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# Peer Support and Recovery: A Strategic Toolkit for Healthcare Systems

International Healthcare  
Facility Diversion Association  
(IHFDA)

Substance Use Recovery and  
Support Steering Committee



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## RECOVERY SUPPORT

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**Improves Individual Recovery**  
Encourages sustained recovery through shared experiences.
- 

**Facilitates Access to Support Services**  
Connects individuals with recovery resources and networks
- 

**Enhances Social Determinants of Health**  
Promotes improvements in housing, employment, and social relationships
- 

**Reduces Negative Health Events**  
Lowers rates of relapse, hospitalization, and emergency care

## Executive Summary

### Important Notes:

- *IHFDA provides this content for informational and educational purposes only.*
- This toolkit was developed by a committee within the IHFDA. The findings, interpretations, and conclusions expressed herein are those of the committee members and do not necessarily represent the official policy or positions of IHFDA as an organization.
- Given the rapidly evolving nature of healthcare regulations and recovery practices, the information provided is subject to change and should be reviewed against current state and federal guidelines.
- *This toolkit **does not constitute legal, medical, or clinical advice** or a standard of care.*
- *Each member organization is encouraged to **consult with its own legal counsel, HR, and clinical leadership** to ensure all practices comply with specific local, state, and federal laws (including but not limited to the ADA, 42 CFR Part 2, and state licensing board rules).*

### How to Use This Toolkit

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If the information within this toolkit is used to inform the development of organizational policies, peer support programs, or research, we ask that this document be formally cited as a reference.

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### Substance Use Disorder Recovery Support Toolkit for Healthcare Professionals

This toolkit outlines a structured framework designed to assist organizations in supporting *healthcare professionals* (HCPs) across all disciplines (nurses, physicians, pharmacists, etc.) recovering from *substance use disorder* (SUD). The toolkit promotes ethical, practical, and compassionate strategies for safe reintegration into the clinical workforce. The design can be implemented in interdisciplinary collaboration or utilized by a specific department such as Human Resources (HR), Employee Assistance Programs (EAP), Risk Management, etc., or whomever the organization designates.

### Key Objectives:

- Provide best practices and ethical considerations for supporting HCPs in recovery.
- Offer practical strategies for ongoing recovery maintenance.
- Facilitate safe and compassionate reintegration into the workforce.
- Reduce stigma and promote sustainable recovery.
- Mitigate the risk of controlled substance diversion.
- Retain valuable healthcare talent and enhance patient safety.

### Scope

Intended for entities supporting HCPs in recovery from substance use with the potential to return to safe practice.

Note: Abbreviations are used throughout this toolkit and spelled out with first use. Select complete definitions are included in Appendix A.

# Historical Overview: Substance Use and Treatment in the U.S.

## Introduction

Substance use has been documented as far back as 10,000 BCE, with early records of opium, alcohol, and cannabis use. In the U.S., narcotic use surged during the Civil War, when soldiers were treated with morphine, leading to widespread addiction. Criminalization of drug use began in the late 19th century, contributing to stigma and disproportionately affecting marginalized communities (Robinson & Adinoff, 2016).

## Early Treatment Efforts

Early treatment efforts included Native American sobriety circles and the establishment of Inebriate Homes in the 1850s. The first medically supervised treatment center, the New York State Inebriate Asylum, opened in 1864. *Alcoholics Anonymous* (AA), founded in 1935, introduced a peer-based, spiritually grounded recovery model (Talchekar, 2023).

## Medical and Legislative Developments

By the mid-20th century, pharmacological treatments such as Antabuse, methadone, and naloxone were introduced. The *American Medical Association* (AMA) recognized alcoholism as a chronic disease in 1952, and insurance coverage for treatment began in the 1960s (Talchekar, 2023).

## Key legislation shaped modern treatment access:

- Controlled Substances Act (1970): Classified drugs by medical use and abuse potential.
- Drug Addiction Treatment Act (2000): Regulated narcotic treatment programs.
- Mental Health Parity and Addiction Equity Act (2008) and Affordable Care Act (2010): Expanded insurance coverage for addiction treatment (Talchekar, 2023).

## Healthcare Professional Oversight

Licensing boards for healthcare professionals were established in the late 19th century to ensure public safety and professional standards (Johnson & Chaudhry, 2012). By the 1980s, programs began to support rather than punish healthcare providers with substance use disorders. The *Federation of State Physician Health Programs* (FSPHP) and similar initiatives now offer rehabilitation and monitoring (Johnson & Chaudhry, 2012).

