housekeeping

- You will be muted automatically upon entry and for the duration of the webinar.

- This webinar is being recorded and will be archived for future viewing on the National Council's website.

- Please submit your questions using the Q&A box at the bottom of the screen.

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Poll: Who's in the audience?

Please select the type of organization that best describes where you work.

- Local or state health department

- Federal or other government agency

- Certified community behavioral health clinic (CCBHC)

- Community-based organization

- Tribal entity or tribal-serving organization

- Mental health or substance use treatment provider

- Recovery community organization (RCO) or other peer-based organization

- Criminal justice settings (e.g., law enforcement, corrections)

- Academia

- Other (please type into chat box)

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Today's Presenters

Shannon Mace, JD, MPH
Senior Advisor
National Council for Mental Wellbeing

Nicole O'Donnell, CRS
Certified Recovery Specialist
Penn Medicine

Zach Kosinski
Deputy Director of the Clinical Health Bureau
Harford County Health Department

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Agenda

- Welcoming Remarks from CDC

- Current Environment

- Toolkit Overview: Establishing Peer Support Services for Overdose Response

- Strategies from the Field:
    - Penn Medicine Center for Opioid Recovery and Engagement (PA)
    - Harford County Health Department (MD)

- Q&A and Discussion

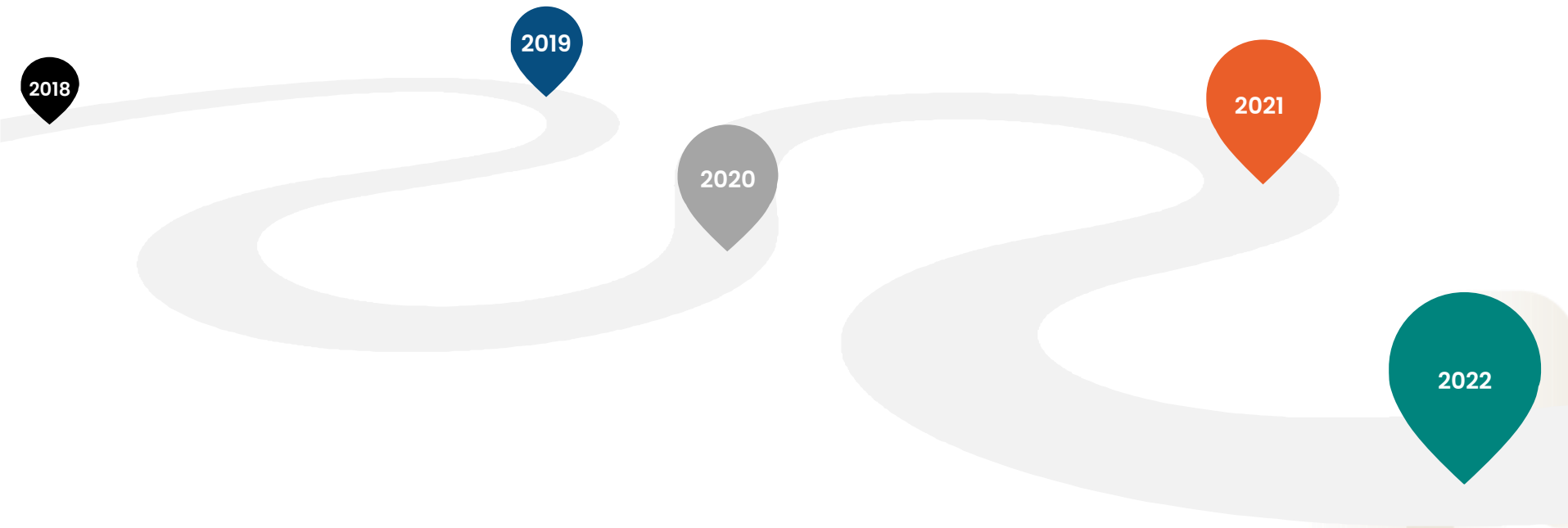NATIONAL
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Welcoming Remarks from CDC

Rebecca Glover-Kudon, PhD, MSPH
Behavioral Scientist
Division of Overdose Prevention
National Center for Injury Prevention and Control

The Current Environment

MORE THAN

104,000

PEOPLE DIED OF AN OVERDOSE
in the 12-month period ending September 2021

Overdose Death Rates

Legend: ■ Predicted ■ Reported

Data labels: 53,356 (2015), 71,595 (2017), 68,699 (2018), 93,655 (2020)

