

ESTABLISHING PEER SUPPORT SERVICES FOR OVERDOSE RESPONSE:

A Toolkit for Health Departments

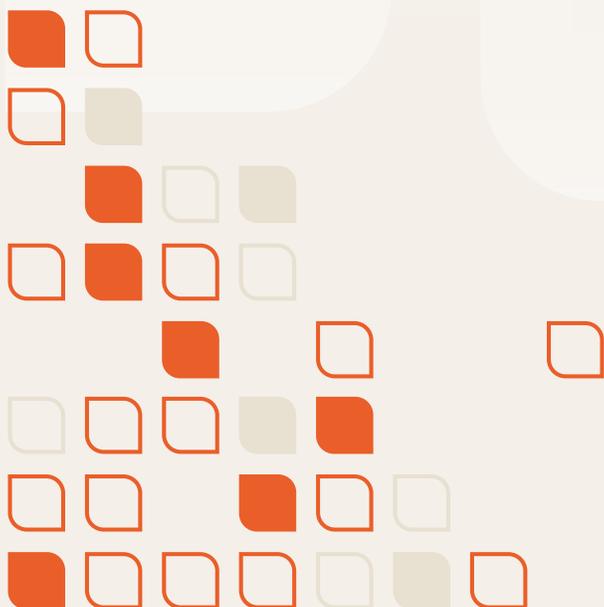


Table of Contents

Acknowledgments.....	1
Commonly Used Acronyms.....	2
Introduction.....	3
Component 1: Prepare for change.....	12
Component 2: Recruit, hire and onboard peer support workers.....	21
Component 3: Supervise peer support workers.....	31
Component 4: Identify a program model that fits the needs of your community.....	38
Component 5: Evaluate peer support services program activities.....	47
Component 6: Fund and sustain program activities.....	54
Appendix A. Key Informants.....	61
Appendix B. Glossary of Key Terms.....	63
Appendix C. Characteristics of Peer Support Workers and Community Health Workers.....	64
Appendix D. Core Competencies for Peer Support Workers.....	66
Appendix E. Recommendations for ED-based Overdose Response Programs.....	69
Appendix F. Sample Job Descriptions.....	70
Appendix G. Sample Evaluation Measures.....	78
Appendix H. Additional Tools and Resources.....	80
Appendix I. References.....	88

Acknowledgments

The National Council for Mental Wellbeing developed this toolkit with support from the Centers for Disease Control and Prevention. The project team would like to thank the key informants who devoted their time, expertise and resources to inform this report at a challenging time during the COVID-19 pandemic. A complete list of key informants can be found in [Appendix A. Key Informants](#).

PROJECT TEAM

Shannon Mace, JD, MPH

Senior Advisor
National Council for Mental Wellbeing

KC Wu, MPH

Project Manager
National Council for Mental Wellbeing

Margaret Jaco Manecke, MSSW, PMP

Director
National Council for Mental Wellbeing

Anne Siegler, DrPH

Consultant
Anne Siegler, Inc.

Rebecca Glover-Kudon, PhD, MSPH

Behavioral Scientist
Division of Overdose Prevention
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

Natasha Underwood, PhD, MPH

Health Scientist
Division of Overdose Prevention
National Center for Injury Prevention & Control
Centers for Disease Control and Prevention

This publication was supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$248,980 with 100% funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, CDC/HHS or the U.S. Government.

Commonly Used Acronyms

Acronym	Meaning
BJA COSSAP	Bureau of Justice Assistance Comprehensive Opioid, Stimulant and Substance Abuse Program
CCBHC	Certified Community Behavioral Health Clinic
CDC	Centers for Disease Control and Prevention
ED	emergency department
EMS	emergency medical services
FQHC	federally qualified health center
HHS	U.S. Department of Health and Human Services
LHD	local health department
MOUD	medications for opioid use disorder
NACCHO	National Association of County and City Health Officials
OUD	opioid use disorder
PORT	post-overdose response team
PSS	peer support services
PWSUD	person/people with substance use disorder
PWUD	person/people who uses drugs
RCO	recovery community organization
SAMHSA	Substance Abuse and Mental Health Services Administration
SUD	substance use disorder
TI-ROSC	trauma-informed, recovery-oriented system of care

Introduction

Since 1999, an estimated 841,000 people in the U.S. have died from a drug overdose.¹ Beginning in March 2020, the COVID-19 pandemic significantly exacerbated the overdose crisis resulting in a 30% increase in 2020 compared to 2019.² The majority of overdose deaths in the U.S. involve opioids, including nearly 71% of all overdose deaths in 2019.³ Despite high rates of overdose across the nation, overdose and overdose death are preventable. However, people at risk of overdose often face significant challenges accessing treatment and navigating systems of care. Local and state health departments are well-suited to lead and support efforts to prevent and respond to overdose and to link people to evidence-based treatment and services. Peer support services (PSS) are a valuable component of a growing number of overdose response and linkage to care initiatives that can be implemented and supported by local and state health departments.

WHAT IS IN THIS TOOLKIT?

This toolkit is for local and state health departments and community partners who are exploring opportunities to implement or enhance PSS within overdose response and linkage to care initiatives. This toolkit provides information, resources, tools, actionable steps and real-world examples informed by the latest research, subject matter experts and experiences from diverse settings across the country.

Examples of some of the tools and resources in this toolkit include:

- Free training resources.
- Implementation checklists.
- Example job descriptions.
- Sample monitoring and evaluation metrics.

This toolkit is focused on PSS programs for adults who are at risk of overdose. For more information on PSS specific to youth, see [Peer Support for Youth](#), a collection of tools and resources hosted by the Curated Library about Opioid Use for Decision-makers (CLOUD). For more information and tools on planning and implementing linkage to care efforts for people at risk of overdose, see [Overdose Response and Linkage to Care: A Roadmap for Health Departments](#).

HOW TO USE THIS TOOLKIT

This toolkit is organized by six key components to help health departments plan for and implement PSS within overdose response and linkage to care initiatives. Within each key component, there are several guiding elements to inform planning and implementation efforts as described in Table 1. Quotes from key informants are used throughout the toolkit. In some cases, quotes are anonymous.

Table 1. Elements of this 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.

LANGUAGE USED IN THIS TOOLKIT

Some of the terms and language used in this toolkit may be new to some readers since PSS have primarily been implemented within mental health and substance use disorder (SUD)-related organizations. Additionally, as we continue to understand how language we use related to substance use may perpetuate stigma and discrimination, the vocabulary used by professionals in the field continues to evolve. To help readers understand the acronyms and terms used within this toolkit, a list of Commonly Used Acronyms is provided at the beginning of the toolkit, and definitions of key terms can be found in [Appendix B. Glossary of Key Terms](#).

WHAT ARE PEER SUPPORT SERVICES?

There are different types of PSS for people who use drugs (PWUD) and people with substance use disorders (PWSUD) who may be at risk of overdose. For the purposes of this toolkit, we define PSS as:

Peer-delivered mentoring, education and non-clinical services focused on supporting a person's individualized recovery process related to substance use.^{4,5,6} Peer support services are delivered through formal and specialized roles by people with lived experience of substance use and/or recovery.^{7,8}

While many PSS programs focus on long-term recovery from SUDs as a primary goal, in the context of overdose prevention and response, it is important to recognize the critical role of evidence-based harm reduction services. Harm reduction uses practical interventions to reduce the negative impacts of drug use, including overdose and overdose death, regardless of a person's desire to stop using substances, engage in treatment or enter long-term recovery. While many programs employ peer support workers with lived experience of recovery from SUDs, some peers working within harm reduction programs may have lived experience of substance use, including overdose reversal, but may or may not have prolonged periods of abstinence.

Generally, PSS can be organized into four categories: emotional, informational, instrumental and affiliational, as described in Table 2.^{9,10} Most peer support workers provide services and supports across all four categories when working with participants.

Table 2. Types of Support and Examples of Peer Support Services^{11,12}

Type of support	Description	Examples of PSS
Emotional	Demonstrate empathy, caring or concern to bolster a person’s self-esteem and confidence.	<ul style="list-style-type: none"> • Provide peer mentoring and coaching. • Lead and participate in peer-led support groups.
Informational	Share knowledge and information and/or provide life or vocational skills training.	<ul style="list-style-type: none"> • Provide overdose education and naloxone distribution. • Offer training, education and information, including related to: <ul style="list-style-type: none"> » Job readiness. » Parenting. » Wellness. » Self-advocacy.
Instrumental	Provide concrete assistance to help others accomplish tasks. Increase access and opportunities and reduce barriers to care and services.	<ul style="list-style-type: none"> • Link to harm reduction services and supports. • Assist in navigating the SUD treatment system. • Link to community health and social services. • Assist in obtaining transportation passes. • Assist in securing safe housing.
Affiliational	Facilitate contacts with other people to promote learning of social and recreational skills, create community and offer a sense of belonging.	<p>Arrange outings or activities, including:</p> <ul style="list-style-type: none"> • Recovery center events and meetings. • Sports league participation. • Alcohol- and drug-free socialization opportunities. • Lunches. • Celebrations, such as for accomplishing goals and reaching milestones.

IMPACT OF PEER SUPPORT SERVICES

As PSS are increasingly integrated into a range of settings — including health departments, syringe services programs, emergency departments (EDs), housing organizations and criminal justice-related organizations, among others — a growing body of evidence demonstrates their effectiveness. While the existing research is limited, several studies demonstrate that PSS improve a range of outcomes among PWUD, including reducing risk of overdose.^{13,14,15,16,17}

Examples of findings:

- Among participants of a health system-wide PSS program in Massachusetts, in the six months following initial peer recovery coach contact, there was a 44% decrease in hospitalizations, 9% decrease in ED visits and 65.6% increase in outpatient visits compared to six months prior to receiving PSS. Receipt of PSS was also associated with a greater likelihood of buprenorphine treatment engagement and abstinence from opioids in the same month PSS were delivered.¹⁸
- Participants of a telephone-delivered, post-overdose PSS intervention in Ohio were significantly less likely to have experienced a subsequent opioid overdose compared to a control group (12.5% of PSS participants compared to 32.5% of the control group) and were more likely to have enrolled in a medication for opioid use disorder (MOUD) program (32.5% of PSS participants compared to 17.5% of the control group) during a 12-month follow-up period.¹⁹
- Among participants of a peer outreach program in Chicago in which peer support workers connected people with opioid use disorder (OUD) and opioid-related overdose to Linkage Managers, 100% accepted referral to treatment and 96% were admitted for methadone treatment. At 60 days post-intake, 70% were engaged in methadone treatment.²⁰
- Participants of an integrated primary care PSS program in the Northeastern region of the U.S. showed significant reductions in substance use, including heroin, alcohol, cocaine, marijuana, benzodiazepines and hallucinogens, at a six-month follow-up compared to baseline. Participants also showed increased engagement in health care services and increased school and employment enrollment.²¹

For more information on the effectiveness of PSS, see [Value of Peers](#) from the Substance Abuse and Mental Health Services Administration (SAMHSA).



“[PSS] is so needed. It is something that I believe this particular field has craved for many, many years. And I’m so happy that we have brought peers on board because peers have been able to get mountains moved.”

- Tye Pope, BestSelf Behavioral Health, New York

PEER SUPPORT SERVICES IN THE PUBLIC HEALTH WORKFORCE

It is estimated that there are more than 30,000 peer support workers employed in various settings across the country to support people with mental health and substance use challenges.²² Historically, peer support workers have been employed primarily by mental health providers, SUD treatment providers and recovery community organizations (RCOs); however, peer support workers have increasingly become integrated into health departments, hospitals and the primary care workforce. A survey conducted by the National Association of County and City Health Officials (NACCHO) in 2019 found that 15% of local health department (LHD) respondents provided opioid-related peer navigation and/or coaching (generally a shorter-term intervention) directly, and 62% reported these services were provided through a partner organization.²³ Additionally, 14% reported their agencies provide family/peer counseling directly and 67% reported these services were provided through a partner organization.²⁴

WHO ARE PEER SUPPORT WORKERS?

Peer support workers, in the context of substance use, are people with lived experience of substance use and/or recovery who have completed specialized training to provide support to PWUD and PWSUD, including those at risk of overdose.²⁵ Often viewed as credible, trusted messengers, peer support workers are able to connect more easily with PWUD and PWSUD due to their shared experiences. When peer support workers are integrated into systems and organizations, they facilitate recovery-oriented culture change and can help to reduce stigma and discrimination associated with substance use.

Peer support workers' lived experiences enable them to engage with and support participants more effectively across the range of PSS, including offering emotional support and motivation, navigating health care and social services systems, linking to evidence-based treatment and services and cultivating social spaces and networks that provide mutual support. Peer support workers may be hired to provide case management services, at times, such as in clinical settings, where their lived experience can be especially valuable for identifying and connecting to services that best serve their clients. Their unique perspectives also complement clinical services from SUD treatment providers to create a more supportive and recovery-oriented environment.



Peer Support Worker

There are different terms for peer-based positions, including peer specialist, recovery specialist, recovery coach, peer practitioner, certified peer specialist, peer mentor and peer advocate, among others. Throughout this document, we will use “peer support worker.”

PEER SUPPORT WORKERS WITHIN OVERDOSE RESPONSE INITIATIVES

A growing number of health departments are developing peer-based overdose response and linkage to care initiatives or supporting these initiatives through partnerships with community-based organizations. There are different types of roles and titles used within peer-based overdose response and linkage to care programs. For this toolkit, we will use “peer support worker” as a general term to refer to peer-based positions, except when referring to positions within specific organizations or research studies.

Additionally, there is a range of different settings in which peer support workers are employed. To name a few, these include: RCOs, mental health provider organizations, Certified Community Behavioral Health Clinics (CCBHCs), LHDs, EDs, post-overdose response teams (PORTs), mobile outreach teams, public health and safety teams, housing organizations and correctional facilities. Descriptions of different types of overdose response models can be found in [Component 4: Identify a program model that fits the needs of your community](#).



How are peer support workers different from community health workers?

Peer support workers and community health workers (CHWs) are both valuable members of the public health workforce, but these two roles are distinct. Typically, CHWs are employed by the general medical system, while peer support workers are employed by mental health providers, SUD treatment providers and RCOs; however, an increasing number of public health organizations and community health organizations, such as federally qualified health centers (FQHCs), are now employing peer support workers.

Generally, CHWs share the same community and sociocultural background as their program participants, but they do not necessarily share the same medical conditions or lived experiences specific to their health conditions.²⁶ Community health workers are often employed to support people who have chronic physical medical conditions, limited health care engagement, significant barriers to care or a specific illness, such as cancer, diabetes or hypertension. Peer support workers within overdose response programs and SUD care settings generally share lived experience of substance use and/or recovery with their program participants. [Appendix C](#) describes some characteristics of peer support workers and CHWs.

PEER SUPPORT WORKER CORE COMPETENCIES

While specific training and certification requirements vary by state and program, peer support workers generally share a common set of core competencies and values. In 2015, SAMHSA convened a group of experts to describe core competencies for peer support workers.²⁷ Categorized by 12 functions, these competencies are meant to provide foundational guidance to organizations and programs and are not prescriptive or all-inclusive. Programs should identify the core competencies that are necessary to achieve their specific goals and objectives.

Core Competencies for Peer Support Workers²⁸

1. Engages peers in collaborative and caring relationships.
2. Provides support.
3. Shares lived experience of recovery.
4. Personalizes peer support.
5. Supports recovery planning.
6. Links to resources, services and supports.
7. Provides information about skills related to health, wellness and recovery.
8. Helps participants manage crises.
9. Values and demonstrates communication.
10. Supports collaboration and teamwork.
11. Promotes leadership and advocacy.
12. Promotes growth and development.

A detailed description of peer support worker core competencies, adapted from SAMHSA, is available in [Appendix D. Core Competencies for Peer Support Workers](#).

TRAUMA-INFORMED, RECOVERY-ORIENTED SYSTEMS OF CARE

A trauma-informed, recovery-oriented system of care (TI-ROSC) is a coordinated network of community-based services and supports that delivers person-centered care. By building on the strengths and resiliencies of individuals, families and communities, a TI-ROSC aims to improve the health and quality of life for people with or at risk of substance use challenges. A TI-ROSC is designed to recognize the widespread impact of trauma and trauma’s connection to substance use; promote multiple pathways to recovery; identify the signs and symptoms of trauma in clients, families and staff; respond by fully integrating knowledge about trauma into policies, procedures and practices; and actively resist re-traumatization.²⁹

Integrating PSS and peer support workers within organizations is a step toward creating a system of care that is more responsive to the needs of people who are at risk of overdose. Developing PSS within overdose response initiatives provides an opportunity to identify organizational and systemic changes that can be made to support a TI-ROSC. Peer support workers are valued leaders within a TI-ROSC and can help act as change agents within organizations and systems. Common elements found in a TI-ROSC are described in Table 3.

Table 3. Elements of Trauma-Informed, Recovery-Oriented Systems of Care³⁰

TI-ROSC element	Description
Collaborative decision-making	Empowers people to collaborate with professionals, peers and other formal and informal service providers and to have voice and choice in their own recovery to the greatest extent possible.
Individualized and comprehensive services and supports	Offers people a range of culturally relevant, gender-specific resources, including health care, community-based services, peer-support and mutual self-help, harm reduction services, faith-based organizations, RCOs, schools and civic groups. Empowers people to have voice and choice directing their own participation in community-based services and supports.
Community-based services and supports	Identifies and supports people’s assets, strengths, resources and resiliencies.
Continuity of services and supports	Provides culturally relevant services and supports that ensure ongoing and seamless connections within and among various organizations for as long as a person needs them and ensures that people have voice and choice in determining their needs.
Involvement by all members of the community	Involves all segments of the community in the system, including individuals, family members and peers. The system promotes trust and transparency in its design and delivery of services and supports.
Recovery community and peer involvement	Intentionally includes members of the peer support and recovery communities in the design of systems, services and supports. Includes PSS in the array of services offered.
Outcomes-driven	Trust and transparency drive quality improvement and evaluation processes. Measures outcomes to inform system improvements. Prioritizes individuals’ physical and emotional safety above all else.
Adequately and flexibly funded	Maximizes funding to allow flexibility to provide a menu of service options and ensure the physical and emotional safety of individuals.

Recognizing that there are multiple pathways for recovery, including MOUD, a TI-ROSC promotes wellness by providing access to evidence-based treatment and care, as well as education for people to make informed decisions about their own health and wellbeing. A TI-ROSC is designed to be comprehensive, easily navigated and culturally responsive to the communities it serves. Tools and resources related to developing a TI-ROSC are below.



TI-ROSC Implementation Tools and Resources

- [Trauma-Informed, Recovery-Oriented System of Care Toolkit \(National Council for Mental Wellbeing\)](#)
- [Practice Guidelines for Recovery and Resilience Oriented Treatment \(Philadelphia Department of Behavioral Health and Intellectual disAbility Services\)](#)
- [Recovery-Oriented Systems of Care \(CLOUD\)](#)

COMPONENT 1:

Prepare for change.



Generally, there are two different ways in which health departments support peer-based overdose response and linkage to care initiatives: 1) by partnering with existing community-based organizations that provide PSS, or 2) by directly hiring peer support workers as part of the health department workforce. Regardless of which type of program a health department implements, it is important to create an organizational culture that fosters a positive environment for successfully delivering PSS and supporting peer worker staff. An implementation team, consisting of diverse staff and people with lived experience, can guide the organization through action steps to help prepare for the implementation of PSS.



Action Steps

- Identify a project champion.
- Convene an implementation team that includes people with lived experience.
- Develop a shared language.
- Assess current policies and procedures.
- Develop goals and action steps.
- Provide staff training and education.
- Monitor progress.



IDENTIFY A PROJECT CHAMPION.

When introducing any new program or organizational change, project champions are essential to provide project leadership; garner buy-in and support from staff across the organization and from external stakeholders; and help direct project planning, implementation and sustainability activities in collaboration with the implementation team. Effective project champions for PSS programs are firmly committed to the success of the program; are respected and trusted by leadership, staff and community members; have decision-making power within their organization; offer emotional and logistical support to implementation team members; and can clearly communicate the value of the program and advocate for the program's needs. There is no one "right" role or title to serve as project champion, and this role differs depending on the organizational setting. Staff from different positions within the organization may be successful champions, regardless of their title, so long as they are committed to the work.

CONVENE AN IMPLEMENTATION TEAM THAT INCLUDES PEOPLE WITH LIVED EXPERIENCE.

When preparing for any organizational change, especially one that may challenge existing perceptions or beliefs, it is important that leadership, staff, people with lived experience and partners are all committed to the success of the initiative. Convening an implementation team that includes staff members from all levels of the organization helps to identify opportunities, address potential challenges and gain buy-in and engagement from across the organization and from partners. The implementation team is responsible for the daily planning and implementation tasks of the project. Examples of the main activities of the implementation team are listed below.



Implementation Team Activities

- Identify shared goals.
- Build consensus among the implementation team and partners.
- Communicate to stakeholders to garner buy-in and engagement.
- Identify actionable steps to achieve shared goals.
- Monitor progress and identify opportunities for improvement.
- Share information about progress.

The implementation team should include staff and partners who are committed to the project's success and who have the necessary skills and knowledge to successfully and strategically develop implementation plans and action items. A list of potential implementation team members is below; however, each organization's team should reflect the needs and resources of the individual organization. The composition of the implementation team will also change depending on the type and maturity of the program being implemented.



Potential Implementation Team Members

- Project champion.
- Member of the organization's leadership team.
- Person(s) with lived experience of substance use and/or recovery.
- Project director or manager.
- Overdose prevention coordinator.
- Peer support workers (if not hired internally, can come from external organizations).
- Human resources department representative.
- Program evaluator or performance improvement staff.
- Representatives from partnering organizations (e.g., staff from EDs, emergency medical services [EMS], public safety, harm reduction organizations, RCOs).
- Medical or clinical director.
- Public health nurse.

In convening a diverse implementation team, it is especially important to incorporate the voices of people with lived experience of substance use and/or recovery at every stage of planning and implementation. People with lived experience offer valuable insights and advice and may help to identify potential challenges earlier in the process. They may also provide valuable connections to other groups that serve people at risk of overdose and their families, including RCOs and harm reduction organizations. There are several ways to solicit feedback from people with lived experience, including conducting focus groups, key informant interviews and listening sessions. When engaging people with lived experience to assist with program planning and implementation efforts, it is important to respect and value their time, including by providing monetary compensation or honoraria for their contributions. Resources for engaging people with lived experience are below.



Tools for Engaging People with Lived Experience

- [Engaging People with Lived Experience Toolkit \(Community Commons\)](#)
- [Focus Groups and Listening Sessions Facilitator's Guide \(Philadelphia Department of Behavioral Health and Intellectual disAbility Services, p. 133\)](#)
- [Sample Questions about Integrating Peer Support \(Philadelphia Department of Behavioral Health and Intellectual disAbility Services, p. 134\)](#)

DEVELOP A SHARED LANGUAGE.

Public health providers and administrators may use different verbiage than peer support workers and peer-based community organizations. When developing the implementation team, it is important that everyone is speaking the same language. Because pervasive discrimination, stigma and shame are barriers to care for many people at risk of overdose, it is important that the public health workforce adopts policies and practices that reject myths and misperceptions and reinforce facts related to substance use.^{31,32} Adopting policies related to using person-first, non-stigmatizing language standardizes language across an organization and offers an opportunity to educate staff on why stigmatizing language is harmful. Agreeing to use person-first, non-stigmatizing language also helps to build trust and respect among peer support workers and participants. Table 4 provides a quick guide to person-first and non-stigmatizing language. Additionally, the Philadelphia Department of Behavioral Health and Intellectual disAbility Services' [Person First Guidelines](#) is a helpful example of system-wide guidance on the use of non-stigmatizing language. To inform the guidelines, a taskforce was convened that included people with lived experience. Guidelines are updated regularly to reflect changes to accepted language.

Table 4. Non-stigmatizing, Person-first Language Associated with Substance Use³³

Use this	Instead of this
Substance use	Substance abuse
Substance use disorder	Drug habit
Person with a substance use disorder	Addict, abuser, junkie
Person with an alcohol use disorder	Alcoholic
Person in recovery	Clean, reformed addict
Urine that tested positive/negative for a substance	Dirty/clean urine
Recurrence, return to use	Relapse
Medications for opioid use disorder	Replacement therapy; substitution therapy

Additionally, staff members may use acronyms or terms that are unfamiliar or not well understood to everyone on the project team. Resources and tools, such as a glossary of terms and acronyms, can help ensure everyone understands what is being discussed.



