Peer Support Services in Justice and Public Safety Settings:

A Planning and Implementation Tool Kit

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LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

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CHAPTER 1:
Introduction

The term *peer support services* refers to nonclinical assistance provided by individuals with lived experience of similar conditions. Peer support is grounded in the principle that individuals who have shared, similar experiences can help themselves and each other. Peer support services leverage resources that already exist in the community, including many people with lived experience who seek opportunities to serve their communities.

Peer support services are flexible and tailored to the individual. Peer support services may be offered before an individual enters treatment, as an adjunct to treatment, or can take place after treatment. Individuals who choose not to participate in treatment may also engage with a peer support worker.

What is a Peer Support Worker?

A peer support worker is "an individual with lived experience of a mental health or substance use disorder trained, and in many cases certified by their state, to provide peer support services."[1] Peer support workers selected to work in justice and public safety settings may also have previous involvement in the justice system. "Peer support worker" is the umbrella term used throughout this tool kit to reference various professionals who provide peer support services. Other professional titles that describe individuals who offer peer support services include peer support specialists, peer coaches, peer workers, advocates, and forensic peer support workers. Appendix A provides a comprehensive overview of peer support job definitions and designations. One of the most common types of peer support offered in justice settings is peer recovery support, which is nonclinical assistance by persons with lived experience of similar conditions to initiate, pursue, and sustain a person's long-term recovery.[2]

> *Our experience gives us the credentials to sit at that table and work with people. But we also know that our role is to listen and use motivational interviewing skills to walk alongside and help folks find their voice in their treatment planning because that's where people sustain their recovery. We give participants a sense of agency.*
>
> Peer Support Worker

How are Peer Support Workers Used in Justice and Public Safety Settings?

Justice and public safety settings, including law enforcement, courts, jails, and probation agencies, integrate peer support workers into their programs. Figure 1 below, developed by Policy Research Associates, illustrates the variety of opportunities for peer support workers to work with individuals with mental health or substance use disorders at different intercepts of the criminal justice system.[3]

Figure 1: Peer Support Roles Across the Sequential Intercept Model

Intercept 0	Intercept 1	Intercept 2	Intercept 3	Intercept 4	Intercept 5
Community Service	Law Enforcement	Initial Detention & Court Hearings	Jails & Courts	Reentry	Community Corrections
Crisis/Warm Lines	9-1-1 Dispatch	Initial Detention	Courts		
Law Enforcement Deflection/ Diversion Programs				Jail/Prison Reentry	
Crisis Care Continuum					
Mobile Crisis Teams		Pretrial Services/ Initial Court Appearance	Jail Prison		Probation/ Parole
Crisis Stablization Centers/ Hospitals					

COMMUNITY (left) — COMMUNITY (right)

Intercept 0	Intercept 1	Intercept 2	Intercept 3	Intercept 4	Intercept 5
Peer support workers conduct general and targeted public outreach, operate crisis lines, serve on mobile crisis outreach teams, post-overdose response teams, or law enforcement deflection/ diversion teams.	Peer support workers serve on Crisis Intervention Teams (CIT) and related law enforcement deflection/ diversion teams.	Peer support workers provide peer support services to individuals involved in prosecutor diversion or pretrial diversion programs.	Peer support workers serve on treatment court teams and work in corrections settings.	Peer support workers provide reentry support and work with individuals as they transition from correctional settings to the community.	Peer support workers provide services to individuals on probation or parole.

Adapted from Policy Research Associates [Peer Support Roles Across the Sequential Intercept Model](#)

Why Provide Peer Support Services in Justice and Public Safety Settings?

Research has found that participating in peer support services may:

- Reduce relapse rates[4]

- Increase engagement in treatment[5]

- Improve treatment attendance/treatment adherence[6]

- Improve perceptions of social support and quality of life, and reduce feelings of guilt and shame among individuals reentering the community from corrections settings[7]

- Reduce recidivism[8]

- Lead to longer stays in the community for those with co-occurring serious mental illness and substance use disorders[9]

- Reduce stigma.[10]

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> **" *I never thought that I would be doing something like this where I would take all of the hardships and the stuff that I've been through and turn that around into power. I feel very empowered and grateful and honored that I have this job.* **
>
> Peer Support Worker

Several studies have indicated there are benefits for peer support workers. For example, in mental health treatment settings, one study found that peer support workers reported increased self-confidence, a greater sense of identity, increased self-efficacy, and the development of skills and knowledge relating to human services.[11] A second study found that peer support workers experienced increased social capital, the development of prosocial relationships with fellow peer workers, and enhanced opportunities for career growth and employment.[12]

What is in This Tool Kit?

This tool kit is for justice and public safety practitioners planning to implement peer support services in law enforcement agencies, court-based programs, community supervision agencies, and correctional settings. Each section of the tool kit offers critical questions to address during the planning and implementation phase, case studies, tools, and resources drawn from the latest research, subject matter experts, and experiences from diverse settings across the United States.

Materials found in the tool kit include:

- Profiles of justice and public safety implementations of peer support programs
- Sample roles and responsibilities of peer support workers
- Links to sample job descriptions and interview questions
- Strategies to address common implementation challenges
- Sample forms for intake and consent to share information
- Links to assessment tools

CASE STUDY

The University of Alabama at Birmingham Community Justice Programs

University of Alabama's School of Medicine, Department of Psychiatry
Jefferson County, Alabama

The University of Alabama's Community Justice Programs (CJP) is a unique clinical, community, and academic collaboration model housed in a university setting. The CJP operates various problem-solving courts in Jefferson County, Alabama, including Jefferson County's Drug Court, Veterans Treatment Court, and Mental Health Court. The CJP integrates peer support workers into each of its programs. Peers engage participants in programming, connecting participants to resources, providing one-on-one support for participants upon release from incarceration, and planning and facilitating recovery support groups, activities, and events.

Local treatment courts began integrating peer support services into their programs around 2005. Initially, there was some confusion regarding the roles and responsibilities of the peer recovery specialists and how they were different from case managers. Peer recovery specialists were frequently assigned "busy work" and other tasks to lessen the workload of case managers, which created tension. The program director worked with the courts to clarify the role of the peer recovery specialists and how recovery services were different from case management services and activities. Peer recovery specialists began to participate in staffing meetings alongside the judge, case managers, and attorneys, which also helped clarify and distinguish the roles and responsibilities of the peer recovery specialists.

> *I think that people have come a long way and now realize how much peers can bring to the table, how much they can do that is more than a case manager can as far as engaging the client, making that relationship, and giving them the support they need.*
>
> Program Manager

Confidentiality was another issue that required attention. Supervisors worked with case managers and peers to ensure that all parties understood what information they were and were not required to share. Another challenge the peers faced was maintaining professionalism while remaining authentic to themselves and their clients. Many individuals hired to perform peer recovery services had limited or no experience working in a professional capacity. It was easy to fall into conversation patterns that, while authentic, could be perceived as unprofessional. Supervisors now regularly discuss ethics, professionalism, and boundaries in the context of recovery during supervision.

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CHAPTER 2:

Planning
for Peer Support Services in Justice and Public Safety Settings

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KEY QUESTIONS

- What role will peer support workers play within our organization?

- What tasks will peer support workers perform?

- How will we differentiate clinical services from peer support services?

- How will we determine caseload size?

- How will we fund peer support services?

- What local or national resources are available to support our agency?

Chapter 2 addresses questions agencies should answer in the planning phase of building peer support services in a justice or public safety setting. Appendix B contains an *Organizational Readiness Checklist* that reinforces concepts covered in this chapter. At the outset of planning a peer support program, justice and public safety agency leaders should familiarize themselves with the principles and values of peer support.

The National Association of Peer Supporters developed the *National Practice Guidelines for Peer Specialists and Supervisors* which recognizes the following 12 core values of peer support:

1. Peer support is voluntary

2. Peer supporters are hopeful

3. Peer supporters are open-minded

4. Peer supporters are empathetic

5. Peer supporters are respectful

6. Peer supporters facilitate change

7. Peer supporters are honest and direct

8. Peer support is mutual and reciprocal

9. Peer support is based on equally shared power

10. Peer support is strengths-focused

11. Peer support is transparent

12. Peer support is person-driven

During the planning phase, justice and public safety agencies frequently partner with a treatment agency that has experience with peer support services or a peer-run recovery organization in the community. These partnerships offer several benefits, including:[13]

- ***Assistance in developing the peer support worker role.*** Experts from peer-led organizations can play a role in visioning a new peer support role, providing support and feedback on job descriptions, and providing expertise on what makes peer support unique.

- ***Access to peer support-specific information.*** Peer support experts are up to date on the current academic literature in the field and are aware of the emerging trends. Peer-led organizations are also familiar with service delivery from a lived experience lens and can help peer support workers stay grounded in peer support practices.

- ***Training for peer workers.*** Many peer support organizations offer training opportunities for new peer workers and allow new staff to learn from experienced peer workers.

- ***Access to a community of peer workers.*** Peer workers benefit from connecting with others in similar roles. Many peer organizations have communities of practice that bring peer support workers together to share resources and support each other.

- ***Access to supportive supervision for peer support workers.*** Receiving supervision from someone with expertise in peer services can help peer support workers maintain the integrity of peer support.

Program administrators must decide which agency will employ the peer support staff. Many justice and public safety agencies elect to partner with a treatment agency or a peer-led organization for this service rather than employ peer support workers directly. Leveraging the expertise of experienced agencies can be extremely helpful during the implementation phase. If possible, justice or public safety agencies should also avoid hiring only one peer support worker to work in their agency. Having a single peer provider makes it challenging to integrate peer support into the agency and places a great deal of pressure on the peer support worker.

Defining the Role of the Peer Support Worker

Peer support workers perform a variety of functions in different settings.[14] Organizations that successfully implement peer services clearly define the role of the peer support worker.[15] Justice and public safety agencies should carefully review *Table 1* and Appendix C and develop a position description for a peer support worker in their agency.

Table 1: Common Functions of Peer Support Workers

Peer Function	Description
Assertive Outreach	Peer support workers conduct outreach to individuals who have never received services or have become disconnected from services and may benefit from being re-engaged.
Advocacy	Peer support workers advocate for participants both within their organization and within the broader community. They also engage in formal advocacy efforts to reduce stigma, increase access to services, and increase the breadth and quality of services.
Linking to Community Resources	Peer support workers identify and develop recovery resources, including employment, housing, and childcare. Peer workers link people to community resources and help them navigate health and social service systems.

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Peer Function	Description
Companionship and Modeling	Peer support workers provide social support and assist clients in developing a recovery support network. They may also offer recreational opportunities in the community.
Recovery Planning	Peer support workers help individuals address and cope with behavioral health challenges and integrate into the community by developing individualized recovery plans. For example, a peer support worker might help a client create and use a Wellness Recovery Action Plan to recognize early warning signs and follow personal goals to recovery.
Recovery-Focused Skills Training	Peer support workers facilitate life-skills groups to reinforce new skills, such as problem-solving.
Ongoing Recovery Management	Peer support workers provide support through various avenues (e.g., in person, by telephone, through text messages).
Crisis Support	Peer support workers provide critical support during challenging times by sharing their lived experiences and assertively connecting people with needed resources.