X-axis: 2015 2016 2017 2018 2019 2020
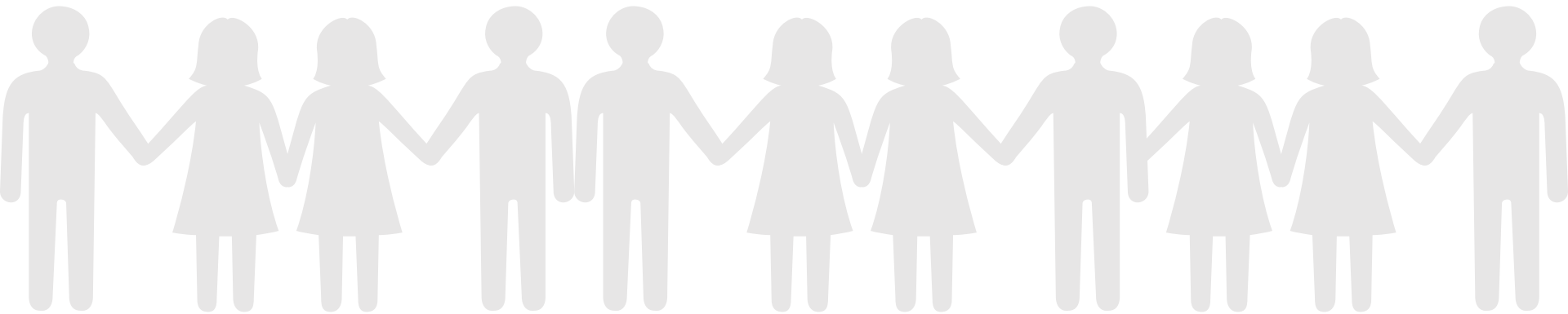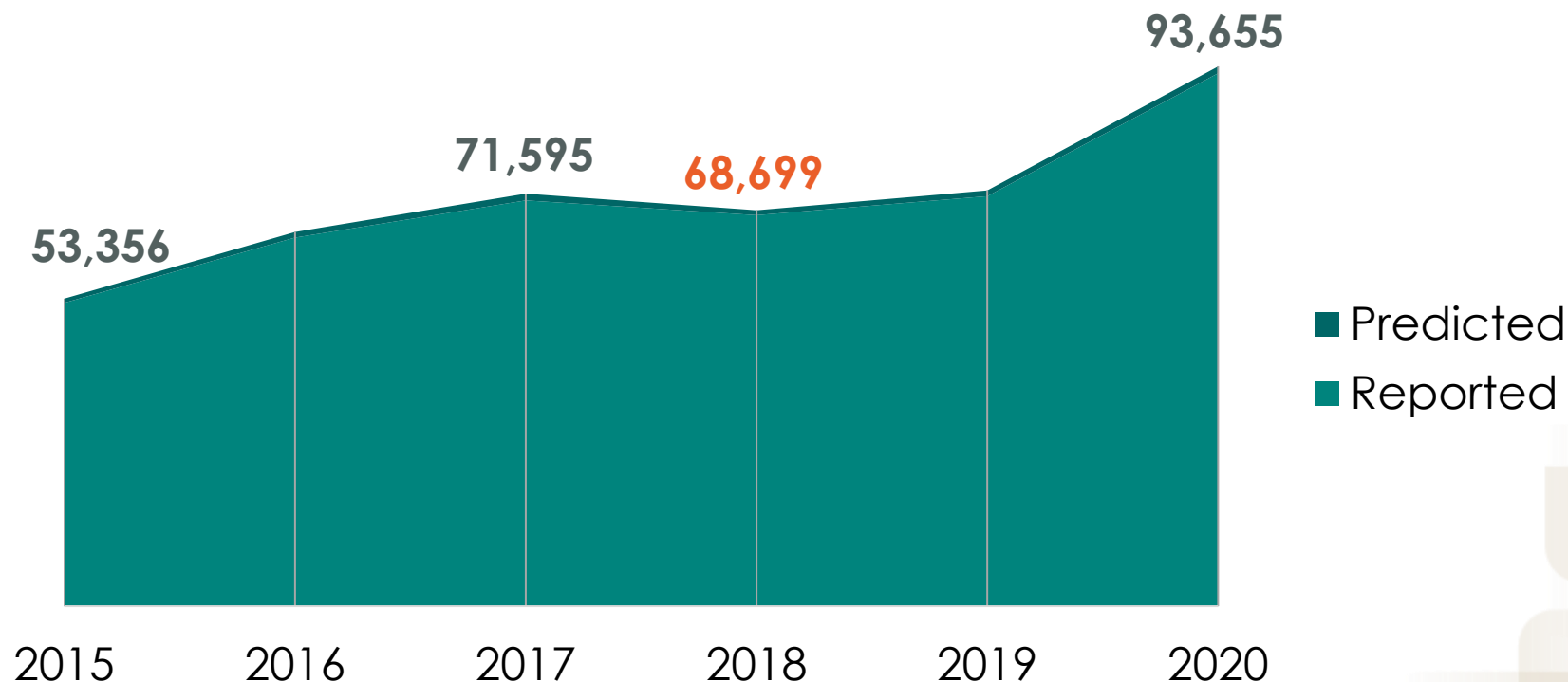
Ahmad, F. B., Rossen, L. M., & Sutton, P. (2022). Provisional drug overdose death counts. National Center for Health Statistics. https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

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Current Environment

01

Impacts of the COVID-19 pandemic have exacerbated risk factors for substance use and mental health.

02

Illicit fentanyl has adulterated the drug supply.

03

Stimulant-involved overdoses are increasing.

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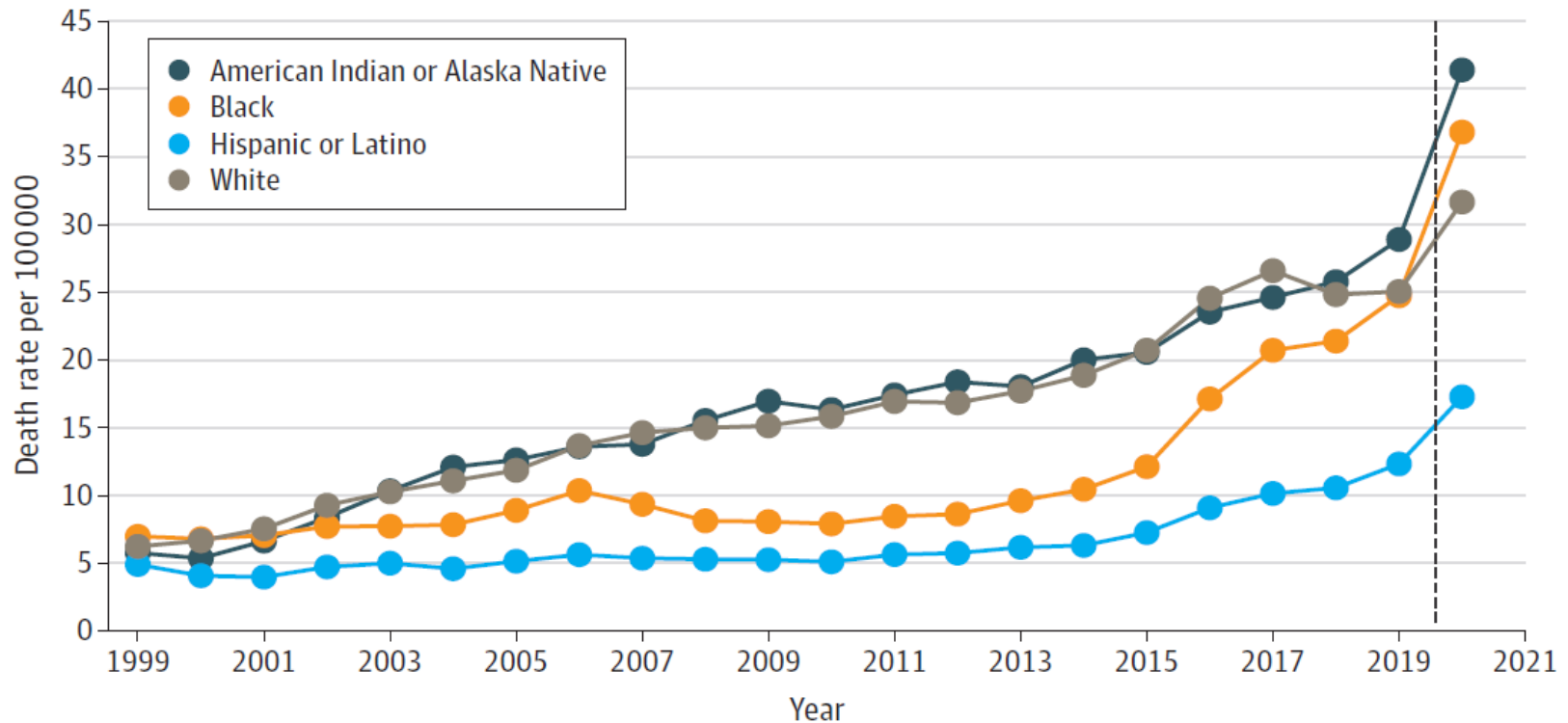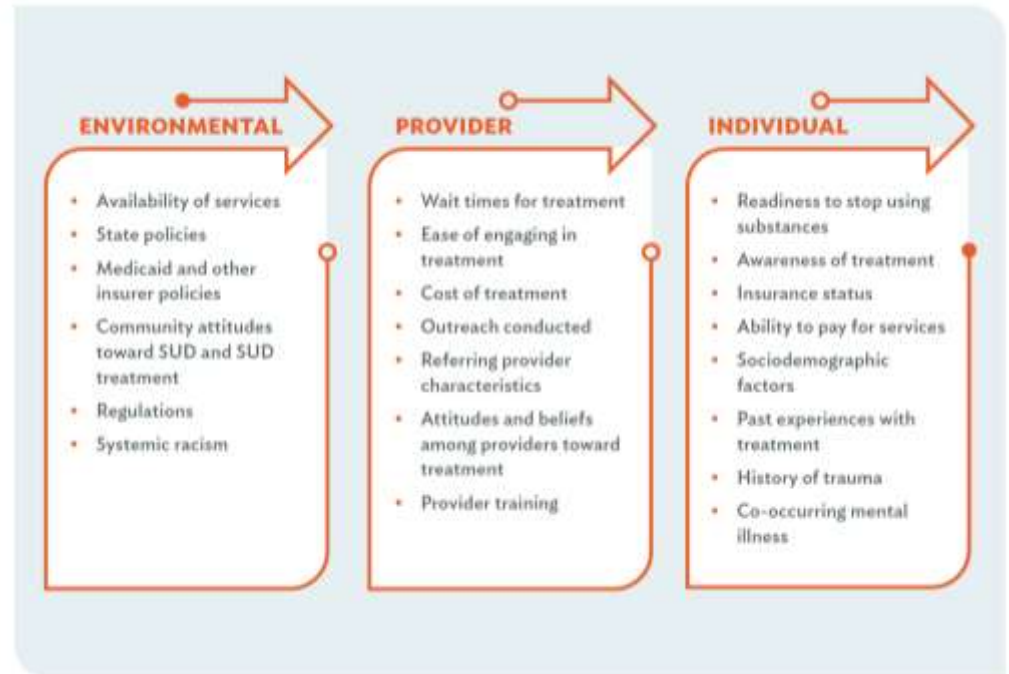
Disproportionate Impacts