“All these acronyms, I didn’t understand anything. I had no idea what was going on... everybody was talking with acronyms, and I was like, okay, what does that mean? It was, it was so confusing for the first year.”

- Peer Support Worker

ASSESS CURRENT POLICIES AND PROCEDURES.

Assessing the organization’s existing policies and procedures helps the implementation team identify opportunities to integrate trauma-informed and recovery-oriented values and practices within the organization to support the successful implementation of a PSS program. An organizational assessment can also inform the training and education needs among staff and partners. Sample organizational assessment domains and questions are in Table 5.

Table 5. Sample Organizational Assessment Domains and Questions^{34,35,36,37}

Organizational assessment domain	Questions
Organizational values	<ul style="list-style-type: none"> • Does adding PSS align with the organization’s mission? • Are peer support workers seen as valuable and equal team members among staff in the organization? • How are peer support workers’ lived experiences valued within the organization? • How is diversity and inclusion valued among staff within the organization?
Buy-in and engagement	<ul style="list-style-type: none"> • Do existing staff want peer support workers added to the organization? • How will the integration of peer support workers impact the roles and responsibilities of current staff? • How will health care, SUD treatment and social services providers work with peer support workers? • What are providers’ and staff members’ concerns or challenges related to working with peer support workers? • How will community members and potential program participants become informed about the PSS program? • How does the leadership team describe and promote the PSS program?
Policies and protocols	<ul style="list-style-type: none"> • What role will peer support workers have in decision-making? • What role will program participants and others with lived experience of substance use and/or recovery have in decision-making? • Does the organization have a framework to define roles and responsibilities for key staff and 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?

Table 5. Sample Organizational Assessment Domains and Questions^{34,35,36,37}

Organizational assessment domain	Questions
Workforce development and support	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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?



Organizational Assessment Tools and Resources

- [Organizational Readiness Assessment for Integration of Peer Staff \(The Lotus Project\)](#)
- [Workforce Integration of Peer and Community Health Worker Roles: A needs-based toolkit to advance organizational readiness \(NYC Peer and Community Health Workforce Consortium\)](#)
- [Workforce Integration of Peer and Community Health Worker Roles Action Planning and Implementation Guide \(NYC Peer and Community Health Worker Workforce Consortium\)](#)
- [Diversity and Inclusivity Organizational Assessment Tool \(Philadelphia Department of Behavioral Health and Intellectual disAbility Services, pg. 146\)](#)
- [The Provider's Handbook on Developing and Implementing Peer Roles \(Lyn Legere Consulting\)](#)

DEVELOP GOALS AND ACTION STEPS.

After the organizational assessment is complete, the findings should be used to inform the development of an action plan. Goals and action steps should be specific, measurable, attainable, relevant, time-framed, inclusive and equitable (“SMARTIE”). These goals and action steps are important to measure progress in the short-, medium- and long-term. Table 6 provides guiding questions related to developing SMARTIE goals and action steps.

Table 6. SMARTIE Goal Planning^{38,39}

Considerations		Guiding questions
S	Specific and strategic	<ul style="list-style-type: none"> • What do you want to accomplish? • Whom do you need to accomplish it? • Where will it be accomplished? • Why are you accomplishing it?
M	Measurable	<ul style="list-style-type: none"> • How will you demonstrate and evaluate the extent to which the goal has been met?
A	Attainable	<ul style="list-style-type: none"> • Are goals realistic, reasonable and able to be achieved in a specific amount of time?
R	Relevant	<ul style="list-style-type: none"> • How does the goal relate to your key responsibilities and objectives?
T	Time-framed	<ul style="list-style-type: none"> • When will you accomplish the goal? • Do target dates and deadlines support success and achieving your overall goal?
I	Inclusive	<ul style="list-style-type: none"> • Who is included in the process? • Who is excluded from the process? • Are those who will be impacted the most involved in the process?
E	Equitable	<ul style="list-style-type: none"> • What are the unintentional disparate impacts that may arise in obtaining the goal? • If an outcome or activity related to a marginalized group is added, will this help to reduce disparities or build power for the group? If so, how?

Some health departments and other organizations have taken a gradual approach when implementing peer-based overdose response and linkage to care initiatives, often beginning with a small cohort of participants. This allows change to be initiated, assessed and improved before scaling up to a larger number of participants.



Planning and Implementation Tools and Resources

The National Implementation Research Network at the University of North Carolina at Chapel Hill offers free information, learning modules, videos and other resources through its [Active Implementation Hub](#).

PROVIDE STAFF TRAINING AND EDUCATION.

To better prepare the existing workforce for the implementation of a new PSS program, it is important to ensure all staff have a foundational knowledge on topics related to substance use, overdose risk and prevention, pathways to recovery, harm reduction, PSS and the role of peer support workers within the organization. Unfortunately, stigma, discrimination and myths related to substance use and SUDs are persistent and can affect the success of the program. Misguided beliefs related to people at risk of overdose can harm the successful integration of peer support workers and delivery of PSS within the organization.

Encouraging universal use of person-first language and offering staff training prior to starting the PSS program can help create a more welcoming environment for peer support workers and program participants. The implementation team should identify existing training resources or develop educational opportunities for staff and partners. Recommended training topics and free training resources are listed below.



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.



Additional Training Topics for Project Team Members

- Person-centered care and planning.
- Interacting with peers, including protocol for asking personal questions.
- Valuing peer support.
- Recovery-oriented versus clinically oriented.
- Recognizing and addressing workplace stigma.
- Establishing and protecting boundaries between peer support workers and program participants.



Free Training Resources

- [SUD 101 Core Curriculum \(Providers Clinical Support System\)](#)
- [Trauma-Informed, Recovery-Oriented Systems of Care Toolkit \(National Council for Mental Wellbeing\)](#)
- [Recovery Support Tools and Resources Video Trainings \(SAMHSA Bringing Recovery Supports to Scale Technical Assistance Center Strategy \[BRSS TACS\]\)](#)
- [Myth or Fact Activity Facilitator's Guide \(Philadelphia Department of Behavioral Health and Intellectual disAbility Services, pg. 140\)](#)
- [Reducing Stigma Education Tools \(ReSET\) \(The University of Texas at Austin Dell Medical School\)](#)
- [Understanding Drug-Related Stigma Curriculum Outline for Trainers \(Harm Reduction Coalition and New York State Department of Health AIDS Institute\)](#)
- [Reducing Stigma Surrounding Substance Use Disorders: Videos \(CLOUD\)](#)

MONITOR PROGRESS.

The implementation team should develop progress indicators related to goals and action steps to ensure that the team has the information necessary to evaluate progress and take appropriate action. Key considerations related to monitoring progress are listed below and in [Component 5: Evaluate peer support services program activities](#). Information gained through monitoring should be used to inform continuous quality improvement efforts.



Key Considerations Related to Monitoring Progress

- How often should monitoring take place (e.g., weekly, monthly, quarterly)?
- What part of the plan worked well?
- What did not work as well as expected?
- What recommendations for change do stakeholders have based on efforts to monitor progress?
- What was surprising?
- What assumptions did you make that were accurate and not accurate?
- What do you need to do differently?
- Do you need to put the next action steps on hold until you make needed changes?
- If it is too early to tell what needs to change, should you continue the process and give it more time?



Component 1 Implementation Tools and Resources

- [Peer Support Toolkit, Preparing the Organizational Culture \(Philadelphia Department of Behavioral Health and Intellectual disAbility Services\)](#)
- [Engaging People with Lived Experience Toolkit \(Community Commons\)](#)
- [Substance Use Disorder 101 Core Curriculum \(Providers Clinical Support System\)](#)
- [Peer Recovery Support Series Section 1: Building a Successful Culture in Your Organization \(90-minute recorded webinar; NAADAC\)](#)
- [Person First Guidelines \(Philadelphia Department of Behavioral Health and Intellectual disAbility Services\)](#)
- [Active Implementation Hub \(National Implementation Research Network, University of North Carolina at Chapel Hill\)](#)

COMPONENT 2:

Recruit, hire and onboard peer support workers.



Peer support workers' lived experience of substance use and/or recovery makes them incredibly valuable to overdose response and linkage to care initiatives; however, recruiting, hiring and onboarding peer support workers may seem challenging for some project managers new to this type of position. In addition to general good practices related to recruiting, hiring and onboarding new employees, there are also other considerations for staffing peer support worker positions, such as preparing existing staff for new peer positions; establishing clear roles and responsibilities for peer support workers; and helping peer support workers adapt to new workplace environments, roles and responsibilities.

Action Steps

- Prepare to hire peer support workers.
- Develop a peer support worker job description.
- Conduct effective interviews with peer support worker candidates.
- Successfully onboard newly hired peer support workers.
- Integrate newly hired peer support workers into existing teams.



PREPARE TO HIRE PEER SUPPORT WORKERS.

Prior to taking the initial steps in the hiring process — for example, developing a job description — it is important that the program director and hiring team are well-prepared to effectively recruit, interview and assess peer support worker candidates. Before developing and advertising a job description, the hiring manager should meet with human resources staff to discuss hiring policies and potential procedural waivers, for example, related to prior criminal legal system involvement. Additionally, anyone involved in the hiring process, including staff participating on interview panels, should receive training on how to conduct effective interviews for PSS positions. Staff participating in the hiring process should also receive clear guidance regarding questions that can and cannot be asked during the interview process and how to ensure compliance with existing state and federal laws related to hiring.

DEVELOP A PEER SUPPORT WORKER JOB DESCRIPTION.

When developing job descriptions for PSS positions, organizations should ensure that the job description effectively conveys the roles and responsibilities of the position and the expected skills, qualifications and experiences of candidates. Because peer support workers' lived experiences of substance use and/or recovery are core components of their skills, it is important to ensure recruitment efforts comply with existing state and federal laws, including the Americans with Disabilities Act. When recruiting for PSS positions, employers cannot discourage anyone with a disability from applying for the position; however, they can recruit candidates with specific lived experiences. For example, a job description can include, "seeking someone with a personal history of having a substance use disorder."⁴⁰ A checklist of key considerations for crafting job descriptions follows. Additionally, sample job descriptions can be found in [Appendix F. Sample Job Descriptions](#).



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., hospitals, EDs, RCOs, correctional settings, in the community as part of a mobile team)?
- Are there any relevant environmental work conditions that the candidate should be aware of?
- Are there any physical requirements necessary for the position (e.g., standing or lifting heavy objects)?
- Does the position require a driver's license?
- What hours will the candidate be expected to work?
- Are there requirements related to criminal background checks or drug screening?
- What is the salary range for the position?
- Whom can the candidate contact with any questions?



“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**

Legal and Policy Considerations

When crafting any job description and position, employers must comply with local, state and federal laws governing employer practices related to discrimination, rights of individuals with disabilities and employee rights. While peer support workers’ lived experiences with substance use and/or recovery are a valuable component of their skillset, employers should carefully navigate the ways in which applicants’ or employees’ lived experiences are questioned and discussed. The U.S. Equal Employment Opportunity Commission (EEOC) provides a [list of prohibited employment policies and practices](#). These policies and practices should be reviewed by hiring managers, hiring teams and project directors. Hiring managers and teams should also include human resources staff early in the process to ensure compliance with existing state and federal laws. Employment laws vary by state; therefore, it is important to be aware of specific state laws that impact hiring and employment practices.



Opioid Use Disorder and Civil Rights Video and Webinar Series

In 2021, the National Center on Substance Abuse and Child Welfare and the U.S. Department of Health and Human Services (HHS) Office of Civil Rights developed a training series that provides information about federal disability rights and protections that apply to some people with OUD and other SUDs. The topics in the [training series](#) include: 1) the basics of civil rights protections for people with disabilities, 2) civil rights protections for people with OUD and 3) common misconceptions about MOUD, as well as topics related to child welfare concerns.

Best Practices Related to Criminal Histories

Nearly one in three Americans have had criminal legal system involvement.⁴¹ Because people with substance use challenges are more likely to have been involved with the legal system due to the criminalization of substance use, some peer support worker candidates may have criminal histories. This experience often adds to a peer support worker’s competencies and abilities to provide peer support to a range of program participants. People with criminal histories often face immense challenges obtaining employment, which in itself can increase overdose risk and is a barrier to recovery from SUDs.⁴² Criminal background checks for employment exacerbate existing challenges faced by people who have been justice-involved. Criminal background checks also disproportionately impact Black, Latino and other people of color who are not only more likely to have criminal histories due to systemic racism, but are also less likely to be offered employment when they have criminal histories compared to White people.⁴³ Despite the discrimination and stigma that persist against people who have had criminal legal system involvement, research indicates that they are more likely to remain in their positions for a longer period of time and are less likely to resign from their jobs compared to other workers.⁴⁴

While some organizations may prohibit the hiring of people with criminal histories due to public safety concerns, organizations are encouraged to conduct individualized reviews of candidates rather than disqualify them based on criminal histories alone.⁴⁵ It is important that hiring managers and teams understand state and federal employment regulations related to criminal history backgrounds and that human resources staff are included in the hiring process. The EEOC also provides information about the legality of [considering arrest and conviction records in employment decisions](#).



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.

Peer Support Worker Certification

A key decision organizations must make is related to peer support worker certification requirements. Some organizations require that peer support workers obtain their certification prior to employment, others may provide employees resources to obtain their certification within a set amount of time and some organizations may not require certification at all.

To receive reimbursement for PSS through state Medicaid plans, peer support workers must meet training and certification requirements. As of 2019, 48 states (exceptions are South Dakota and Vermont) offer a statewide peer support worker certificate based on completion of a required number of training hours.⁴⁸ Some states have partnered with national organizations for certification training, such as the International Certification and Reciprocity Consortium, Connecticut Community for Addiction Recovery (CCAR) and NAADAC, The Association for Addiction Professionals.⁴⁹ The average number of training hours required for peer worker credentialing is 50. Twenty-nine states also require that peer support worker applicants complete practice hours to become credentialed.⁵⁰

Many peer-based overdose response programs led or supported by health departments are grant-funded and do not bill Medicaid or other insurers for services. Peer support worker credentialing, however, may offer benefits in addition to reimbursement. Training and credentialing programs help ensure that peer support workers are receiving the foundational knowledge and skills needed to be effective in their jobs. Certification programs can also help peer support workers build working relationships with other peer support workers. Having a community of peers that offers social and instrumental supports is vital for peer support workers who often may be the only person in this role in their organization. Additionally, if grant-funded programs plan to transition to a reimbursement model in the future, ensuring staff are certified will be necessary for sustainability.



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).

A growing number of PSS training and certification organizations offer specialized training for peer support workers who work in specific settings. For example, CCAR recently developed a specialized training for peer support workers serving participants within ED and hospital settings. The supplemental [training](#) provides 12 continuing education units for ED-based peer support workers focused on the following learning objectives:

- Describing the roles and functions of the peer support worker in an ED.
- Understanding and practicing “staying in your lane.”
- Developing skills to advocate and educate staff, patients and others to demonstrate accountability in the role.
- Using motivational interviewing to bring people through the stages of change into recovery.
- Further developing the art of recovery coaching.⁵¹

Additionally, at least one specialized training program has been created to help peer support workers effectively serve program participants virtually.⁵² This is an important skillset considering the dramatic transition to virtual and digital peer support and other substance use-related treatment and care services during the COVID-19 pandemic. A number of technology-assisted recovery and PSS have emerged in recent years and the pandemic has catalyzed a rapid expansion of virtual PSS, including mobile health (mHealth) interventions, a phone-based adaptation of Self-Management and Recovery Training and virtual adaptations of mutual help and peer-based support, including one-on-one and group support.^{53,54,55} For more information on implementing telehealth and technology-assisted services for PWUD, including PSS, see the National Council for Mental Wellbeing’s [Resource Guide](#).



Example from the Field: Digital Peer Support Certification

Digital Peer Support, an organization advancing virtual PSS programs, offers a certification training program for peer support workers to develop their competencies and skills related to providing effective PSS in virtual environments.⁵⁶ A 15-hour virtual course, the [Digital Peer Support Certification](#) offers instruction on a variety of topics, including:

- Technology literacy.
- Digital communication skills.
- How to select peer support technologies using a decision-support tool.
- Promoting engagement of participants with technology.
- Privacy and confidentiality.
- Practice and feedback sessions using engagement techniques.
- How to address a digital crisis.
- How to support special populations.

Digital Peer Support also offers an on-demand [four-hour Digital Peer Support Certification course](#), which costs \$24, and two other on-demand paid trainings: [Digital Peer Support Supervision](#) and [Supporting Older Adults Remotely](#). They also provide a free recorded training on the topic of [Digital Peer Support Supervision](#) and a [Peer Support App Database](#).

CONDUCT EFFECTIVE INTERVIEWS WITH PEER SUPPORT WORKER CANDIDATES.

Conducting effective interviews is important for getting to know candidates better and understanding whether they will be a good fit for the position and the organization. In addition to asking candidates about their experiences and background, the interview provides an opportunity for the hiring manager and team to offer information about the organization, program and expected roles and responsibilities of the position to the candidate.

Candidates should be notified in advance about who will be participating in their interview, for example, if it will be one-on-one or with a panel. Additionally, whenever possible, candidates should be offered a choice about how the interview will be conducted, such as in person, virtually or telephonically. Providing options helps eliminate barriers for candidates who otherwise may have faced challenges with in-person interviewing, such as arranging childcare or transportation.

Interviewers should be prepared to explain the expectations and responsibilities of the position, describe the organizational culture and discuss important workplace policies and procedures that the candidate should be aware of, including an overview of the benefits, flexibilities and resources related to staff wellness and recovery activities, leave policies and policies related to workplace tobacco or substance use. Interviews should be scheduled in a manner that offers plenty of time for candidates to ask questions about the position and workplace.

Employers may ask candidates about how their lived experience might apply to the job position; however, employers cannot ask candidates about specific diagnoses, treatment or disabilities.⁵⁷ Sample interview questions for peer support worker positions are below.



Sample Interview Questions^{58,59}

- Can you talk about some ways you might use your personal lived experience to support the people you would be working with?
- Do you have any life experiences that would make you valuable to this program?
- What role has peer support had in your own recovery (only if the person has disclosed they are in recovery)?
- How would you define the peer support worker role and its key responsibilities or tasks?
- This position requires a willingness to share some pieces of your personal story when it makes sense to do so. When could you see sharing your story as a part of your work here?
- What have you learned through your own use of services that you think would be useful to your work here (only if the person has disclosed their own use of services)?
- What skills will you bring to the position that will allow you to advocate for people in partnership with other staff members?
- How will your experiences help you be a change agent and how would you see this happening?
- This position requires working in various settings, such as EDs and correctional facilities. How will your lived experience support your work in these settings? Are there any settings you would not feel comfortable working in?
- This position can be stressful at times. How do you maintain self-care to reduce stress and protect your wellness?

Employers are prohibited from making pre-employment inquiries about candidates' disability, mental health or SUD histories. At the beginning of the interview, employers should notify candidates that they are under no obligation to disclose specific diagnoses or conditions during the interview.

The following are examples of interview questions that should **never** be asked of candidates:

- ✗ Do you have any physical or mental disabilities that would keep you from performing the job?
- ✗ What medications are you currently taking?
- ✗ How many days were you out of work sick last year?
- ✗ When was the last time you were in a hospital or residential program?
- ✗ Do you have a history of a SUD?
- ✗ Were you treated for a SUD?
- ✗ Do you smoke, drink or use drugs?⁶⁰

SUCCESSFULLY ONBOARD NEWLY HIRED PEER SUPPORT WORKERS.

To successfully onboard newly hired peer support workers, it is important to provide training, information and support. Onboarding may include orienting peer support workers to the organization, actively introducing them to other members of the care team, setting expectations for their role and developing skills and knowledge for specific job-related responsibilities. Special considerations should be given to peer support workers who are entering the workforce for the first time or who may be unfamiliar with working in an office setting. To help newly hired peer support workers become acclimated to the work environment, it is helpful to pair them up with a coworker who can act as a mentor and guide during the onboarding process. Recommended training topics for newly hired peer support staff are below.



Recommended Training Topics for Newly Hired Peer Support Workers^{61,62}

- Building resilience through stress management, self-care and wellness planning.
- Motivational interviewing and active listening.
- Person-centered care planning.
- Building rapport with program participants.
- Effective goal setting for program participants.
- Effective listening.
- Peer specialist ethics and boundaries.
- Strategic storytelling and sharing.
- Communication and leadership styles.
- De-escalation techniques.
- Understanding the impact of trauma and trauma-informed care approaches.
- [Wellness Recovery Action Planning \(WRAP\)](#).
- Cultural humility and competency.



“If there was a bit more training on trauma-informed care, on how to build rapport with clients or to overcome barriers when you’re building rapport, I think that would be extremely valuable in the onboarding process because that is what keeps me up at night.”

- **Peer Support Worker**

INTEGRATE NEWLY HIRED PEER SUPPORT WORKERS INTO EXISTING TEAMS.

Because peer support workers will most likely work collaboratively as part of a larger team and/or across different parts of an organization, or through partnerships with multiple organizations, it is important newly hired team members feel welcomed, supported and accepted. Tips for successfully integrating newly hired peer support workers are below.



Tips for Successfully Integrating Newly Hired Peer Support Workers into Teams

- Welcome new peer support workers through organization-wide communications and at staff meetings.
- Give a tour of the organization and other settings in which the peer support worker will be based.
- Schedule “meet and greets” between newly hired staff and coworkers.
- Encourage newly hired peer support workers to share a brief biography introducing themselves and their backgrounds (e.g., interests and hobbies).
- Provide opportunities for new peer support workers to shadow coworkers to better understand the different roles and responsibilities within the team.
- Provide training and education to all staff on the roles and responsibilities of peer support workers and the value they bring to the organization.
- Ensure new peer support workers are added to organizational charts and contact lists.
- Integrate new peer support workers and their responsibilities into workflows and diagrams that show how teams will operate together.
- Conduct all-staff training on use of person-first, non-stigmatizing language.
- Provide appropriate, labeled office space, situated near other team members whenever possible.

In many organizations, there may be only one or two peer support workers on staff. Being the sole peer voice in a program can feel isolating and disempowering, which can be detrimental to PSS work and job satisfaction. It is important that peer support workers have a support system, even if it is outside of their organization. Opportunities to assist peer support workers with connecting to a support system are below.

- Link peer support workers to statewide peer advocacy organizations that can connect them with resources and peer support in the region.
- Connect with RCOs in the area that may offer support and resources to peer support workers.
- Connect peer support workers to peer-based learning opportunities and groups, such as the [Peer Recovery ECHO Program](#) hosted by the Southern Plains Tribal Health Board.
- Join or start a peer worker capacity building group in which members offer support, guidance and resources to each other regularly in a safe space.
- Encourage peer support workers to continue their own recovery program, if applicable, including offering flexible workplace policies.



“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



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.

WHAT PEER SUPPORT WORKERS DO AND DON'T DO

Another important aspect of successfully integrating new peer support workers into existing teams is to clearly identify and establish the roles and responsibilities of peer support workers and non-peer staff.⁶³ Table 7 provides a quick guide on what peer roles typically do and don't involve. To better understand the difference between peer support workers and community health workers, see [Appendix C. Characteristics of Peer Support Workers and Community Health Workers](#).