Nursing boards initially focused on removing impaired nurses from practice, but by the 1990s, alternative-to-discipline programs emerged to support recovery while protecting public safety (Benefiel, 2011).

## Workplace Recovery Models

Workplace recovery models, such as the aviation industry's *Human Intervention and Motivational Study* (HIMS) program, have become a gold standard. These programs reduce stigma and support recovery while maintaining employment. The "I'M SAFE" checklist is one such tool promoting daily self-assessment (NBAA, 2019)

*"I found myself talking to another doctor and sharing my experience. They reciprocated and for the first time I was talking to someone who knew and understood where I was coming from." (Baird, C. 2021 p. 4)*

## WORKPLACE SUPPORTED RECOVERY: KEY EMPLOYER STRATEGIES



### POSITIVE WORK CONDITIONS

Foster a healthy, safe, and inclusive work environment.



### PEER SUPPORT & COACHING

Build peer networks to enhance social support and resilience



### SUPPORTIVE CULTURE & PROGRAMS

Offer return-to-work programs, promote health, and reduce stigma around SUD recovery

## The Case for Peer Support

According to *Occupational Safety Health Administration (OSHA)*, 13.6 million U.S. workers are affected by *substance use disorders (SUDs)*, yet only 1.9 million receive treatment annually. Employment plays a critical role in recovery, and workplace-supported recovery programs are essential to long-term success (Frone et al., 2022).

*Healthcare professionals (HCPs)* have long faced significant mental and emotional health challenges due to the demands of their roles. These stressors contribute to elevated rates of mental health issues, substance use disorders, and suicide compared to the general population (Choflet et al., 2023).

The National Academy of Medicine has reported that burnout has reached “crisis levels” among the U.S. health workforce, with 35–54% of nurses and physicians experiencing symptoms of burnout. A major barrier to addressing these issues is the persistent stigma that discourages HCPs from seeking mental health support (Murthy, 2022).

*“...I met up with an anesthetist who had been on a similar journey to mine and come out the other side.”*

*“I can’t overstate what an important aspect of the therapeutic process this was.”*

(Baird, C. 2021 p. 4)

### Peer Support as a Solution

Peer support offers a promising approach to addressing the mental health needs of HCPs. By connecting individuals with shared experiences, peer support fosters a sense of community, empathy, and mutual understanding (Godfrey, 2021).



## What Peer Support Is—and Is Not



### Peer Support Is

- Compassionate witnessing of distress
- Present-focused support
- Identifying coping strategies
- Validating emotions
- Respecting individual perspectives
- Connecting to resources



### Peer Support Is Not

- Therapy or treatment
- Fact correction or interrogation
- Persuasion or reassurance
- Advice-giving
- Imposing beliefs

## Key Benefits of Peer Support

Peer support can:

- **Reduce isolation** by fostering connection and shared understanding.
- **Improve coping skills** through the exchange of strategies and lived experiences.
- **Enhance self-efficacy** by reinforcing individuals' belief in their ability to manage challenges.
- **Improve mental health outcomes**, including reductions in anxiety and depression.
- **Increase resilience** by building strength through shared experiences.

*“As well as support, they were able to provide some guidance on how to navigate the various administrative obstacles ahead.”* (Baird, C. 2021 p. 4)

## Challenges and Considerations

While peer support is valuable, several challenges should be addressed:

- **Confidentiality:** Maintaining privacy is essential to building trust.
- **Training:** Peer support facilitators may require specialized training.
- **Integration with traditional care:** Peer support should complement, not replace, professional mental health services.

## Evidence of Effectiveness

William White, often referred to as the “father of peer support,” has demonstrated the effectiveness of peer support programs among military veterans. Although these programs were designed for veterans, the outcomes are broadly applicable (Albertson, 2017):

- 96% reported a renewed sense of belonging.
- 100% of participants with prior criminal justice involvement reported no further contact.
- 100% of those in active addiction achieved recovery.
- 86% reported improved purpose and direction in life.
- 95% expressed willingness to recommend the program.

## Peer-Based Recovery Support

Peer-based recovery support services significantly enhance recovery capital and engagement with broader support systems. While more research is needed, existing evidence, particularly from veteran programs, demonstrates the potential for peer support to improve outcomes for healthcare professionals navigating SUD recovery.



## Promoting Virtual Peer Support Programs

Virtual participation offers several advantages:

- Encourages reflection and motivation in a comfortable environment.
- Reduces logistical barriers such as transportation and scheduling.
- May be more accessible for those with work, caregiving responsibilities, disabilities, or those living in rural areas (Anderson, 2022).