Drug overdose mortality rates by race and ethnicity, 1999 to 2020

Friedman, J. R. & Hansen, H. (2022). Evaluation of Increases in Drug Overdose Mortality Rates in the US by Race and Ethnicity Before and During the COVID-19 Pandemic. *JAMA Psychiatry.* doi:10.1001/jamapsychiatry.2022.0004

Barriers to Care for People at Risk of Overdose

- **Only 4 million of the 41.1 million** people aged 12 or older who needed substance use disorder (SUD) treatment received it.[1]

- Among 2.5 million people with opioid use disorder, **only 11.2% received medication for opioid use disorder (MOUD).**[1]

- Among people who felt they needed SUD treatment but did not receive it, **40% reported they were not ready to stop using substances.**[2]

ENVIRONMENTAL
- Availability of services
- State policies
- Medicaid and other insurer policies
- Community attitudes toward SUD and SUD treatment
- Regulations
- Systemic racism

PROVIDER
- Wait times for treatment
- Ease of engaging in treatment
- Cost of treatment
- Outreach conducted
- Referring provider characteristics
- Attitudes and beliefs among providers toward treatment
- Provider training

INDIVIDUAL
- Readiness to stop using substances
- Awareness of treatment
- Insurance status
- Ability to pay for services
- Sociodemographic factors
- Past experiences with treatment
- History of trauma
- Co-occurring mental illness

1. SAMHSA. (2021, October). Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health (HHS Publication No. PEP21-07-01-001, NSDUH Series H-55). https://www.samhsa.gov/data/
2. Center for Behavioral Health Statistics and Quality. (2016). Results from the 2015 National Survey on Drug Use and Health: Detailed tables. Rockville, MD: Substance Abuse and Mental Health Services Administration.

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Continuum of Overdose Risk

*These stages are not always followed in order by people who experience an overdose.

Drug Initiation

Active Drug Use

Addiction

Non-fatal Overdose

Fatal Overdose
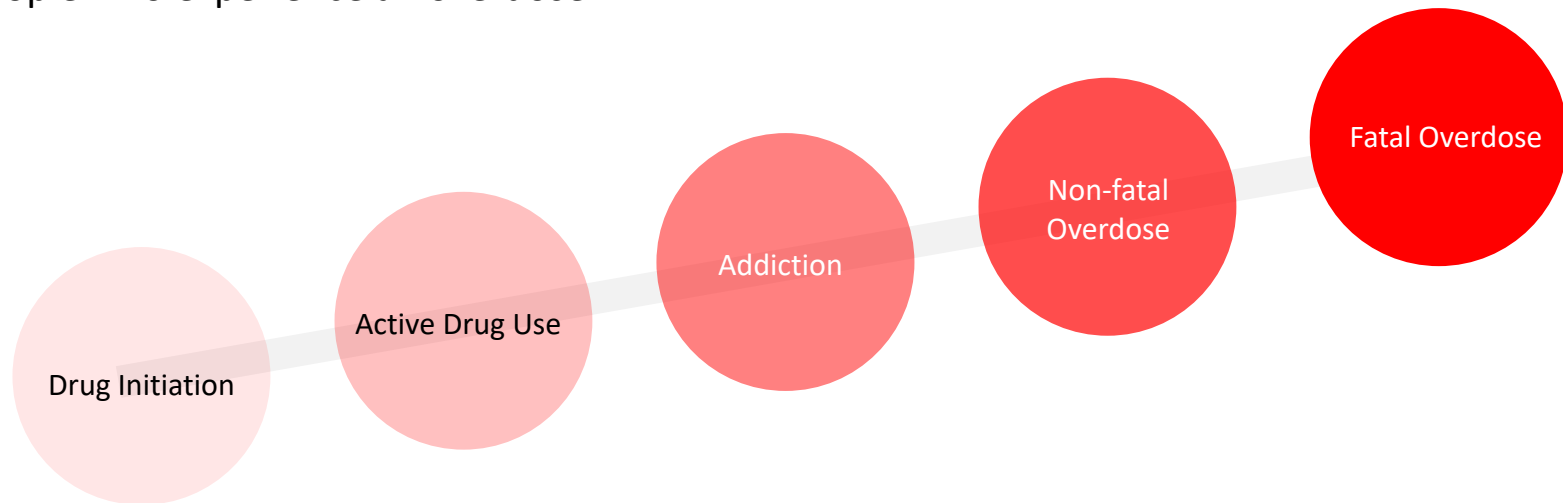
Park, J. N., Rouhani, S., Beletsky, L., Vincent, L., Saloner, B., & Sherman, S. (2020, September). Situating the Continuum of Overdose Risk in the Social Determinants of Health: A New Conceptual Framework. *Milbank Quarterly, 98*, 1-47.