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



Component 2 Implementation Tools and Resources

- [A Provider's Handbook on Developing and Implementing Peer Roles \(Legere Consulting\)](#)
- [Core Competencies for Peer Workers in Behavioral Health Services \(SAMHSA BRSS TACS\)](#)
- [Effectively Employing Young Adult Peer Providers: A Toolkit \(The Learning & Working Center Transitions RTC\)](#)
- [Employment Rights of People Living with HIV, AIDS, Viral Hepatitis, and/or SUDs \(Legal Action Center\)](#)
- [Opioid Use Disorder and Civil Rights Video and Webinar Series \(National Center on Substance Abuse and Child Welfare and HHS Office of Civil Rights\)](#)
- [Your Rights in Recovery \(RIZE Massachusetts\)](#)
- [Peer Recovery Support Series, Section II: Hiring, Onboarding, and Integration \(NAADAC\)](#)

COMPONENT 3:

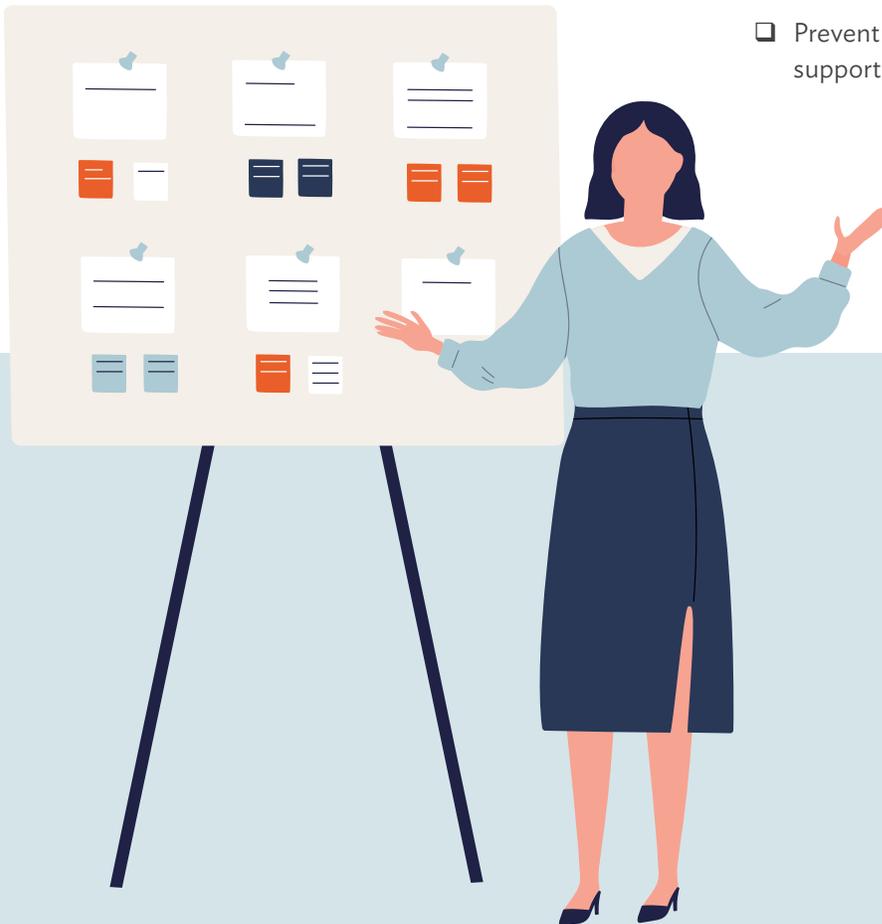
Supervise peer support workers.



It is important that peer support workers are provided effective supervision and support throughout their employment. Peer support workers are often one of few people in their roles within an organization and face a high risk of increased stress, trauma and burnout, especially peer support workers within overdose response initiatives.⁶⁴ This section describes steps and tips for supporting peer support workers through supervision and other resources.

Action Steps

- Enhance peer support workers' wellness.
- Identify who will supervise peer support workers.
- Understand supervision competencies for PSS programs.
- Provide effective supervision and support to peer support workers.
- Prevent "peer drift" and support peer support workers' boundaries.



ENHANCE PEER SUPPORT WORKERS' WELLNESS.

Peer support workers, especially those working within overdose response initiatives, face high rates of stress and trauma, elevating the need to maintain their own wellness.⁶⁵ Adapted from the Massachusetts Department of Public Health, 10 actions organizations can take to help prevent compassion fatigue, secondary traumatic stress and vicarious trauma among staff who are exposed to overdose in their work are described below.⁶⁶



10 Actions to Support Staff Wellness⁶⁷

1. Assess your organization's preparedness related to preventing vicarious trauma. Assessment tools are available, such as the [Vicarious Trauma Organizational Readiness Guide](#).
2. Clearly establish "helping staff cope with the aftermath of overdose fatalities" as an organizational objective.
3. Recognize that staff reactions to trauma and distress are normal. Make staff's exposure to trauma and stress a normal topic of discussion and encourage colleague-to-colleague support for issues related to trauma and stress.
4. Ensure that staff are assigned reasonable caseloads and workloads and that concerns about adequate client resources are addressed.
5. Include information, training and practice focused on traumatic stress and self-care in all professional development activities.
6. Provide relationally based, trauma-informed clinical supervision with sufficient regularity to meet staff needs.
7. Engage staff meaningfully in organizational planning, development and quality assurance for all services.
8. Acclimate frontline service providers to the nature of the overdose crisis and the reality that they may be exposed to deaths during their work—beginning during hiring practices and continuing through ongoing training and support.
9. Mitigate the effects of public stigma toward overdose deaths by validating for staff the magnitude of the overdose crisis and acknowledging how stigma may create feelings of marginalization and isolation.
10. Implement an overdose rescue protocol that includes a staff-driven quality assurance process, transparency and buy-in to help ensure that staff can deliver an optimal response to life-or-death situations to which they may be exposed.



Example from the Field: Hawai'i Health and Harm Reduction Center

Approximately 75% of Hawai'i Health and Harm Reduction Center (HHHRC) staff have lived experience of trauma, substance use, mental health challenges or criminal legal system involvement. During the COVID-19 pandemic, HHHRC leadership implemented a series of initiatives to improve wellness and build resilience among staff who were faced with increased stress, trauma and grief. To guide planning efforts, the leadership team and staff responded to the question, “What would HHHRC look like if it were a sanctuary for staff?” The team identified five main action areas: 1) create safe spaces, both literally and figuratively; 2) conduct low-impact debrief and case consultation activities to decrease vicarious trauma; 3) provide internal and external supervision focused on improving wellness and building resilience; 4) offer trainings and skill-building opportunities; and 5) normalize self-care and integrate self-care and wellness activities fully within the organization. To integrate self-care within the organization, employees were asked to complete a self-care plan and share their plans with their supervisors. Staff use a [Self-Care Wheel](#) to identify activities across a range of wellness domains. Self-care and wellness activities are discussed at each supervision meeting. To ensure staff can fully participate in self-care and wellness activities, HHHRC provides two hours of paid wellness time per week. Staff also have free access to a meditation mobile app, grief support groups and virtual and in-person wellness activities and trainings. Wellness activities are assessed through weekly staff surveys, pre- and post-activity surveys and participation at events. Recently, HHHRC received private foundation support to expand wellness activities and program evaluation efforts. To learn more about HHHRC's staff wellness initiatives, watch [Wellness Strategies for Harm Reduction Providers during the COVID-19 Pandemic](#), a 90-minute recorded webinar featuring HHHRC and other harm reduction providers.



Peer Support Worker Staff Wellness Tools and Resources

- [Organizational Readiness Assessment for Integration of Peer Staff \(The Lotus Project\)](#)
- [Enhancing Personal Capacity for Wellness: Wellness in Peer Support—An Overview \(Recorded webinar; SAMHSA\)](#)
- [Health and Wellness for Peer Supporters and Family Supporters: Strategies for Well-Being, Self-Care, and Relapse Prevention Workbook \(SAMHSA\)](#)
- [Wellness Strategies for Harm Reduction Providers during the COVID-19 Pandemic \(90-minute recorded webinar; National Council for Mental Wellbeing\)](#)
- [Support Mechanisms for Peer Specialists \(Recorded webinar; Bureau of Justice Assistance Comprehensive Opioid Stimulant and Substance Abuse Program \[BJA COSSAP\]\)](#)



“As a peer support specialist, wellness is your thing. You're focused on it. It's what you are always shooting for. When I catch myself starting harmful behaviors or increasing harmful behaviors that I know are going to negatively impact my wellness, then that's when I know I need to do certain things like tap into my toolkit... Because I entered this job, I have that awareness and I know that this is definitely a result of my peer support training that I got before I got this job.”

- **Peer Support Worker**

IDENTIFY WHO WILL SUPERVISE PEER SUPPORT WORKERS.

Decisions related to peer support worker supervision should be made early in the planning process to ensure that supervisors are adequately trained and knowledgeable about how to provide effective supervision well in advance of hiring new peer support workers. Because PSS programs differ by organization, the title or role of the supervisor can vary depending on the organization's structure, needs and resources. Generally, whenever possible, it is recommended that peer support workers are supervised by staff who have experience delivering PSS or who have undergone PSS training and certification. In addition to identifying a newly hired peer support worker's direct supervisor, organizations should identify and plan for ways to provide team-based supervision and other mentorship opportunities.

UNDERSTAND SUPERVISION COMPETENCIES FOR PSS PROGRAMS.

While each PSS program's supervision needs are unique, there is a common set of core competencies that PSS program supervisors should have to best support peer support worker staff. Ten supervisor competencies are described below.



Peer Support Services Supervision Competencies^{68,69}

- Understand peer support worker roles and practices.
- Use strengths-based supervision to support goals, such as:
 - » Supporting the professional development of staff.
 - » Identifying staff competencies and amplifying them through supervision.
 - » Sharing responsibility for setting learning goals.
 - » Framing issues and problems as learning opportunities.
 - » Sharing responsibilities, challenges, and successes of the tasks to be accomplished.
- Enhance and develop the unique competencies needed for peer practice.
- Engage peer support workers in developing and strengthening the PSS program.
- Foster a recovery orientation within the program and organization.
- Recognize the importance of addressing trauma, social inequity and health care disparities.
- Clarify organizational systems, structures and processes.
- Assist with system navigation within the organization and community.
- Promote self-care.
- Advocate for peer supports across the organization and in the community.

PROVIDE EFFECTIVE SUPERVISION TO PEER SUPPORT WORKERS.

Supervision of peer support workers, like the supervision of other employees, should take place in different ways and different types of settings, including individual, group and co-supervision models. The frequency of supervision should be informed by the comfort, skill level and needs of the peer support worker and the supervisor and should be adjusted accordingly.

One helpful framework used to guide the supervision of peer support workers categorizes supervision goals and activities into three main areas: administrative, educative and supportive. Examples of the three different types of supervision are in Table 8.

Table 8. Peer Support Services Supervision Framework⁷⁰

Administrative	Educative	Supportive
<ul style="list-style-type: none"> • Orient staff to the workplace. • Plan, assign and delegate work. • Monitor, review and evaluate work. • Coordinate work. • Share information. • Explain administrative functions. • Assist with time management. 	<ul style="list-style-type: none"> • Assess strengths and growth opportunities. • Identify the knowledge and skills necessary to do the work. • Provide training and learning resources, including professional and leadership development. • Educate other staff on the roles and responsibilities of peer support workers. 	<ul style="list-style-type: none"> • Advocate. • Reassure. • Encourage. • Provide recognition. • Provide opportunities to “vent” and have open communication in a safe space. • Give perspective. • Encourage self-care, wellness and recovery activities. • Create opportunities for connecting with other peer support workers. • Support recovery-friendly policies and workplace flexibility related to staff wellness, self-care and recovery practices.

The SAMHSA BRSS TACS’s [Supervisor of Peer Workers Self-Assessment](#) can be used by PSS supervisors to reflect on their practices and identify improvement and development opportunities. Additionally, the Regional Facilitation Center’s [Substance Use Disorder Peer Supervision Competencies](#) is a helpful tool to assess PSS supervision across 20 competency domains.



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.

However, it may not always be possible to establish a supervisor with experience as a peer support worker. In such cases, there are several actions that can be taken to better equip PSS supervisors, including:

- Participating in training on PSS and peer support worker roles from local peer-based organizations.
- Having supervisors complete PSS training and certification programs.
- Sub-contracting with local peer-based organizations that have a direct supervisor who has PSS experience, such as RCOs, to hire peer support workers to work within your agency.
- Offering peer support workers generous paid time off and resources to support their engagement in peer-based networking, training and mutual support opportunities.
- Providing opportunities for PSS supervisors to engage in continuing education and training to continuously develop supervision skills and knowledge.
- Participating in support groups for PSS supervisors to share lessons learned and strategies for improving supervision skills.⁷²



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. Undergoing the same training as the Overdose Response Technicians allows them to better understand the role of peers, how to better support people in peer positions and how to communicate the role to colleagues and partners.

PREVENT “PEER DRIFT” AND SUPPORT PEER SUPPORT WORKERS’ BOUNDARIES.

“Peer drift” is a term that refers to a common challenge that occurs in PSS programs when the boundaries and expectations of a peer support worker’s role expand or become blurry. Because the role of a peer support worker is unique and multi-faceted, over time, they can feel pressured to take on duties outside of their scope or to change the way they deliver services or relate with participants. Signs of peer drift may include a peer support worker focusing on a participant’s diagnoses or symptoms rather than their strengths and skills; offering advice rather than encouraging participants to make their own decisions; and having feelings of shame or insecurity about being in a peer support worker role.⁷⁴ To prevent peer drift, supervisors should discuss ways to recognize it with peer support workers; establish and maintain clear boundaries and expectations; and provide education and training to all staff to ensure the scope and value of PSS is understood in the organization.

To help prevent peer drift and for other reasons, it is important that supervisors help peer support workers establish and maintain professional boundaries with program participants. Within PSS programs, boundaries can be categorized into three types: 1) physical, such as personal and space considerations; 2) mental, including thoughts and opinions; and 3) emotional, including feelings.⁷⁵ Supervisors can help peer support workers establish and maintain boundaries in all three areas by offering regular supervision and check-ins, empowering peer support workers to say “no” when they are asked to do something outside of their scope, validating peer support workers’ emotional responses and feelings, and identifying early when peer support workers are possibly overextending themselves.

Because shared lived experiences are central to PSS programs and PSS are effective because of the mutual trust developed between peer support workers and program participants, it is common for professional boundaries to become blurred. Peer support workers often relate with program participants on a more personal level and offer support in times when participants may be experiencing crisis or hardship, which can make it difficult for peer support workers to maintain boundaries when working with them. Some ways in which peer support workers’ boundaries can become stretched include providing services outside of designated work hours or giving program participants their own money or other resources. When peer support workers’ professional boundaries are stretched, they are more likely to increase their stress; their risk of traumatization or re-traumatization and burnout; and risk to the organization. Tools and resources for establishing, maintaining and supporting peer support workers’ boundaries are below.



Component 3 Implementation Tools and Resources

- [Substance Use Disorder Peer Supervision Competencies \(Regional Facilitation Center\)](#)
- [Resources for the Supervision of Peer Workers \(SAMHSA BRSS TACS\)](#)
- [Supervisor of Peer Workers Self-Assessment \(SAMHSA BRSS TACS\)](#)
- [Vicarious Trauma Organizational Readiness Guide \(Northeastern University's Institute on Urban Health Research and Practice\)](#)
- [Peer Recovery Support Series, Section V: Supervision and Management \(90-minute recorded webinar; NAADAC\)](#)
- [Boundaries Learning Module \(Wisconsin Department of Health Services, University of Wisconsin-Madison\)](#)
- [Fostering Resilience in Yourself and Others: Boundary Setting \(National Alliance on Mental Illness \[NAMI\] Maryland\)](#)
- [Peer Support Provider-Walking the Tightrope Between Helping Others and Maintaining Your Own Wellness \(Anthony Russo and Patricia Sweeney\)](#)
- [Ethics and Boundaries in Peer Support Services \(1-hour recorded webinar; SAMHSA\)](#)
- [Ethical Guidelines for the Delivery of Peer-based Recovery Support Services \(William White\)](#)
- [Mission Boundaries Toolkit for Peer Support Specialists and Recovery Coaches \(Mission Model\)](#)

COMPONENT 4:



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

There are several different types of peer-based overdose response models that are led or supported by health departments across the country. Depending on your organization's goals, existing resources and potential partners, your program model and setting may look different from other programs. While each program is distinct, there are several types of models that share some common characteristics, types of partners and services. This section describes existing models and offers key considerations for integrating PSS into health departments' service delivery.



Action Steps

- Understand the various program models that exist.
- Develop relationships with key partners.
- Deliver services that are culturally responsive and inclusive.



UNDERSTAND THE VARIOUS PROGRAM MODELS THAT EXIST.

Generally, there are several different types of peer-based overdose response and linkage to care models that health departments lead and/or support in partnership with other organizations. Because there is a wide variety of model types, many of which have recently emerged, the models discussed in this toolkit should not be considered all-inclusive. Three primary models include: 1) peer-delivered, ED-based overdose response programs, 2) post-overdose response teams and 3) mobile response teams. A brief description of each model, examples and key considerations related to PSS are provided below.

1. Peer-delivered, Emergency Department-based Overdose Response Programs

There is a growing number of ED-based overdose response and linkage to care programs in the U.S that have embedded peer support workers as part of the care team. These programs are often largely focused on increasing access to buprenorphine and other MOUD in conjunction with PSS.⁷⁶ Because nonfatal overdose is a strong predictor of future overdose,⁷⁷ EDs are critical settings to engage people at risk of overdose and link them to care. Emergency department-initiated buprenorphine programs have been shown to increase engagement in OUD treatment and decrease illicit opioid use.^{78,79}

Many health departments have partnered with hospitals or provided funding to support ED-based overdose response initiatives, while others lead ED-based overdose response initiatives. Key partners often include RCOs, harm reduction organizations and SUD treatment providers.

In 2020, the National Council for Mental Wellbeing hosted a [technical experts' panel](#) to identify best and promising practices for assisting people in the ED who have experienced an opioid overdose or who are at risk of opioid overdose. The panel identified 10 key recommendations related to integrated PSS and buprenorphine prescribing protocols within EDs, which are described in [Appendix E. Recommendations for ED-based Overdose Response Programs](#).

Staffing Considerations for Peer-delivered ED-based Programs

The staffing models of peer-delivered ED-based overdose response programs vary. In some programs, peer support workers are employed directly by the hospital; in others, the hospital contracts with a RCO, health department or other peer-based community organization to provide PSS and supervision for peer support workers. Hospitals should consider the following questions related to staffing and supporting peer support workers during planning efforts:

- How will the peer support worker(s) receive training?
- Who will provide supervision to the peer support worker(s)?
- Will there be other peer support workers on staff to provide mutual support?
- Where will the peer support worker(s) be physically located?
- How will the peer support worker(s) be integrated into existing and new workflows and processes?
- How will the peer support worker(s) be notified when an eligible patient is admitted to the ED?
- Who will make patients aware of the availability of PSS?
- How will patients be engaged in treatment, harm reduction, recovery support services and ongoing contact after the initial referral and after discharge from the ED?⁸⁰



Example from the Field: Relay, New York City

Led by the New York City Department of Health, the Relay program provides 24/7 peer-based overdose response and linkage to care services to people in EDs who have experienced an overdose or are at risk of overdose. Relay's Wellness Advocates offer a range of PSS, including overdose risk counseling, naloxone education and distribution, and linkages to food, housing and social support. With permission from participants, the Wellness Advocates provide follow-up and support for 90 days following hospital discharge. The Relay program is funded by the City of New York as part of the HealingNYC initiative.⁸¹

Between June 2017 and December 2018, 649 participants were enrolled in the Relay program from seven EDs in New York City. Wellness Advocates were able to successfully contact 47% of participants within 48 hours after discharge, 36% at 30 days and 33% at 90 days. Wellness Advocates distributed 1,007 naloxone kits to 827 unique participants and their family members and social supports. Participants were also linked to a range of care and services: 165 accepted referrals to harm reduction services, 104 accepted referrals to MOUD, 72 accepted referrals to outpatient SUD treatment and 62 accepted referrals for inpatient SUD treatment.⁸² An example of the Relay Wellness Advocate job description is in [Appendix F. Sample Job Descriptions](#) and program evaluation metrics are in [Appendix G. Sample Evaluation Measures](#).



Resources and Tools for Emergency Department-based Overdose Response Programs

- [Addressing Opioid Use Disorder in Emergency Departments: Expert Panel Findings \(National Council for Mental Wellbeing and Opioid Response Network\)](#)
- [NYC Department of Health and Mental Hygiene \(DOHMH\) Briefing: Relay - A Peer-Delivered, Harm Reduction-Based Intervention to Address Nonfatal Opioid Overdose in NYC Emergency Departments \(90-minute recorded webinar; Drug Policy Alliance\)](#)
- [Recovery Coaching in the Emergency Room \(paid training; CCAR\)](#)
- [Peer Support Workers in the ED: A Report \(University of New Mexico\)](#)

2. Post-overdose Response Teams

Post-overdose response teams are teams of multidisciplinary professionals who provide follow-up in the community to people who have experienced an overdose and their family members. Among PORTs, there are different types of project teams that include PSS. Typically, PORTs are small, consisting of two people who conduct community outreach. Teams vary based on the community and the program. Examples of teams can include:

- A peer support worker and an EMS professional or other professional first responder;
- Two peer support workers;
- A peer support worker and an outreach specialist; or
- A peer support worker and a social worker.

In addition to the teams directly meeting with families in the community, PORTs are often linked with participants through various organizations, such as health departments, harm reduction organizations, professional first responder agencies (e.g., EMS, community paramedics, law enforcement), hospitals and EDs, RCOs, SUD treatment providers and other community-based providers. Referrals for services may come from a variety of sources, including public safety, EMS and EDs, after the necessary data use and sharing agreements are in place. The time at which PORTs follow up with people in the community varies by program, but typically occurs within the first 72 hours after the overdose event.



When is the best time to offer PSS to a person who has experienced an overdose?

Post-overdose response team protocols vary in terms of when they connect with people who have experienced an overdose to offer PSS. Evidence comparing the effectiveness of interventions delivered at different times is lacking.⁸³ The timing for when a PORT initiates contact with a person may also depend on where the program is housed, as opposed to when people are most amenable to services; for example, if it is based within an ED, the first contact might be made while the person is still receiving care in the hospital. If the PORT is a partnership with public safety, the first contact may happen the next day or within 48 hours after the overdose occurred. Many people who have recently experienced an overdose may not immediately be ready to engage in treatment or accept support. Overdose is a traumatic event, and the overdose reversal process can be very unpleasant for individuals due to the effects of precipitated withdrawal.⁸⁴ Findings of focus groups of PWUD support this idea, suggesting that intervention may be more effective in the days after the overdose event, rather than immediately after.⁸⁵ Because people may not be ready to accept support or engage in treatment after the first outreach or contact, it is important that outreach teams make contact with people multiple times and assure people that they can reach out to the team whenever they want assistance.

Identifying Post-overdose Response Team Members

It is important for PORT members to quickly cultivate a trusting relationship with the person receiving post-overdose follow-up. Based on their lived experience and training, peer support workers establish rapport readily, making them highly valued members of PORTs. While some PORTs have professional first responders on outreach teams, such as law enforcement officers or EMS, other communities have chosen not to send professional first responders as part of outreach because of community members' fear of arrest or other barriers that negatively affect trust-building with professional first responders.

If professional first responders, especially law enforcement officers, are part of the PORT, there are several key questions to consider:

- Will professional first responders wear their uniforms or arrive in vehicles marked with law enforcement logos while conducting outreach in the community?
- How will risk of arrest, or absence of risk, be communicated to the person during outreach?
- How will voluntary participation be communicated to the person to ensure the interaction is not perceived as coercive?
- What is the role of the law enforcement officer on the PORT team? Is the law enforcement officer's presence during outreach necessary to carry out this role?



Resources and Tools for Post-overdose Response Teams

- [Post-Overdose Response Team \(PORT\) Toolkit \(North Carolina Department of Public Health\)](#)
- [Quick Response Teams: An Innovative Strategy for Connecting Overdose Survivors to Healthcare and Social Services \(presentation slides; Robert Childs and Jenifer Lanzillotta-Rangeley\)](#)
- [Public Health and Safety Team \(PHAST\) Toolkit \(CDC Foundation\)](#)
- [Public Safety-Led Linkage to Care Programs in 23 States: The 2018 Overdose Response Strategy Cornerstone Project \(High Intensity Drug Trafficking Area, Opioid Response Strategy\)](#)
- [Opioid Overdose Prevention Toolkit: Five Essential Steps for First Responders \(SAMHSA\)](#)
- [BJA COSSAP Resource Center](#)
- [Deflection and Pre-arrest Diversion: Integrating Peer Support Services \(National Council for Mental Wellbeing\)](#)



Example from the Field: Outreach to Survivors of Overdose, Cecil County, Maryland

The Outreach to Survivors of Overdose Program in Cecil County, Maryland is a partnership between the Cecil County Health Department, Cecil County Sheriff's Department and Voices of Hope, a recovery community organization. When an overdose occurs in the county, a coordinator situated within the Sheriff's Office submits data to the health department, which has established a database to share real-time data with Voices of Hope outreach staff. The outreach team consists of only peer support workers; this decision to not include professional first responders on the outreach team was made to better engage and build trust with survivors. When an overdose occurs in the community, the outreach team visits the home of the person who recently experienced an overdose. The peer team provides information, harm reduction supplies and linkage to care, including MOUD. Established relationships with SUD treatment providers in the community facilitate quicker linkages to care for participants.