# Business Case: Standardized Support for HCPs with Substance Use Disorders

## Proposal

Organizations are encouraged to implement a standardized process to support *healthcare professionals* (HCPs) with *substance use disorders* (SUDs), particularly those committed to recovery. Such programs should balance accountability with compassion while ensuring patient and provider safety. (Paul, 2009)

## Benefits

Key benefits of implementing a standardized support process include:

- Retention of employment during treatment, preserving insurance and disability coverage.
- Reduced financial stress, increasing treatment engagement and compliance.
- Compassionate reintegration into the workforce.
- Ongoing support during recovery.
- Lower organizational costs by rehabilitating existing staff versus recruiting new employees.
- Reduced stigma associated with SUDs.
- Improved reporting culture among colleagues.
- Increased likelihood of self-reporting and peer reporting.
- Mitigation of risk to other organizations by addressing the root cause rather than transferring the issue.

## General Risks to Consider

- Recurrence of Diversion
- Patient safety, potential for medical errors if employee returns to use
- Legal/civil liability if a know issue leads to harm
- Team morale in the form of resentment if team learns history
- Driving the issue underground if employee hides their SUD and moves on to another facility
- Loss of experienced clinicians
- Creating a culture of fear when reporting substance issues
- Recruitment challenges in a staffing crisis
- Risk of self-harm or suicide (Davidson, 2021)

## The Role of Employment in Recovery

Employment plays a critical role in recovery by providing structure, purpose, and essential benefits.

According to Paul (2009), employment contributes to recovery through:

- Structured time and regular activity
- Social contact and support
- Purpose, meaning, and identity
- Skill development and goal achievement
- Income and retention of health benefits
- Access to paid time off and retirement benefits

## RECOVERY OUTCOMES



### Initiating Recovery Efforts

Increases likelihood of starting both unassisted and treatment-assisted recovery.



### Sustaining Abstinence

Supports long-term abstinence from substance use



### Broad Recovery Outcomes

Promotes growth in positive recovery capital.  
• Enhances physical, psychological, and social well-being

## SUPPORTING HEALTH CARE PROFESSIONALS IN RECOVERY

### WHY IT MATTERS



REDUCE RISK OF SUD



DECREASE STIGMA



PROMOTE LIFELONG RECOVERY

**40-60%**  
of individuals treated for SUD experience at least one relapse

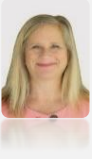
Employment and structured support significantly improve recovery outcomes

### ORGANIZATIONAL BENEFITS

- Retain experienced professionals
- Reduce turnover
- Strengthen workforce morale

Help your staff succeed—support recovery in the workplace

### **Case Studies:**



- *Healthcare Diversion: A Nurse's Journey* <https://www.youtube.com/watch?v=67gzGXbtUs>
- *The Addicted Anesthesiologist*: <https://www.pacificassistancegroup.net/blog/848079-the-addicted-anesthesiologist>
- *A Pharmacist Shares His Journey*: <https://www.usaprn.org/a-pharmacist-shareshis.html>

## Return on Investment

### **Financial Impact of Turnover and Return on Investment (ROI)**

The cost of turnover significantly affects hospital margins and needs to be managed strategically. According to Becker's Hospital Review:

~ The average cost to replace one staff registered nurse (RN) in 2024 was \$61,110, an 8.6% increase from the prior year, with each 1% change in turnover costing hospitals around \$289,000 annually.

~ While the national RN turnover rate slightly decreased to 16.4% in 2024, turnover remains a significant financial drain, with high costs especially in specialties like telemetry and emergency services. It takes about 83 days to recruit an experienced RN (Becker, 2025).

~ Physician recruitment costs range from \$250,000 - \$1million depending on specialty and rank (AMA, 2018).

~ Organization pharmacist turnover averages 2.13 per year with estimated costs of \$573,351 annually (ASHP, 2025).

~ Indirect costs include increased medical errors, malpractice risk, reduced patient satisfaction, and reputational damage (AMA, 2018).



(NSC, NORC, 2020)

### **Non-Financial Considerations**

In addition to financial outcomes, organizations can support their valued co-workers through recovery-supportive workplace practices that foster long-term success. These indicators help demonstrate the broader organizational impact of investing in employee recovery and well-being. Key metrics include:

- Employee retention rates
- Absenteeism trends
- Return-to-work outcomes
- Sustained recovery over time
- Workplace incident reports (e.g., reductions in safety events)
- Employee perceptions of organizational support
- Patient satisfaction and quality of care indicators
- Well-being and burnout scores
- Peer and team feedback

These indicators reflect improvements in workforce stability, morale, and care quality—critical components of a resilient and high-performing healthcare environment (Substance Abuse and Mental Health Services Administration [SAMHSA], 2024; Murthy, 2022).