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The good news…

Overdose is preventable!

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Overdose Response and Linkage to Care: A Roadmap for Health Departments

OVERDOSE RESPONSE AND LINKAGE TO CARE: A Roadmap for Health Departments

November 2021

- Key strategies:
  1. Collect data and conduct surveillance.
  2. Develop a public health workforce that supports linkage to care.
  3. Increase overdose awareness among providers and community members.
  4. Support cross-sector collaboration and partnerships.
  5. Provide linkage to care services directly or by funding community partnerships.
  6. Promote policy that enhances linkage to care.
  7. Evaluate linkage to care initiatives.

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Linkage to Care

Connecting people at risk of overdose to evidence-based treatment, services and supports using a non-coercive warm hand-off that helps people navigate care systems and ensures people have an opportunity to participate in care when they are ready.

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Introduction to...

Establishing Peer Support Services for Overdose Response: A Toolkit for Health Departments

Shannon Mace, JD, MPH

Peer Support Services (PSS)

Peer-delivered mentoring, education and non-clinical services focused on **supporting a person's individualized recovery process** related to substance use. Peer support services are delivered through formal and specialized roles **by people with lived experience** of substance use and/or recovery.

PSS improve a range of outcomes among people who use drugs, including:

- Reduced risk of overdose

- Increased engagement in substance use treatment

- Reduced rate of hospitalizations and ED visits

Peer-based Overdose Response Models

- Peer-delivered, Emergency Department-based Overdose Response

- Post-overdose Response Teams (PORTs)

- Mobile Overdose Response Teams

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ESTABLISHING PEER SUPPORT SERVICES FOR OVERDOSE RESPONSE:

A Toolkit for Health Departments

March 2022

- Informed by real-world experiences of 35 experts from the field from 16 states, representing:
  - State and local health departments
  - Peer support specialists and supervisors
  - Recovery community organizations (RCOs)
  - Certified community behavioral health clinics (CCBHCs)
  - Emergency medical services (EMS)
  - Academia and researchers
  - National technical assistance providers

Supported by the Centers for Disease Control and Prevention.

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Key Components

This toolkit is organized by **six key components** to help health departments plan for and implement peer support services (PSS) within overdose response and linkage to care initiatives.

1. Prepare for change.

2. Recruit, hire and onboard peer support workers.

3. Supervise peer support workers.

4. Identify a program model that fits the needs of your community.

5. Evaluate peer support services program activities.

6. Fund and sustain program activities.

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Elements of the Toolkit

Element	Symbol	Description
Key components		Critical planning and implementation strategies to consider when exploring opportunities to implement PSS.
Action steps		Planning and implementation steps that appear at the beginning of each key component.
Tools and resources		Tools and resources to guide implementation efforts.
Checklists		Checklists of items that facilitate implementation for each key component.
Quick tips		Information and quick insights into approaches and ideas for planning and implementation.
Examples from the field		Real-world examples of how strategies are being implemented in the field.
Questions and answers		Questions and answers related to key planning and implementation considerations.

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Organizational Assessment

Organizational assessment domain	Questions
Organizational values	• Does adding PSS align with the organization's mission? • Are peer support workers seen as valuable and equal team members at organization? • How are peer support workers' lived experiences valued within the org • How is diversity and inclusion valued among staff within the organizat
Buy-in and engagement	• Do existing staff want peer support workers added to the organization • How will the integration of peer support workers impact the roles and current staff? • How will health care, SUD treatment and social services providers work w • What are providers' and staff members' concerns or challenges related t support workers? • How will community members and potential program participants be the PSS program? • How does the leadership team describe and promote the PSS program
Policies and protocols	• What role will peer support workers have in decision-making? • What role will program participants and others with lived experience o recovery have in decision-making? • Does the organization have a framework to define roles and responsib peer support workers? • Who will supervise peer support workers? • How familiar is the hiring team with legal considerations related to asking applicants questions about their disabilities, illnesses or diagnoses? • Are there institutional barriers to hiring people with criminal records or histories of substance use?

Organizational assessment domain	Questions
Workforce development and support	• How familiar is the hiring team with questions that evaluate the competencies held by peer support worker applicants? • What professional development opportunities will be available for peer support workers? • What training and education needs exist among current staff? • What training and education needs exist among peer support worker supervisors? • What resources exist to support peer support workers and other staff members' wellness, for example, preventing re-traumatization and burnout?
Diversity and inclusion	• How familiar are staff with the ways in which inequities can persist according to the role an employee holds (e.g., peer support workers with past criminal legal system involvement facing hiring barriers)? • How extensively do the organizational leaders identify and eliminate workplace barriers to equity that are related to race, ethnicity, religion, culture, gender, sexuality, age or other characteristics?
Funding and sustainability	• How can the organization offer adequate and competitive compensation for peer support workers? • If grant funded, how will program activities be sustained beyond the grant period?

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Checklists

Peer Support Worker Job Description Checklist

- ❑ What are the organization's goals for the PSS program?
- ❑ What are the goals for the specific peer support worker role?
- ❑ What are the peer support workers' specific job duties?
- ❑ Whom does the peer support worker report to?
- ❑ What level of education, if any, is required for the position?
- ❑ What types of certifications, if any, are required for the position?
- ❑ If certification is required, does the organization offer support toward obtaining it? Is there a timeline for when certification must be obtained?
- ❑ What competencies are necessary to be successful in the role?
- ❑ What professional experience, if any, should the candidate have for the position?