3. Mobile Overdose Response Teams

Whereas PORTs generally follow up responsively and directly with a person who has experienced an overdose at their home or another location, mobile overdose response teams travel to communities that have high prevalence of overdose and/or substance use to provide services and supports proactively. Mobile overdose response teams often offer education, naloxone distribution and linkage to care in neighborhoods or areas where overdoses occur at higher rates. Different types of mobile overdose response teams exist, including programs that use vans or other vehicles to deliver services and conduct assessments in scheduled community locations. Mobile overdose response teams often include peer support workers, and PSS are regarded by participants as a benefit of mobile overdose response programs.⁸⁶



Example from the Field: Wellness Winnie, Denver Department of Public Health and Environment, Colorado

The Wellness Winnie is a recreational vehicle (RV) that provides a range of mobile services and supports to people in neighborhoods with high rates of overdose and/or substance use throughout Denver. The Wellness Winnie is staffed by peer navigators and mental health counselors who provide comprehensive services and supports, including linkage to primary care, mental health, SUD treatment, specialty care and dental services; naloxone distribution and other harm reduction supplies; and access to food, laundry and showers.⁸⁷ The majority of people served through the Wellness Winnie are experiencing homelessness or housing instability and face significant challenges accessing services. To inform where the services would have the highest impact, the vehicle's locations were determined using data such as syringe disposal complaints received through the 311 system, mapping areas that had few treatment services and resources, and gathering information from service providers and community members.⁸⁸ The location of the RV is posted online daily.



Resources and Tools for Mobile Overdose Response Teams

- [Overdose Spike Response Framework for Communities and Local Health Departments \(NACCHO\)](#)
- [Mobile Addiction Services Toolkit \(Kraft Center for Community Health\)](#)
- [21st Century Cures Mobile Crisis Teams \(Indiana University Center for Health and Justice Research\)](#)

DEVELOP RELATIONSHIPS WITH KEY PARTNERS.

Almost all peer-based overdose response initiatives are collaborative projects with multiple, diverse partners. Regardless of whether the health department is the lead organization or a supporting partner, it has an important role to play in cultivating strong working partnerships and convening stakeholders. One key relationship for many peer-based programs is collaboration with an RCO. Recovery community organizations are peer-led community-based organizations that have extensive experience developing peer-based programs, navigating certification requirements, troubleshooting challenges and providing effective supervision and support for peer support workers. Additionally, RCOs are often seen as trusted organizations with strong connections to other community-based services and treatment providers.



Recovery Community Organization Directory

To locate an RCO in your area, the Peer Recovery Center of Excellence hosts a national [Recovery Community Organization Directory](#) organized by the 10 HHS regions and by state.

Another potentially important partner for peer-based overdose response programs are CCBHCs. Similar to FQHCs but focused on meeting the needs of people with mental health and substance use challenges, CCBHCs offer comprehensive community-based mental health and SUD treatment and services, including PSS. To find CCBHCs, the National Council for Mental Wellbeing hosts a [CCBHC Locator Map](#) that identifies CCBHCs at the county level. Currently, CCBHCs now operate in 40 states through more than 430 sites;^{89,90} CCBHCs are not available in every state.

While the specific types of services provided by each CCBHC differ based on local needs, every CCBHC offers a comprehensive range of services provided directly or through a referral agreement that includes:

- 24-hour crisis management services
- Screening, assessment and diagnosis, including risk assessment
- Patient-centered treatment planning
- Outpatient mental health and SUD services
- Primary care services, or partnerships with primary care providers, including FQHCs and rural health clinics
- Targeted case management
- Psychiatric rehabilitation services
- PSS
- Intensive, community-based mental health care for members of the armed forces and veterans⁹¹

CCBHCs not only provide PSS but can also more easily facilitate linkage to care and services. CCBHCs track and report on a set of required evaluation metrics; therefore, they are often well-equipped to conduct data collection, monitoring and evaluation efforts.

DELIVER SERVICES THAT ARE CULTURALLY RESPONSIVE AND INCLUSIVE.

A host of structural, institutionalized, social and interpersonal factors rooted in racism and discrimination have led to gross disparities in health care access and outcomes, including SUDs and overdose risk. When implementing a peer-based overdose response initiative, like any public health program, it is imperative that policies and practices are developed using a health equity lens and that services are delivered in a culturally intelligent, responsive and inclusive manner. To the extent possible, programs should hire peer support workers from the communities that are being served who share similar social and cultural backgrounds as participants and speak the same languages as participants. Additionally, monitoring and evaluation metrics should be tracked to identify disparities in access to or quality of services. Below is a list of tools and resources to help health departments create culturally responsive peer-based overdose response initiatives.



Example from the Field: Hawai'i Department of Health's Kanilehua Framework

The Hawai'i Department of Health, in collaboration with University of Hawai'i at Manoa and CDC's Overdose Data to Action program, developed the Kanilehua Framework to provide services and supports to people with substance use challenges in a culturally anchored manner that honors program participants' cultural values, beliefs and experiences. The Framework development was Indigenous-led and acknowledges the pain and historical trauma experienced by Indigenous people. The Framework also considers cultural values, is place-based and includes diverse stakeholders. The Framework focuses on supporting a person's optimal health, vulnerable populations, culturally anchored care, health professionals, community resources and public health as a relational process. A cultural advisor provided leadership and guidance related to the development and dissemination of the Framework to providers, stakeholders and community members through a series of webinars. Fully integrating the cultural advisor into the project in a leadership role was a key component to the Framework development's success and to ensure that the Framework is culturally anchored and relevant to participants receiving services. To understand the impact of the Framework on participants, program evaluation was conducted collecting quantitative and qualitative data. Findings showed that all participants improved their knowledge, skills and attitudes following the webinar series. Participants indicated a higher degree of confidence and understanding about how each culturally anchored topic of focus contributed to OUD.⁹²



“What was shared, the cultural rooting, and the cultural format, here is the ‘ōhia, acknowledging if the health care system could adopt and say, ‘Yes we’ve caused a lot of harm,’ and someone is giving us tools to help provide better care, absolutely, it is profound. I think what was shared is universal.”

- **Kanilehua Framework Webinar Participant**



Resources and Tools to Support Health Equity

- [Cultural Humility Resources \(catalog of free training webinars, print resources and podcasts; \(NAADAC\)](#)
- [Culturally Responsive Recovery Support Services Video Catalog \(SAMHSA BRSS TACS\)](#)
- [Peer Support Toolkit \(Southern Plains Tribal Health Board\)](#)
- [Indian Country ECHO, Peer Recovery ECHO Program \(Southern Plains Tribal Health Board\)](#)
- [Native American Indian and Alaska Native Addiction Technology Transfer Center \(ATTC\)](#)
- [National Hispanic and Latino ATTC](#)
- [Peer Supports in African American Communities \(presentation slides; BJA COSSAP\)](#)
- [The Opioid Crisis and the Black/African American Population: An Urgent Issue \(SAMHSA\)](#)
- [Providing Culturally Responsive Recovery Supports: Recommendations for Engaging Black Young Adults \(SAMHSA BRSS TACS\)](#)
- [Cultural Competency in Mental Health Peer-run Programs and Self-help Groups: A Tool to Assess and Enhance Your Services \(National Alliance on Mental Illness and University of Illinois at Chicago\)](#)
- [Culturally Competent Service Delivery \(webinar series; ATTC Network\)](#)
- [Building Health Equity and Inclusion \(ATTC Network\)](#)



Component 4 Implementation Tools and Resources

- [Addressing Opioid Use Disorder in Emergency Departments: Expert Panel Findings \(National Council for Mental Wellbeing and Opioid Response Network\)](#)
- [Post-Overdose Response Team \(PORT\) Toolkit \(North Carolina Department of Public Health\)](#)
- [Public Health and Safety Team \(PHAST\) Toolkit \(CDC Foundation\)](#)
- [Public Health Peer Support Models \(recorded webinar; BJA COSSAP\)](#)

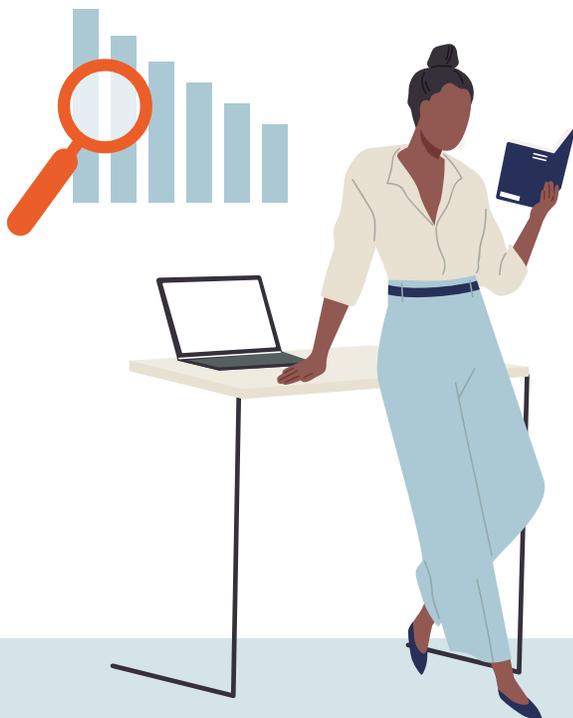
COMPONENT 5:

Evaluate peer support services program activities.



Conducting program evaluation activities is an important component of any public health initiative to track processes, assess outcomes, identify intended and unintended impacts and inform continuous quality improvement efforts. Health departments are well-suited to conduct PSS program monitoring and evaluation activities in partnership with program evaluators and community partners. Implementation teams should work with program evaluators to develop monitoring and evaluation plans early in the planning process. Evaluation activities should include all project partners, including PSS program participants and community members. Monitoring and evaluation plans should reflect realistic and feasible data sources, data collection methods and data analysis capabilities.

Because there are a range of different peer-based overdose response and linkage to care initiatives, monitoring and evaluation plans for each program will vary based on the individual program's goals and activities; however, general key considerations related to evaluation efforts are discussed in this section. Sample evaluation metrics are in [Appendix G. Sample Evaluation Measures](#). Additionally, the CDC offers a [compilation of resources](#) to support effective evaluation of public health programs, including tools, sample indicators and performance metrics, health impact assessments, economic evaluation resources, examples of model evaluations, podcasts and webinars. These resources are from a variety of health areas, and many can be adapted for peer-based overdose response and linkage to care initiatives.



Action Steps

- Identify who will conduct monitoring and evaluation activities.
- Develop a logic model.
- Develop a plan for monitoring and evaluation.
- Define key metrics to monitor progress and evaluate impact.
- Apply evaluation findings to improve and sustain PSS.

IDENTIFY WHO WILL CONDUCT MONITORING AND EVALUATION ACTIVITIES.

Many peer-based overdose response initiatives involve multiple partners, activities and data sources. To ensure that evaluation activities are conducted in a coordinated manner, it is important to designate an evaluation lead as part of the implementation team. Programs should train staff in the value of monitoring and evaluation activities and the importance of accurate data collection. Partners should regularly review data to stay informed about project activities and to inform quality improvement. Program evaluation can be conducted internally or externally by evaluation experts; however, PSS program staff have an important role in evaluation regardless of who is leading evaluation efforts. Health departments are often well-equipped to manage data collection and evaluation activities due to their experience conducting evaluation and their role as a convener in the community. Some programs have also partnered with local universities or research organizations for evaluation services or support.

DEVELOP A LOGIC MODEL.

Logic models are incredibly useful program planning and evaluation tools that can help PSS implementation teams and program directors visualize how program activities can achieve overarching program goals and objectives by mapping out the factors that impact outcomes. Logic models offer PSS staff and evaluators an opportunity to identify each component of the PSS program to inform evaluation planning, including the types of evaluation that will be used to measure the outputs and outcomes of certain activities, the types of data collection tools that should be used and the frequency and duration of data collection. The logic model also provides the information necessary to use evaluation data to determine whether the program activities are meeting their intended goals and objectives.

While logic models can differ visually depending on the program, generally, the main components of a logic model include the following:

- **Inputs:** Resources necessary to conduct or implement program activities. These can include material and human resources, for example staffing, funding, engaged partners, referral networks, SUD treatment availability and community support, among many others.
- **Activities:** The necessary steps of all stages of program implementation and the services provided. These include both internal activities, such as hiring and training new staff, as well as services provided to program participants.
- **Outputs:** The direct, tangible results of program activities. These are early work products that document progress, such as number of people trained, number of partnerships created, number of staff hired, and so forth.
- **Outcomes:** The intended results of the program described as short, intermediate and/or long-term depending on the duration of the program. For example, short-term may be defined as one to three months, intermediate as six months or less and long-term as across the life of the program. An example of a short-term outcome may include changes in knowledge, beliefs and behaviors following staff training. An example of an intermediate-term outcome may include the number of PSS program participants enrolled and engaged with a peer support worker within the first six months. An example of a long-term outcome may be the number of PSS participants who experienced an overdose during the first three years of the program.
- **Impact:** The overarching goal of the program, generally what the program is intended to achieve in approximately 10 years. An example for PSS programs may be improved health and social status of people with substance use challenges.
- **Assumptions:** The beliefs that exist about the program, for example, that funding will be secure, that PSS staff can be recruited and hired, and that program participants will be enrolled in PSS.
- **Contextual factors:** A description of the environment in which the program will exist and the external factors that may influence the program. Examples could include political actions that support or hinder activities, such as the closing or opening of a syringe services program, or the impact of the COVID-19 pandemic on PSS activities.



Logic Model Tools and Resources

- [Resources for creating logic models \(CDC\)](#)
- [Building Blocks to Peer Program Success, Evaluating Peer Programs \(Boston University\)](#)
- [Logic Model Development Guide \(W.K. Kellogg Foundation\)](#)
- [Uncovery Peer Support Program Logic Model \(Example logic model, Appendix D\)](#)
- [Evaluation Profiles \(CDC\)](#)

DEVELOP A PLAN FOR MONITORING AND EVALUATION.

Evaluation plans offer a comprehensive roadmap for implementation teams, program directors and evaluators to understand the questions that will be answered through program evaluation, the staff and partners who will be involved in evaluation efforts, the types of data that will be collected and monitored and by whom, the tools that will be used to collect data, the frequency and duration in which data and information will be collected, and the ways in which data will be analyzed to draw conclusions.

There are different types of evaluation models that yield different insights related to program processes and impacts that can be applied to assess PSS programs. Ideally, evaluation plans are comprehensive and include multiple types of evaluation that are applied across the life of the program. Collecting both quantitative and qualitative data is important to gain a better understanding of the impacts of peer-based overdose response programs on participants, staff and the broader community. Figure 1 offers an overview of different evaluation types, when they occur and the questions they seek to answer.

Figure 1. Evaluation Framework for Peer Support Services Programs^{93,94}

Formative evaluation	Process and implementation evaluation	Continuous quality improvement	Outcome and effectiveness evaluation	Impact evaluation
<p>During the development of the PSS program, prior to full-scale implementation.</p>	<p>As soon as the PSS program implementation begins and during operation.</p>	<p>As soon as the PSS program implementation begins and during operation.</p>	<p>After the PSS program is initiated with at least one participant.</p>	<p>During operation of the PSS program, and at appropriate intervals at the end of the program.</p>
<ul style="list-style-type: none"> • Is the PSS program appropriate for the population of interest? • What resources does the organization have and need to evaluate the program? 	<ul style="list-style-type: none"> • Are PSS activities being implemented as intended? • What are the barriers and facilitators to implementation of the PSS program? • What aspects of the community or environment influenced the PSS program? • Who is participating in PSS? • How are peer support workers trained? • What happens during interactions between PSS participants and peer support workers? 	<ul style="list-style-type: none"> • What improvements could be made to the PSS program? • What parts of implementation are working and should be unchanged? • What organizational factors contributed to implementation successes and/or challenges? 	<ul style="list-style-type: none"> • Were the objectives of the PSS program achieved? • Did participant health, wellbeing, attitudes, beliefs and/or behaviors change from the start of their participation in the PSS program? • Did PSS staff knowledge, beliefs, attitudes and/or behaviors change because of training? • What unexpected outcomes, if any, resulted from the PSS program? • What can be modified to make the PSS program more effective? 	<ul style="list-style-type: none"> • To what extent can participant outcomes be attributed to PSS program activities? • Is the PSS program working as intended? • Which parts of the PSS program are working well? • Does evidence support that the PSS program should be continued? • Should the PSS program be redesigned or adapted? • Should the PSS program be scaled up?



What is the difference between evaluation and quality improvement?

Both evaluation and quality improvement use scientific processes to produce information and data that can be used to inform decision-making. Evaluation activities, usually conducted by independent evaluators or designated program staff, aim to study the impact of public health programs, while quality improvement, often conducted by all staff on a team, aims to provide quick feedback on programmatic operations such as workflow. While evaluation is usually time-limited, quality improvement is continuous and ongoing.

To assist public health programs with developing comprehensive program evaluation plans, the CDC has established an evaluation framework that includes six steps (Figure 2). For each step, the CDC provides checklists to ensure programs are considering the relevant factors when creating evaluation plans. Table 9 describes each of the steps and links to their relevant checklists.

Figure 2. CDC Framework for Program Evaluation in Public Health^{95,96}



Table 9. CDC Program Evaluation Framework and Checklists⁹⁷

Evaluation step and link to checklist	Description
Step 1: Engage stakeholders	Engage stakeholders, including those involved in program operations; those served or affected by the program; and primary users of the evaluation.
Step 2: Describe the program	Describe the program, including the need, expected effects, activities, resources, stage, context and logic model.
Step 3: Focus the evaluation design	Focus the evaluation design to assess the issues of greatest concern to stakeholders while using time and resources as efficiently as possible. Consider the purpose, users, uses, questions, methods and agreements.
Step 4: Gather credible evidence	Gather credible evidence to strengthen evaluation judgments and the recommendations that follow. These aspects of evidence gathering typically affect perceptions of credibility: indicators, sources, quality, quantity and logistics.
Step 5: Justify conclusions	Justify conclusions by linking them to the evidence gathered and judging them against agreed-upon values or standards set by the stakeholders. Justify conclusions on the basis of evidence using these five elements: standards, analysis/synthesis, interpretation, judgment and recommendations.
Step 6: Ensure use and share lessons learned	Ensure use and share lessons learned with these steps: design, preparation, feedback, follow-up and dissemination.

DEFINE KEY METRICS TO MONITOR PROGRESS AND EVALUATE IMPACT.

Identifying key metrics that are feasible to track and that have the greatest value to your program is important. Metrics should help the program understand whether activities were implemented as planned and what the outcomes of the activities were. Key considerations for selecting metrics are below. The CDC offers several [evaluation profiles](#), including for peer services to help organizations develop logic models and evaluation plans. Additionally, examples of evaluation metrics used by programs in the field can be found in [Appendix G. Sample Evaluation Measures](#).



Key Considerations for Selecting Evaluation Metrics⁹⁸

- 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)?

When defining key metrics, it is important to include program participants and people with lived experience in the process to ensure that the metrics identified are meaningful and valuable to the communities being served. For example, in 2021, Community Catalyst, Faces and Voices of Recovery and the American Society of Addiction Medicine released a report detailing the findings of a survey of 882 people with lived experience of SUDs, including family members, across the U.S. The [Patients Lead Project](#) aimed to better understand the treatment and recovery support outcomes that are most important to PWSUD and their families.

Survey respondents prioritized the following top outcomes of treatment and services for themselves:

1. Staying alive.
2. Improving quality of life.
3. Reducing harmful substance use.
4. Improving mental health.
5. Meeting their basic needs.
6. Increasing self-confidence/self-efficacy.
7. Increasing connection to services and supports.⁹⁹

Abstinence-based outcomes were not prioritized among respondents and abstinence-based metrics are not recommended for measuring the success of PSS programs.



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 location.
- Average deployments by day of the week.
- Deployments by time of day.
- Number of participants who accepted referrals to levels of care.
- Types of accepted referrals to levels of care.
- Types of follow-up activities conducted.¹⁰⁰

Program outcome measures include percent of individuals in recovery at three-, six-, nine- and 12-months follow-up.

In addition to metrics directly related to PSS, the evaluation team assessed participants' needs related to social determinants of health. Recovery specialists and patient navigators screen participants for social needs, including housing, transportation, education, employment, financial resources and support systems. Through this data collection, program managers identified that nearly 40% of individuals served did not have access to transportation in 2019 and 15% were homeless.¹⁰¹

APPLY EVALUATION FINDINGS TO IMPROVE AND SUSTAIN PSS.

Program evaluation findings should be used not only to report on the PSS program’s progress to funders, but also to inform quality improvement and sustainability efforts. Program evaluation findings should be shared in a timely manner with program stakeholders, including PSS program participants, peer support workers and community partners, among others. Findings should be disseminated in a manner that is easy to understand by all stakeholders. Evaluation findings should also be discussed by the implementation team and project staff to gain insights on how they can be applied to improve program policies, processes and activities.



Component 5 Implementation Tools and Resources

- [CDC Evaluation Documents, Workbooks and Tools](#)
- [Developing an Effective Evaluation Plan \(CDC\)](#)
- [Using Evaluation to Inform CDC’s Policy Process \(CDC\)](#)
- [Aligning Systems with Communities to Advance Equity through Shared Measurement: Guiding Principles \(American Institutes for Research and Robert Wood Johnson Foundation\)](#)
- [Quality Improvement for Peer Support Programs \(University of North Carolina at Chapel Hill, Peers for Progress\)](#)
- [Equitable Evaluation Initiative](#)
- [Evaluation Profiles \(CDC\)](#)

COMPONENT 6:

Fund and sustain program activities.



As the peer workforce grows, there is increased demand to appropriately finance and sustain PSS within overdose response initiatives. Peer-based overdose response and linkage to care activities are often financially supported through time-limited grant funding, which poses challenges related to long-term sustainability. While certain PSS can receive Medicaid reimbursement in most states, program directors must be aware of the specific training, certification and other requirements necessary to receive reimbursement. Implementation teams can take steps during program planning to help obtain adequate program funding and sustain PSS over the long term. In addition to financial resources, PSS program sustainability is also dependent on non-financial resources, such as standardizing operational procedures and policies and ensuring staff are satisfied in their positions and empowered to do their jobs effectively. Key action steps and considerations related to funding and sustainability are listed below.



Action Steps

- Identify funding supports.
- Develop a PSS program budget.
- Develop PSS operating protocols and policies.
- Enhance staff wellness, satisfaction and professional development.
- Conduct program sustainability assessment and planning.



IDENTIFY FUNDING SUPPORTS.

Peer-based overdose response initiatives are funded through a variety of financing mechanisms, including Medicaid reimbursement, state general funds, SAMHSA block grants and other private, state and federal grants. Some programs rely on a combination of reimbursement and grant funding, and many programs are often funded through multiple sources. Because peer-based overdose response and linkage to care initiatives vary widely depending on their setting, funding sources for these programs also range widely.

Grant Funding

Many peer-based overdose prevention and linkage to care initiatives are supported by grant funds, especially programs or settings that may not meet criteria for Medicaid reimbursement. A wide range of federal, state, local and private philanthropic grants have been used to support peer-based overdose response initiatives. Examples of federal grant funding used to support these efforts in whole or in part include SAMHSA State Opioid Response,¹⁰² CDC Overdose Data to Action,¹⁰³ CDC Combating Opioid Overdose through Community-level Interventions grants¹⁰⁴ and BJA COSSAP grantee funds,¹⁰⁵ among others. Peer support services implementation teams should prepare to identify and apply for grant funding to support PSS programs or to complement existing funding sources. Implementation teams can engage local foundations and funders to learn about philanthropic priorities in the community as well as share information about the PSS program's impacts, if available. Implementation teams should determine and/or develop internal or external staff capacity to assist with identifying available funding through grants, grant writing and submitting reports required by funders when grants have been awarded. Partnering with local RCOs, harm reduction organizations, hospitals, SUD treatment providers, universities and social services agencies can strengthen grant applications and help to pool resources related to applying for and managing grants.

