ESTABLISHING PEER SUPPORT SERVICES FOR OVERDOSE RESPONSE:

A Toolkit for Health Departments

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Acknowledgments

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PROJECT TEAM

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Commonly Used Acronyms

Acronym	Meaning
BJA COSSAP	Bureau of Justice Assistance Comprehensive Opioid, Stimulant and Substance Abuse Program
CCBHC	Certi ed Community Behavioral Health Clinic
CDC	Centers for Disease Control and Prevention
ED	emergency department
EMS	emergency medical services
FQHC	federally quali ed 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 O cials
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.[4] Beginning in March 2020, the COVID-19 pandemic significantly exacerbated the overdose crisis resulting in a 30% increase in 2020 compared to 2019.[5] The majority of overdose deaths in the U.S. involve opioids, including nearly 71% of all overdose deaths in 2021.[6] 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 w & '. 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

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 con dence.	• 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.	• Provide overdose education and naloxone distribution. • O

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.[35] 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 e ectively across the range of PSS, including o ering 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 especiall 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, certi ed 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 di erent 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 t refer to peer-based positions, except when referring to positions within speci c organizations or research studies.

Additionally, there is a range of di erent settings in which peer support workers are employed. To name a few, these include: RCOs, mental health provider organizations, Certi ed 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 di erent types of overdose response models can be found in Component 4: Identify a program model that ts the needs of your community.

How are peer support workers di□erent from community health wor

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 ( )

COMPONENT 1:
Prepare for change.

Generally, there are two di erent 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 sta 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 sta 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 sta across the organization and from external stakeholders; and help direct project planning, implementation and sustainability activities in collaboration with the implementation team. E ective project champions for PSS programs are rmly committed to the success of the program; are respected and trusted by leadership, sta and community members; have decision-making power within their organization; o er 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 di ers depending on the organizational setting. Sta from di erent 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, sta , people with lived experience and partners are all committed to the success of the initiative. Convening an implementation team that includes sta 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 sta 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 re ect 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 sta .
- Representatives from partnering organizations (e.g., sta 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 o er 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

DEVELOP A SHARED LANGUAGE.

Public health providers and administrators may use di erent 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- rst, non-stigmatizing language standardizes language across an organization and o ers an opportunity to educate sta on why stigmatizing language is harmful. Agreeing to use person- rst, non-stigmatizing language also helps to build trust and respect among peer support workers and participants. Table 4 provides a quick guide to person- rst 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 re ect changes to accepted language.

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 sta 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	• Does adding PSS align with the organization's mission? • Ar •

Table 5. Sample Organizational Assessment Domains and Questions [34,35,36,37]

Organizational assessment domain	Questions
Workforce development and support	• How familiar is the hiring team with questions that evaluate the competencies held by peer support worker applicants? • What professional development opportunities will be available for peer support workers? • What training and education nee 10 0 0 10 . v10 . v10 m (Wha)Tj 10 0 (t w)12 (ork)10 (er)2 (io (WcDe

DEVELOP GOALS AND ACTION STEPS.

After the organizational assessment is complete, the ndings should be used to inform the development of an action plan. Goals and action steps should be speci c, 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

Free Training Resources

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

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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 0w$,!(w %(()

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 envttehm20abli3q1 T* [(f)5 (or0 ( ) (t)2 (o exist02w9)2 040s45n10 367.7402 384.4004 T

Action Steps

- Prepare to hire peer support workers.
- Develop a peer support worker job description.
- Conduct e ective 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 e ectively recruit, interview and assess peer support worker candidates. Before developing and advertising a job description, the hiring manager should meet with human resources sta 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 sta participating on interview panels, should receive training on how to conduct e ective interviews for PSS positions. Sta 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 e ectively conveys the roles and responsibilities of the position and the expected skills, quali cations 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 e orts 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 speci c lived experiences. For example, a job description can include, "seeking someone with a personal history of having a substance use disorder." 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 speci c peer support worker role?
- What are the peer support workers' speci c job duties?
- Whom does the peer support worker report to?
- What level of education, if any, is required for the position?
- What types of certi cations, if any, are required for the position?
- If certi cation is required, does the organization o er support toward obtaining it? Is there a timeline for when certi cation 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 speci c 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

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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.

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. It is important that hiring managers and teams understand state and federal employment regulations related to criminal history backgrounds and that human resources sta are included in the hiring process. The EEOC also provides information about the legality of considering arrest and conviction records in employment decisions.

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, can 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 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).