Adapted from the Philadelphia Department of Behavioral Health and Intellectual Disabilities Services and Achara Consulting Inc. Peer Support Toolkit

Appropriate tasks for peer support workers allow the peer support worker to use his or her lived experience and provide an opportunity to connect with individuals in a way that builds rapport and facilitates connection.[16] *Table 2* provides an example of an appropriate and inappropriate task for a peer worker.

Table 2: Example of an Appropriate Task for a Peer Support Worker

Example of a task appropriate for a peer support worker	Example of a task not appropriate for a peer support worker
The peer support worker is asked to drive a participant to a doctor's appointment and provide support. On the drive to the doctor's office, the peer support worker and the participant discuss communicating with the doctor about medication side effects. The peer support worker shares his or her lived experience with respect to communicating with doctors about medication concerns.	The peer support worker is asked to drive a participant to a doctor's appointment and wait in the parking lot. The peer support worker does not know the individual, and there is no intended ongoing connection between the participant and the peer support worker.

Adapted from Phillips, K., Harrison, J, & Jabalee, C. Supervising Peer Workers: A Toolkit for Implementing and Supporting Successful Peer Staff Roles in Mainstream Mental Health and Substance Use/Addiction Organizations

It is essential to avoid using peer support workers as a substitute for case aides, case managers, errand runners, van drivers, or community supervision officers. These other roles diminish the value of a peer support worker's role, create role ambiguity, and are beyond one's education, training, and experience. It may be helpful to have a technical assistance provider or organization with established peer support programs in your community review the draft position description and offer feedback.

Differentiating Peer Support Services from Clinical Services

Peer support services are not a replacement for clinical care. Although some of the activities performed by clinicians or case managers may mirror activities performed by peer support workers, the role of the peer is distinctly different. *Table 3* compares the role of a peer support worker and the role of clinical staff.

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Table 3: The Role of Peer Support Workers Versus Clinical Staff

Peer Support Workers	Clinical Staff
• Primarily draw on lived experience • Provide emotional and practical support • Establish mutual and reciprocal relationships • Bridge the "them" and "us" divide • Build hope and model recovery • May co-facilitate nonclinical groups • Inspire others, offering "images of hope." • Model appropriate disclosure	• Primarily draw on professional knowledge, skills, and expertise • Conduct assessments and determine diagnoses • Provide clinical interventions, treatment, and support • Provide information about diagnosis and treatment • Assess and manage risk from a professional perspective • Ensure that legal responsibilities and professional accountabilities are covered • Maintain case documentation

Adapted from Repper, J. Peer Support Workers: A Practical Guide to Implementation

Differentiating Peer Support Workers from 12-Step Sponsors

Sponsors working within the 12-Step framework help those in early recovery understand and follow the specific guidance of the 12-Step program. In contrast, peer support workers help individuals choose which recovery pathway(s) work for them.

Caseload Size

When establishing an appropriate and reasonable caseload size for a peer support worker, it is essential to consider the responsibilities of the peer and the complexity of the needs of the clients in your program. A typical caseload size for a peer expected to conduct weekly check-ins, in-person meetings in the office or the field, case documentation, and the like can fall within the 20–30 range. Justice and public safety agencies should consider caseload size when planning for resources to avoid burnout. Try not to have only one peer support worker in your program.

Preparing Existing Staff Members

> *Some people in the field have the attitude of 'lived experience, whoop-de-do, you don't have a college degree.' I hear that sometimes, but I don't let that define me. I love working with the probation team because they get it.*
>
> Peer Support Worker

Peer support services are less successful when there is a lack of staff understanding of peer support workers or staff have reservations about hiring peer support workers.[17] During the planning phase, agency or program leaders should provide training for existing staff that describes how peer support services will be incorporated into the agency and/or program. Orientation for existing staff should also include training on the philosophy of peer support, how peer support is unique, stigma, and how peer services can impact program outcomes. As part of the training, consider inviting peer support workers from programs similar to the one you are developing to speak to the staff. The peer support workers should discuss their role within their program, their impact on clients, and lessons learned from their work.

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It is also essential to acknowledge and address underlying concerns staff may have. For example, peer support workers may face skepticism from other staff about their ability to maintain sobriety, or there may be concerns that peer support staff will not maintain confidentiality.[18] *The Peer Support Toolkit* developed by the City of Philadelphia includes a module on assessing common peer staff concerns for peer and non-peer staff that is a resource for managing these difficult conversations. This type of training helps set the stage for new employees to view peers as colleagues and co-workers.

Mandating Peer Support Services

The first core value of peer support is that people freely choose to give or receive support. Being court-ordered to participate in peer support services goes against the nature of genuine peer support. As such, justice and public safety agencies should avoid mandating peer support services.

CASE STUDY

Community Care Coordinator within the Sheriff's Office, Probation Department, and County Court

The Adams County Health Department | Adams County, Ohio

In 2018, the Adams County Health Department received an opioid rural health grant from the Health Resources and Services Administration, U.S. Department of Health and Human Services, enabling the health department to develop a new behavioral division to increase treatment services. The health department used this initial grant to establish partnerships with justice stakeholders that did not previously exist, provide cross-sector training, and develop new programming, including building linkages to treatment and a new, streamlined referral process for individuals leaving jail. In 2019, the health department received a Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) grant from the Bureau of Justice Assistance, which allowed the health department to initiate a peer support program.

Peer support services did not exist in Adams County before the COSSAP grant, and initially, there was some concern about the health department's ability to recruit peers. Nonetheless, the health department was successful in recruiting through Facebook and an advertisement in the local newspaper. One peer works specifically with justice-involved individuals who are court-involved or incarcerated. Three additional peers work with the county's quick response team operated by the health department. The peer support worker also shadowed the coordinators working in the courts and jail to learn how each system works and interfaces with clients.

As a small community, the health department assumed that everyone would immediately be on board with the program, which was not the case. Although the health department initiated the grant, it was essential to engage justice leaders to co-develop services and talk openly about the concerns and the differences in perspectives of all parties. Recognizing these different perspectives while working towards a common goal has strengthened the program.

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No-Cost Technical Assistance

Technical assistance is available to support and encourage efforts to integrate peers across criminal justice programs and systems. Below is a list of current technical assistance opportunities designed to provide mentorship, training, and implementation support.

Peer Recovery Support Services Mentoring Initiative
Funded by the U.S. Department of Justice, Bureau of Justice Assistance

The Peer Recovery Support Services Mentoring Initiative (PRSSMI) provides support to justice and public safety agencies planning a peer support program or wanting to enhance an existing program. New or early-stage programs are matched with experienced programs and provided consultation and support from the staff of the experienced programs. This technical assistance is offered at no cost to the mentee site and is available to any public safety or justice organization.

Further details on the PRSSMI program and application process are available on the Mentor Program FAQs.

Opioid Response Network
Funded by the Substance Abuse and Mental Health Services Administration

With consultants located in all 50 states and the District of Columbia, the Opioid Response Network provides free education, training, and educational resources tailored specifically to states, communities, health care systems, clinics, and individuals working to address the opioid crisis. These local consultants work directly with programs to address various needs including education and training for the prevention, treatment, or recovery of opioid use disorders, stimulant use, and other substance use disorders.

To make a request for technical assistance, complete this form.

Bringing Recovery Supports to Scale Technical Assistance Center Strategy Project (BRSS TACS)
Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA)

SAMHSA's BRSS TACS project was founded in 2011 to support programs, systems, states, territories, and tribes in their effort to implement recovery supports and services. Recovery supports, tools, and resources can be found on their website.

> *Having spent so many years being worried about being arrested, it was nerve-wracking being introduced to the officers as a recovery coach. There's stigma attached to people who have an addiction, but I realized I also held stigma towards the police. Those barriers had to be broken down. It is a work in progress but I'm appreciative that I've gained the trust and confidence of many of the police officers in the town.*
>
> Peer Recovery Coach

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CASE STUDY

Community and Law Enforcement Assisted Recovery (CLEAR) Program

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Winthrop Police Department | Winthrop, Massachusetts

The Winthrop Community and Law Enforcement Assisted Recovery (CLEAR) program is a partnership between the Winthrop Department of Health and Clinical Services and the Winthrop Police Department. The program began in 2014 and hired its first peer recovery coaches in 2015. The goal of the CLEAR program is to connect individuals with substance use and/or mental health disorders to treatment and support. The CLEAR program emphasizes a multidisciplinary approach to help people with housing difficulties, food scarcity, domestic violence, mental health, and substance use disorders. The CLEAR program is a peer mentor site of the U.S. Department of Justice, Bureau of Justice Assistance.

To support program participants, the police department partners with nonprofit organizations and community partners to provide taxi vouchers for transportation, childcare, and other supports to reduce barriers to participation in treatment. CLEAR program staff members are housed at the Massachusetts Department of Public Health to meet with program staff in an environment less intimidating than the police department and offers privacy. The CLEAR program also partners with the Boston Medical Center which provides services and supervision.

Initially, some officers did not fully embrace the CLEAR program. Over time, the agency's culture shifted, and support for the program grew. Part of the buy-in resulted from program staff demonstrating to the officers that the CLEAR program would reduce officers' workload by addressing the needs of individuals that comprised a large portion of their service calls. The Winthrop Police Department trained police personnel on the benefits of peer recovery support, mental health first aid, crisis intervention training, and naloxone administration. This training has been instrumental in educating officers that addiction is a disease and not a moral failing.

Medicaid Coverage for Peer Support Services

In 2007, the Centers for Medicare & Medicaid Services issued guidance to state Medicaid directors on coverage of peer support services for individuals with behavioral health conditions.[19] This guidance outlined the requirements for states seeking federal Medicaid reimbursement for peer support services.

THE CENTERS FOR MEDICARE & MEDICAID SERVICES' GUIDANCE ON MEDICAID COVERAGE OF PEER SUPPORT SERVICES

Peer support services can be offered to beneficiaries with either mental health or substance use disorders. States may choose to deliver peer support services through several Medicaid funding authorities, including the state plan rehabilitative services option and Section 1915(b) or 1915(c) waivers. State Medicaid agencies have the authority to determine the service delivery system, medical necessity criteria, and the scope of peer support services. However, when states seek federal financial participation for peer support services, they must address certain minimum service requirements:

- **Supervision.** Peer support service 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.
- **Care coordination.** Peer support services must be coordinated within 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 specific, individualized goals that have measurable results.
- **Training and credentialing.** Peer support providers must obtain training which must provide peer support providers with a basic set of competencies and certification as defined by the state. The peer must demonstrate the ability to support the recovery of others from mental illness or substance use disorders. Ongoing continuing educational requirements for peer support providers must also be in place.