Medicaid Reimbursement for Peer Support Services

As of 2019, 37 state Medicaid programs provide reimbursement for peer-delivered recovery support services for SUDs; however, the coverage, scope of services and medical necessity criteria vary by state.¹⁰⁶ States have used different mechanisms within the Medicaid program to offer reimbursement for PSS. Some states have included PSS in their state Medicaid plans, while others have pursued Medicaid waivers or demonstration projects to support PSS, such as Section 1115 waivers and CCBHCs. Some states have also used a combination of Medicaid authorities to fund PSS, such as state plans and CCBHCs.¹⁰⁷

In 2007 and 2013, the Centers for Medicare and Medicaid Services (CMS) issued guidance to state Medicaid directors identifying certain minimum service requirements that must be addressed when states seek federal financial participation for PSS for people with mental health conditions or SUDs. The 2007 guidance established criteria for PSS within state Medicaid programs; the 2013 guidance clarified that PSS could be provided to parents and legal guardians of Medicaid-eligible children aged 17 or younger.^{108,109}

The 2007 guidance identified three minimum requirements for Medicaid participation:

- 1. Supervision:** PSS providers must be supervised by a competent mental health professional, as defined by the state. The amount, duration and scope of supervision may range from direct oversight to periodic care consultation.
- 2. Care coordination:** PSS must be coordinated in the context of an individualized plan of care for the beneficiary. States should use a person-centered planning process that helps promote beneficiary ownership of the plan of care. Plans of care must also include specialized and individualized goals that have measurable results.
- 3. Training and credentialing:** PSS providers must obtain training and certification that supports a basic set of competencies as defined by the state. The peer must demonstrate the ability to support the recovery of others from mental illness or SUDs. Ongoing continuing educational requirements for peer support providers must also be in place.¹¹⁰

In addition to the requirements set forth by the CMS, states have established additional criteria for Medicaid reimbursement eligibility within state Medicaid programs. For example, some states restrict the provision of PSS to certain settings, such as mental health or SUD treatment facilities. Thirty-nine states require that peer support workers be in recovery from substance use prior to becoming certified and therefore eligible to bill Medicaid for PSS services. Among the 39 states, 18 specify a certain number of years a person must be in recovery, ranging from six to 24 months. The average requirement for recovery is 18 months.¹¹¹ Requirements related to recovery status may pose challenges when hiring peer support workers, particularly if recent lived experience of substance use is valuable to the program, such as within harm reduction settings.

To understand the requirements for Medicaid reimbursement in your state — including those related to certification and credentialing, training, the settings in which PSS can take place and others — see SAMHSA BRSS TACS' [State-by-State Directory of Peer Recovery Coaching and Certification Programs](#).



Tips for Funding¹¹²

- Incorporate salaries and expenses into the county budget.
- Base the program within a community-based organization or local agency to incorporate expenses into their annual budget.
- Divide expenses across a variety of agencies and partners.
- Pursue non-traditional funders, such as local foundations, businesses and private donors.
- Diversify funding streams.
- Understand how PSS are reimbursed in your state to identify opportunities to seek insurance reimbursement for services.
- Ensure staff or partners are equipped to successfully write grants by providing training and education or through collaboration with other organizations.
- Ensure staff have adequate time allocated in their schedules to comply with funding-related reporting, documentation or other requirements.

DEVELOP A PEER SUPPORT SERVICES PROGRAM BUDGET.

Developing a realistic program budget is essential to identify the funding and resources necessary to support PSS program implementation, evaluation and sustainability. One key consideration related to building a PSS program budget is ensuring that there are adequate funds allocated for competitive peer support worker salaries based on realistic expectations. One common issue among PSS program planning is under-compensating peer support workers and underestimating realistic time requirements to complete duties (for example, budgeting for only a part-time position that requires full-time hours to fulfill the assigned responsibilities). Below, the University of North Carolina at Chapel Hill's Peers for Progress offers other key considerations when developing a program budget, as well as a sample PSS budget template.



Key Considerations for Developing PSS Program Budgets¹³

- 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?
- What staff training is required to support the PSS programs?
 - » What initial and ongoing training will peer support and non-peer support staff need to receive to successfully do their jobs?
 - » Will training be delivered by internal staff or external partners?
 - » Where will training be conducted (on-site, at another location, virtually, etc.)?
 - » How will trainings be conducted in a manner that ensures direct services are not disrupted, if applicable? Will repeat trainings be necessary?
- What does an adequate staffing model require?
 - » How many paid staff are required to carry out the PSS program activities?
 - » Will the staffing model include volunteers? If so, how many?
 - » What are competitive salaries for peer support workers in the local area?
 - » What does a comprehensive and competitive benefits package, including paid time off, encompass for PSS program staff?
- What program materials are necessary to successfully carry out the PSS program activities?
- Does the PSS program require technology, such as mobile phones, tablets or laptop computers?
 - » What basic office supplies are necessary to complete the PSS program activities?
 - » What materials and supplies are necessary for PSS outreach and engagement efforts (e.g., flyers, social media campaigns, billboard and targeted advertisements)?
 - » Does the program require a designated vehicle or mode of transportation?
 - » What branded materials or logos are needed for the PSS program?
- What monitoring and evaluation activities are necessary for the PSS program?
 - » Who will conduct program evaluation activities (e.g., internal staff and/or external evaluation consultants)?
 - » What data management systems are necessary to complete monitoring and evaluation activities?
 - » What percentage of staff time must be allocated toward data collection and entry?
 - » How will program participants and partners be compensated for their time engaging in data evaluation activities (e.g., incentives for participating in surveys, interviews and focus groups)?
 - » How will findings from monitoring and evaluation activities be disseminated to partners?
 - » What monitoring and evaluation activities are necessary to support program sustainability, such as applying for grants and complying with funders' reporting requirements?

DEVELOP PEER SUPPORT SERVICES OPERATING PROTOCOLS AND POLICIES.

To support PSS program sustainability, it is important that implementation teams and program directors develop written operating protocols and policies, in collaboration with organizational leadership and human resources staff. Having written protocols and policies helps to institutionalize lessons learned and knowledge about the program to ensure information is shared among project teams and when there is staff turnover. Sharing and reviewing staff manuals and resources are particularly helpful for new staff during the onboarding process. Protocols and policies should be regularly assessed and updated. When developing new protocols and policies, input should be garnered from staff at all levels and from program participants, when appropriate.



Peer Support Services Policies and Protocols Checklist

- Organizational chart.
- Lists of key contacts for internal and external partners and stakeholders.
- Guidelines related to protecting PSS program participants' privacy and confidentiality, including required consent forms and procedures, documentation requirements, record keeping and sharing information.
- Training and education resources and requirements.
- Policies and protocols related to PSS delivery, including requirements when in the field.
- Job descriptions, detailing key responsibilities, expectations and lines of supervision.
- Peer support worker hiring policies and protocols, including requirements for the position, interview questions and training materials for hiring managers and teams.
- Program monitoring and evaluation policies and protocols, including record keeping and data sharing.

ENHANCE PEER SUPPORT WORKER STAFF WELLNESS, SATISFACTION AND PROFESSIONAL DEVELOPMENT.

In addition to funding and other tangible resources, program sustainability is also dependent on developing and maintaining a sustained and effective workforce. Ensuring that peer support workers are adequately compensated, maintain their wellness and are satisfied and supported to develop and grow in their positions helps to reduce turnover and increase stability of the program. Grants and funders may require specific documentation or reporting requirements that increase a peer support worker's workload and burden; it is important that supervisors work with peer support workers to ensure workloads are balanced appropriately and adequate time is allocated for completing additional tasks. Furthermore, it is critical that program budgets include adequate funding to support peer support workers' salaries, including room for future growth within the position. Peer support workers, like all staff, should be provided opportunities to develop and grow professionally and build confidence in their work to help increase staff satisfaction, which can lead to better retention. Information related to supporting staff wellness can be found in [Component 3: Supervise peer support workers](#).



“I think it’s crucial to be extremely supportive to your peer support [staff] because we are in a position where our wellness can be impacted by the demand of the position. I think that organizations need to make sure they have those supports in place before they even remotely start bringing people in.”

- Peer Support Worker

CONDUCT PROGRAM SUSTAINABILITY ASSESSMENT AND PLANNING.

Peer support services programs require both financial and non-financial resources for long-term sustainability. Implementation teams and program directors should conduct sustainability assessment activities to inform planning processes across a range of sustainability domains. Washington University in St. Louis developed a [Program Sustainability Assessment Tool](#) that focuses on eight sustainability domains: 1. Environmental support, 2. Funding stability, 3. Partnerships, 4. Organizational capacity, 5. Program evaluation, 6. Program adaptation, 7. Communications and 8. Strategic planning.

Within each domain, implementation teams answer a set of questions related to the extent the program has implemented certain activities that support sustainability.¹⁴ Each response is rated with a corresponding number on a scale from 1-5. The responses are then aggregated within each of the eight domains to help inform planning priorities for implementation teams. In addition to the assessment tool, resources for enhancing capacity in each of the sustainability domains are also offered.



Return on Investment

Calculating the return on investment (ROI) of PSS programs can provide useful data for sustainability planning and to share with funders as part of grant applications. To support public health programs' understanding of their program's ROI, [Practical Playbook](#) offers tips, guides and links to ROI calculators.



Tips for Sustainability¹⁵

- Foster relationships with a wide range of diverse stakeholders.
- Diversify funding sources that support components of the PSS program.
- Consider partnering with health and social service agencies, local and regional foundations, community-based organizations, opioid coalitions and other local and state entities to support financial and social sustainability.
- Identify and partner with PSS project champions and allies from different sectors in the community (e.g., RCOs, harm reduction organizations, mental health advocacy groups, community health organizations).
- Include PSS program participants at every level of planning and implementation.
- Develop and implement a program evaluation plan to track progress and inform quality improvement efforts that includes feedback from staff, program participants and partners.
- Implement policies and practices to support staff wellness and satisfaction and prevent burnout.
- Advocate for systemic policy change that will support increased access to PSS and related activities.
- Educate community members, policymakers, partners and other stakeholders on the PSS program's value, and challenge misperceptions and myths rooted in stigma and discrimination.



Component 6 Implementation Tools and Resources

- [Recovery Support Services for Medicaid Beneficiaries with a Substance Use Disorder Issue Brief \(Medicaid and CHIP Payment and Access Commission\)](#)
- [State-by-State Directory of Peer Recovery Coaching Training and Certification Programs \(SAMHSA BRSS TACS\)](#)
- [Financial Management and Models \(University of North Carolina at Chapel Hill, Peers for Progress\)](#)
- [Sustainability Ideas for RCOs During Economic Crisis \(75-minute recorded webinar; C4 Innovations and Opioid Response Network\)](#)
- [Program Sustainability Assessment Tool \(Washington University in St. Louis\)](#)
- [Return on Investment- Know Your Project's Worth \(Practical Playbook\)](#)

Appendix A. Key Informants

Name	Title	Organization	State
Ramona Anderson	Prevention Program Coordinator	Connecticut Department of Public Health	CT
Laurisa Barthen	Outreach and Communications Coordinator	Georgia Council on Substance Abuse	GA
Julie Bauch	Opioid Response Coordinator	Hennepin County	MN
Bruce Baxter	Chief Executive Officer and Chief of Service	New Britain Emergency Medical Services, Inc.	CT
Robyn Borgman	ORISE Research Fellow at Centers for Disease Control and Prevention	Centers for Disease Control and Prevention	GA
Grace Cavallo	Chief Program Officer	Community Mental Health Affiliates	CT
Betsy Chanthapaseuth	Substance Use Program Supervisor	Denver Department of Public Health and Environment	CO
Patrick Ciardullo	Captain of Professional Standards and Training	New Britain Emergency Services	CT
Liz Connors	Outreach Coordinator	Missouri Institute of Mental Health	MO
Michael Crouch	Certified Peer Recovery Specialist	FAVOR Greenville	SC
Jennifer DeWitt	Prevention Coordinator	Waterbury Department of Public Health	CT
Victoria Fan	Associate Professor	University of Hawaii at Manoa	HI
Wilnise Jasmin	Medical Director of Behavioral Health	Chicago Department of Public Health	IL
Angela Jeffers	Director	Relay NYC	NY
Holly Johnson	Overdose Surveillance and Planning Specialist	North Central Health District	GA
Jerry Joseph	Vice President of Addiction Medicine	Care Plus New Jersey	NJ
Zach Kosinski	Deputy Director, Clinical Health Bureau	Harford County Health Department	MD

Name	Title	Organization	State
Jack Latchford	Outreach Worker	Harford County Health Department	MD
Kelly Marquart	Certified Peer Recovery Specialist	Washington County Health Department	MD
Marie Mormile-Mehler	Planning & Performance Improvement Officer	Community Mental Health Affiliates	CT
Bill Kinch	Project Manager	New Britain EMS	CT
Nicole O'Donnell	Certified Recovery Specialist	University of Pennsylvania Hospital	PA
Tamanna Patel	Director	National Council for Mental Wellbeing	DC
Kuulei Perreira-Keawekane	Cultural Advisor	University of Hawaii at Manoa	HI
Erik Plate	Recovery Team Supervisor	The Health Partnership	CO
Tye Pope	Vice President of Specialty SUD Services and Housing	BestSelf Behavioral Health	NY
Chris Ray	Peer Recovery Specialist	The Health Partnership	CO
Marion Rorke	Substance Use Resource Coordinator	Denver Department of Public Health and Environment	CO
Kristen Rose	Peer Support Specialist	Providence Recovery Services	CO
Lacie Scofield	Program Coordinator, Linkages to Care for Overdose Prevention and Response	Durham County Department of Public Health	NC
Tamara Seaton	Peer Support Specialist	Coconino County Health and Human Services	AZ
Tammie Healani Hoapili Smith	Overdose Data to Action	Hawaii State Department of Health	HI
Joann Stephens	Consumer Affairs Coordinator	Wisconsin Department of Health Services	WI
Jennifer Tuerke	Executive Director	Voices of Hope	MD
Erin Woodie	Chief Operations Officer	Voices of Hope	MD

Appendix B. Glossary of Key Terms

Term	Definition
Peer support services	Peer-delivered mentoring, education and non-clinical services focused on supporting a person's individualized recovery process related to substance use. ^{116,117,118} Peer support services are delivered through formal and specialized roles by people with lived experience of substance use and/or recovery. ^{119,120}
Peer support worker	Peer support workers are people with lived experience of substance use and/or recovery who have completed specialized training to provide support to people at risk of overdose. ¹²¹
Recovery	A process of change through which people improve their health and wellness, live a self-directed life and strive to reach their full potential. ¹²²
Recovery support services	Supportive services typically delivered by trained case managers, recovery coaches and/or peer support workers who help engage and support individuals in treatment, provide ongoing support after treatment and provide support in lieu of treatment. Specific supports include helping navigate systems of care, removing barriers to recovery, staying engaged in the recovery process and providing a social context for individuals to engage in recovery-focused community living. ¹²³
Trauma	An event, series of events or set of circumstances experienced by an individual that are physically or emotionally harmful or life-threatening and that have lasting adverse effects on their functioning and mental, physical, social, emotional or spiritual wellbeing.
Trauma-informed approach	A program, organization or system that recognizes the widespread impact of trauma and understands potential paths to recovery; recognizes the signs and symptoms of trauma in clients, families, staff and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures and practices and seeks to actively resist re-traumatization. ¹²⁴
Trauma-informed, recovery-oriented system of care	A coordinated network of community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families and communities to achieve improved health, wellness and quality of life for those with or at risk of substance use challenges. This system of care also recognizes the widespread impact of trauma, understands trauma's connection to addiction and understands potential paths to recovery; recognizes the signs and symptoms of trauma in clients, families, staff and others involved with the system; responds by fully integrating knowledge about trauma into policies, procedures and practices; and seeks to actively resist re-traumatization. ¹²⁵

Appendix C. Characteristics of Peer Support Workers and Community Health Workers^{126,127,128,129,130,131,132}

	Community Health Worker	Peer Support Worker
Peer status	<ul style="list-style-type: none"> • Share a community and sociocultural sense of peer status with program participants. • Can also share lived experience of health conditions, but many do not. 	<ul style="list-style-type: none"> • Share lived experiences of substance use and recovery. • Often share a community and sociocultural sense of peer status with program participants.
Key roles	<ul style="list-style-type: none"> • Promote health or nutrition through liaison activities between health care agencies and the community. • Provide social assistance and guidance to community residents. • Enhance communications between residents and health care providers. • Promote preventive screening, for example, for cancer. • Provide culturally and linguistically appropriate health education and information, for example, related to COVID-19. • Support referral and follow-up services. • Identify and advocate for the enrollment of eligible individuals in health plans. 	<ul style="list-style-type: none"> • Provide mentoring and advocacy. • Link to resources. • Coordinate services and care. • Develop relationships and build community. • Assist with goal development. • Build essential life and job skills. • Share lived experiences of substance use and recovery.

	Community Health Worker	Peer Support Worker
Certification and training	<ul style="list-style-type: none"> • Some states have established competencies for community health workers. • Certification standards for Medicaid reimbursement vary by state. • As of May 2021, 12 states have established state-operated certification programs and seven states have privately operated certification programs. • Training and continuing education credit requirements vary by state. Some states have implemented one or more standardized statewide training curricula that result in certification, while others offer competency-based training but do not offer certification. 	<ul style="list-style-type: none"> • Some states have established competencies for peer support workers. • Certification standards for Medicaid reimbursement vary by state. • Training and continuing education credit requirements vary largely by state for PSS to be eligible for reimbursement. • As of 2019, at least 48 states have established training and certification programs for substance use-related peer support programs. • The average number of training hours for state-based certification programs is 50; however, training requirements vary widely by state.
Primary populations served	<ul style="list-style-type: none"> • People with chronic general medical conditions. • The general public during times of heightened infectious disease risk, such as the flu or COVID-19. • People with limited health care engagement. • People with specific types of medical conditions, such as diabetes or hypertension. • People with specific barriers to care. 	<ul style="list-style-type: none"> • People who are at risk of overdose. • PWUD and PWSUD. • People with mental health conditions. • People with co-occurring mental health and substance use challenges.

Appendix D. Core Competencies for Peer Support Workers¹³³

Category	Competencies
1. Engages participants in collaborative and caring relationships.	<ul style="list-style-type: none"> • Initiates contact with participants. • Listens to participants with careful attention. • Reaches out to engage participants across the whole continuum of the recovery process. • Demonstrates acceptance and respect. • Demonstrates understanding of participants’ experiences and feelings.
2. Provides support.	<ul style="list-style-type: none"> • Validates participants’ experiences and feelings. • Encourages the exploration and pursuit of community roles. • Conveys hope to participants about their own recovery. • Celebrates participants’ efforts and accomplishments. • Provides concrete assistance to help participants accomplish tasks and goals.
3. Shares lived experience of recovery.	<ul style="list-style-type: none"> • Relates their own recovery stories and, with permission, the recovery stories of others to inspire hope. • Discusses ongoing personal efforts to enhance health, wellness and recovery. • Recognizes when to share experiences and when to listen. • Describes personal recovery practices and helps participants discover recovery practices that work for them.
4. Personalizes peer support.	<ul style="list-style-type: none"> • Understands their own personal values and culture and how these may contribute to biases, judgments and beliefs. • Appreciates and respects the cultural and spiritual beliefs and practices of participants and their families. • Recognizes and responds to the complexities and uniqueness of each participant’s process of recovery. • Tailors services and supports to meet the preferences and unique needs of participants and their families.

Category	Competencies
5. Supports recovery planning.	<ul style="list-style-type: none"> • Assists and supports participants to set goals and to dream of future possibilities. • Proposes strategies to help participants accomplish tasks or goals. • Supports peers to use decision-making strategies when choosing services and supports. • Helps participants to function as a member of their treatment/recovery support team. • Researches and identifies credible information and options from various resources.
6. Links to resources, services and supports.	<ul style="list-style-type: none"> • Develops and maintains up-to-date information about community resources and services. • Assists participants to investigate, select and use needed and desired resources and services. • Helps participants to find and use health services and supports. • Accompanies participants to community activities and appointments when requested. • Participates in community activities with participants when requested.
7. Provides information about skills related to health, wellness and recovery.	<ul style="list-style-type: none"> • Educates participants about health, wellness, recovery and recovery supports. • Participates with participants in discovery or co-learning to enhance recovery experiences. • Coaches participants about how to access treatment and services and navigate systems of care. • Coaches participants in desired skills and strategies. • Educates family members and other supportive individuals about recovery and recovery supports. • Uses approaches that match the preferences and needs of participants.
8. Helps peers to manage crises.	<ul style="list-style-type: none"> • Recognizes signs of distress and threats to safety among participants and in their environments. • Provides reassurance to participants in distress. • Strives to create safe spaces when meeting with participants. • Takes action to address distress or a crisis by using knowledge of local resources, treatment, services and support preferences of participants. • Assists peers in developing advance directives and other crisis prevention tools.
9. Values communication.	<ul style="list-style-type: none"> • Uses respectful, person-centered, recovery-oriented language in written and verbal interactions with participants, family members, community members and others. • Uses active listening skills. • Clarifies their understanding of information when in doubt of the meaning. • Conveys their point of view when working with colleagues. • Documents information as required by program policies and procedures. • Follows laws and rules concerning confidentiality and respects others' rights for privacy.

Category	Competencies
10. Supports collaboration and teamwork.	<ul style="list-style-type: none"> • Works with other colleagues to enhance the provision of services and supports. • Assertively engages providers from mental health services, SUD services, harm reduction and physical medicine to meet the needs of participants. • Coordinates efforts with health care providers to enhance the health and wellness of participants. • Coordinates efforts with participants' family members and other natural supports. • Partners with community members and organizations to strengthen opportunities for participants. • Strives to resolve conflicts in relationships with participants and others in their support network.
11. Promotes leadership and advocacy.	<ul style="list-style-type: none"> • Uses knowledge of relevant rights and laws to ensure that participants' rights are respected. • Advocates for participants' needs and desires in treatment team meetings, community services, living situations and with family. • Uses knowledge of legal resources and advocacy organizations to build advocacy plans. • Participates in efforts to eliminate prejudice and discrimination of PWUD, PWSUD, people with mental health challenges and their families. • Educates colleagues on the process of recovery and the use of PSS. • Actively participates in efforts to improve the organization. • Maintains a positive reputation in peer/professional communities.
12. Promotes growth and development.	<ul style="list-style-type: none"> • Recognizes the limits of their knowledge and seeks assistance from others when needed. • Uses supervision (mentoring, reflection) effectively by monitoring self and relationships, preparing for meetings and engaging in problem-solving strategies with their supervisor. • Reflects and examines own personal motivations, judgments and feelings that may be activated by peer work, recognizing signs of distress and when to seek support. • Seeks opportunities to increase knowledge and skills of peer support.