Example from the Field: Digital Peer Support Certi cation

Digital Peer Support, an organization advancing virtual PSS programs, o ers a certi cation training program for peer support workers to develop their competencies and skills related to providing e ective PSS in virtual environments.[56] A 15-hour virtual course, the Digital Peer Support Certi cation o ers instruction on a variety of topics, including:

- Technology literacy.
- D

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?

- 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

In many organizations, there may be only one or two peer support workers on sta . 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 nd di erent 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 o ers 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.

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 sta who are exposed to overdose in their work are described below.[66]

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 e ective supervision well in advance of hiring new peer support workers. Because PSS programs di er 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 sta who have experience delivering PSS or who have undergone PSS training and certi cation. 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 sta . 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 sta .
  - » Identifying sta competencies and amplifying them through supervision.
  - » Sharing esponsibility for setting learning goals.
  - » Framing issues and problems as learning opportunities.
  - » Sharing esponsibilities, 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 di erent ways and di erent 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 di erent types of supervision are in Table 8.

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

The Waterbury Warm Hand-O 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-O 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.

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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] Maryl25

COMPONENT :

Identify a program model that ts the needs of your ommunity.

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.

Sta ng Models

The sta ng 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 sta ng and supporting peer support workers during planning e orts:

- 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 sta 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 work ows and processes?
- How will the peer support worker(s) be noti ed 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 o er 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

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.

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)
- Bouncing Back 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 Sheri 's Department and Voices of Hope, a recovery community organization. When an overdose occurs in the county, a coordinator situated within the Sheri 's O ce submits data to the health department, which has established a database to share real-time data with Voices of Hope outreach sta . The outreach team consists of only peer support workers; this decision to not include professional rst 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 o er education, naloxone distribution and linkage to care in neighborhoods or areas where overdoses occur at higher rates. Di erent types of mobile overdose response teams exist, including programs that use vans or other vehicles to deliverxes -7.06 ce tonul 261.2 o12 (dose r)12 (esponse t)2 (o c)d86

“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.37f 0 T. 0.185 cm 0m26 Btaloalg p pras se tthe culinne iwTd [(alrk W)4s, (,intur)10 (ty.37f 0[(alc

Action Steps

- Identify who will conduct monitoring and evaluation activities.
- Develop a logic model.
- D

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 sta 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 sta have an important role in evaluation regardless of who is leading evaluation e orts. 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 o er PSS sta 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

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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

Figure 1. Evaluation Framework for Peer Support Services Programs[93,94]

Formative evaluation	Process and implementation evaluation	Continuous quality improvement	Outcome and e ectiveness evaluation	Impact evaluation
During the development of the PSS program, prior to full-scale implementation.	As soon as the PSS program implementation begins and during operation.	As soon as the PSS program implementation begins and during operation.	After the PSS program is initiated with at least one participant.	During operation of the PSS program, and at appropriate intervals at the end of the program.
• Is the PSS program appropriate for the population of interest? • What resources does the organization have and need to evaluate the program?	• 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 in uenced 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?	• 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?	• 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 sta knowledge, beliefs, attitudes and/or behaviors change because of training? • What unexpected outcomes, if any, resulted from the PSS program? • What can be modi ed to make the PSS program more e ective?	• T•Wha

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 work flow. 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]