### Human Capital Considerations

Supporting *healthcare professionals* (HCPs) with *substance use disorders* (SUDs) yields significant returns in human capital. Key statistics include:

#### General:

HCPs face elevated overdose risk due to access to controlled substances and occupational stress.

HCPs (5.5%) are less likely than workers overall (8.6%) to report illicit substance use in the past month.

Studying the context and job-related factors that contribute to pharmacist suicide is a relatively untapped area of research.

#### Nurses:

18% (of participants surveyed) screened positive for substance use (SU) issues.

6.6% screened positive for SUD (Davidson, 2021).

Higher suicide rate than the gender-matched population (Davidson, 2021).

≈ 50% referred by boards of nursing, with 69% due to substance use (Cares, 2015).

62% did not believe their substance use affected practice, though many acknowledged signs were present.

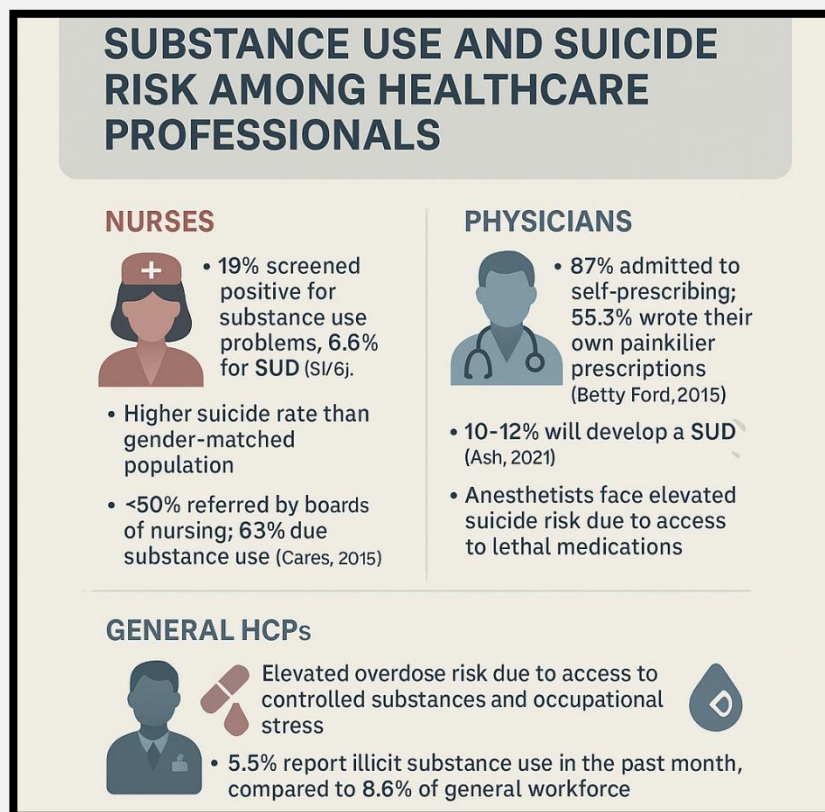
#### Physicians:

87% admitted to self-prescribing medications.

55.3% wrote their own painkiller prescriptions (Betty Ford, 2015).

10–12% will develop a SUD (Ash, 2021).

The ease of access to potentially lethal medications is noted as a cause of the elevated risk of suicide among anesthetists.



## Barriers to Practice Re-Entry

### Personal Barriers

- ❑ **Financial Strain During Recovery**
  - ✓ Costs associated with toxicology testing
  - ✓ Loss of insurance coverage or income
  - ✓ Legal fees and costs of representation
- ❑ **Emotional and Psychological Challenges**
  - ✓ Fear, shame, stigma, and self-judgment
  - ✓ Internalized guilt and anxiety about rejoining the workforce

### Practice-Level Barriers

- ❑ **Workplace Culture and Support**
  - ✓ Limited collegial support during/after recovery
  - ✓ Lack of education on (SUD) and how to identify signs in peers
  - ✓ Absence of a culture that promotes acceptance and encouragement
- ❑ **Staff Reactions and Dynamics**
  - ✓ Feelings of shock, betrayal, or mistrust following a diversion incident
  - ✓ Inadequate debriefing/support for staff post-diversion
  - ✓ Prevalence of denial, blame, avoidance, shaming, or ignorance among colleagues