Appendix E. Recommendations for ED-based Overdose Response Programs¹³⁴

- 1. Identify overarching values.** Members of the team should commit to shared values, such as providing person-centered, choice-driven, comprehensive and compassionate care; promoting and advocating for cultural intelligence and sensitivity; and building a culture of wellness.
- 2. Implement a recovery-oriented workforce.** Recovery-oriented values should be practiced by shifting the service emphasis from an acute to a chronic care model, using evidence-based practices and offering PRSS.
- 3. Create buy-in and establish an implementation team.** To be successful, all members of the team must see the value in the program. An implementation team, led by a project champion, can help gain support from other stakeholders, including organizational leadership.
- 4. Identify team members.** Many ED-based overdose response programs include a team of at least one x-waivered prescriber and a peer worker. Sometimes all team members are employed directly by the hospital, while other times, some staff are employed by health departments or RCOs.
- 5. Establish working relationship between EDs and the recovery community.** Recognizing that not all people will be ready to engage in long-term treatment for OUD while they are in the ED, it is essential that they receive ongoing support and follow-up from peer workers and other recovery support services.
- 6. Develop a shared language.** Because ED-based health care providers may use different terms than peer workers and RCOs, it is important that project teams develop mutually agreed upon language, which should be grounded in person-first, non-stigmatizing words and phrases.
- 7. Provide orientation, training and supervision.** Multidisciplinary teams, such as ED physicians and peer workers, can present unique challenges related to training and supervision. It is important that all team members understand one another's roles on the project. It is also important that each team member gets the specific type of supervision necessary for professional growth. For example, peer workers benefit from receiving supervision from those who have experience in a peer role or are experienced at supervising peers.
- 8. Establish protocols and workflows.** Implementation teams should develop protocols and workflows in compliance with prescribing regulations designed to meet the unique needs of the community and project team. Examples of key considerations for teams include how notifications or referrals will be communicated to peer workers and how follow-up will be conducted with patients.
- 9. Provide linkage to community-based services.** Emergency department-based overdose response teams must identify how individuals will continue to engage in treatment and services when they are released from the hospital. Establishing follow-up appointments in the community prior to a person's release and having peer workers help individuals overcome barriers to treatment will increase the likelihood of treatment engagement.
- 10. Collect data and measure outcomes to sustain the program.** Because many overdose prevention and response programs are largely funded through grant dollars, it is important that programs track their impacts and outcomes to better communicate the value of services to funding partners and other stakeholders and to inform quality improvement efforts.

Appendix F. Sample Job Descriptions



RAPID RESPONDER (POST OVERDOSE RESPONSE PEER SUPPORT SPECIALIST)¹³⁵

Key Responsibilities:

The Rapid Responder (RR) will be vital to the operations of the new Wake County system for providing peer support to people who have experienced an overdose reversal or who are suffering from a substance use disorder and have come to the attention of Wake County EMS, law enforcement, Syringe Exchange Program, local hospitals, and/or the WCHS health clinics. The RR will meet with the referred Wake County citizens and: 1) Assess readiness for recovery, 2) Enhance motivation for recovery, 3) Provide linkages to recovery support services and 4) Follow up with people to provide ongoing recovery support. The RR will provide person-centered care using a recovery-oriented framework. The RR will build and rely on a network of volunteers to assist with these duties as needed. Documentation and ongoing evaluation using the metrics prescribed by Wake County will be a core responsibility of the RR.

Education, Experience and Attributes:

- At least two years of stable recovery from an Opioid Use Disorder. Could be MAT or sobriety based.
- A valid driver's license.
- The ability to assess readiness for recovery and provide person-centered peer support services to overdose survivors and/or people suffering from substance use disorders. This work will be informed by a recovery-oriented framework and will frequently utilize the principles of harm reduction and recovery management.
- Possess working knowledge of the Wake County system of care and the ability to connect overdose survivors with the appropriate level of care.
- Strong communication and documentation skills.
- The ability to work on a team and to process challenges and successes in weekly supervision sessions.
- Must have excellent engagement skills, communication skills, organizational and time-management skills.
- Must have excellent customer service skills.
- Must be able to clearly articulate the agency mission, vision and the goals of the collaborative programming with Wake County.
- The ability to use a variety of computer software applications in word processing, spreadsheets and database management.
- Peer support specialist certification preferred.
- Prior attendance at a Recovery Coach Academy preferred.

Compensation and Benefits:

Salary and overall compensation will be commensurate with the experience and background of the successful applicant. Healing Transitions offers a professional work environment and room for growth.

Position Type: Full-time | **Salary:** \$30,000–40,000



ROWAN COUNTY HUMAN RESOURCES JOB DESCRIPTION¹³⁶

Job Title: Peer Support Specialist (Temp)

Class: Paraprofessional Department

Health FLSA: Non-exempt

Revised: December 2020

General Description:

Paraprofessional level work in providing support, education, outreach, training and follow-up to overdose survivors in the County. As an active member of the Post Overdose Response Team (PORT), this position works closely with the Harm Reduction Advocate, Community Paramedic and Public Health Management. Work is performed under the general supervision of the Local Health Administrative Services Manager. Work is reviewed and evaluated through analysis of reports received and through periodic conferences.

Essential Job Functions: *(Any one position may not include all of the duties listed, nor do the listed examples include all tasks which may be found in positions of this class.)*

Works closely with the Harm Reduction Advocate, Community Paramedic and Public Health Management as an active member of the PORT. Connects with overdose survivors within 24-72 hours of the overdose incident (along with members of the PORT Team). Provides harm reduction education, outreach and naloxone administration training to individuals. Promotes wellness management strategies, which includes delivering therapeutic interventions (e.g., Wellness Recovery Action Planning or Illness Management and Recovery) and employment services. Coordinates and facilitates harm reduction peer support group meetings on a bimonthly basis; encourages individuals to attend training sessions and support group meetings. Maintains a monthly record of individuals connected to support and services; prepares and submits documentation accurately and on time. Attends the Substance Abuse Task Force Monthly Meetings and other identified meetings and trainings. Potentially works within the prison and/or local hospital to provide peer support care. Models recovery values, attitudes, beliefs and personal action to encourage wellness and resilience. Assists clients by finding resources, advising the consumer of processes and encouraging follow-through with proposed resolutions, locating social activities or other assistance as needed. Models effective coping and self-help techniques to individuals or groups of consumers.

Other Job Functions:

Performs related duties as required. Management reserves the right to add or amend duties at any time.



Knowledge, Skills and Abilities:

General knowledge of Public Health principles, practices and procedures. General knowledge and skills in the use of education/training principles. Skill in problem solving and decision-making and the ability to work independently. Skill in the use of computers and applicable software. Ability to comprehend and apply the Federal Health Insurance Portability and Accountability Act (HIPAA) of 1996, and the current Privacy and Security Amendments of this Act. Ability to assess, plan, develop, implement and evaluate using a variety of methodologies. Ability to establish and maintain effective working relationships with coworkers, clients and the general public. Ability to communicate effectively both orally and in writing.

Physical Requirements:

Work is primarily sedentary in nature. Physical requirements include sitting for extended periods of time, walking, bending, stooping and lifting books and files of approximately 35 lbs. or less. Work may include extended periods of time viewing a computer video monitor and/or operating a keyboard. Work may include operation of a motor vehicle. Employee is not substantially exposed to adverse environmental conditions or hazardous materials.

Exposure Control:

Work activity does not entail predictable or unpredictable exposure to blood or body fluids.

Minimum Experience and Training:

Graduation from high school and one year of related work experience in a supportive informational role; certification as a Peer Support Specialist required. Valid N.C. driver's license required.



SUBSTANCE USE NAVIGATOR (SUN) (CA BRIDGE)¹³⁷

The navigator is a care coordinator and an integral team member of a statewide initiative to improve access to MOUD. Navigators conduct initial brief assessments, introduce patients to MOUD programs and services, expedite appointments at MOUD-capable clinics, serve as the primary coach for their clients and maintain ongoing contact with their panel. They also assist with access to other services such as financial counseling, primary care, mental health services, social services and residential treatment facilities.

Job Overview:

- Member of the ED-based or Bridge clinic-based MOUD team.
- Available scheduled hours, for example Monday-Friday, 9 a.m.-5 p.m., to approach patients once acutely stabilized to discuss the program and develop realistic individualized action plans for the patients.
- During after-hours (evening/weekend hours) is on call or has a robust referral mechanism in place to follow up with patients referred to patient navigator during this timeframe.
- Become versed in a variety of substance use treatment models, patterns of substance use, effects of intoxicants and withdrawal of various substances.
- Become versed in local and regional substance use treatment options and local harm reduction services.
- Develop expertise in insurance benefits and exclusions related to treatment.
- Initiate, develop and maintain constructive relationships with community MOUD treatment providers.
- Schedule follow-up appointments, offer additional resources, network to help achieve sustained access to care.
- Establish relationship with patient and communicate via telephone, texting and/or email to remind patients of appointments, help patients navigate any obstacles to follow-up treatment and provide encouragement.
- Support patient to access the most optimal level of care available. If patient is from outside the county and needs to access MOUD in their home county, assist to connect with local resources in their home county.
- May have additional duties in a Bridge clinic depending on site.

Responsibilities, Skills, Knowledge, Abilities and Duties:

- Communicate with hospital staff daily during weekdays to recruit patients and provide support to staff around MOUD: monitor the ED and inpatient patient tracking systems to screen for eligible patients; check in with ED and inpatient clinicians and nursing staff to screen for eligible patients.
- Communicate and interact with patients in a culturally competent and relatable way.
- Identify current PMD and behavioral health providers. Work to connect patient with existing MOUD treatment available at current PMD and/or behavioral health location if available unless patient prefers an alternate MOUD treatment location. Identify primary medical home if not secured.
- Maintain updated, in-depth knowledge of local and regional SUD treatment programs including capacity, insurance requirements and additional services provided at local and regional programs (benefits assistance, housing assistance, mental health, primary care, etc.).

- 
- Develop positive working relationships with ED staff and community agencies.
 - Assess and address any barriers to attending follow-up appointments (transportation, contact phone number availability for appointment reminders, shelter needs, etc.). Engage social services to assist with any of these issues as needed.
 - Arrange transportation to nearby residential treatment facilities and partner programs.
 - Assist with navigating barriers to patients obtaining buprenorphine prescription from pharmacy (insurance status, co-pay expense, cost differences between formulations, etc.). Routinely assist patients by having the patient and/or pharmacist call from the pharmacy to sort out encountered insurance barriers in real time.
 - After discharge from ED or inpatient, on the day prior to follow-up appointment contact patients to remind them of their follow-up appointment.
 - Ability to use computer information systems, computer literacy and knowledge of word processing.
 - Collect data related to number of buprenorphine/methadone administrations, prescriptions and referrals to care.
 - Engage in scheduled California Bridge coaching calls and navigator trainings.
 - If applicable, additional responsibilities and duties at Bridge clinic as delineated by supervisor.

Qualifications:

- Nonjudgmental, energetic, positive approach to assisting patients with SUD.
- Understanding of SUD as a medical condition and the role of MOUD in treatment and harm reduction. Adherence to an abstinence-based social model that is not supportive of MOUD is not aligned with the goals of this position.
- Interest/proficiency in working with individuals recently released from incarceration, homeless individuals and other marginalized populations.
- Able to interact with patients in a culturally relatable manner. Any additional ability to communicate in languages spoken in local community such as Spanish, Tagalog, Hmong, etc., is helpful.
- Preference for applicants with connections to, and reflecting the diversity of, the local community.
- Respect for patient confidentiality and privacy.
- Excellent written and verbal communication skills.

There is no specific degree, certification or training requirement.

Why Work Here?:

Great opportunity to have a profound impact on the lives of your patients and larger community while working in a dynamic, energetic and supportive environment. Room for significant personal and professional growth.

The California Bridge program will assist with the training and support of all SUNs in many ways, including coaching calls and in-person trainings. Please plan to have your navigator (and ED/inpatient champions and other team members) attend these trainings.



AnchorED, PEER RECOVERY SPECIALIST, PER DIEM¹³⁸

Job Title: Per Diem Peer Recovery Specialist – ED

Division: Intermediate Services

Department: AnchorED Program

Reports to: Manager of AnchorED Program

Summary:

Provide on-call recovery coaching support services to patients and family members in the emergency departments of participating hospitals. When full- or part-time, this staff member is housed on Anchor Recovery Community Center and also supports a caseload of members as a recovery coach.

Job Responsibilities:

- Provide on-call recovery coaching for patients and family members. Provide education and referrals to patients and family members.
- Respond to dispatcher contact right away and follow through with protocol for hospital contact and travel time.
- Obtain all necessary releases of information as needed. Abide by all 42 CFR Part 2, HIPAA, federal and state confidentiality laws and TPC policies.
- Maintain positive and respectful communications with hospital staff, as guests in their system.
- Attend all trainings as assigned and maintain HealthStream trainings as per TPC policy.
- Additional duties and/or services as assigned.

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily.

- Candidate must demonstrate an understanding and belief in the recovery process.
- Must be a person with lived recovery experience, with minimum 2 years of continuous recovery.
- Must be 21 years old or older.

Education and/or Experience:

Associate degree or higher preferred. High school diploma or GED required. RI State certified recovery coach or plan to complete within first year. Understanding of community resources and recovery-oriented systems of care model.



Certificates, Licenses, Registrations:

MUST have a valid driver's license, registration and proper auto insurance. (Provide a copy to your manager.)

Other Skills and Abilities:

Knowledge of basic crisis intervention, motivational interviewing and some case management techniques required. Ability to act as an advocate for the needs of the patient is required.

Physical Demands:

The physical demands described are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to sit; use hands to finger, handle or feel objects, tools or controls; and talk or hear. The employee frequently is required to reach with hands and arms. The employee is occasionally required to stand; walk; climb or balance; and stoop, kneel, crouch, or crawl. The employee must occasionally lift and/or move up to 10 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception and the ability to adjust focus.

Work Environment: The work environment characteristics described are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

EOE/F/M/Vet/Disabled



WELLNESS ADVOCATE (FULL TIME), NYC HEALTH DEPARTMENT

The New York City Department of Health and Mental Hygiene, Division of Mental Hygiene seeks full- and part-time Wellness Advocates for its nonfatal overdose response system called Relay, a new initiative providing 24/7 support to individuals transported to hospital emergency departments (EDs) following a non-fatal opioid overdose.

Position Available: Full Time Wellness Advocate

The full time Wellness Advocate, reporting to the Wellness Advocate Supervisor in the Bureau of Alcohol and Drug Use Care, Prevention and Treatment, has the primary responsibility of visiting patients in the ED to provide immediate support and overdose prevention training following an opioid overdose event and offering ongoing support and linkage to care for a maximum of 90 days after hospital discharge.

Duties and Responsibilities:

The full time Wellness Advocates will be responsible for the following activities, including but not limited to:

- Using their lived experience with substance use to provide support to patients in the ED following a non-fatal overdose, introduce the program to patients and obtain consent for follow-up services.
- Conduct overdose risk reduction counseling and prevention trainings with patients and their social networks including naloxone distribution.
- Provide patients with support and assist with linkage to care and community resources for a maximum of 90 days following hospital discharge. Accompany patients to appointments as required.
- Provide information on and offer appropriate referral options to harm reduction programs, medication assisted treatment and other services as requested.
- Coordinate and monitor the implementation of the program to assigned ED and the referrals to community services.
- Provide technical assistance and train ED staff on program implementation, policies and procedures. Closely collaborate with ED staff and community partners on continued integration of Relay.
- Maintain detailed records of patient contacts and follow-up activities. Collect and report program data to evaluate program performance.

Salary: \$55,000

Qualifications:

A Wellness Advocate possesses first-hand lived experience using substances and is eager to draw from their own personal history in order to provide support through risk reduction counseling, naloxone training and linkage to care for those experiencing a non-fatal opioid overdose in the ED. The successful candidate will have familiarity and openness to a range of drug treatment modalities, the principles of harm reduction, and will possess, at a minimum, a bachelor's degree. This candidate will be a Certified Peer Recovery Advocate (CRPA) or have commensurate experience of at least two years in the human service field. This candidate will also be willing to travel within the five boroughs, have a demonstrated ability to work with culturally diverse populations and have strong communication and organizational skills.

Appendix G. Sample Evaluation Measures

Source	Measure	Notes
Eskenazi Emergency Department's Project POINT (Project POINT) ¹³⁹	Number of individuals given referral to treatment.	Project POINT is a collaboration between Eskenazi ED, Indiana University, EMS and Midtown Mental Health that provides peer-based overdose response and a range of services to individuals in Indianapolis hospitals.
Project POINT ¹⁴⁰	Number of individuals referred for HIV testing.	
Project POINT ¹⁴¹	Number of individuals referred for HCV testing.	
Project POINT ¹⁴²	Number of participants who attended the first follow-up appointment.	
Project POINT ¹⁴³	Number of participants engaged in services at 30 days post-discharge.	
Project POINT ¹⁴⁴	Number of participants on MAT at 30 days post-discharge.	
NYC Department of Health and Mental Hygiene Relay ¹⁴⁵	Number of naloxone kits distributed by peer wellness advocates.	The NYC Relay project provides 24/7 peer-based services to individuals in hospitals who have experienced an overdose.
NYC Department of Health and Mental Hygiene Relay ¹⁴⁶	Number of individuals who agreed to participate in the program.	
NYC Department of Health and Mental Hygiene Relay ¹⁴⁷	Number of participants reached for follow-up within 48 hours after hospital discharge.	
NYC Department of Health and Mental Hygiene Relay ¹⁴⁸	Contact rates at 30-, 60-, and 90-day check-ins.	
NYC Department of Health and Mental Hygiene Relay ¹⁴⁹	Number of participants who accepted referrals to harm reduction services.	
NYC Department of Health and Mental Hygiene Relay ¹⁵⁰	Number of participants who accepted referrals to MAT/MOUD, outpatient SUD and inpatient SUD treatment.	
NYC Department of Health and Mental Hygiene Relay ¹⁵¹	Number of participants who kept treatment appointments.	

Source	Measure	Notes
Anchor Recovery Center AnchorED and AnchorMORE (Anchor) ¹⁵²	Number of contacts between peer recovery specialists and individuals.	AnchorED and AnchorMORE are two peer-based overdose response models implemented in Rhode Island. AnchorED peer recovery specialists provide 24/7 PSS to people in EDs who have experienced an overdose. AnchorMORE provides long-term recovery support and services through Anchor Recovery Community Center as well as provides community-based overdose response.
Anchor ¹⁵³	Number of ED participants that agreed to peer specialist engagement post-discharge.	
Anchor ¹⁵⁴	Number of clients enrolled.	
Anchor ¹⁵⁵	Number of naloxone training sessions offered.	
Anchor ¹⁵⁶	Number and type of referrals to recovery support and treatment services.	
Anchor ¹⁵⁷	Number of ED participants who received naloxone training.	
Anchor ¹⁵⁸	Number of naloxone kits distributed within communities.	
Houston Emergency Response Opioid Engagement System (HEROES) ¹⁵⁹	Percentage of eligible individuals who elected to participate in outpatient-based medical and behavioral treatment program divided by the total number of people approached.	
HEROES ¹⁶⁰	Retention in treatment at 30- and 90-day endpoints.	

Appendix H. Additional Tools and Resources

Type of resource	Title	Source	Date	Description
Overview and background information and tools				
Report	Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States	CDC	2018	Provides information and guidance on evidence-based strategies to prevent opioid overdose.
Toolkit	NACCHO Opioid Overdose Epidemic Toolkit for Local Health Departments	NACCHO	2021	Toolkit for local health departments to address the overdose crisis through five overarching strategies, including local, state and national resources.
Primer	NACCHO Local Opioid Overdose Prevention and Response: A Primer for Local Health Departments	NACCHO	2019	Toolkit for local health departments to address the overdose crisis (requires free registration to download).
Resource guide	Local Responses to the Opioid Epidemic: An Environmental Scan, Local Health Department Resources	NACCHO	2019	Resource guide listing tools, resources and case examples across a continuum of overdose response for local health departments.
Resource list	Peer Support for Youth	Curated Library about Opioid Use for Decision-makers (CLOUD)	2021	A list of resources related to providing peer support for youth impacted by substance use.
Resource list	Peer Support Services for Families Impacted by Substance Use Disorder	CLOUD	2021	A list of resources related to peer support services for families impacted by SUDs.
Toolkit	Health Equity in the Response to Drug Overdose	NACCHO	2021	Provides actionable tools for planning and implementing efforts to address disparities related to drug overdose.
Roadmap	Overdose Response and Linkage to Care: A Roadmap for Health Departments	National Council for Mental Wellbeing	2021	Provides action steps, tools, resources and examples from the field to help local and state health departments implement linkage to care activities for people at risk of overdose.

Type of resource	Title	Source	Date	Description
Webinar	Linkage to Care to Prevent Overdose: Strategies from the Field	National Council for Mental Wellbeing	2021	Attendees of this 90-minute webinar will hear directly from health department staff implementing a variety of linkage to care strategies to prevent overdose, including peer-based models.
Presentation slides	Value of Peers	SAMHSA	2017	Describes research findings showing the effectiveness of PSS programs.
Toolkit	Trauma-Informed, Recovery-Oriented System of Care Toolkit	National Council for Mental Wellbeing	2020	Provides information, resources and tools to implement TI-ROSC.
Resource collection	Recovery-Oriented Systems of Care Featured Collection	CLOUD	2021	A collection of reports, toolkits and other resources related to implementing recovery-oriented practices and policies.
Brief	The Role of Peer Support in Federally Qualified Health Centers	Association of State and Territorial Health Officials (ASTHO)	2020	Describes the roles of peer support services within FQHCs.
Videos	Video Trainings	SAMHSA BRSS TACS	2020	A catalog of video trainings on topics related to peer support services, including culturally responsive recovery support, medication-assisted recovery, outcomes evaluations, parents and families, funding and recovery-oriented systems and services.
Toolkit	Peer Integration and the Stages of Change Toolkit	New York State Office of Alcoholism and Substance Abuse Services	2018	Provides background information on integrating peer workers within behavioral health outpatient settings in New York. While specific to New York, information, recommendations and tools can be adapted for other jurisdictions.
Resource list	SAMHSA Training and Technical Assistance Resources	SAMHSA	2020	A list of training and technical assistance resources supported by SAMHSA.

Type of resource	Title	Source	Date	Description
Toolkit	Peer Delivered Syringe Exchange Toolkit	National Harm Reduction Coalition	2012	Provides examples of policies and practices from peer-delivered syringe exchange programs, including insights and questions to consider.
Component 1: Prepare for change.				
Toolkit	Peer Support Toolkit, Preparing the Organizational Culture	Philadelphia Department of Behavioral Health and Intellectual disAbility Services	2017	Provides information about preparing existing staff, policies and procedures for the integration of PSS.
Toolkit	Engaging People with Lived Experience Toolkit	Community Commons	2020	Information, resources and tools for engaging people with lived experience.
Training modules	Substance Use Disorder 101 Core Curriculum	Providers Clinical Support System	2019	A catalog of 22 training modules that provide an overview of evidence-based practices in the prevention, identification and treatment of SUDs and co-occurring mental disorders.
Guidelines	Person First Guidelines	Philadelphia Department of Behavioral Health and Intellectual disAbility Services	2019	Offers information and suggested language and terms to implement person-first language policies.
Toolkit	Focus Groups and Listening Sessions Facilitator's Guide	Philadelphia Department of Behavioral Health and Intellectual disAbility Services, p. 133	2017	Provides information and guidance for conducting focus groups and listening sessions in preparation for implementing PSS.

Type of resource	Title	Source	Date	Description
Toolkit	Sample Questions about Integrating Peer Support	Philadelphia Department of Behavioral Health and Intellectual disAbility Services, p. 134	2017	Provides sample questions to use when soliciting information from stakeholders to inform the development of PSS programs.
Organizational assessment tool	Organizational Readiness Assessment for Integration of Peer Staff	The Lotus Project	n.d.	Provides an organizational assessment framework and questions to assess the readiness of organizations planning to integrate peer staff.
Organizational assessment tool	Workforce Integration of Peer and Community Health Worker Roles: A needs-based toolkit to advance organizational readiness	NYC Peer and Community Health Workforce Consortium	n.d.	Provides an organizational assessment framework and questions to assess the readiness of organizations planning to integrate peer staff.
Organizational assessment tool	Workforce Integration of Peer and Community Health Worker Roles Action Planning and Implementation Guide	NYC Peer and Community Health Workforce Consortium	n.d.	Provides an organizational assessment framework and questions to assess the readiness of organizations planning to implement peer staff.
Organizational assessment tool	Diversity and Inclusivity Organizational Assessment Tool	Philadelphia Department of Behavioral Health and Intellectual disAbility Services, p. 146	2017	Provides an organizational assessment and questions to assess readiness related to diversity and inclusion.
Handbook	The Provider's Handbook on Developing and Implementing Peer Roles	Lyn Legere Consulting	n.d.	Provides information, resources and tools related to implementing peer roles in organizations.
Video catalog	Recovery Support Tools and Resources Video Trainings	SAMHSA BRSS TACS	2020	A catalog of training videos on a wide range of topics related to PSS and the role of peer support workers.