CASE STUDY

Peer Recovery Services in Jails, Peer Recovery Services in Local Emergency Departments, and the Butler County Hopeline

Butler County Mental Health and Addiction Recovery Services Board | Butler County, Ohio

The Butler County (OH) Mental Health and Addiction Recovery Services Board supports three initiatives involving peer recovery specialists: peer recovery services in jails, peer recovery services in local emergency departments, and the Butler County Hopeline, a call-in service that connects individuals to treatment services. Program partners include the Butler County Mental Health and Addiction Recovery Services Board, the Butler County Sheriff's Department, Community Behavioral Health, and a local hospital emergency department. One peer recovery specialist works in the emergency room, one works in the jail, and additional peer recovery specialists support the Butler County Hopeline.

The jail-based program began in 2017, with funding from the state, to improve linkages to treatment and services for inmates as they transitioned back into the community. The peer support worker facilitates weekly groups and assists individuals with the transition from jail to the community. The manager of inmate services oversees all contracted services inside the jail, including peer support services. However, the peer support worker is a Butler County Mental Health and Addiction Recovery Services Board employee. Since peer support was new in the jail, the staff supervisor received a four-hour training related to supervising peer staff. The training included strategies for educating other staff and employees in the jail about the peer's role and function. The manager of inmate services provided the peer recovery specialist with a jail orientation, and the peer recovery specialist receives ongoing supervision.

The Mental Health and Addiction Recovery Services Board and the jail have built a strong relationship through collaboration, creating a cultural shift in the jail. Over time, jail staff began to view inmates with behavioral health needs with empathy and were more willing to refer individuals to treatment and peer support services than previously.

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As of 2018, 41 states and the District of Columbia were receiving federal Medicaid reimbursement for the services provided by peer support specialists.[20] The service provider must be credentialed through a statewide training program to receive Medicaid coverage for peer support services.[21] Of particular importance to justice and public safety programs, some state Medicaid programs only allow providers to deliver services in clinical settings, such as outpatient behavioral health clinics.[22]

Certification

The first state-recognized certification programs began in 2001. As of 2020, 48 states and the District of Colombia have developed or are creating a state certification process.[23] Some statewide peer support worker programs are assessment-based certificate programs that provide training and then evaluate whether applicants achieved the learning objectives of that training through an examination to receive certification.[24] Other programs are professional certification programs that assess applicants against predetermined knowledge, skills, or competencies.[25] The certifying body is independent of, and is not responsible for, the training process in professional certification programs. Once in the workforce, peer support workers frequently receive additional training (*e.g.*, motivational interviewing or trauma-informed care) from individuals in various professions and with diverse academic backgrounds.[26]

Federal Grant Funding for Peer Support Programs

Peer support services are allocated federal funding through several competitive grant programs and state block grants. These grants are administered by various federal agencies, including the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services and the Bureau of Justice Assistance, U.S. Department of Justice. *Table 4* describes grant opportunities that fund peer support services in justice and public safety settings.

Table 4: Sample Funding Sources to Support Peer Services in Justice Settings

Source	Eligibility	Description
Department of Justice Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)	States, local governments, and tribes	COSSAP provides resources to develop, implement, or expand comprehensive efforts to identify, respond to, treat, and support those impacted by illicit opioids, stimulants, and other drugs of abuse.
Department of Justice Adult Drug Court and Veterans Treatment Court Discretionary Grant Program	States, local governments, and tribes	This program provides resources to state, local, and federally recognized tribal governments to implement or enhance drug court programs and systems for nonviolent offenders and veterans with a substance use disorder.
Substance Abuse and Mental Health Services Administration First Responders-Comprehensive Addiction and Recovery Act Grants	States, local governments, and tribes	This program provides resources to first responders and members of other key community sectors to administer naloxone and establish processes, protocols, and mechanisms for referral to appropriate treatment and recovery support services.

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Source	Eligibility	Description
Substance Abuse and Mental Health Services Administration State Opioid Response Grants	States and territories	This program aims to address the opioid crisis by increasing access to medication-assisted treatment using the three U.S. Food and Drug Administration-approved medications for the treatment of opioid use disorder, reducing unmet treatment needs, and reducing opioid overdose-related deaths through the provision of prevention, treatment, and recovery activities for opioid use disorder (including illicit use of prescription opioids, heroin, and fentanyl and its analogs). This program also supports evidence-based prevention, treatment, and recovery support services to address stimulant misuse and use disorders, including cocaine and methamphetamine.

CASE STUDY

Lake Superior Diversion and Substance Use Response Team

Duluth Police Department | Duluth, Minnesota

The Lake Superior Diversion and Substance Use Response Team is a law enforcement-based peer recovery program operated by the Duluth Police Department. The Response Team, which serves St. Louis, Carlton, and Lake counties in Minnesota and the city of Superior in Wisconsin, provides expedited access to screening, assessment, and linkage to treatment and recovery services. The region has a population of approximately 289,727 people. Individuals served by the program are referred by police officers or identified while in jail or the community.

The program began in 2018. Initially, the program was a post-overdose outreach program with one full-time peer recovery specialist. It has expanded to serve individuals on probation and parole, those in custody, and those reentering the community after incarceration. In 2020, the Duluth Police Department received grant funding to support a second peer recovery specialist and a licensed alcohol and drug counselor. The Duluth Police Department employs peer recovery specialists, and the City of Duluth manages the recruitment and hiring of all positions.

Initially, the police department did not assign a dedicated officer to the program. It relied on a cadre of officers who were paid overtime to work with the peer recovery specialist to conduct outreach. Officers working with the peers were not consistent, which made institutionalizing the program within the agency a challenge. Grant funding allowed the department to assign a full-time officer to the program, which provided continuity, helping the peer better understand the agency's culture and build trust among other officers initially skeptical of the program. A full-time officer also helped to orient the peer and improve access to data and case information.

As the program developed, the city created a data management system to track referrals and program outcomes, including the number of assessments performed, referrals made to treatment, and referrals that resulted in enrollment. The City of Duluth has a standardized release of information that allows for the exchange of health information between city and county agencies and treatment providers.

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CHAPTER 3:
Recruitment,
Orientation, and Supervision of Peers

KEY QUESTIONS

- How can we recruit and hire peer support workers?

- How should we orient and onboard peer support workers?

- How should peer support workers be supervised?

Recruiting Peer Support Workers

There are various approaches that justice and public safety agencies can take to recruit applicants for peer support worker positions. Agencies may post the job vacancy as they would any other position or identify previous clients/participants as candidates for the position. A prior history of substance use, mental health treatment, and/or justice involvement is frequently a job qualification for peer support workers. Agencies should work closely with their human resources department to develop a job description and recruitment strategy that considers applicable laws, regulations, and agency policies. Appendix D provides sample job descriptions that can be adapted by justice and public safety agencies as needed.

The job advertisement should explicitly state that the peer support worker will be working in a criminal justice agency so applicants can determine their comfort level working in that setting. Many peers have previous experiences interacting with law enforcement, being incarcerated, or being on probation and may not be comfortable working in that setting. Other applicants may be highly motivated to work in that environment.

Addressing Criminal History and Security Background Checks

In some states, having a criminal history can be a barrier to the certification of a peer support worker and/or employment in criminal justice settings. Identifying potential obstacles and remedies before initiating the hiring process is critical. A peer support worker's criminal history may also impact his or her ability to access sensitive law enforcement information, which may be necessary to work in a public safety or justice setting. Coordinating with the security staff and examining existing policies related to background checks is a critical component of launching a successful peer program in a public safety or justice setting.

CASE STUDY

Helping Addicts Recover Progressively Program

Chesterfield County Sheriff's Office | Chesterfield County, Virginia

The Helping Addicts Recover Progressively (HARP) program began in 2016 in the Chesterfield County Jail in Chesterfield County, Virginia. HARP is a jail-based peer recovery program for men and women with opioid use disorders and other substance use disorders. The program operates in two phases. Phase I takes approximately six months to complete and consists of peer-to-peer recovery, skills training, professional recovery, and discharge planning. Phase II is based on an individual's need and eligibility to participate in alternative sentencing such as work release and home incarceration.

The Chesterfield County Sheriff's Office initially created the HARP program for men. Based on HARP's initial success, they established a separate program for women within one year. A HARP program coordinator, a jail reentry coordinator, and four contract peer recovery specialists work with the program. The jail also employs a full-time doctor who provides information and education about substance use disorders and prescribes medications for addiction treatment, as necessary. Select deputies are assigned to work in the program. As part of orientation to work in the HARP program, new deputies shadow existing staff for a week or two. Deputies receive trauma-informed care and mental health first aid training.

Peer recovery specialists are paid hourly as contractors using canteen funds. Retaining peer staff has proved to be a challenge since the positions are not full-time, salaried positions, and many individuals leave to secure higher-paying jobs. The jail is exploring ways to address this and has considered providing higher wages and expanding the role.

A unique component of HARP is that individuals can continue to participate in the program after they transition into the community. Former participants of the HARP program are allowed to return to the jail daily to participate in the peer-to-peer recovery sessions, which is a unique aspect of the program. A HARP alumni Facebook page, managed by the HARP team, also provides an opportunity for alumni to stay connected and support each other in their recovery as they transition back into the community. HARP alumni are active in the local peer recovery community, and a large percentage of HARP alumni have gone on to assume leadership roles in local peer-run organizations.

Peer Support Worker Compensation and Career Growth

Retention of peer support workers is an ongoing problem for many agencies. In many areas of the country, pay rates for peer support workers are low. Peer support workers are often hired as contract workers and receive no benefits. Peer support workers may not receive regular performance evaluations or opportunities for professional growth within an organization. The lack of opportunities for professional development can result in low morale and low job satisfaction. These issues are important considerations as you work with human resource staff to compensate peer support workers appropriately.

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Sobriety Requirements When Hiring

State peer certification programs vary significantly in the lengths of time required for personal recovery and how "recovery" is defined.[27] Most states require a length of time in recovery, between one to two years, before someone can work as a certified peer support worker. State certification boards in New York, Iowa, and Connecticut do not specifically require that the individual is in recovery to qualify as a peer recovery coach. At the same time, Rhode Island and Oregon only recommend that individuals be in recovery, but there is no legal mandate.[28] Alaska, Arizona, Delaware, and Ohio require that the individual be in recovery but do not specify a length of time. Texas provides an interesting example, with state standards defining recovery as "self-directed recovery" or "the point at which an individual takes proactive steps to plan and implement their recovery."[29] The Americans with Disabilities Act does not prevent employers from denying candidates due to *current* illegal drug use, but, in certain circumstances, it may prohibit the employer from firing or not hiring an individual due to a *history* of a substance use disorder (specifically pertaining to those who completed a drug rehabilitation program).[30]

Interviewing Candidates

It is essential to work closely with your human resources department to develop a set of interview questions appropriate for a peer support worker position that also considers applicable laws, regulations, and agency policies. Appendix E provides a set of interview questions that can be modified to fit your needs.

When possible, involve peer support workers in the hiring process. Peer support workers can offer a candidate a real-world perspective on what the job entails. They may also identify any red flags of a candidate, such as an inability to recognize his or her relapse triggers, not being mindful of interpersonal boundaries, not having dedicated time for self-care activities, and expecting significant financial gain from the job.