- ❑ What types of lived experiences should the candidate have for the position?
- ❑ In what specific settings will the peer support worker be expected to work (e.g., h RCOs, correctional settings, in the part of a mobile team)?
- ❑ Are there any relevant environmen conditions that the candidate shou
- ❑ Are there any physical requirement the position (e.g., standing or lifting
- ❑ Does the position require a driver'
- ❑ What hours will the candidate be ex
- ❑ Are there requirements related to background checks or drug screen
- ❑ What is the salary range for the po
- ❑ Whom can the candidate contact questions?

Foundational Training Topics for All Staff

- ❑ Overview of SUDs, including OUD.
- ❑ Overview of evidence-based treatment and services for PWUD, including MOUD and harm reduction.
- ❑ Overdose risk factors and community resources available to people at risk of overdose.
- ❑ Administering naloxone to reverse an overdose and how to access it in the community.
- ❑ Overview of PSS and the role of peer support workers.
- ❑ Recovery-oriented principles and approaches.
- ❑ Trauma-informed principles and approaches.
- ❑ Avoiding stigmatizing language and using person-first language.

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Key Considerations and Tools

Who should provide PSS supervision?

When possible, a supervisor with peer support worker experience should supervise other peer support workers. According to Lyn Legere, "There is absolutely no question that the most qualified supervisor for someone working in a peer role is someone else who has also worked in a peer role."[71] People who have peer worker experience are more likely to better understand 1) the tensions and potential isolation of working in a role where they may be one of few people in the position, 2) the core competencies and functions of the role and 3) the code of ethics and values among peer support workers.

Key Considerations for Developing PSS Program Budgets[73]

- What will the scope of work for peer support workers look like?
    - » What key tasks will peer support workers be asked to do?
    - » How many peer support workers will be needed to accomplish the goals of the program?
    - » What are the associated supervision expenses related to the number of peer support workers?
    - » How will PSS be delivered (one-on-one, group, in-person, virtual, etc.)?
    - » Will peer support workers be expected to travel as part of their job duties? If so, to what extent? What will the mode(s) of transportation be?

Peer Support Worker Certification Program Directory

The SAMHSA BRSS TACS State-by-State Directory of Peer Recovery Coaching Training and Certification Programs identifies each state's training and certification programs and describes the credentialing process and certification requirements (last updated June 24, 2020).

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Tips

Tips for Addressing Criminal Histories when Recruiting for Peer Support Worker Positions[46,47]

- Avoid hiring policies that exclude candidates based on their criminal histories, except when legally mandatory.
- Do not ask about criminal history on job applications, except when legally mandatory.
- Avoid phrases such as "must pass a background check."
- If a background check is necessary:
  - » Clearly state that on the job description and explain how it will be considered in relation to the position.
  - » Provide the candidate information about how long the background check will take to complete.
  - » Establish policies and procedures to ensure that information obtained through background checks is kept confidential.
  - » Conduct regular audits to assess whether background checks are adversely impacting Black, Indigenous, Latino/a and other candidates of color.
- Consider a candidate's criminal history in relation to how it directly relates to job duties and responsibilities as well as the gravity of the crime and length of time since the criminal offense.
- Provide applicants time to review and challenge their history and submit evidence and documentation of mitigation and rehabilitation.
- Provide hiring managers and teams anti-discrimination, implicit bias and other training that addresses myths and misperceptions related to people who have criminal histories.

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Evaluation Guidance and Resources

Formative evaluation	Process and implementation evaluation	Continuous quality improvement	Outcome and effectiveness evaluation	Impact evaluation
During the development of the PSS program, prior to full-scale implementation.	As soon as the PSS program implementation begins and during operation.	As soon as the PSS program implementation begins and during operation.	After the PSS program is initiated with at least one participant.	During operation of the PSS program, and at appropriate intervals at the end of the program.

Key Considerations for Selecting Evaluation Metrics[98]

- Are metrics driven by shared goals?
- Do metrics include quantitative and qualitative data sources?
- Do all partners, including people with lived experience, agree on the metrics?
- Do metrics reflect activities across the continuum of the program and across the programmatic life cycle?
- Are the necessary data sharing agreements in place to collect data?
- Are metrics SMARTIE (specific, measurable, achievable, relevant, time-framed, inclusive and equitable)?

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Examples from the Field

Example from the Field: RWJBarnabas Health, New Jersey

RWJBarnabas Health implemented a peer-delivered, ED-based overdose response program, the Peer Recovery Program, in its hospital system in New Jersey. To understand the impacts of the program and to inform quality improvement efforts, evaluation staff collect and monitor a range of process and outcome metrics related to the program. Process measures include:

- Number of PSS offered to participants.
- Number of naloxone kits distributed.
- Number of follow-up interactions.
- Peer support worker deployment
- Average deployments by day of t
- Deployments by time of day.
- Number of participants who acc
- Types of accepted referrals to lev
- Types of follow-up activities con

Example from the Field: Waterbury Department of Public Health, Connecticut

The Waterbury Warm Hand-Off program employs Overdose Response Technicians, people with lived experience of substance use who have completed Recovery Coaching training through the CCAR, to connect with people who have experienced an overdose.[73] The Warm Hand-Off program is overseen jointly by the Health Department's Overdose Response Coordinator and a Waterbury Police Department lieutenant. To better understand the core competencies of peer support workers and the role of the Overdose Response Technicians they supervise, the Overdose Response Coordinator and the police lieutenant overseeing the program both received CCAR Recovery Coaching training. U
Response Technicians allows them to better understand the
positions and how to communicate the role to colleagues ar

Example from the Field: Peer Group for Peer Providers, Philadelphia, Pennsylvania

The University of Pennsylvania and Angels in Motion, a community-based harm reduction organization, established a Peer Recovery Specialist Support Group (may require a Facebook account) that offers peer support workers a virtual space for sharing resources, ways to overcome challenges, mutual support and strategies for self-care and wellness. Acknowledging the high rates of stress, burnout and vicarious trauma peer support workers can experience, the group creates a safe space for peers to support one another. The group meets every other Wednesday using Zoom and participation is free.

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SUPPORTING YOUR PEER STAFF

SUPERVISING
MENTORING
PROGRAM IMPLEMENTATION

Nicole O'Donnell, CRS

PARTNERSHIPS

What does lived experience mean?

- Passion
- Empathy
- Grief and loss
- Trauma

Created by dDara

Created by Mooms

Created by Komkrit Noen

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WHAT MODEL WORKS FOR YOUR ORGANIZATION?