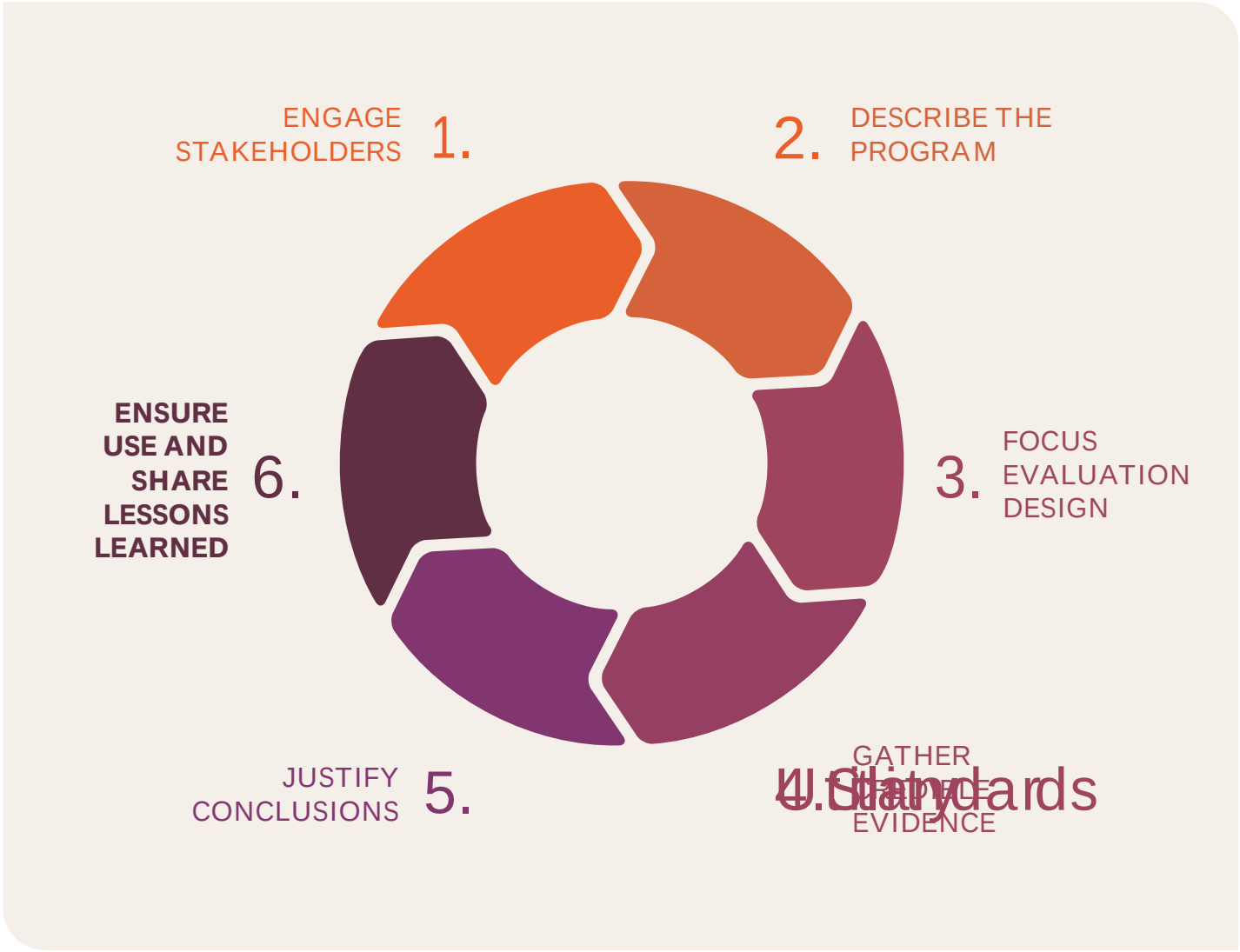

Table 9. CDC Program Evaluation Framework and Checklists[97]

Evaluation step and link to checklist	Description
Step 1: Engage stakeholders	Engage stakeholders, including those involved in program operations; those

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 Peers for Progress)
- Equitable Evaluation Initiative
- Evaluation Profiles (CDC)

As the peer workforce grows, there is increased demand to appropriately nance and sustain PSS within overdose response initiatives. Peer-based overdose response and linkage to care activities are often nancially supported through time-limited grant funding, which poses

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 certi ed 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]

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 sta . 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 sta turnover. Sharing and reviewing sta manuals and resources are particularly helpful for new sta during the onboarding process. Protocols and policies should be regularly assessed and updated. When developing new protocols and policies, input should be garnered from sta 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 con dentiality, 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 eld.
- 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 e ective workforce. Ensuring that peer support workers are adequately compensated, maintain their wellness and are satis ed and supported to develop and grow in their positions helps to reduce turnover and increase stability of the program. Grants and funders may require speci c 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 sta , should be provided opportunities to develop and grow professionally and build con dence in their work to help increase sta satisfaction, which can lead to better retention. Information related to supporting sta wellness can be found in Component 3:Supervise peer support workers.

> I think it s crucial to be extremely supportive to your peer support [sta] 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.

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 w 0 w $, ! (w % ((, 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)

Name	Title	Organization	State
Jack Latchford	Outreach Worker	Harford County Health Department	MD
Kelly Marquart	Certi ed Peer Recovery Specialist	Washington County Health Department	MD
Marie Mormile-Mehler	Planning & Performance Improvement Officer	Community Mental Health A liates	CT
Bill Kinch	Project Manager	New Britain EMS	CT
Nicole O'Donnell	Certi ed Recovery Specialist	University of Pennsylvania Hospital	PA
Tamanna Patel	Director	National Council for Mental Wellbeing	DC
Kuulei Perreira-Keawekane	Cultural Advisor	* % 2 ! . / % 0 5 +0 'Ha* +	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 Sco eld	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 A airs Coordinator	Wisconsin Department of Health Services	WI
Jennifer Tuerke	Executive Director	Voices of Hope	MD
Erin Woodie	Chief Operations O cer	Voices of Hope	MD