Orientation and Onboarding

Developing a thoughtful orientation process that effectively supports peers is essential to the long-term sustainability of the program. Activities to perform during orientation include:

- Review the job description for the peer support worker.
- Provide an overview of the law enforcement or justice system agency where the peer support worker will be working.
- Review the agency's organizational chart and discuss other team members' roles.
- Allow the peer support worker to shadow relevant staff or team members to better understand his or her role and how the agency or team functions.
- Conduct a tour of the agency and other essential locations in the community relevant to the peer support worker's role.
- Review standard professional terms used within the public safety or justice agency.
- Discuss agency and team norms related to communication and documentation and provide a copy of the policy and procedures manual.
- Review applicable confidentiality regulations and policies.

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- Discuss appropriate attire for each work setting (*e.g.*, courtroom, office, and community) and how to address specific people, such as a police chief or a judge.
- Discuss protocols during court hearings or agency meetings, if applicable.

It is also important to remember the significant diversity that exists in terms of previous employment experience. If a peer support worker has not had previous experience in an office setting, additional training on operating the photocopier, telephone system, and other office equipment may be necessary.

The coordinator or supervisor should plan introductory activities if the peer support worker works with a team. The peer support worker should have the option to share with the staff what he or she would like about their personal experiences. It is essential to create opportunities for the peer support worker and the public safety or justice staff to converse about their previous experiences, perspectives, and goals. These interactions build trust among colleagues.

> *I walked into a brand-new peer support program in the court, and it was hard. I felt very unheard. I felt I was not a part of the team. I felt very powerless. Which are all things that I felt in my addiction, so that was very triggering. The longer I've been embedded in the program, the better it has gotten. I now have an equal voice at the table. The judge looks at me and says, 'I haven't heard from you. What do you have to say?' or 'I value your opinion on this. Please share your experience about this.*

<div align="right">Peer Support Worker</div>

Philosophical Differences

A potential implementation challenge is a philosophical mismatch between recovery-oriented peer support services and the philosophy of a particular criminal justice system.[31] Peer support services emphasize individual self-determination, hope, and connection, while criminal justice programs are often more structured and directive. In one study, qualitative interviews with justice stakeholders and peer support workers indicated that philosophical divides are common and sometimes impact program implementation.[32] Supervisors should encourage ongoing, open dialogue about these differences and ensure that the principles of peer support services are honored whenever possible.

Confidentiality, Privacy, and Disclosures

Peer support workers should be trained on the applicable privacy regulations for their role[33] and agency policies around mandated reporting of alleged abuse and/or imminent risks to the safety of the client or others. Moreover, justice and public safety agencies should work with peer support workers to clearly understand what information needs to be shared with staff within the justice or public safety system. Agencies should establish a protocol for informed consent to share appropriate information with other team members.[34] Appendix F provides a sample release of information form.

CASE STUDY

Probation Opioid Response Initiative

Erie County Probation | Erie County, New York

The Erie County Probation Opioid Response Initiative serves probationers identified as high risk for overdose. These probationers are assigned to a specialized opioid caseload consisting of a probation officer and two peer navigators who work alongside the opioid probation officer to provide outreach, assist with stabilization and linkage to supportive care, and provide follow-up monitoring. The program maintains small peer caseloads of approximately 30 individuals. The Opioid Response Initiative is a collaborative effort between Erie County Probation, the Erie County Health Department, the Erie County Department of Mental Health, Crisis Services of Erie County, and the Erie County Opiate Task Force.

The two peer navigators assigned to the program work directly for the county probation department. Upon hiring, the agency provided training and information to the peers on motivational interviewing and interactive journaling, which the peers would be doing with participants. Probation department policies limit some outreach activities that peers might typically perform if they worked in a different setting. For example, if the health department employed the peers, they would be allowed to use their vehicles to transport clients to support services. However, the peers are not able to provide transportation as employees of the probation agency. Peers are also not allowed to perform home visits without a probation officer, making scheduling home visits difficult since they have to coordinate visits with the probation officer's schedule. The peers meet clients in the community in public locations but are not allowed to visit clients in their homes without a probation officer present. Coordinating visits with the probation officer's schedule can be challenging.

Reflecting on the program's first year, staff felt that they would benefit from adding another probation officer to the specialized opioid caseload and adding a case manager who would provide additional support for linking probationers to treatment providers. Agency staff also felt that the peers would have more flexibility to work with clients if the agency contracted with a separate peer recovery organization to employ the peer rather than have the peers function as employees of the probation agency.

Supervision of Peer Support Workers

A robust system of supervisory support allows peer support workers to flourish not only in their daily work but in their professional development. Supervision for peer support workers is comprised of three primary functions: administrative, educational, and supportive. Administrative supervision is similar to the oversight that all employees receive. It is not uncommon for a staff member in the justice or public safety agency to serve as the administrative supervisor of a peer support worker. Formative or educational supervision focuses on the professional development of the peer support worker through training, modeling, and structured learning experiences. Supportive supervision focuses on the peer support worker's morale and job satisfaction. Educational and supportive supervision is often best provided by an agency with expertise in supervising peer support workers.

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Table 5 provides examples of key activities that fall under each supervision type.

Table 5: Types of Supervision and Key Activities

Administrative	Formative/Educational	Supportive
• Orient new staff • Plan, assign, and delegate work • Assist with time management • Explain policies • Discuss the appropriate level of collaboration with the team • Review documentation and data as required by the agency or funder	• Provide time and space to reflect on peer practice • Focus on knowledge, skills, and attitudes • Provide individualized training and support • Provide a venue for supporting the peer worker's professional development	• Give feedback on work • Discuss personal reactions to the work • Validate and provide encouragement • Promote self-care practices • Advocate for peer support roles

Adapted from the Substance Abuse and Mental Health Services Administration Supervision of Peer Workers

Ideally, peer support workers receive supportive supervision from people who have lived experience with recovery and experience providing peer support services. However, with the rapid growth of peer support, the number of peer support supervisors is limited. *The National Practice Guidelines for Supervisors of Peer Support Workers*, drafted by the National Association of Peer Supporters, is designed to educate supervisors about the core peer support values applied in supervisory relationships. The guidelines can be used as a self-assessment to improve the supervision experience or educate management and executive leadership about peer support and advocate for increased promotion of these values in practice.

PEER SUPERVISOR SKILLS AND CAPACITIES

- Fully understand, embrace, celebrate, and promote the unique role of peer support services.

- Ensure that all agency staff understand the role of the peer support worker.

- Hold peer support workers accountable to recovery values.

- Be able to support peer support workers in navigating self-disclosure, boundaries, and ethical dilemmas.

- Collaboratively identify strengths, accomplishments, areas for growth, training needs, and professional goals, and seek out opportunities to refine skills and abilities.

- Provide constructive feedback regularly, rather than waiting for an annual review.

- Focus on developing relevant skills to meet daily demands and to prioritize the needs, satisfaction, and preferences of the people served.

- Support peer support staff in developing the skills needed to understand and complete relevant documentation.

- Prioritize workplace wellness and self-care.

- Model mutual respect, consideration, and cooperation.

Adapted from Tucker, S., Tiegreen, W., Toole, J., Banathy, J., Mulloy, D., & Swarbrick, M.
Supervisor Guide: Peer Support Whole Health and Wellness Coach

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Staff and supervisors should be sensitive to the situations that peer support workers may encounter through their jobs, including:

- Encountering people from their past. Peers working in the criminal justice system may increase the likelihood of having contact with these known individuals.

- Interacting with, and possibly working alongside, officers who previously arrested them, judges who may have sentenced them to jail, jailers who may have interacted with them, probation officers who may have supervised them, and treatment providers who may have provided services to them.

- Experiencing feelings that trigger negative memories. Previously incarcerated peer support workers may, for example, react to the sights and sounds of the jail, such as hearing the doors lock.

- Experiencing stigma or criticism from friends and family for working within the criminal justice system.

Weekly or biweekly supervision and connections to a network of peer support staff within the community can provide an essential source of support for peers as they process these experiences and continue their work. Peer support workers who are less engaged with individual clients may not need supportive supervision as frequently.

> *Programs don't change people. The staff you hire helps change people.*
>
> Peer Recovery Specialist

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CASE STUDY

The Franklin County Pathways to Healthy Living Program

Office of Justice Policy and Programs and the Franklin County Correctional Center
Franklin County, Ohio

The Franklin County Pathways to Healthy Living Program began in 2016 to reduce the recidivism rates of women with behavioral health needs incarcerated in the Franklin County Correctional Center. The program has since expanded to serve both men and women. The Pathways program is an eight-week, pre-release program that provides cognitive-behavioral programming and therapies, transition planning, linkage and referrals, prosocial activities, and medication-assisted treatment. The program also provides peer support through a Rapid Resource Center located in the lobby of the correctional center. The Rapid Resource Center helps newly released inmates transition back into the community. Services include referrals and linkage to health, mental health, addiction treatment, assistance applying for benefits, obtaining a birth certificate, connecting to emergency food or shelter, and help with drivers' license reinstatement and job readiness training. This continuity of support upon release ensures individuals remain connected to services and resources in the community.

The program employs six full-time peer recovery specialists who are certified by the state. As part of orientation, newly hired peers attend the eight-week program alongside the clients. The Pathways program was one of the state's first justice agencies to utilize peers. The Franklin County Correctional Center partnered with a community-based treatment agency to hire and supervise the peer support staff. This partnership is essential because it allows the peers to provide transportation upon reentry. If the jail employed the peer support staff, it would not offer client transportation since the prosecutor's office was uncomfortable with the liability.

To ensure program sustainability and build support for the program, Pathways staff collected data to demonstrate the program's impact. The data showed that the Pathways program decreased recidivism rates among those participating in the program and reduced use of force incidents. Although a causal relationship between peer support and reduced use of force incidents is difficult to establish, program staff reported a culture shift within the jail due to the program, which may be a contributing factor. Lastly the correctional staff attends graduation ceremonies to celebrate participants who complete the Pathways program and have the opportunity to observe group sessions, so they are familiar with the program.

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CHAPTER 4:
Implementation
Issues

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KEY QUESTIONS

- How are codes of ethics developed for peer support workers?

- What is compassion fatigue and burnout, and how should peer support workers practice self-care?

- How should program staff address safety concerns that may arise in community-based work?

Ethics in Peer Support

Ethics are standards of behavior that an organization has identified to promote quality services and protect all involved parties. The peer support worker's role has similarities to other professional roles, but it also has many differences, especially concerning how a peer support worker interacts with clients. These differences make codes of ethics written for other professions inappropriate for guiding the work of peer support workers. Several states have established a written code of ethics for peer support staff, which provides a practical framework for peer support staff concerning their clients. Below is a sample code of ethics adapted from the Vermont Recovery Network.

SAMPLE CODE OF ETHICS

Adapted from the Vermont Recovery Network Ethical Decision Making

1. My primary obligation and responsibility is my recovery. I will contact my supervisor if alcohol, drug use, or anything else gets in the way of my recovery.