External PSS organization	Internal Hiring
Existing infrastructure	Part of the team
Standing network of peers	Access to EMR
Human Resource logistics	Create own training modules
Supervision	Opportunity for innovation
	Continuity of care
	Mentorship

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DEFINING THE ROLE

"

"There should be more of a definition of the peer role in the job description, because when I first started, I had no idea what I was getting into. I started as a community health worker, and I thought I was going to be doing outreach in the community. That's all it really embodied in that [peer support worker job] description. And then I get there and it's so much more, but I had no idea."

- Peer Support Worker

UNDERSTANDING THE ROLE

Table 7. What Peer Support Workers Do and Don't Do

Peer Workers Do	Peer Workers Don't
Share lived experience	Give directives
Motivate through hope and inspiration	Motivate through fear or shame
Support many pathways to recovery	Support only one pathway to recovery
Guide, support or assist others in accomplishing daily tasks	Do tasks for others
Provide informational, instrumental, emotional and affiliational support (see Peer Support Worker Core Competencies)	Provide clinical services
Use language based on common experiences	Use clinical language or language specific to only one recovery pathway
Teach others how to acquire needed resources, including money	Give resources and money to participants
Help others find professional services from lawyers, doctors, psychologists and financial advisors, among others	Provide professional services
Encourage, support and praise	Diagnose, assess and treat
Help others set personal goals	Mandate tasks and behaviors
Role model positive recovery behaviors	Tell others how to lead their lives in recovery

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SUPPORTING THE ROLE

PROFESSIONAL DEVELOPMENT OPPORTUNITIES

Training, Supportive Supervision, Empower to Grow

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CREATING A PEER NETWORK

"I've found that it can get a little lonely sometimes, so I've made sure to find different resources like peer support groups. There's this really cool peer support recovery ECHO that I'm a part of that's from the Southern Plains Tribal Health Board. It's all Native peer supports supporting each other, which is the most beautiful thing ever. It's my favorite time of the month when I can go to those."

- Peer Support Worker

**PLEASE JOIN
UNIVERSITY OF PENN &
ANGELS IN MOTION
IN A SUPPORT GROUP FOR
PEER SUPPORTERS**

Help for the helpers!!!

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TRANSPARENCY

INCLUDING PEERS IN DECISION MAKING

_____

Including peers in decision making processes that affect them, bringing their voice as a respected element in the workplace

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MENTORSHIP

- Identify a champion within your organization willing to support.

- Normalize mentorship outside of academia.

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Be
kind

COMPASSION

BE
PATIENT

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Establishing Peer Support Services for Overdose Response at a Local Health Department

Zach Kosinski
Deputy Director, Clinical Health Bureau,
Harford County Health Department
March 23, 2022

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Overview

I. Local health departments (LHDs) and public health governance structures

II. LHD overdose prevention programs

III. Peers in overdose prevention

IV. Hiring peers

V. Supporting peers

VI. Building a peer workforce

Profiles of Harford County, Maryland, programs throughout.

○ **Later**

○ **Tomorrow**

○ **Today**

● **NOW**

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Definitions

- LHD – local health department

- CBO – community-based organization

- Peer – person who uses their experiential expertise in substance use to provide care for people who use drugs and people in substance use recovery *

*Definition from the Harford County, Maryland, Peer Coalition. See "Establishing Peer Support Services for Overdose Response" Toolkit for a definition from The National Council.

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Public Health Governance Structures

Legend
- Centralized
- Largely Centralized
- Decentralized
- Largely Decentralized
- Mixed
- Shared
- Largely Shared

As of September 2020

Source: CDC. Public Health Professionals Gateway. https://www.cdc.gov/publichealthgateway/sitesgovernance/index.html.

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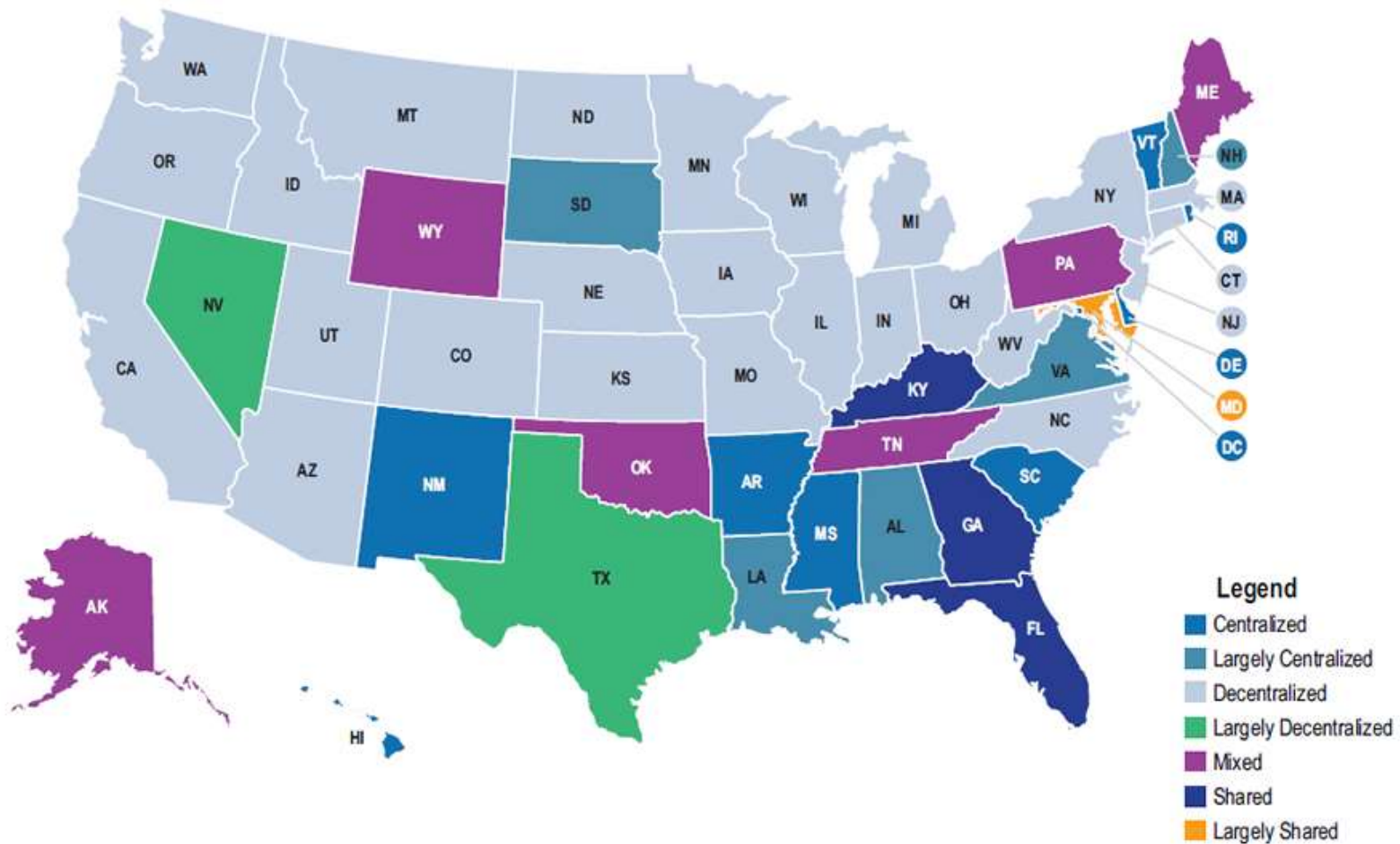
Public Health Governance Structures