Type of resource	Title	Source	Date	Description
Facilitator's guide	Myth or Fact Activity Facilitator's Guide	Philadelphia Department of Behavioral Health and Intellectual disAbility Services, p. 140	2017	A facilitator's guide for hosting discussions to overcome myths and stigma related to peer support workers and PSS.
Component 2: Recruit, hire and onboard peer support workers.				
Core competencies	Core Competencies for Peer Workers in Behavioral Health Services	SAMHSA BRSS TACS	2015	Describes the core competencies of peer support workers.
Toolkit	Effectively Employing Young Adult Peer Providers: A Toolkit	The Learning & Working Center Transitions RTC	n.d.	Describes key tips for providing supervision to peer support workers.
Guidance document	Employment Rights of People Living with HIV, AIDS, Viral Hepatitis, and/or SUDs	Legal Action Center	2020	Describes the employment rights of people with disabilities.
Resource directory	State-by-State Directory of Peer Recovery Coaching Training and Certification Programs	SAMHSA BRSS TACS	2020	State directory that identifies training and certification programs and describes the credentialing process and certification requirements.
Scope of practice	Wisconsin Certified Peer Specialist Scope of Practice	Wisconsin Department of Health Services	n.d.	Describes the scope of practice guidelines for certified peer specialists in Wisconsin.
Code of ethics	Wisconsin Certified Peer Specialist Code of Ethics	Wisconsin Department of Health Services	n.d.	Describes the code of ethics for certified peer specialists in Wisconsin.
Core competencies	Wisconsin Certified Peer Specialist Core Competencies	Wisconsin Department of Health Services	n.d.	Describes the core competencies for certified peer specialists in Wisconsin.
Resource Guide	Supporting Telehealth and Technology-assisted Services for People Who Use Drugs: A Resource Guide	National Council for Mental Wellbeing	2021	Offers information, guidance and tips for implementing telehealth and technology-assisted services, including PSS, for PWUD.

Type of resource	Title	Source	Date	Description
Component 3: Supervise peer support workers.				
Resource collection	Resources for the Supervision of Peer Workers	SAMHSA BRSS TACS	n.d.	Provides resources for supervising peer support workers.
Core competencies	Substance Use Disorder Peer Supervision Competencies	Regional Facilitation Center	n.d.	Describes 20 competencies for supervisors of PSS programs.
Checklist	Supervision of Peer Workers Self-Assessment	SAMHSA BRSS TACS	n.d.	Checklist assessment for peer supervisors.
Readiness guide	Vicarious Trauma Organizational Readiness Guide	Northeastern University's Institute on Urban Health Research and Practice	2013	Organizational assessment to inform opportunities to address vicarious trauma among staff.
Recorded webinar	Enhancing Personal Capacity for Wellness: Wellness in Peer Support—An Overview	SAMHSA	2017	Recorded webinar with experts discussing wellness strategies within peer support.
Recorded webinar	Wellness Strategies for Harm Reduction Providers during the COVID-19 Pandemic	National Council for Mental Wellbeing	2021	Recorded 90-minute webinar featuring experts in the field, including peer support workers, describing efforts to improve staff wellness.
Component 4: Identify a program model that fits the needs of your community.				
Report	Addressing Opioid Use Disorder in Emergency Departments: Expert Panel Findings	National Council for Mental Wellbeing and Opioid Response Network	2021	Describes key recommendations for implementing PSS within EDs to address OUD.
Planning and Implementation Framework	Overdose Spike Response Framework for Communities and Local Health Departments	NACCHO	2021	Provides guidance to local health departments to plan, respond to and implement public health responses during overdose spikes.

Type of resource	Title	Source	Date	Description
Recorded webinar	NYC Department of Health and Mental Hygiene (DOHMH) Briefing: Relay - A Peer-Delivered, Harm Reduction-Based Intervention to Address Nonfatal Opioid Overdose in NYC Emergency Departments	Drug Policy Alliance	2021	Recorded 90-minute webinar describing the NYC Relay program and outcomes.
Toolkit	Post-Overdose Response Team (PORT) Toolkit	North Carolina Department of Public Health	2020	Toolkit that provides step-by-step guidance for establishing PORTs.
Presentation slides	Quick Response Teams: An Innovative Strategy for Connecting Overdose Survivors to Healthcare and Social Services	Robert Childs and Jenifer Lanzillotta-Rangeley	2019	Presentation slides describing the different types of PORTs in North Carolina and elsewhere.
Toolkit	Public Health and Safety (PHAST) Toolkit: Guidance for Data-driven Overdose Response Coordination Among Public Health, Criminal Justice, Law Enforcement, and First Responders	CDC Foundation	2020	Tools and resources for implementing a data-driven collaboration between public health and public safety sectors. Toolkit is organized by two modules, one for PHAST leadership and one for multi-sector partners.
Report	Public Safety-Led Linkage to Care Programs in 23 States: The 2018 Overdose Response Strategy Cornerstone Project	High Intensity Drug Trafficking Areas (HIDTA)	2018	Describes five types of public safety-led post-overdose linkage to care programs.
Toolkit	Opioid Overdose Prevention Toolkit: Five Essential Steps for First Responders	SAMHSA	2018	Toolkit describing processes for first responders to respond to opioid overdose.
Resource catalog	Deflection and Pre-arrest Diversion to Prevent Opioid Overdose	National Council for Mental Wellbeing	2021	Catalog of resources offering information, tips and examples from the field related to non-punitive approaches and multi-disciplinary teams to prevent and respond to overdose, including peer-based models.

Type of resource	Title	Source	Date	Description
Component 5: Evaluate peer support services program activities.				
Resource collection	CDC Evaluation Resources	CDC	2021	Compilation of resources to support program evaluation efforts.
Guidance document	Aligning Systems with Communities to Advance Equity through Shared Measurement: Guiding Principles	American Institutes for Research and Robert Wood Johnson Foundation	2021	Describes five guiding principles for using shared measurement to align systems with communities to advance equity.
Resource collection	Evaluation Profiles	CDC	2022	Provides several evaluation profiles, including for peer support services, that include logic models and sample metrics.
Component 6: Fund and sustain program activities.				
Issue brief	Recovery Support Services for Medicaid Beneficiaries with a Substance Use Disorder	Medicaid and CHIP Payment and Access Commission	2019	Provides an overview of how peer support services for substance use disorders are financed through Medicaid.
Report	Medicaid Coverage of Peer Support Services for Adults	United States Government Accountability Office	2020	Describes Medicaid coverage for peer support services across the country.
50-state survey data	Medicaid Behavioral Health Services: Peer Support Services	Kaiser Family Foundation	2018	Provides information from a 50-state survey data on Medicaid reimbursement for peer support services.

Appendix I. References

- ¹ Centers for Disease Control and Prevention (CDC). (2021, March 3). Drug overdose deaths. <https://www.cdc.gov/drugoverdose/data/statedeaths.html>
- ² Ahmad, F. B., Rossen, L. M., & Sutton, P. (2021). Provisional drug overdose death counts. National Center for Health Statistics. <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>
- ³ CDC. (2021, March 3). Drug overdose deaths. <https://www.cdc.gov/drugoverdose/data/statedeaths.html>
- ⁴ Reif, S., Braude, L., Lyman, D. R., Dougherty, R. H., Daniels, A. S., Shoma Ghose, S., Salim, O., & Delphin-Rittmon, M. E. (2014). Peer recovery support for individuals with substance use disorders: Assessing the evidence. *Psychiatric Services*, 65(7), 853-861.
- ⁵ Ashford, R. D., Brown, A., Canode, B., Sledd, A., Potter, J. S., & Bergman, B. G. (2021). Peer-based recovery support services delivered at recovery community organizations: Predictions of improvement in individual recovery capital. *Addictive Behaviors*. Journal Pre-proof.
- ⁶ Substance Abuse and Mental Health Services Administration (SAMHSA). (n.d.). Peers supporting recovery from substance use disorders. <https://www.opioidlibrary.org/wp-content/uploads/2021/01/peers-supporting-recovery-substance-use-disorders-2017.pdf>
- ⁷ SAMHSA. (n.d.). Peers supporting recovery from substance use disorders. <https://www.opioidlibrary.org/wp-content/uploads/2021/01/peers-supporting-recovery-substance-use-disorders-2017.pdf>
- ⁸ White, W. (2010). Peer recovery support services: Recovery management in healthcare background paper. <http://www.williamwhitepapers.com/pr/RM%20%26%20Health%20Care%20Reform%20Faces%20%26%20Voices%20of%20Recovery%202010.pdf>
- ⁹ White, W. (2010). Peer recovery support services: Recovery management in healthcare background paper. <http://www.williamwhitepapers.com/pr/RM%20%26%20Health%20Care%20Reform%20Faces%20%26%20Voices%20of%20Recovery%202010.pdf>
- ¹⁰ U.S. Department of Health and Human Services (HHS), Office of the Surgeon General. (2016, November). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. <https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf>
- ¹¹ SAMHSA, Center for Substance Abuse Treatment. (2009). What are peer recovery support services? HHS Publication No. (SMA) 90-4454. <http://www.dbhds.virginia.gov/assets/doc/recovery/what-are-peer-recovery-support-services-2009.pdf>
- ¹² Bureau of Justice Assistance's (BJA) Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP). (2020). What are peer recovery support services? <https://www.cossapresources.org/Learning/PeerToPeer/PRSSMI>
- ¹³ Bassuk, E. L., Hanson, J., Greene, N., Richard, M., & Laudet, A. (2016). Peer-delivered recovery support services for addictions in the United States: A systematic review. *Journal of Substance Abuse Treatment*, 63, 1-9. <https://doi.org/10.1016/j.jsat.2016.01.003>

- ¹⁴ Winhusen, T., Wilder, C., Kropp, F., Theobald, J., Lyons, M. S., & Lewis, D. (2020). A brief telephone-delivered peer intervention to encourage enrollment in medication for opioid use disorder in individuals surviving an opioid overdose: Results from a randomized pilot trial. *Drug and Alcohol Dependence*, 216, 108270.
- ¹⁵ Cos, T. A., LaPollo, A. B., Aussendorf, M., Williams, J. M., Malayter, K., & Festinger, D. S. (2020). Do peer recovery specialists improve outcomes for individuals with substance use disorder in an integrative primary care setting? A program evaluation. (2020). *Journal of Clinical Psychology in Medical Settings*, 27, 704-715.
- ¹⁶ Scott, C. K., Grella, C. E., Nicholson, L., & Dennis, M. L. (2018). Opioid recovery initiation: Pilot test of a peer outreach and modified recovery management checkup intervention for out-of-treatment opioid users. *Journal of Substance Abuse Treatment*, 86, 30-35.
- ¹⁷ Gormley, M. A., Pericot-Valverde, I. Diaz, L., Coleman, A., Lancaster, J., Ortiz, E., Moschella, P., Heo, M., & Litwin, A. H. (2021). Effectiveness of peer recovery support services on stages of the opioid use disorder treatment cascade: A systematic review. *Drug and Alcohol Dependence*, 229, 109123.
- ¹⁸ Magidson, J. F., Regan, S., Powell, E., Jack, H. E., Herman, G. E., Zaro, C., Kane, M. T., & Wakeman, S. E. (2021). Peer recovery coaches in general medical settings: Changes in utilization, treatment engagement, and opioid use. *Journal of Substance Abuse Treatment*, 122, 108248.
- ¹⁹ Winhusen, T., Wilder, C., Kropp, F., Theobald, J., Lyons, M. S., & Lewis, D. (2020). A brief telephone-delivered peer intervention to encourage enrollment in medication for opioid use disorder in individuals surviving an opioid overdose: Results from a randomized pilot trial. *Drug and Alcohol Dependence*, 216, 108270.
- ²⁰ Scott, C. K., Grella, C. E., Nicholson, L., & Dennis, M. L. (2018). Opioid recovery initiation: Pilot test of a peer outreach and modified recovery management checkup intervention for out-of-treatment opioid users. *Journal of Substance Abuse Treatment*, 86, 30-35.
- ²¹ Cos, T. A., LaPollo, A. B., Aussendorf, M., Williams, J. M., Malayter, K., & Festinger, D. S. (2020). Do peer recovery specialists improve outcomes for individuals with substance use disorder in an integrative primary care setting? A program evaluation. (2020). *Journal of Clinical Psychology in Medical Settings*, 27, 704-715.
- ²² Mental Health America. (n.d.). The Peer Workforce. <https://www.mhanational.org/peer-workforce>
- ²³ Raja, K. & Higgins, F. (2019, July). Local health department approaches to opioid use prevention and response: An environmental scan. National Association of County & City Health Officials. <https://www.naccho.org/uploads/downloadable-resources/Environmental-Scan-V3-July-2019-FINAL-v2.pdf>
- ²⁴ Raja, K. & Higgins, F. (2019, July). Local health department approaches to opioid use prevention and response: An environmental scan. National Association of County & City Health Officials. <https://www.naccho.org/uploads/downloadable-resources/Environmental-Scan-V3-July-2019-FINAL-v2.pdf>
- ²⁵ SAMHSA, Center for Substance Abuse Treatment. (2009). What are peer recovery support services? HHS Publication No. (SMA) 90-4454. <http://www.dbhds.virginia.gov/assets/doc/recovery/what-are-peer-recovery-support-services-2009.pdf>
- ²⁶ Daniels, A. S., Bergeson, S., & Myrick, K. J. (2017). Defining peer roles and status among community health workers and peer support specialists in integrated systems of care. *Psychiatric Services*, 68, 1296-1298. doi: 10.1176/appi.ps.201600378

- ²⁷ SAMHSA. (2015, December 7). Core competencies for peer workers in behavioral health services. https://www.opioidlibrary.org/wp-content/uploads/2021/01/core-competencies_508_12_13_18.pdf
- ²⁸ SAMHSA. (2015, December 7). Core competencies for peer workers in behavioral health services. https://www.opioidlibrary.org/wp-content/uploads/2021/01/core-competencies_508_12_13_18.pdf
- ²⁹ National Council for Mental Wellbeing. (2020). Trauma-Informed, Recovery-Oriented Systems of Care Toolkit. https://www.thenationalcouncil.org/wp-content/uploads/2021/01/IN-gov_TI-ROSC_Toolkit_Final_4.20.pdf?daf=375ateTbd56
- ³⁰ National Council for Mental Wellbeing. (2020). Trauma-Informed, Recovery-Oriented Systems of Care Toolkit. https://www.thenationalcouncil.org/wp-content/uploads/2021/01/IN-gov_TI-ROSC_Toolkit_Final_4.20.pdf?daf=375ateTbd56
- ³¹ Tsai, A. C., Kiang, M. V., Barnett, M. L., Beletsky, L., Keyes, K. M., McGinty, E. E., Smith, L. R., Strathdee, S. A., Wakeman, S. E., & Venkataramani, A. S. (2019). Stigma as a fundamental hindrance to the United States opioid overdose crisis response. *PLOS Medicine*, 16(11), e1002969. doi: 10.1371/journal.pmed.1002969
- ³² Meyerson, B. E., Russell, D. M., Kichler, M., Atkin, T., Fox, G., & Coles, H. B. (2021). I don't even want to go to the doctor when I get sick now: Healthcare experiences and discrimination reported by people who use drugs, Arizona 2019. *International Journal of Drug Policy*. Article in Press.
- ³³ Mace, S., Siegler, A. Wu, K., Latimore, A., & Flynn, H. The National Council for Mental Wellbeing and Vital Strategies. (2020). Medication-Assisted Treatment for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit. <https://www.thenationalcouncil.org/medication-assisted-treatment-for-opioid-use-disorder-in-jails-and-prisons/>
- ³⁴ New York State Office of Alcoholism and Substance Abuse Services. (n.d.). Peer Integration and the Stages of Change Toolkit. <https://www.opioidlibrary.org/wp-content/uploads/2020/10/PeerIntegrationToolKit-DigitalFinal.pdf>
- ³⁵ The Lotus Center. (n.d.). Organizational Readiness Assessment. <https://ciswh.org/wp-content/uploads/2016/04/2Resources-Organizational-Readiness.pdf>
- ³⁶ Legere, L. (2015). A Provider's Handbook on Developing and Implementing Peer Roles. http://www.psresources.info/images/stories/A_Providers_Handbook_on_Developing_Implementing_Peer_Roles.pdf
- ³⁷ NYC Peer and Community Health Workforce Consortium. (n.d.). Workforce integration of peer and community health worker roles: A needs-based toolkit to advance organizational readiness. <https://www1.nyc.gov/assets/doh/downloads/pdf/peer/needs-based-toolkit.pdf>
- ³⁸ Doran, G. T. (1981). There's a S.M.A.R.T. way to write management's goals and objectives. *Management Review*, 70(11), 35-36.
- ³⁹ The Management Center. (2021). SMARTIE Goals Worksheet. <https://www.managementcenter.org/resources/smartie-goals-worksheet/>
- ⁴⁰ Legere, L. (2015). A Provider's Handbook on Developing and Implementing Peer Roles. http://www.psresources.info/images/stories/A_Providers_Handbook_on_Developing_Implementing_Peer_Roles.pdf
- ⁴¹ Goggins, B. R. & DeBacco, D. A. (2015). Survey of State Criminal History Information Systems, 2016: A Criminal Justice Information Policy Report. U.S. Department of Justice, Bureau of Justice Statistics. <https://www.ojp.gov/pdffiles1/bjs/grants/251516.pdf>

- ⁴² Rudolph, K. E., Kinnard, E. N., Aguirre, A. R., Goin, D. E., Freelemyer, J., Fink, D., & Cerda, M. (2020). The relative economy and drug overdose deaths. *Epidemiology*, 31(4), 551-558. doi: 10.1097/EDE.0000000000001199
- ⁴³ Pager, D., Western, B., & Sugie, N. (2009). Sequencing disadvantage: Barriers to employment facing young black and white men with criminal records. *Annals of American Academy of Political and Social Science*, 623(1), 195-213.
- ⁴⁴ Minor, D., Persico, N., & Weiss, D. M. (2017). Criminal Background Job Performance. SSRN. <https://dx.doi.org/10.2139/ssrn.2851951>
- ⁴⁵ Delman, J. & Klodnick, V. V. (n.d.). Effectively Employing Young Adult Peer Providers: A Toolkit. https://www.umassmed.edu/globalassets/transitionsrtc/publications/effectivelyemployingyoungadultpeerproviders_a_toolkit.pdf
- ⁴⁶ Delman, J. & Klodnick, V. V. (n.d.). Effectively Employing Young Adult Peer Providers: A Toolkit. https://www.umassmed.edu/globalassets/transitionsrtc/publications/effectivelyemployingyoungadultpeerproviders_a_toolkit.pdf
- ⁴⁷ Cornell ILR's Criminal Justice and Employment Initiative. (2021). Employer Guide for Hiring People with Criminal Records in New York State. <https://www.ilr.cornell.edu/cjei/employer-guide-hiring-people-criminal-records-new-york-state>
- ⁴⁸ Videka, L., Neale, J., Page, C., Buche, J., Wayment, C., Gaiser, M., & Beck, A. J. (2019, August). National Analysis of Peer Support Providers: Practice Settings, Requirements, Roles, and Reimbursement. Behavioral Health Workforce Research Center. <http://www.behavioralhealthworkforce.org/wp-content/uploads/2019/10/BHWRC-Peer-Workforce-Full-Report.pdf>
- ⁴⁹ SAMHSA. (2018). State-by-State Directory of Peer Recovery Coaching Training and Certification Programs. https://c4innovates.com/brsstacs/BRSS-TACS_State-by-State-Directory-of-Peer-Recovery-Coaching-Training-and-Certification-Programs_8_26_2020.pdf
- ⁵⁰ Videka, L., Neale, J., Page, C., Buche, J., Wayment, C., Gaiser, M., & Beck, A. J. (2019, August). National Analysis of Peer Support Providers: Practice Settings, Requirements, Roles, and Reimbursement. Behavioral Health Workforce Research Center. <http://www.behavioralhealthworkforce.org/wp-content/uploads/2019/10/BHWRC-Peer-Workforce-Full-Report.pdf>
- ⁵¹ Connecticut Community for Addiction Recovery (CCAR). (2020). Recovery coaching in the emergency room. <https://addictionrecoverytraining.org/recovery-coaching-in-the-emergency-room/>
- ⁵² Fortuna, K. L., Myers, A. L., Walsh, D., Walker, D., Walker, R., Mois, G., & Brooks, J. M. (2020). Strategies to increase peer support specialists' capacity to use digital technology in the era of COVID-19: Pre-post study. *JMIR Mental Health*, 7(7), e20429.
- ⁵³ McDonnell, A., MacNeill, C., Chapman, B., Gilbertson, N., Reinhardt, M., & Carreiro, S. (2021). Leveraging digital tools to support recovery from substance use disorder during the COVID-19 pandemic response. *Journal of Substance Abuse Treatment*, 124, 108226. <https://doi.org/10.1016/j.jsat.2020.108226>
- ⁵⁴ Liese, B. S. & Monley, C. M. (2021). Providing addiction services during a pandemic: Lessons learned from COVID-19. *Journal of Substance Abuse Treatment*, 120, 108156. <https://doi.org/10.1016/j.jsat.2020.108156>
- ⁵⁵ Bergman, B. G. & Kelly, J. F. (2021). Online digital recovery support services: An overview of the science and their potential to help individuals with substance use disorder during COVID-19 and beyond. *Journal of Substance Abuse Treatment*, 120, 108152. <https://doi.org/10.1016/j.jsat.2020.108152>
- ⁵⁶ Digital Peer Support. (2021). Digital Peer Support Certifications. <https://digitalpeersupport.org/certification/>

- ⁵⁷ Legere, L. (2015). A Provider's Handbook on Developing and Implementing Peer Roles. http://www.psresources.info/images/stories/A_Providers_Handbook_on_Developing__Implementing_Peer_Roles.pdf
- ⁵⁸ Philadelphia Department of Behavioral Health and Intellectual disAbility Services. (2017). Peer Support Toolkit. https://dbhids.org/wp-content/uploads/1970/01/PCCI_Peer-Support-Toolkit.pdf
- ⁵⁹ Legere, L. (2015). A Provider's Handbook on Developing and Implementing Peer Roles. http://www.psresources.info/images/stories/A_Providers_Handbook_on_Developing__Implementing_Peer_Roles.pdf
- ⁶⁰ Philadelphia Department of Behavioral Health and Intellectual disAbility Services. (2017). Peer Support Toolkit. https://dbhids.org/wp-content/uploads/1970/01/PCCI_Peer-Support-Toolkit.pdf
- ⁶¹ Delman, J. & Klodnick, V. V. (n.d.). Effectively Employing Young Adult Peer Providers: A Toolkit. https://www.umassmed.edu/globalassets/transitionsrtc/publications/effectivelyemployingyoungadultpeerproviders_a_toolkit.pdf
- ⁶² Hendry, P., Hill, T., & Rosenthal, H. (2015). Peer Services Toolkit: A Guide to Advancing and Implementing Peer-run Behavioral Health Services. ACMHA: The College for Behavioral Health Leadership and Optum. https://www.opioidlibrary.org/wp-content/uploads/2021/01/Peer_Services_Toolkit-4-2015.pdf
- ⁶³ White, W. (2006). Sponsor, recovery coach, addiction counselor: The importance of role clarity and role integrity. <http://www.williamwhitepapers.com/pr/2006SponsorRecoveryCoachAddictionCounselor.pdf>
- ⁶⁴ Mamdani, Z., McKenzie, S. Pauly, B., Cameron, F., Conway-Brown, J., Edwards, D., Howell, A., Scott, T., Seguin, R., Woodrow, P., & Buxton, J. A. (2021). "Running myself ragged": Stressors faced by peer workers in overdose response settings. *Harm Reduction Journal*, 18(8).
- ⁶⁵ Winstanley, E. L. (2020). The bell tolls for thee and thine: Compassion fatigue and the overdose epidemic. *International Journal of Drug Policy*, 85, 102796.
- ⁶⁶ Commonwealth of Massachusetts Department of Public Health. (2019). Coping with overdose fatalities: Tools for public health workers. <https://www.mass.gov/files/documents/2019/02/04/coping-with-overdose-fatalities-tools-for-public-health-workers.pdf>
- ⁶⁷ Commonwealth of Massachusetts Department of Public Health. (2019). Coping with overdose fatalities: Tools for public health workers. <https://www.mass.gov/files/documents/2019/02/04/coping-with-overdose-fatalities-tools-for-public-health-workers.pdf>
- ⁶⁸ Martin, E. & Jordan, A. (2017). Substance Use Disorder Peer Supervision Competencies. The Regional Facilitation Center. http://www.williamwhitepapers.com/pr/dlm_uploads/Peer-Supervision-Competencies-2017.pdf
- ⁶⁹ Indiana Family and Social Services Administration Division of Mental Health and Addiction. (n.d.). Supervision Competencies for Effective and Ethical Peer Recovery Coach Supervision. <https://www.iaprss.org/docs/Supervision-Competencies-Publication.pdf>
- ⁷⁰ Philadelphia Department of Behavioral Health and Intellectual disAbility Services. (2017). Peer Support Toolkit. https://dbhids.org/wp-content/uploads/1970/01/PCCI_Peer-Support-Toolkit.pdf
- ⁷¹ Legere, L. (2015). A Provider's Handbook on Developing and Implementing Peer Roles. http://www.psresources.info/images/stories/A_Providers_Handbook_on_Developing__Implementing_Peer_Roles.pdf