2. Recovery is guided by self-determination. I assist others in achieving their needs and goals.

3. I advocate for the integration of peers into self-selected recovery communities and will promote the individual's inherent value to those communities.

4. I act in accordance with the law.

5. I affirm the dignity of each person that I serve.

6. I provide recovery services regardless of someone's age, gender, race, ethnicity, national origin, sexual orientation, religion, marital status, political belief, language, socioeconomic status, or mental or physical condition.

7. I never use physical force, verbal abuse, emotional abuse, intimidate, threaten, harass, or make unwarranted promises of benefits.

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SAMPLE CODE OF ETHICS *continued*

8. I share my lived experiences to help others identify resources and supports that promote recovery.

9. I respect the privacy of those I serve, and I will abide by confidentiality guidelines as required by law.

10. I never engage in sexual or intimate relations with peers that I serve.

11. I do not accept gifts of significant value from people that I serve. I do not lend to, or borrow from, the peers that I serve.

12. I improve my recovery service knowledge and skills through ongoing education, training, and supervision.

Appendix G provides a personal checklist to which peer support workers can refer as an ethics guide. A supervisor can also use this checklist as part of supervisory meetings.

Boundaries

Boundaries are important because they define what is appropriate within a "helping" relationship. An agency's peer support policy should define expectations around peer-client interactions. During the initial meeting with a new client, the peer support worker should discuss the nature of the peer-client relationship and set appropriate expectations. Training for peer support staff should include discussions on recognizing when the peer support worker is becoming too involved or when the client seeking help is becoming too dependent on the peer support worker.

Compassion Fatigue

Compassion fatigue refers to the exhaustion that can affect all helping professionals, including peer support workers, when exposed to others who are suffering.[35] Compassion fatigue results from the physical, emotional, and spiritual exhaustion associated with providing care to another. Appendix H provides a link to a tool that can help peer support workers assess and monitor their current level of compassion fatigue. The signs of compassion fatigue include:[36]

- Anger
- Need to place blame
- Chronic lateness
- Depression
- Feeling of failure
- Frequent headaches
- Exhaustion (physical or emotional)
- Gastrointestinal pain
- High self-expectations
- Hopelessness
- Increased irritability
- Inability to feel joy
- Low self-esteem
- Lack of sleep
- Workaholism

Self-care is critical to addressing compassion fatigue. Experts recommend focusing on adequate sleep, good nutrition, regular physical activity, and active relaxation as a form of self-care.[37] Other strategies include:

- Washing up after a work shift as a symbolic "washing away" of the day's experiences.
- Communicating with friends and family.
- Creating ceremonies or rituals that focus on letting go of stress or honoring the memory of something positive.

- Celebrating successes and mourning sorrows with coworkers.
- Practicing spiritual beliefs or reaching out to a faith leader for support.

- Establishing connections to colleagues.
- Taking time away from work to experience other things.

CASE STUDY

Mentoring and Peer Support (MAPS) Program

San Francisco Department of Public Health | San Francisco, California

The San Francisco Mentoring and Peer Support (MAPS) program serves individuals incarcerated at the local jail or enrolled in a local treatment court. MAPS mentors provide linkages to community resources, accompany participants to appointments, support case managers, facilitate groups, and support prosocial recovery-oriented activities (e.g., AA meetings, sober outings, and healthy living).

The Richmond Area Multi-Services (RAMS) program provides MAPS mentors with peer training. Peers who work as MAPS mentors must have been involved in the criminal justice system, been dually diagnosed, and be stable in their recovery. Peer mentors are assigned based on their experience. For example, peers with prior military experience may work with veterans' treatment court participants. Peer mentors work closely with probation employees, program case managers, and jail staff and receive ongoing supervision and support. Peers are also encouraged to receive additional training such as Wellness Recovery Action Plan (WRAP) facilitation, a wellness tool used to get well, stay well, and make life more healthy and positive. The MAPS program currently employs four full-time peer mentors and one MAPS program supervisor. Although the number of participants has increased, the program has had to reduce the number of peer recovery specialists employed due to increases in minimum wage standards across the state.

Peer supervisors regularly discuss the potential for staff burnout and the need for self-care. Existing training addresses recognizing when a coworker is struggling with his or her mental health or substance use, self-care, and processing crises while remaining supportive of others. This training helps peer support workers develop strategies for managing the situations they may encounter.

" *It was hard for me to come into the jail as a peer because I have spent a lot of time in the jail because of my past drug use. A lot of deputies and police officers know me well from out in the streets. For the most part, I have gotten a lot of respect. When they saw what I was doing, they really praised me and said, keep up the good work.*

There is another part of me as an African American woman that has seen police brutality and stuff like that. I have sons, and so that part can be traumatizing. I came up in here with a lot of trauma trying to fit in and still be respected because I am somebody. That's why I love the crisis intervention training, because I go back and talk to them with a picture of me when I was last in jail and a picture of me on the street. Looks can be deceiving, and you cannot judge a book by its cover. Anybody can change.

MAPS Mentor

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Burnout

If compassion fatigue is not recognized and addressed, it can lead to burnout. Burnout is the gradual decrease in work engagement because of chronic exposure to stressful situations.[38] The effects of burnout are visible through emotional exhaustion, depersonalization, and reduced personal accomplishment.[39] Exhaustion can also be accompanied by cynicism and inefficacy. Exhaustion is the feeling of not being able to offer any more of oneself at an emotional level, cynicism is a distant attitude towards work and colleagues, and inefficacy is the feeling of not performing tasks adequately and being incompetent at work.[40] Although research outcomes for peer support workers have been largely positive, some findings have noted that peer support workers may experience stress and burnout.[41] Unrealistic expectations, along with a lack of workplace support, are critical factors associated with burnout.[42, 43] Aside from organizational pressures, the study suggests that peer workers may be at risk of overworking themselves to prove their worth due to the lack of acceptance of the peer support profession—a relatively new discipline.[44] Dissatisfaction with salary and promotional opportunities also play a role in burnout,[45] which may be more common among peer support staff, as they do not have the same access to advancement as other professions.[46]

Supervisors should actively encourage self-care, including assisting supervisees in forming a wellness or self-care plan and conducting assessments.[47] Peer-to-peer support is also effective in reducing compassion fatigue.[48] Peer support workers have successfully leveraged this support through workshops facilitated by fellow peer staff[49] or informal networks.[50]

> *We all think we are so strong and forget that we're very sensitive people. It is not the easiest field when you are coming in and compassionately trying to help. It can really wear on you. I think it is important to bring these things up because these are the kinds of conversations that I think get lost in a lot of what you read and see about this kind of effort. It sounds so easy. We will just bring in some people with lived experience, throw them in the system, and they will encourage and support everybody. Regardless of whether you are in recovery or not, there are pressures you cannot really control. In weekly supervision, we create a safe space, you know, so that you can share those things. And nobody feels like they have to put up a front for anything.*
>
> Program Director

Peer Drift

Much of the power of peer support services lies in the ability of peer staff to use their lived experience to connect with clients by inspiring hope and supporting them in building their ideal life, despite any limitations imposed by their conditions. At times, however, as an integral part of the organization, and by working so closely with professional staff, peers can inadvertently begin to model and reflect their work counterparts, essentially functioning as junior clinicians or case managers. This shift in approach is often referred to as "peer drift," making peers less relatable to the individuals they desire to support. "Peer drift" can also be unintentionally encouraged by leadership, who may insist that the duties of peer staff should more closely resemble that of clinical staff. Supervisors can also unconsciously promote peer drift by applying the same policies, like staff scheduling, for clinical staff and others.

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CASE STUDY

McLean County Recovery Court Program

McLean County Probation Department | McLean, Illinois

The McLean County Recovery Court Program serves individuals who have been convicted of a nonviolent offense and are diagnosed with a serious mental illness or co-occurring disorder. The recovery court has provided peer support services since 2012. The peer recovery specialists assist clients with tracking their appointments, identifying and overcoming barriers to treatment, providing transportation to meetings, and offering support and encouragement.

Chestnut Health Services, a local treatment provider, recruits, interviews, hires, and supervises the peer recovery specialists assigned to the recovery court. It also provides each peer with a cell phone and a company vehicle. Chestnut Health Services provides an eight-week training program for newly-hired recovery support specialists, covering a variety of topics, including, *"What do you do if you see your client at a support meeting you are attending for yourself? What if the client shares information about which you were unaware during your work with them?"* Issues related to the Health Insurance Portability and Accountability Act of 1996, 42 C.F.R. Part 2, ethics, relapse, and roles and responsibilities are all topics covered in the eight-week training. Information on best practice sanctions and incentives provided by the National Center on State Courts and the National Association of Drug Court Professionals are discussed during monthly meetings of the court working group to ensure peer specialists understand the rationale behind administering sanctions and incentives.

Peer recovery specialists also receive certification through the state.

Peer recovery specialists attend recovery court staffing meetings weekly alongside the judge, and representatives from the public defender, state's attorney, probation, jail, treatment, and law enforcement entities. As part of the recovery court team, the peer recovery specialists provide input on each case and offer their perspectives and recommendations on the client and his or her progress in the program.

Safety Considerations for Community-Based Work

Most peer support workers working with law enforcement, probation, or treatment courts provide services in the community and clients' homes. Agencies should also provide training that addresses various safety considerations outlined below.[51]

Environmental Factors

- Are there conditions in the client's home, such as smoking or lack of air conditioning, that could be risky for a peer's health condition, such as asthma?

- How many people reside in the home? Will there be other people in the house during the session?

- Does the client, or anyone else residing in the home, have a history of violence?

- Does anyone residing in the home have an active warrant for an arrest?

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Animals

- Is there an aggressive animal in the home?

- Is the client agreeable to putting the animal away during the home visit?

- Is the peer support worker allergic to any animals that may be in the home?

Biological Hazards

- Does the peer understand the risk of biological hazards and the precautions to reduce exposure risk? Is the peer comfortable wearing a mask or taking other universal precautions, as appropriate?

Appendix I provides safety tips for peer support workers working in the community and clients' homes.

Measuring Impact

It is essential to collect and analyze outcome data regularly to ensure that peer services are helpful to clients and produce the desired results. The OMNI Institute, a non-profit social science consultancy, conducted an extensive review of the literature on measuring outcomes of peer recovery support.[52] The authors recommend measuring outcomes related to two domains of peer support services: personal and community skill-building (see *Table 6*).[53]

Table 6: Measuring the Impact of Peer Support Services

Personal Skill-building	Community Skill-building
• Reestablishment of healthy coping mechanisms after relapse has occurred	• Engagement in services
• Increase in an individual's capacity to manage their disorder	• Establishing and maintaining positive, supportive relationships with family, friends, social peers, or coworkers
• Increase in motivation to pursue recovery	• Perceived connectedness with community supports
• Increase in hope and endorsement of the belief that recovery is possible	• Employment
• Increase in awareness of one's feelings, behaviors, and thoughts related to experiencing a substance use or mental health disorder	

Outcomes can be measured using the following three instruments: the Recovery Process Inventory (RPI), the Recovery Assessment Scale (RAS), and the Brief Assessment of Recovery Capital (BARC-10). These instruments can be used in informal, community-based settings and used both as a service provision and measurement tool.[54] A copy of the instruments can be found in Appendix J.