- **Centralized or largely centralized structure**

  Local health units are primarily led by employees of the state.

- **Decentralized or largely decentralized structure**

  Local health units are primarily led by employees of local governments.
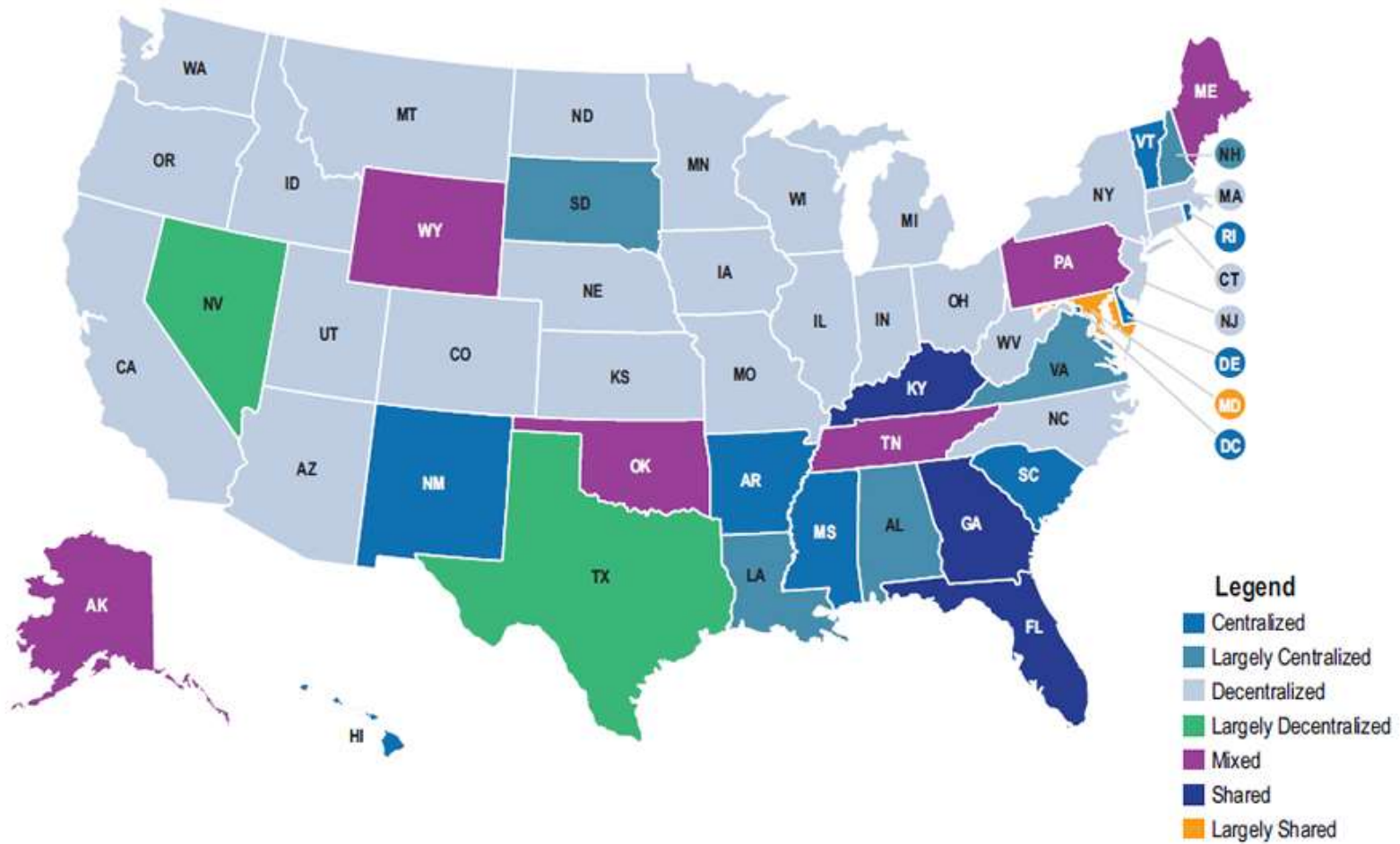
- **Mixed structure**

  Some local health units are led by employees of the state, and some are led by employees of local government. No single structure predominates.

- **Shared or largely shared structure**

  Local health units might be led by employees of the state or by employees of local government. If they are led by state employees, then local government has the authority to make fiscal decisions and/or issue public health orders; if they are led by local employees, then the state has authority.

How is your state structured?

As of September 2020

Source: CDC. Public Health Professionals Gateway. https://www.cdc.gov/publichealthgateway/sitesgovernance/index.html.

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Public Health Governance Structures

- **Impacts of differing structure**
  - Flow of funding
  - Usage of federal vs. state vs. municipal vs. county funding streams
  - Access to data to inform programs
  - State-level support for peer work and the infrastructure to support it
  - Oversight and coordination of overdose response efforts

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Public Health Governance Structures

- **What programs should know**
  - Which level support for overdose programs comes from
  - Which level support for the peer workforce comes from
  - Who controls funding streams that can support overdose programs
  - Who controls funding streams that can support peer positions
  - Which levels of government govern different aspects of programs to address overdose (syringe services, naloxone access, peer certification, overdose fatality review, overdose survivor outreach, etc.)
  - Who is available at which levels to provide technical assistance as needed
  - What hierarchies should be respected when requesting formal assistance

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Harford County Health Department

- Suburban/rural Maryland county 40 minutes northeast of Baltimore City
- ~300 employees
- ~11 with lived experience
- ~5 peers in peer roles
  – Behavioral Health Bureau–abstinence-only
  – Harm Reduction Unit– harm reduction lens
- Overdose prevention work in Harm Reduction Unit

Understand your local contexts!