	Community Health Worker	Peer Support Worker
Certi cation and training	• Some states have established competencies for community health workers. • Certi cation standards for Medicaid reimbursement vary by state. • As of May 2021, 12 states have established state-operated certi cation programs and seven states have privately operated certi cation programs. • Training and continuing education credit requirements vary by state. Some states have implemented one or more standardized	

Appendix D. Core Competencies for Peer Support Workers[133]

Category	Competencies
. Engages participants in collaborative and caring relationships.	• 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.
. Provides support.	• Validates participants' experiences and feelings. • Encourages the exploration and pursuit of community roles. • Conveys hope to participants about their own recovery. • Celebrates participants' e orts and accomplishments. • Provides concrete assistance to help participants accomplish tasks and goals.
. Shares lived experience of recovery.	• Rejudg (ts)2 (.f)5 (bs)2eeelin. •

Category	Competencies
. Supports recovery planning.	• 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 identi es credible information and options from various resources.
. Links to resources, services and supports.	• 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 nd and use health services and supports. • Accompanies participants to community activities and appointments when requested. • Participates in community activities with participants when requested.
. Provides information about skills related to health, wellness and recovery.	• 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.
. Helps peers to manage crises.	• 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.
. Values communication.	• Uses respectful, person-centered, recovery-oriented language in written and verbal interactions with participants, family members, community members and others. • Uses active listening skills. • Clari es 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 con dentiality and respects others' rights for privacy.

Category	Competencies
. Supports collaboration and teamwork.	• 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 e orts with health care providers to enhance the health and wellness of participants. • Coordinates e orts with participants' family members and other natural supports. • Partners with community members and organizations to strengthen opportunities for participants. • Strives to resolve con icts in relationships with participants and others in their support network.
. Promotes leadership and advocacy.	• 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 e orts 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 e orts to improve the organization. • Maintains a positive reputation in peer/professional communities.
. Promotes growth and development.	• Recognizes the limits of their knowledge and seeks assistance from others when needed. • Uses supervision (mentoring, re ection) e ectively by monitoring self and relationships, preparing for meetings and engaging in problem-solving strategies with their supervisor. • Re ects 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 Programs

- 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.
- 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 o ering PRSS.
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ROWAN COUNTY HUMAN RESOURCES JOB DESCRIPTION[136]

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 identi ed 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 nding resources, advising the consumer of processes and encouraging follow-through with proposed resolutions, locating social activities or other assistance as needed. Models e ective 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 e ective working relationships with coworkers, clients and the general public. Ability to communicate e ectively 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 les 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 uids.

Minimum Experience and Training:

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

- Develop positive working relationships with ED sta 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 di erences 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.
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Certi cates, 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 nger, 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. Speci c 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

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 rst 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 o ered.	
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.	Evaluation of HEROES at the University of Texas Health Science Center, a mobile outreach overdose response model, which provides PSS, linkage to evidence-based treatment and other services.
HEROES[160]	Retention in treatment at 30- and 90-day endpoints.	

Appendix H. Additional Tools and Resources

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 sta implementing a variety of linkage to care strategies to prevent overdose, including peer-based models.
Presentation slides	Value of Peers	SAMHSA	2017	Describes research ndings showing the e ectiveness 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 Quali ed Health Centers	Association of State and Territorial Health O cials (ASTHO)	2020	Describes the roles of peer support services within FQHCs.
Videos	Video Trainings	wBRSS 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	to peer 2 (t)2 (e tion, and)10 ( )]T0 ( )]]TJ /o trresponsAl12 (erh)]TsmTJ -0.01 Tw T*		

Type of resource	Title			

Type of resource	Title	Source	Date	Description
Recorded webinar	NYC Department of Health and Mental Hygiene (DOHMH) Brie ng: Relay - A Peer-Delivered, Harm Reduction-Based Intervention to Address Nonfatal Opioid Overdose in NYC Emergency Departments	Drug Policy AllianDrug Policy		

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 e orts.
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 ve guiding principles for using shared measurement to align systems with communities to advance equity.
Resource collection	Evaluation Pro les	CDC	2022	Provides several evaluation pro les, 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 Bene ciaries 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 nanced through Medicaid.
Report	Medicaid Coverage of Peer Support Services for Adults	United States Government Accountability O ce	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.

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