- ⁷² Legere, L. (2015). A Provider's Handbook on Developing and Implementing Peer Roles. http://www.psresources.info/images/stories/A_Providers_Handbook_on_Developing_Implementing_Peer_Roles.pdf
- ⁷³ Prospect Medical Holdings, Inc. (2020, August 27). Waterbury Hospital in Connecticut Teams up with city leaders in response to opioid overdose epidemic. <https://pmh.com/waterbury-hospital-in-connecticut-teams-up-with-city-leaders-in-response-to-opioid-overdose-epidemic/>
- ⁷⁴ Behavioral Health and Wellness Program at the University of Colorado Anschutz Medical Campus School of Medicine. (2015). Dimensions: Peer Support Program Toolkit. <https://www.bhwellness.org/resources/toolkits/Peer-Support-Program-Toolkit-web.pdf>
- ⁷⁵ Wisconsin Department of Health Services and University of Wisconsin-Madison. (n.d.). Boundaries Learning Module. https://eipd.dcs.wisc.edu/non-credit/WI_Voices/Boundaries/story_content/external_files/boundaries-transcript.pdf
- ⁷⁶ Chen, Y., Wang, Y., Nielson, S., Kuhn, L., & Lam, T. (2020). A systematic review of opioid overdose interventions delivered within emergency departments. *Drug and Alcohol Dependence*, 213, 108009. <https://doi.org/10.1016/j.drugalcdep.2020.108009>
- ⁷⁷ Chen, Y., Wang, Y., Nielson, S., Kuhn, L., & Lam, T. (2020). A systematic review of opioid overdose interventions delivered within emergency departments. *Drug and Alcohol Dependence*, 213, 108009. <https://doi.org/10.1016/j.drugalcdep.2020.108009>
- ⁷⁸ D'Onofrio, G., O'Connor, P. G., Pantalon, M. V., Chawarski, M. C., Busch, S. H., Owens, P. H., Bernstein, S. L., & Fiellin, D. A. (2015). Emergency department-initiated buprenorphine/naloxone treatment for opioid dependence: A randomized clinical trial. *JAMA*, 313, 1636-1644. doi: 10.1001/jama.2015.3474
- ⁷⁹ Bogan, C., Jennings, L., Haynes, L., Barth, K., Moreland, A., Oros, M., Goldsby, S., Lane, S., Fucell, C., & Brady, K. (2020). Implementation of emergency department-initiated buprenorphine for opioid use disorder in a rural southern state. *Journal of Substance Abuse Treatment*, 112, 73-78. <https://doi.org/10.1016/j.jsat.2020.02.007>
- ⁸⁰ National Council for Mental Wellbeing. (2020). Addressing Opioid Use Disorder in Emergency Departments: Expert Panel Findings. https://www.thenationalcouncil.org/wp-content/uploads/2021/02/NCBH_TEP_Opioid_Toolkit_v5_021021.pdf?dof=375ateTbd56
- ⁸¹ NYC Health. (2019, May 20). Health department expands lifesaving opioid overdose response program that links overdose survivors with peer advocates. <https://www1.nyc.gov/site/doh/about/press/pr2019/health-department-expands-opioid-overdose-program.page>
- ⁸² Welch, A. E., Jeffers, A., Allen, B., Paone, D., & Kunins, H. V. (2019). Relay: A peer-delivered emergency department-based response to nonfatal opioid overdose. *American Journal of Public Health*, 109(10), 1392-1395.
- ⁸³ Bagley, S. M., Schoenberger, S. F., Waye, K. M., & Walley, A. Y. (2019). A scoping review of post opioid-overdose interventions. *Preventive Medicine*, 128, 105813. <https://doi.org/10.1016/j.ypmed.2019.105813>
- ⁸⁴ Wagner, K. D., Mittal, M. L., Harding, R. W., Smith, K., P., Dawkins, A., D., Wei, X., Woodard, S., Roget, N. A., & Oman, R. F. (2020). "It's gonna be a lifeline": Findings from focus group research to investigate what people who use opioids want from peer-based postoverdose interventions in the emergency department. *Annals of Emergency Medicine*, 76(6), 717-727.

- ⁸⁵ Wagner, K. D., Harding, R. W., Kelley, R., Labus, B., Verdugo, S. R., Copulsky, E., Bowles, J. M., Mittal, M. L., & Davidson, P. J. (2019). Post-overdose interventions triggered by calling 911: Centering the perspectives of people who use drugs (PWUDs). *PLoS ONE*, 14(10): e0223823. <https://doi.org/10.1371/journal.pone.0223823>
- ⁸⁶ Wagner, K. D., Mittal, M. L., Harding, R. W., Smith, K., P., Dawkins, A., D., Wei, X., Woodard, S., Roget, N. A., & Oman, R. F. (2020). “It’s gonna be a lifeline”: Findings from focus group research to investigate what people who use opioids want from peer-based postoverdose interventions in the emergency department. *Annals of Emergency Medicine*, 76(6), 717-727.
- ⁸⁷ Denver Department of Public Health and Environment. (2020, February 26). Denver Public Health & Environment rolls out mobile unit to help those in need. https://www.denvergov.org/content/denvergov/en/environmental-health/news/newsroom_2020/wellness-winnie-launch.html
- ⁸⁸ Denver County Government. (2021, January 29). Wellness Winnie. <https://www.denvergov.org/Government/Departments/Public-Health-Environment/Community-Behavioral-Health/Behavioral-Health-Strategies/Wellness-Winnie>
- ⁸⁹ SAMHSA. (2017). Certified Community Behavioral Health Clinics Demonstration Program, Report to Congress, 2017. https://www.samhsa.gov/sites/default/files/ccbh_clinicdemonstrationprogram_081018.pdf
- ⁹⁰ National Council for Mental Wellbeing. (2021). CCBHC Success Center. <https://www.thenationalcouncil.org/ccbh-success-center/ccbhcta-overview/>
- ⁹¹ SAMHSA. (2017). Certified Community Behavioral Health Clinics Demonstration Program, Report to Congress, 2017. https://www.samhsa.gov/sites/default/files/ccbh_clinicdemonstrationprogram_081018.pdf
- ⁹² Pacific Health Analytics Collaborative. (2021). Peer-to-Peer Learning Coordinator Evaluation Report Year 2.
- ⁹³ SAMHSA. (2021). Telehealth for the treatment of serious mental illness and substance use disorders. https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP21-06-02-001.pdf
- ⁹⁴ University of North Carolina at Chapel Hill, Peers for Progress. (2021). Selecting an evaluation type. <http://peersforprogress.org/resource-guide/selecting-an-evaluation-type/>
- ⁹⁵ CDC. (1999). Framework for program evaluation in public health. *Morbidity and Mortality Weekly Report*, 48(RR-11), 1–58.
- ⁹⁶ Kidder, D. P. & Chapel, T. J. (2018). CDC’s program evaluation journey: 1999 to present. *Public Health Reports*, 133(4), 356–359.
- ⁹⁷ CDC. (2021). Evaluation steps. <https://www.cdc.gov/eval/steps/index.htm>
- ⁹⁸ Mace, S., Siegler, A. Wu, K., Latimore, A., & Flynn, H. The National Council for Mental Wellbeing and Vital Strategies. (2020). Medication-Assisted Treatment for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit. <https://www.thenationalcouncil.org/medication-assisted-treatment-for-opioid-use-disorder-in-jails-and-prisons/>
- ⁹⁹ Community Catalyst, Faces and Voices of Recovery, & American Society of Addiction Medicine. (2021). Peers speak out: Priority outcomes for substance use treatment and services. <https://www.communitycatalyst.org/resources/tools/peers-speak-out/pdf/Peers-Speak-Out.pdf>
- ¹⁰⁰ RWJBarnabas Health, Institute for Prevention and Recovery. (2020). Peer Recovery Program 2019 Yearly Report January 1st–December 31, 2019.

- ¹⁰¹ RWJBarnabas Health, Institute for Prevention and Recovery. (2020). Peer Recovery Program 2019 Yearly Report January 1-December 31, 2019.
- ¹⁰² SAMHSA. (2020). 2020 Report to Congress on the State Opioid Response Grants. <https://www.samhsa.gov/sites/default/files/grants/pdf/other/samhsa-sor-report-08052020.pdf>
- ¹⁰³ CDC. (2021). Overdose Data to Action. <https://www.cdc.gov/drugoverdose/od2a/index.html>
- ¹⁰⁴ High Intensity Drug Trafficking Areas Overdose Response Strategy. (2018). The Overdose Response Strategy 2018 Annual Report. <http://www.hidta.org/wp-content/uploads/2020/04/2018-ORS-Annual-Report.docx-00000003.pdf>
- ¹⁰⁵ BJA COSSAP. (2021). Funding. <https://bja.ojp.gov/program/comprehensive-opioid-stimulant-and-substance-abuse-program-cossap/funding>
- ¹⁰⁶ Medicaid and CHIP Payment and Access Commission. (2019, July). Recovery Support Services for Medicaid Beneficiaries with a Substance Use Disorder. <https://www.macpac.gov/wp-content/uploads/2019/07/Recovery-Support-Services-for-Medicaid-Beneficiaries-with-a-Substance-Use-Disorder.pdf>
- ¹⁰⁷ U.S. Government Accountability Office. (2020, August). Medicaid Coverage of Peer Support Services for Adults. <https://www.gao.gov/assets/gao-20-616.pdf>
- ¹⁰⁸ Centers for Medicare and Medicaid Services (CMS). (2007, August 15). State Medicaid Director Letter #07-011. https://ldh.la.gov/assets/docs/BehavioralHealth/PeerSupportSpecialist/RM_4a_CMS_Medicaid_Director_Letter.pdf
- ¹⁰⁹ CMS. (2013, May 1). Clarifying Guidance on Peer Support Services Policy. https://ldh.la.gov/assets/docs/BehavioralHealth/PeerSupportSpecialist/RM_4b_CMS_Clarifying_Guidance.pdf
- ¹¹⁰ Centers for Medicare and Medicaid Services (CMS). (2007, August 15). State Medicaid Director Letter #07-011. https://ldh.la.gov/assets/docs/BehavioralHealth/PeerSupportSpecialist/RM_4a_CMS_Medicaid_Director_Letter.pdf
- ¹¹¹ Beck, A. J., Page, C., Buche, J., Rittman, D., & Gaiser, M. (2018, September). Scopes of practice and reimbursement patterns of addiction counselors, community health workers, and peer recovery specialists in the behavioral health workforce. University of Michigan Behavioral Health Workforce Center. <https://behavioralhealthworkforce.org/wp-content/uploads/2019/06/Y3-FA3-P1-SOP-Full-Report-Updated-6.5.19.pdf>
- ¹¹² North Carolina Department of Public Health. (2020, August). Post-Overdose Response Team (PORT) Toolkit. <https://files.nc.gov/ncdhhs/Post-Overdose-Response-Toolkit.pdf>
- ¹¹³ University of North Carolina at Chapel Hill, Peers for Progress. (2021). Financial Management and Models. <http://peersforprogress.org/resource-guide/financial-management-and-models>
- ¹¹⁴ Washington University in St. Louis. (2013). Program Sustainability Assessment Tool v2. https://sustaintool.org/wp-content/uploads/2016/12/Sustainability-ToolV2_w-scoring_12.11.13.pdf
- ¹¹⁵ CDC. (2020). Syringe services programs: A technical package of effective strategies and approaches for planning, design, and implementation. <https://www.cdc.gov/ssp/docs/SSP-Technical-Package.pdf>

- ¹¹⁶ Reif, S., Braude, L., Lyman, D. R., Dougherty, R. H., Daniels, A. S., Shoma Ghose, S., Salim, O., & Delphin-Rittmon, M. E. (2014). Peer recovery support for individuals with substance use disorders: Assessing the evidence. *Psychiatric Services*, 65(7), 853–861.
- ¹¹⁷ Ashford, R. D., Brown, A., Canode, B., Sledd, A., Potter, J. S., & Bergman, B. G. (2021). Peer-based recovery support services delivered at recovery community organizations: Predictions of improvement in individual recovery capital. *Addictive Behaviors*. Journal Pre-proof.
- ¹¹⁸ SAMHSA. (n.d.). Peers supporting recovery from substance use disorders. <https://www.opioidlibrary.org/wp-content/uploads/2021/01/peers-supporting-recovery-substance-use-disorders-2017.pdf>
- ¹¹⁹ SAMHSA. (n.d.). Peers supporting recovery from substance use disorders. <https://www.opioidlibrary.org/wp-content/uploads/2021/01/peers-supporting-recovery-substance-use-disorders-2017.pdf>
- ¹²⁰ White, W. (2010). Peer Recovery Support Services: Recovery Management in Healthcare Background paper. <http://www.williamwhitepapers.com/pr/RM%20%26%20Health%20Care%20Reform%20Faces%20%26%20Voices%20of%20Recovery%202010.pdf>
- ¹²¹ SAMHSA, Center for Substance Abuse Treatment. (2009). What are peer recovery support services? HHS Publication No. (SMA) 90-4454. <http://www.dbhds.virginia.gov/assets/doc/recovery/what-are-peer-recovery-support-services-2009.pdf>
- ¹²² SAMHSA. (2012). SAMHSA’s Working Definition of Recovery. <https://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF>
- ¹²³ HHS, Office of the Surgeon General. (2016, November). Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health. <https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf>
- ¹²⁴ SAMHSA. (2018, October). Trauma and violence. <https://www.samhsa.gov/trauma-violence>
- ¹²⁵ National Council for Mental Wellbeing. (2020). Trauma-Informed, Recovery-Oriented Systems of Care Toolkit. https://www.thenationalcouncil.org/wp-content/uploads/2021/01/IN-gov_TI-ROSC_Toolkit_Final_4.20.pdf?dof=375ateTbd56
- ¹²⁶ Daniels, A. S., Bergeson, S., & Myrick, K. J. (2017). Defining peer roles and status among community health workers and peer support specialists in integrated systems of care. *Psychiatric Services*, 68, 1296–1298. doi: 10.1176/appi.ps.201600378
- ¹²⁷ CDC. (n.d.). States Implementing Community Health Worker Strategies. Technical Assistance Guide. https://www.cdc.gov/dhdsp/programs/spha/docs/1305_ta_guide_chws.pdf
- ¹²⁸ CDC. (2016, January 25). Promoting Policy and Systems Change to Expand Employment of Community Health Workers (CHWs). https://www.cdc.gov/dhdsp/chw_elearning/index.html
- ¹²⁹ Association of State and Territorial Health Officials (ASTHO). (2021, May). Ever-changing picture: State approaches to CHW certification. <https://www.astho.org/Programs/Clinical-to-Community-Connections/Documents/Map-of-State-Approaches-to-CHW-Certification/>
- ¹³⁰ ASTHO. (2019, May 30). A patchwork quilt of state approaches to CHW training. <https://www.astho.org/StatePublicHealth/A-Patchwork-Quilt-of-State-Approaches-to-CHW-Training/05-30-19/>

- ¹³¹ SAMHSA Bringing Recovery Supports to Scale Technical Assistance Center (BRSS TACS). (2020, June 24). State-by-State Directory of Peer Recovery Coaching Training and Certification Programs. https://c4innovates.com/brsstacs/BRSS-TACS_State-by-State-Directory-of-Peer-Recovery-Coaching-Training-and-Certification-Programs_8_26_2020.pdf
- ¹³² Videka, L., Neale, J., Page, C., Buche, J., Wayment, C., Gaiser, M., & Beck, A. J. (2019, August). National analysis of peer support providers: Practice settings, requirements, roles, and reimbursement. Behavioral Health Workforce Research Center. <http://www.behavioralhealthworkforce.org/wp-content/uploads/2019/10/BHWRC-Peer-Workforce-Full-Report.pdf>
- ¹³³ SAMHSA. (2015, December 7). Core competencies for peer workers in behavioral health services. https://www.opioidlibrary.org/wp-content/uploads/2021/01/core-competencies_508_12_13_18.pdf
- ¹³⁴ National Council for Mental Wellbeing. (2021). Addressing Opioid Use Disorder in Emergency Departments: Expert Panel Findings. https://www.thenationalcouncil.org/wp-content/uploads/2021/02/NCBH_TEP_Opioid_Toolkit_v5_021021.pdf?dof=375ateTbd56
- ¹³⁵ North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services. (2021). Rapid responder (post overdose response peer support specialist). <https://pss.unc.edu/pssjobs/rapid-responder-post-overdose-response-peer-support-specialist>
- ¹³⁶ Rowan County Human Resources. (2020). Job description. <https://intranet.rowancountync.gov/DocumentCenter/View/3959/Peer-Support-Specialist-TempPDF>
- ¹³⁷ CA BRIDGE. (2020). Resources, Substance Use Navigators (SUNs). <https://www.bridgetotreatment.org/resources>
- ¹³⁸ Anchor Recovery Community Center. (2020). Careers. <https://anchorrecovery.org/careers/>
- ¹³⁹ Brucker, K., O'Donnell, D., & Miramonti, C. (2016). Project Point: Planned outreach, intervention, naloxone, and treatment. <https://opioid-resource-connector.org/program-model/project-point-planned-outreach-intervention-naloxone-and-treatment>
- ¹⁴⁰ Brucker, K., O'Donnell, D., & Miramonti, C. (2016). Project Point: Planned outreach, intervention, naloxone, and treatment. <https://opioid-resource-connector.org/program-model/project-point-planned-outreach-intervention-naloxone-and-treatment>
- ¹⁴¹ Brucker, K., O'Donnell, D., & Miramonti, C. (2016). Project Point: Planned outreach, intervention, naloxone, and treatment. <https://opioid-resource-connector.org/program-model/project-point-planned-outreach-intervention-naloxone-and-treatment>
- ¹⁴² Brucker, K., O'Donnell, D., & Miramonti, C. (2016). Project Point: Planned outreach, intervention, naloxone, and treatment. <https://opioid-resource-connector.org/program-model/project-point-planned-outreach-intervention-naloxone-and-treatment>
- ¹⁴³ Brucker, K., O'Donnell, D., & Miramonti, C. (2016). Project Point: Planned outreach, intervention, naloxone, and treatment. <https://opioid-resource-connector.org/program-model/project-point-planned-outreach-intervention-naloxone-and-treatment>
- ¹⁴⁴ Brucker, K., O'Donnell, D., & Miramonti, C. (2016). Project Point: Planned outreach, intervention, naloxone, and treatment. <https://opioid-resource-connector.org/program-model/project-point-planned-outreach-intervention-naloxone-and-treatment>
- ¹⁴⁵ Welch, A. E., Jeffers, A., Allen, B., Paone, D., & Kunins, H. V. (2019). Relay: A peer-delivered emergency department-based response to nonfatal opioid overdose. *American Journal of Public Health*, 109(10), 1392-1395.
- ¹⁴⁶ Welch, A. E., Jeffers, A., Allen, B., Paone, D., & Kunins, H. V. (2019). Relay: A peer-delivered emergency department-based response to nonfatal opioid overdose. *American Journal of Public Health*, 109(10), 1392-1395.

- ¹⁴⁷ Welch, A. E., Jeffers, A., Allen, B., Paone, D., & Kunins, H. V. (2019). Relay: A peer-delivered emergency department-based response to nonfatal opioid overdose. *American Journal of Public Health, 109*(10), 1392-1395.
- ¹⁴⁸ Welch, A. E., Jeffers, A., Allen, B., Paone, D., & Kunins, H. V. (2019). Relay: A peer-delivered emergency department-based response to nonfatal opioid overdose. *American Journal of Public Health, 109*(10), 1392-1395.
- ¹⁴⁹ Welch, A. E., Jeffers, A., Allen, B., Paone, D., & Kunins, H. V. (2019). Relay: A peer-delivered emergency department-based response to nonfatal opioid overdose. *American Journal of Public Health, 109*(10), 1392-1395.
- ¹⁵⁰ Welch, A. E., Jeffers, A., Allen, B., Paone, D., & Kunins, H. V. (2019). Relay: A peer-delivered emergency department-based response to nonfatal opioid overdose. *American Journal of Public Health, 109*(10), 1392-1395.
- ¹⁵¹ Welch, A. E., Jeffers, A., Allen, B., Paone, D., & Kunins, H. V. (2019). Relay: A peer-delivered emergency department-based response to nonfatal opioid overdose. *American Journal of Public Health, 109*(10), 1392-1395.
- ¹⁵² Waye, K. M., Goyer, J., Dettor, D., Mahoney, L., Samuels, E., Yedinak, J. L., & Marshall, B. D. L. (2019). Implementing peer recovery services for overdose prevention in Rhode Island: An examination of two outreach-based approaches. *Addictive Behaviors, 89*, 85-91.
- ¹⁵³ Waye, K. M., Goyer, J., Dettor, D., Mahoney, L., Samuels, E., Yedinak, J. L., & Marshall, B. D. L. (2019). Implementing peer recovery services for overdose prevention in Rhode Island: An examination of two outreach-based approaches. *Addictive Behaviors, 89*, 85-91.
- ¹⁵⁴ Waye, K. M., Goyer, J., Dettor, D., Mahoney, L., Samuels, E., Yedinak, J. L., & Marshall, B. D. L. (2019). Implementing peer recovery services for overdose prevention in Rhode Island: An examination of two outreach-based approaches. *Addictive Behaviors, 89*, 85-91.
- ¹⁵⁵ Waye, K. M., Goyer, J., Dettor, D., Mahoney, L., Samuels, E., Yedinak, J. L., & Marshall, B. D. L. (2019). Implementing peer recovery services for overdose prevention in Rhode Island: An examination of two outreach-based approaches. *Addictive Behaviors, 89*, 85-91.
- ¹⁵⁶ Waye, K. M., Goyer, J., Dettor, D., Mahoney, L., Samuels, E., Yedinak, J. L., & Marshall, B. D. L. (2019). Implementing peer recovery services for overdose prevention in Rhode Island: An examination of two outreach-based approaches. *Addictive Behaviors, 89*, 85-91.
- ¹⁵⁷ Waye, K. M., Goyer, J., Dettor, D., Mahoney, L., Samuels, E., Yedinak, J. L., & Marshall, B. D. L. (2019). Implementing peer recovery services for overdose prevention in Rhode Island: An examination of two outreach-based approaches. *Addictive Behaviors, 89*, 85-91.
- ¹⁵⁸ Waye, K. M., Goyer, J., Dettor, D., Mahoney, L., Samuels, E., Yedinak, J. L., & Marshall, B. D. L. (2019). Implementing peer recovery services for overdose prevention in Rhode Island: An examination of two outreach-based approaches. *Addictive Behaviors, 89*, 85-91.
- ¹⁵⁹ Langabeer, J., Champagne-Langabeer, T., Lubner, S. D., Prater, S. J., Stotts, A., Kirages, K., . . . Chambers, K. A. (2020). Outreach to people who survive opioid overdose: Linkage and retention in treatment. *Journal of Substance Abuse Treatment, 111*, 11-15.
- ¹⁶⁰ Langabeer, J., Champagne-Langabeer, T., Lubner, S. D., Prater, S. J., Stotts, A., Kirages, K., . . . Chambers, K. A. (2020). Outreach to people who survive opioid overdose: Linkage and retention in treatment. *Journal of Substance Abuse Treatment, 111*, 11-15.