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Harford County Health Department Clinical Health Bureau

- One of five Bureaus
- Focuses on intersecting needs of community members, combining upstream and downstream approaches
- Nurses, providers, social workers, clerical staff, program administrators, outreach workers, health educators, care navigators, peers

LHD Considerations for Overdose Prevention Work

- Prioritize peers

- Collaborate with other organizations

- Know your organizational strengths and limitations

LHD Strengths	LHD Weaknesses
Resource-rich	Slow to spend funding
Trust of governmental partners	Positions and support fluctuate with politics
Ready access to information	Information sharing restricted
Infrastructure – Human Resources, Fiscal, existing facilities and policies	Hiring can be lengthy and with many limitations
State and federal support	Bureaucratic processes
Clinical service abilities	Slow to change

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Harford County Health Department Overdose Prevention Work

- **Naloxone distribution**
  - Partnerships key to expand reach
  - Collaborate with other naloxone distributers, especially community-based organizations
  - Identify partners that <u>complement</u> your work

LHD Strengths	CBO/Partner Strengths
Peers conduct naloxone distribution	Peers conduct naloxone distribution
Infrastructure to track and report at scale	Street-level reach
Expertise to enter and monitor agreements	Within-organization reach
Trust of government and health system leaders ensures concerns are heard	Access to slow-to-trust populations
Relationships with law enforcement and emergency services providers	

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Harford County Health Department Overdose Prevention Work

- **Overdose Survivor Outreach***
  - Rely heavily on data sharing/reporting partners
  - Health Department coordinates
  - Leverage peers in a variety of settings, monitoring follow-up at county level
  - Health Department steps in <u>only</u> when survivor has not received services

LHD Strengths	CBO/Partner Strengths
Peers conduct survivor outreach	Peers conduct survivor outreach
Access to data and reporting systems	Access to slow-to-trust populations
Existing data sharing agreements and pathways	Existing knowledge of/relationships with survivors
Relationships with law enforcement and emergency services providers	Rapid response times
Array of non-SUD-specific services in-house	Policy flexibility

*Program still in development.

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Harford County Health Department Overdose Prevention Work

- ## Coalition-building
  - Harm Reduction Community Advisory Board
    LHD, local government, faith community representatives, law enforcement, CBOs, treatment providers, hospital, crisis system, private citizens
  - Peer Coalition

LHD Strengths	CBO/Partner Strengths
Peers convene and facilitate meetings	Peers represent their organizations
Resources to support coalitions financially and logistically	Ability to speak free of political constraints
Broad knowledge of key stakeholders	Relationships with communities
Trust of government and health system leaders ensures concerns are heard	

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Hiring Peers

- **Barriers**
  - Human Resources hurdles for those with felony convictions
  - Recognition of lived experience as comparable to educational experience
  - Lack safe, supportive work environments
  - Difficulty getting word out to peers about job opportunities

- **Solutions**
  - Hold advance conversations with HR to ensure *biases* are not equated with *policies* when such policies do not actually exist
  - Develop peer-specific hiring classifications
  - Get creative with job descriptions and hiring classifications
  - Partner with organizations that train and certify peers

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Hiring Peers

- **Considerations**
  - Be clear about what is meant by "peer"
  - Involve other peers in the selection process
  - Peers can work in non-peer roles
  - Having lived experience does not make someone the best fit for every peer role
    - Demographics matter
    - Consider use history (Alcohol? Opioids? Stimulants?)

Provide growth opportunities.

Be intentional about all of it.

Setting Peers up for Success

- **Supervising peers**
  - Model the valuing of peers
  - No peer should work in isolation
  - Offer structured training
  - Carve out time for one-on-ones
  - Never elevate a peer to a position they are not equipped for

- **Not a peer yourself, but supervise them?**
  - Find a supervisor <u>with lived experience</u> to support
  - Know your limitations: empathy and education do not equal shared experience

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Peer Work in a Local System

- **Need for network support**
  - Many organizations employ only one or a few peers
  - A peer's work may fundamentally differ from that of other staff
  - Recipients of peer services need other services from outside the organization
  - One peer may not be the best fit for every client

- **Strategies to provide network connection and support**
  - Connect with statewide, regional, and local networks
  - Establish networks where none exist
  - Create peer-only spaces and protect them
  - Consider advocacy opportunities

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Peer Work in a Local System

- **Example**
  - Harford County, Maryland, convenes a county-wide Peer Coalition

- **Key Components**
  - Host in community space (CBO)
  - Limit space to peers
  - Allow virtual and in-person attendance
  - Engage in consensus-building around group purpose and action
  - Feed attendees or provide other incentive to participate
  - Ensure support from supervisors of peers
    - Letter sent to supervisors signed by County Government and Health Department officials

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In Summary

- Understand state and local governance structures
- Know your organizational context
- Identify organizational strengths/weaknesses
- Prioritize <u>complementary</u> CBO partnerships
- Be intentional in hiring peers
- Be intentional in supervising and supporting peers
- Engage peers in local networks, create them if none exist

Questions?

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Questions?

NATIONAL
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National Council Resource List

Upcoming webinar: Establishing Culturally Centered Peer Support Services, taking place on April 27 from 3-4:30pm ET – register here!

- Deflection and Pre-arrest Diversion Tools and Resources

- Training and Educating Public Safety to Prevent Overdose Among BIPOC Communities

- Medication-assisted Treatment for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit

- Overdose Prevention and Response in Community Corrections

- Supporting Telehealth and Technology-assisted Services for People Who Use Drugs: A Resource Guide

- Overdose Response and Linkage to Care: A Roadmap for Health Departments

- Guidance on Handling the Increasing Prevalence of Drugs Adulterated or Laced with Fentanyl

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Additional Resources

- Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States (CDC)

- Treatment for Stimulant Use Disorders: Treatment Improvement Protocol (TIP) 33 (SAMHSA)

- Medications for Opioid Use Disorder: TIP 63 (SAMHSA)

- Providers Clinical Support System

- Opioid Response Network

- Center of Excellence for Integrated Health Solutions

- National Council Harm Reduction Resources

- Harm Reduction Technical Assistance Center (CDC)

- National Harm Reduction Coalition

- NASTAD (National Alliance of State and Territorial AIDS Directors)

- NEXT Distro

- Harm Reduction Legal Project (Network for Public Health Law)

- CCBHC Success Center (National Council)

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Thank You!

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