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CASE STUDY

Sevier County Offender Recovery Program (SCORP)

Sevier County Office of Alcohol and Drug Programs | Sevier County, Tennessee

The Sevier County Offender Recovery Program (SCORP) is a comprehensive, collaborative effort between the Sevier County Probation Department, the Sevier County Office of Alcohol and Drug Programs, the general sessions court, and community treatment providers. The goal of SCORP is to connect individuals with an opioid use disorder or a stimulant use disorder to evidence-based treatment, including peer support services, medication-assisted treatment and/or intensive outpatient program services, and recovery support services. The Sevier County Office of Alcohol and Drug Programs employs the peer recovery specialist assigned to SCORP.

Individuals may be assessed for the SCORP program while they are incarcerated or when they are sentenced to probation. Individuals on probation are assigned to a specialized caseload where they receive an alcohol/drug assessment through a local treatment provider. Recommendations may include intensive outpatient services, life skills classes, peer recovery support, and naloxone training. One peer recovery specialist works with the program and connects individuals on probation with treatment and recovery resources (*e.g.*, overdose packets, food banks, and housing opportunities) and provides other support services.

Initially, the treatment professionals in the program did not consider the peer recovery specialist to be a "legitimate resource" for program participants. The program director educated the team members on how peer support services complement community-based treatment.

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APPENDIX A:
Peer Support Job Titles

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Adapted from Hendry, P., Hill, T., Rosenthal, H.
Peer Services Toolkit: A Guide to Advancing and Implementing Peer Run Behavioral Health Services

Certified Peer Specialists: Certified peer specialists are peers who have sufficiently progressed with their recovery and are ready to assist others. They have completed training and have met the certification standards of their states to offer peer support services.

Recovery Coaches or Mentors: Recovery coaches or mentors are personal guides and role models for individuals seeking to achieve or sustain long-term recovery from addiction, regardless of their pathways to recovery. Recovery coaches and mentors connect individuals to recovery support services, like housing, employment, and other professional and nonprofessional services. They also connect individuals to formal and informal community supports, resources, and recovery support activities.

Peer Bridgers: Peer bridgers provide support as individuals transition from various institutional settings (*e.g.*, psychiatric hospitals, detox centers, correctional settings) to the community.

Peer Crisis Support Workers: Peer crisis support workers provide timely support to people experiencing a behavioral health crisis. They can provide help through phone-based peer support lines, peer crisis respite centers (residential alternatives to emergency rooms), and as home peer companions. This peer support aims to work with a person to examine their experience with crisis and help them decide what might be helpful in the midst of an emergency.

Peer Advocates: Trained peer advocates support consumer self-determination in shared decision-making processes with providers and assist individuals in accessing services and enforcing their human, civil, and legal rights in the mental health system.

Forensic Peer Specialists: Forensic peer specialists work with clients in correctional settings.

Certified Family Support Specialists: Certified family support specialists are family peer supporters who help build resiliency in caregivers and youth.

Veteran Peer Specialists and Peer Support Technicians: These technicians are veterans who support other veterans who have psychiatric disorders or substance use disorders to engage in their treatment successfully.

APPENDIX B:
Organizational Readiness Checklist

Adapted from Phillips, K., Harrison, J, & Jabalee, C. [Supervising Peer Workers: A Toolkit for Implementing and Supporting Successful Peer Staff Roles in Mainstream Mental Health and Substance Use/Addiction Organizations](#)

Senior Leadership / Board of Directors

- The organization can articulate why it is hiring a peer support worker and what outcomes they anticipate.

- The organization has conducted a readiness audit identifying and addressing all areas where barriers to the success of the peer role may be present.

  This may include:

  - Ensuring the privacy of the peer support worker's previous experience as a client of the organization

  - Providing appropriate access to client records, agency resources, and training

  - Addressing how peer workers as non-regulated staff will be held accountable to best practices of peer support

  - The relevance and benefits/challenges of the peer role being part of a staff bargaining unit

- Senior leadership has been trained on the value, outcomes, and core practices of peer support services.

- Senior leadership supports the implementation of peer support services.

- The organization is grounded in recovery values and principles, reflected in the staff's use of recovery-based language and procedures.

- The organization has scanned its policies and procedures to ensure no unnecessary barriers for peer staff.

Human Resources

- There is a clear and defined job description for the peer support worker. The job description lists specific activities they will be providing and the amount of time they are expected to spend on the different functions of their role.

- The salary range for the peer support worker is competitive with other roles that perform similar duties and have similar responsibilities. At a minimum, peer support workers are paid a living wage.

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- The organization is clear on what qualifications they are looking for in a peer support worker (*e.g.*, previous work experience, education, and training in peer support).

- The hiring committee knows to ask the potential candidate about 1) their understanding of and training in peer support and 2) how they will use a peer support approach (including intentional use of lived experience and sharing wellness strategies) in specific scenarios they are likely to encounter in the role.

- The agency has a decision-making framework for when potential employees have past convictions or criminal justice involvement. Past convictions related to mental health/substance use issues do not automatically preclude a peer from being hired. The timeframe, nature of the charge, and risk of further criminal behavior are taken into account.

- When checking references, the employer is careful not to disclose that the peer position requires lived experience of a mental health/substance use issue.

- The hiring committee should include a service recipient or someone knowledgeable about peer support practices.

The Supervisor

- A clear supervision structure has been created. If multiple supervisors are being used, the role of each supervisor is identified.

- The peer support worker's supervisor(s) is a champion for peer roles.

- The supervisor has been trained in the history and values, and philosophy of peer support and peer support practices.

The Team

- Communication regarding the addition of a peer support worker to the team is consistent. A brochure explaining the peer role to staff and participants is recommended.

- Staff have received training on the value of peer support and know what specific tasks the peer worker will be doing.

Supporting the Peer Worker

- The peer support worker has been trained in peer support practices.

- If on-the-job training will occur, a plan has been created to achieve this.

- The peer support worker will regularly have access to other peer support workers within the agency or community.

- Ongoing training is built into the role.

- The peer support worker can access the support of a peer community at least once a month but may need to access it up to once a week.

- The organization has established partnerships with peer-led services that provide training, support, and peer-specific supervision and mentoring to the peer support worker.

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APPENDIX C:
Peer Support Roles and Responsibilities

Adapted from Phillips, K., Harrison, J, & Jabalee, C. Supervising Peer Workers: A Toolkit for Implementing and Supporting Successful Peer Staff Roles in Mainstream Mental Health and Substance Use/Addiction Organizations

Instructions:

Below is a list of activities peer support workers could undertake when working within justice agencies. Agency leaders should work with the appropriate stakeholders to assess each activity, considering three key questions:

- Should this activity be a part of the peer support worker's role?
- Does this activity conflict with peer support values, principles, and/or ethics?
- Is another staff member in our agency or within our team better suited to perform this task?

This worksheet can facilitate a discussion with newly hired peer support workers to clarify roles and responsibilities.

Participant Engagement			
Activity with Client/Participant	**Should it be part of the peer's role? Y/N**	**Conflicts with peer support values, principles, or ethics? Y/N**	**Is another staff member better suited to this task? Y/N**
Talking one-on-one about dealing with stigma			
Leading a peer support group			
Conducting a therapy session			
Leading a recreation group			
Going for coffee/lunch			
Socializing			
Discussing and sharing coping strategies			
Discussing harm reduction techniques			
Sharing their recovery story with other staff on the team or within the justice agency			
Discussing how to speak up and/or express their needs and wants during a doctor's appointment			
Discussing spirituality and/or religion			
Discussing sexuality			
Discussing experiences of trauma and abuse			
Suggesting a different diagnosis or medication			

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Participant Engagement			
Activity with Client/Participant	**Should it be part of the peer's role? Y/N**	**Conflicts with peer support values, principles, or ethics? Y/N**	**Is another staff member better suited to this task? Y/N**
Discussing personal experiences of diagnosis			
Discussing family relationships			
Talking about personal hygiene			
Encouraging them to adhere to treatment			
Encouraging them to reduce their substance use			

Participant Services			
Activity with Client/Participant	**Should it be part of the peer's role? Y/N**	**Conflicts with peer support values, principles, or ethics? Y/N**	**Is another staff member better suited to this task? Y/N**
Helping with paperwork			
Completing paperwork for them			
Attending a doctor's appointment			
Assessing their suicide risk			
Documenting interactions			
Taking them to the food bank			
Helping find housing/look at housing			
Assisting with an employment search			
Driving to appointments			
Dropping off medications to them			
Shopping for the,			
Shopping with them			
Assisting in finding information on medication or diagnosis or treatment options			
Attending court with them			
Phoning other service providers for them			
Phoning other service providers with them			
Visiting them in their home			
Visiting them in jail			
Buying drugs or alcohol for them as a means of harm reduction			
Having a cigarette			
Consuming an alcoholic beverage			
Checking on their symptoms when asked by the team to look for certain things			
Helping deescalate from an anxiety episode/ panic attack			
Accompanying them to take a drug test			
Administering a drug test			

Participant Services			
Activity with Client/Participant	Should it be part of the peer's role? Y/N	Conflicts with peer support values, principles, or ethics? Y/N	Is another staff member better suited to this task? Y/N
Providing mediation between them and their family			
Providing information to their family members			
Informing other program staff if they relapses			

Agency Responsibilities			
Activity	Should it be part of the peer's role? Y/N	Conflicts with peer support values, principles, or ethics? Y/N	Is another staff member better suited to this task? Y/N
Serving on workplace committees			
Attending agency staff meetings			
Training staff on recovery philosophy			
Learning the same agency policies and procedures as other staff members			
Accessing a client/participant's files			
Answering phones in the office			
Sending appointment reminders to program participants			

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APPENDIX D:

Sample Peer Support Specialist Job Descriptions

Job Title:

Peer Support Specialist and Outreach Worker (Law Enforcement)

Job Description:

The Peer Support and Outreach Worker serves as a vital law enforcement team member. The Peer Support and Outreach Worker ensures that individuals seeking support can find a path to recovery from a substance use disorder and/or mental illness by connecting them to community-based treatment providers and services. The majority of contacts take place face-to-face in the community. Peer support workers must be comfortable working in partnership with law enforcement officers. Individuals impacted by substance use and/or mental health disorders in active recovery are encouraged to apply.

Duties:

The Peer Support and Outreach Worker will work with law enforcement partners to help individuals with a substance use disorder access treatment and/or other recovery supports. Specific duties include:

- Co-respond to calls, follow up on reports relating to substance use disorders, and accompany police officers during home outreach visits following nonfatal overdoses

- Conduct proactive outreach to identify people in the community who need recovery support services

- Provide centralized intake, screening, referrals to treatment, and other crisis intervention services to individuals with substance use disorders and their loved ones

- Provide case management and coaching to individuals who request peer support services

- Build relationships with hospitals, treatment centers, and other community stakeholders and agencies

- Attend roll call and provide training as needed or requested

- Document work thoroughly and promptly, including all client interactions, and prepare regular reports

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- Adhere to all policies and procedures, including confidentiality, professional ethics, training requirements, and electronic health records documentation
- Assist with tracking the progress of clients and document and report progress
- Participate in regular supervision

Qualifications:
- Excellent interpersonal and communications skills, both written and verbal
- Experience building relationships with multiple constituencies
- Ability to provide crisis intervention services in a calm and professional manner
- Self-motivated and persistent
- Ability to maintain records and prepare reports
- Ability to develop courteous and cooperative relationships with service providers
- Sensitivity to, and tolerance for, varied lifestyles and life choices
- Must have good, creative problem-solving skills
- Ability to work collaboratively in a team and manage multiple priorities, utilizes time management skills, and exercises sound judgment
- Knowledge of formal and informal community agencies and resources
- Ability to travel to multiple offices and home locations with a personal vehicle (reliable transportation, valid driver's license, and automobile insurance is required)
- Basic computer, internet, and information and communication technology skills are required
- Two years of work or volunteer experience in a recovery-oriented setting is preferred

Education:
- High School Diploma/GED
- Two years of work or volunteer experience in a recovery-oriented setting is preferred

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Job Title:

Veteran Peer Support Worker (Court)

Job Description:

Veteran Peer Support Workers are veterans with lived experience in recovery from a mental health condition, substance use disorder, and/or military trauma who support other veterans in recovery. The Veteran Peer Support Worker functions as a court team member, assisting other professional and nonprofessional personnel. The Veteran Peer Support Worker models effective coping techniques and self-help strategies. The Veteran Peer Support Worker also helps veterans in the veterans' recovery court by promoting self-determination, personal responsibility, and the empowerment inherent in self-directed recovery.

Duties:

- Act as an advocate on behalf of the client

- Adhere to all policies and procedures, including confidentiality, professional ethics, training requirements, and electronic health records documentation

- Attend medical, behavioral health, or community appointments with clients, when appropriate, to improve adherence to treatment and advocate for getting the best possible care

- Assist case managers and the coordinator in helping clients to identify socioeconomic issues that affect their overall health and develop health/social management plans and goals

- Provide referrals and linkage to services (e.g., housing, employment, treatment, medical, dental, social services) and assist the individual in accessing/using those services

- Suggest approaches that encourage clients to participate in wellness and recovery activities at a pace that is comfortable for them

- Assist with tracking the progress of clients and document and report individual progress and treatment as assigned

- Participate in regular clinical supervision

- Provide emotional and social support, listening, sharing recovery experience, and teaching how each person can recover

- Serve as a role model for clients in recovery by following own values, demonstrating effective coping behaviors, life strategies, and use of resources available to achieve well-being

- Provide treatment education and adherence support to client and family members

- Encourage choice during development and implementation of care plans

- Handle crisis intervention for client and address other emergent situations in collaboration with a mental health professional, as needed

- Provide client with information on existing community supports and services

- Share recovery tools and resources and describe their experience using them

- Work with clients to identify personal strengths and treatment services based on individual readiness, immediate need, and recommend treatment objectives for the client's treatment plan

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- Observe behaviors that might indicate difficulty adapting or responding to treatment (*e.g.*, missed appointments, failure to maintain abstinence, a risk to self or others, disruptive behavior), completes appropriate documentation, and reports concerns to the interprofessional team promptly

- Provide help in developing recovery supportive friendships, kinship, and community networks

- Interact with community resources on the client's behalf as necessary to establish linkage with services

- Provide education on the benefit of peer recovery, participate in presentations and training, and co-facilitate peer recovery group sessions

- Maintain a working knowledge of current trends and development in holistic approaches to wellness and recovery by reading books, journals, and other relevant materials

- Serve as a liaison between the clinical team, the court, and the veteran, participating in weekly interprofessional team meetings

- Support the client's efforts to identify personally meaningful roles and activities in the communities of the veteran's choice

- Use ongoing individual and group meetings (and other means of communication) to coach veterans on how to identify and combat negative self-talk and overcome fears by providing a forum where veterans can share their experiences

Qualifications:

- Experience or detailed knowledge of the Veterans Services Administration

- Excellent interpersonal and communications skills, both written and verbal

- Experience building relationships with multiple constituencies

- Ability to provide crisis intervention services in a calm and professional manner

- Self-motivated and persistent

- Ability to maintain records and prepare reports

- Ability to develop courteous and cooperative relationships with service providers

- Sensitivity to, and tolerance for, varied lifestyles and life choices

- Must have good, creative problem-solving skills

- Ability to work collaboratively in a team and manage multiple priorities, utilizes time management skills, and exercises sound judgment

- Knowledge of formal and informal community agencies and resources

- Ability to travel to multiple offices and home locations with a personal vehicle (reliable transportation, valid driver's license, and automobile insurance is required)

- Basic computer, internet, and information and communication technology skills are required

- A veteran who has spent a minimum of two years in personal recovery from a mental health and/or substance use condition is preferred

- Two years of work or volunteer experience in a recovery-oriented setting is preferred

Education/Experience:

- High School Diploma/GED

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Job Title:
Peer Support Worker (Probation)

Job Description:

The peer support worker position provides outreach and support services to probationers with a mental health or substance use disorder. Peer support workers use their lived experience in recovery and history of criminal justice involvement to provide direct services and support to probationers. Peer support workers serve as role models for probationers in recovery by demonstrating effective coping behaviors, life strategies, and the use of resources available to them to achieve well-being. Peer support workers perform various duties, including working with the probation officer to identify at-risk probationers, develop and support treatment and recovery plans, participate in outreach activities, assist with stabilization and linkage to supportive care, and provide follow-up monitoring. Individuals impacted by substance use and/or mental health disorders in active recovery are encouraged to apply.

Duties:

- Serve as a role model for clients in recovery by following own values, demonstrating effective coping behaviors, life strategies, and use of resources available to achieve well-being

- Provide referrals and linkage to services (e.g., housing, employment, treatment, medical, dental, social services) and assist the individual in accessing/using those services

- Suggest approaches that encourage clients to participate in wellness and recovery activities at a pace that is comfortable for them

- Encourage choice during the development and implementation of care plans

- Share recovery tools and resources

- Work with clients to identify their strengths

- Assist with developing a support network in the community

- Interact with community resources on the client's behalf, as necessary, to establish linkages with services

- Provide education on the benefit of peer support services, participate in presentations and training, and co-facilitate peer recovery group sessions

- Connect probationers to mental health and behavioral health services

- Adhere to all policies and procedures, including confidentiality, professional ethics, training requirements, and electronic health records documentation

- Assist with tracking the progress of clients and document and report progress

- Participate in regular supervision

Qualifications:

- Excellent interpersonal and communications skills, both written and verbal

- Experience building relationships with multiple constituencies

- Ability to provide crisis intervention services in a calm and professional manner

- Self-motivated and persistent

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- Ability to maintain records and prepare reports

- Ability to develop courteous and cooperative relationships with service providers

- Sensitivity to, and tolerance for, varied lifestyles and life choices

- Must have good, creative problem-solving skills

- Ability to work collaboratively in a team and manage multiple priorities, utilizes time management skills, and exercises sound judgment

- Knowledge of formal and informal community agencies and resources

- Ability to travel to multiple offices and home locations with a personal vehicle (reliable transportation, valid driver's license, and automobile insurance is required)

- Basic computer, internet, and information and communication technology skills are required

- Two years of work or volunteer experience in a recovery-oriented setting is preferred

Education:
- High School Diploma/GED

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Job Title:

Peer Support Worker (Jails)

Job Description:

The peer support worker position provides planning and support to jail residents with substance use and/or a mental health disorder who are leaving jail and require continued treatment and supportive services upon return to the community. Peer support workers serve as role models by demonstrating effective coping behaviors, beneficial life strategies, and appropriate use of resources available to achieve and sustain long-term recovery. Peer support workers provide strategies for individuals to live safely in the community and develop prosocial relationships and supportive and healthy community networks. Peer support services include providing linkage to treatment and resources in the community, recovery support, pre-crisis and crisis support, and transitional support for residents returning to the community. Individuals impacted by substance use and/or mental health disorders in active recovery are encouraged to apply.

Duties:

- Engage with residents during their incarceration and assist them with reentry planning before their release

- Provide referrals and linkage to services (e.g., housing, employment, treatment, medical, dental, social services) and assist the individual in accessing/using those services

- Suggest approaches that encourage clients to participate in wellness and recovery activities at a pace that is comfortable for them

- Serve as a role model for clients in recovery by following own values, demonstrating effective coping behaviors, life strategies, and use of resources available to achieve well-being

- Encourage choice during the development and implementation of care plans

- As necessary, handle crisis intervention for client and address other emergent situations in collaboration with the clinical staff, as appropriate

- Share recovery tools and resources

- Work with residents to identify their strengths

- Assist with developing a support network in the community

- Interact with community resources on the client's behalf, as necessary, to establish linkages with services

- Provide education on the benefit of peer support services, participate in presentations and training, and co-facilitate peer recovery group sessions

- Connect residents leaving jail and returning to the community to mental health and behavioral health services

- Adhere to all policies and procedures, including confidentiality, professional ethics, training requirements, and electronic health records documentation

- Assist with tracking the progress of clients and document and report progress

- Participate in regular supervision

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Qualifications:

- Excellent interpersonal and communications skills, both written and verbal

- Experience building relationships with multiple constituencies

- Ability to provide crisis intervention services in a calm and professional manner

- Self-motivated and persistent

- Ability to maintain records and prepare reports

- Ability to develop courteous and cooperative relationships with service providers

- Sensitivity to, and tolerance for, varied lifestyles and life choices

- Must have good, creative problem-solving skills

- Ability to work collaboratively in a team and manage multiple priorities, utilizes time management skills, and exercises sound judgment

- Knowledge of formal and informal community agencies and resources

- Ability to travel to multiple offices and home locations with a personal vehicle (reliable transportation, valid driver's license, and automobile insurance is required)

- Basic computer, internet, and information and communication technology skills are required

- Two years of work or volunteer experience in a recovery-oriented setting is preferred

Education:

- High School Diploma/GED

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APPENDIX E:

Sample Peer Support Worker Interview Questions

*Adapted from the Philadelphia Department of Behavioral Health and
Intellectual Disabilities Services and Achara Consulting Inc. Peer Support Toolkit*

The Americans with Disabilities Act (ADA) strictly prohibits questions about the nature and severity of an applicant's experiences with psychiatric diagnosis and/or treatment but allows questions about the ability of an applicant to meet the essential duties of the role. Below are some interview questions that focus on the crucial functions of peer support workers and adhere to the ADA requirements.

- Do you have any life experiences that would make you valuable to this program?

- What have you learned through your use of services that you think would be useful to your work here?

- What role, if any, has peer support had in your recovery?

- Please describe your views on an individual choosing their path to recovery and your role as their peer support provider.

- Self-disclosure is not only encouraged but expected of peer support workers. Please describe your comfort level and experience with self-disclosure.

- How would you use your personal lived experience to support clients/participants?

- How would you define the peer support worker role and describe the most important parts or tasks?

- Peer support staff are advocates for the people they serve. Please describe a situation where you advocated for the rights or the needs of another person.

- Suppose you are working with someone who is resigned to the idea that their life is limited because of a substance use disorder, psychiatric diagnosis, or another challenge. How would you support that person?

- In many ways, the peer position is a pioneering role. What skills will you bring to the job to allow you to advocate for people while being in partnership with other staff members?

- Peer support workers are often considered change agents within organizations. How will your experiences help you be a change agent, and how would you see this happening?

- Some staff here may be apprehensive about, or unsupportive of, peer support services. How would you deal with this?

- If you are called to help deescalate a problem, how would you respond?

- This position will require you to work in a public safety/justice setting, interacting with law enforcement, judges, probation staff, and jail staff. How will your personal lived experience support your work in these settings?

- While working here, you may be a part of some situations that disturb you or make you uncomfortable. How do you think you would handle these situations, both when they occur and after the problem has ended?

- If you felt your job was causing an increase in your stress level, what would you do?

- Can you tell me about your history of dependability in prior positions or, if no recent jobs, in other activities in your life?

- What do you know about the concept of recovery?

- What is your familiarity with community resources?

- Describe a situation where you were able to influence the actions of others.

- How do you develop trust and a relationship with the people you are supporting?

- What do you look for or encourage when helping someone create a recovery plan?

- What steps would you take if the person you were supporting was not making consistent contact?

- Peer support workers spend the majority of their time working with individuals in the community. How comfortable are you with doing community-based work, outreach, and support?

- Peer support workers may participate in presentations and training. Describe your experience in presenting to a large group of people.

- (If applicable) Many peer support workers will participate in or co-facilitate groups. Please describe your experience with facilitating group sessions.

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APPENDIX F:
Sample Release of Information Form

CONSENT FOR THE RELEASE OF CONFIDENTIAL ALCOHOL OR DRUG INFORMATION
BETWEEN _____ [Insert Agency Name]
and _____ [Insert Agency Name]

I, _____, authorize _____ [Insert agency name] and _____ [Insert agency name] to communicate with, and disclose to one another, the following information:

- My name and other personally identifying information

- My current and past status as a client/participant at any of the agencies listed above

- The initial and subsequent evaluations of my service needs

- My treatment and recovery plan

- A summary of treatment progress and compliance

- The appointments I have scheduled and my attendance at these appointments

- My discharge plans

- My drug/alcohol testing results

- Other _____

The purpose of the disclosures authorized in this consent is to provide these agencies with the information they need to coordinate my treatment needs and arrange/authorize the appropriate services/payment to meet my needs and/or assist in my recovery plan.

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2 and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45CFR Pts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that this consent expires automatically upon completion of services.

_____   _____
Signature of the Client/Participant   Date

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APPENDIX G:
Ethics in Peer Service Settings:
Personal Checklist

Adapted from Substance Abuse and Mental Health Services Administration
Establishing Ethical Practices for Peer Recovery Support Services Within the ATR Model

Self

_____ I am aware of my own needs, preferences, and boundaries and their impact on my role as a peer leader. I act responsibly and do not seek to fulfill them in inappropriate circumstances.

_____ I am mindful of my responsibility to role-model recovery and leadership.

_____ I recognize my physical, emotional, psychological, and spiritual needs, limits, and boundaries.

_____ I seek out appropriate support — mutual aid meetings, supervision, professional (when needed) — to process my feelings and concerns.

_____ I manage my time to honor my need for replenishment and renewal so that my needs do not interrupt or undermine my work as a peer support worker.

_____ I actively pursue my development, enrichment, and growth as a person.

_____ I actively seek feedback from others and can receive and use constructive criticism from others.

Interpersonal

_____ I act in ways that affirm the worth and dignity of individuals I contact as a peer support worker.

_____ I recognize that as a peer support worker in whom trust and power have been placed, I am acting in a relationship of faith. I refrain from practices that allow me to meet my own needs in ways that potentially take advantage of others.

_____ I honor my authority as a peer support worker by refusing to manipulate others or use information to satisfy my personal needs.

_____ I refrain from engaging in any exploitative relationship that abuses power and undermines the trust the organization or community has placed in me.

_____ I am eager to engage conflict in healthy ways, using open, direct, honest, compassionate, and constructive communication.

_____ I understand my responsibility, as a peer support worker, to set clear and consistent boundaries with others, especially with peers who have not developed healthy boundary systems. I fully understand the need to set firm boundaries regarding sex and intimacy when working with peers.

_____ I have examined and communicated my commitment, motives, and intentions in my relationships with others. I am clear with others and myself about the various and sometimes conflicting roles that I carry out as a peer leader.

_____ In my helping role as a peer support worker, I do not do for others that which they can do for themselves.

Group/Organization

_____ I eagerly serve all members of the community, of whatever age, race/ethnicity/culture, gender/gender expression, sexual orientation, physical and mental ability, socioeconomic status, theology/faith expression, national origin, or primary language.

_____ I seek to understand the dynamics of oppression on personal and institutional levels and their impact on my leadership role.

_____ I understand that my values, beliefs, and behaviors are culturally informed. I am willing to understand and accept cultural values, beliefs, and behaviors that I do not share.

_____ I recognize that my peer leadership is by consent of the organization and that my actions and decisions as a peer support worker reflect the organization.

_____ I respect the diversity of spiritualities and paths to recovery in the community. I am careful that I do not make my personal form of expression or experience the norm.

_____ I use the resources and finances of the organization responsibly and prudently. My organization is funded with public money and is accountable for stewarding those funds to serve people in the recovery community.

_____ I prepare for my roles and responsibilities as a peer support worker, including seeking and pursuing training and education.

_____ I am careful not to criticize any other peer or organizational leaders in public.

_____ I am mindful that I respect and follow organizational protocols, including those requiring documentation and paperwork on my part.

_____ I am respectful that, as a peer support worker, I may have access to information that must be kept in confidence. I acknowledge the power this gives me and use discretion in sharing such information to avoid harming individuals, organizations, or communities. I understand that my peer leadership role requires careful discernment, and I need to seek help if I am concerned about the safety of an individual or the group/organization.

_____ I build positive, respectful relationships with my predecessors and successors to help build a legacy of strong, supportive peer leadership.

_____ I accept my responsibility as a representative of my organization and participate in actions that support its vision and mission.

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APPENDIX H:

Measuring Compassion Fatique and Compassion Satisfaction

Professional Quality of Life Scale

The Professional Quality of Life (ProQOL) Scale is the most commonly used measure of the negative and positive effects of helping others who experience suffering and trauma. The ProQOL has subscales for compassion satisfaction, burnout, and compassion fatigue. The ProQOL 5 is the current version and can be accessed here.

To copy the ProQOL instrument, the author must receive credit. Only authorized changes can be made (see website), and the tool cannot be sold.

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APPENDIX I:

Safety Tips
for Peer Support Workers in the Community and Home

Adapted from the New York State Office of Alcoholism and Substance Use Abuse Services' Peer Integration Toolkit

Personal safety information is imperative to provide preventive strategies to enable peers and other staff to be safe. The following are a few safety strategies for peer support workers who work in community or home-based settings:

- Before meeting with the participant, consult with your supervisor and/or staff with more experience with specialty areas (i.e., mental health/substance use) if you have safety concerns about a participant.

- Always travel with a charged cell phone, turned on, and preprogrammed to your employer, and call 911 for assistance in an emergency or threatening situation.

- Before you knock on the door of the person's residence, briefly ascertain if there are any disturbances such as screaming, yelling, or fighting. If you hear such troubles, leave and reschedule the appointment for another time and perhaps a different setting.

- Before opening a gate, rattle it to determine if dogs are loose that might pose a threat.

- Do not enter the premises if a threatening animal is present.

- Upon arrival, ensure the individual and/or family members know who you are and why you are there. Confirm the name of the individual or family members to whom you are providing peer-to-peer services if it is your first time meeting the person.

- Ask if there are firearms in the house, and if so, request that they be securely locked up.

- Be sure to present your agency ID card/badge. Do not present your credentials to anyone else unless asked to do so.

- Do not attempt to meet with a client in a home setting if people in the home appear to be under the influence of alcohol or other drugs or if there are other people with whom you feel uncomfortable. However, if you accompany the peer to treatment or medical services and the peer is under the influence, this may not apply.

- Do not share your home address.

- When making a first-time home visit to a client/participant's home, check in with your agency at predetermined times to let staff know that you are okay. For example, you may want to make contact at the end of a scheduled home visit.

- Trust your instincts. If something doesn't feel right and you are uneasy about your situation, leave and call your supervisor.

- If your safety is at risk, remove yourself immediately from the situation. Call your supervisor and document the incident. Discuss alternative ways to serve the peer with your supervisor. Your supervisor may alter the service plan so that you meet with the participant in a public place, community, or service center, or the provider program.

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APPENDIX J:
Measuring the Impact of Peer Support Services

Brief Assessment of Recovery Capital

The Brief Assessment of Recovery Capital (BARC-10) assesses "recovery capital," or the personal, social, community, and cultural resources available to a person in recovery. Recovery capital is an essential component for substance use disorder recovery because it promotes resiliency, improves coping, and reduces stress.[55]

The BARC-10 is accessible here.

Recovery Process Inventory

The Recovery Process Inventory (RPI) measures the individual's perceptions of recovery. Organizations must seek consent from the South Carolina Department of Mental Health to utilize the RPI.

The RPI is accessible here.

Recovery Assessment Scale

The purpose of the Recovery Assessment Scale (RAS) is to assess the recovery of people living with mental illness/mental health challenges and/or substance use disorders. It is intended to be delivered in person but can also be self-administered. The 24-item version of the RAS (the RAS-Revised) measures personal confidence and hope, willingness to ask for help, goal and success orientation, reliance on others, and not being dominated by symptoms.

The RAS revised (RAS-R) is accessible here.
The RAS-DS (Domains and Stages), which is suitable for adolescents, is accessible here.

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About the Legislative Analysis and Public Policy Association

Based in Washington D.C., and led by and comprised of experienced attorneys, the Legislative Analysis and Public Policy Association is a 501(c)(3) nonprofit organization whose mission is to conduct legal and legislative research and analysis and draft legislation on effective law and policy in the areas of public safety and health, substance use disorders, and the criminal justice system. LAPPA produces timely model laws and policies that can be used by national, state, and local public health, public safety, and substance use disorder practitioners who want the latest comprehensive information on law and policy as well as up-to-the-minute comparative analyses, publications, educational brochures, and other tools ranging from podcasts to fact sheets. Examples of topics on which LAPPA has assisted stakeholders include naloxone laws, law enforcement/community engagement, alternatives to incarceration for those with substance use disorders, medication-assisted treatment in correctional settings, and the involuntary commitment and guardianship of individuals with alcohol or substance use disorders.

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