### Professional Barriers

- ❑ **Regulatory and Licensing Challenges**
  - ✓ Disciplinary actions from licensing boards /regulatory agencies
  - ✓ Prolonged investigation timelines
  - ✓ Potential loss of licensure and related certifications
- ❑ **Monitoring and Oversight**
  - ✓ Limited access to structured monitoring programs
  - ✓ Need for close supervision by informed and willing colleagues
  - ✓ Lack of awareness among administrators and credentialing committees regarding SUD and recovery

### Organizational Barriers

- ❑ **Hiring and Retention Concerns**
  - ✓ Reluctance to rehire or retain providers in recovery due to fear of relapse
  - ✓ Misconceptions about the risks and costs associated with re-entry

## Considerations for Returning To Practice/Continued Employment

### General Considerations:

- ✓ Eligible healthcare professionals (HCPs) for re-entry post-substance use disorder (SUD) treatment should be evaluated on a case-by-case basis as a one-size-fits-all solution is not prudent.
- ✓ Cost consideration: aftercare monitoring is often more cost-effective than recruiting and training new staff.
- ✓ Collaboration with stakeholders such as HR, Compliance, and Legal Counsel is important, and adherence to state and federal regulations is important to ensure safe practice scopes.
- ✓ Licensing boards or Alternative Discipline programs may impose restrictions, and state monitoring programs can supplement compliance efforts. Monitoring programs can reduce employer liability, protect patients, and support early detection of relapse.
- ✓ Recovery program capabilities may be constrained by resources, and employment tenure criteria might affect inclusion. ADA and SUD aspects also need careful consideration.
- ✓ See *Appendix D* for more information

### Employment Considerations – Inclusion/Exclusion:

#### Potential Exclusion Criteria:

- Presence on federal exclusion list (if organization receives CMS support).
- Ineligible or unwilling to participate in recovery programs.
- Deemed unfit-for-duty.
- Pose direct/potential risk of patient harm:
  - ✓ Medication tampering
  - ✓ Withholding medication
  - ✓ Active impairment while working
  - ✓ BBP exposure, etc.
- Fail to conform to monitoring/return-to-work criteria.
- Lack proof of qualified provider's evaluation (if on MAT).
- Previous relapses have already occurred after returning to work.
- History of significant corrective actions/negative standings.
- Diversion occurred for sale/non-SUD purposes.

#### Potential Inclusion Criteria:

- Able to safely return to practice (may need re-assignment).
- Cooperation with investigations.
- Adherence to A return-to-practice agreement.
- Active participation in alternative-to-discipline/recovery monitoring programs.

## Reintegration to Practice Agreement

A reintegration or return-to-work contract/agreement can increase the successful reintegration for those who are safe to return to practice after treatment for substance use disorders (SUD).

Component	Consideration
<b>Contract Length</b>	Determined by disease severity, relapse risk, monitoring participation, and resource availability.
<b>Ability to Perform Duties Safely</b>	Assess job roles against recovery limitations; reassignment may be needed due to licensing restrictions, or job duties.
<b>Job Performance Standards</b>	Establish attendance and medication handling standards.
<b>Phased Clinical Re-entry Plan</b>	Must outline supervision, drug access, documentation, and scheduling restrictions.
<b>Practice Restrictions:</b>	Comply with licensing actions and establish restrictions on duties like prescribing and shift scheduling.
<b>Supervision Requirements:</b>	Possibly tiered by re-entry phase, including documentation and audit protocols.
<b>Random Drug Testing</b>	Define frequency, methods, and compliance observation protocol.
<b>Scheduled Meetings with Leader</b>	Define contract duration, meeting frequency, and accountability measures
<b>SUD Treatment and Aftercare Plan</b>	Require mandatory support group attendance, peer support, and access to employer-sponsored resources.
<b>Guidance from SUD Care Provider</b>	The involvement of the employee's SUD care provider is crucial in guiding the re-entry process
<b>Coordination with Monitoring Program (if applicable)</b>	Ensure closed-loop communication for compliance reporting and consider standardizing contract elements for clarity.
<b>Plan for Relapse</b>	Clearly outline relapse response, including reporting and contractual implications.
<b>Consequences of Non-Compliance</b>	Define based on contract violations severity.

Consider implementing the above components in return-to-work contracts defining terms of practice re-entry.

## Developing *Internal* Recovery Meetings

### Guidance for Healthcare and Other Organizations

To successfully establish *internal* recovery meetings, consider the following structured approach:

#### 1. Secure Organizational Support

Engage HR, EAP, and Leadership using data and insights from prior sections.

Explore collaboration with state-supported recovery programs, especially for individuals who may prefer external meeting environments.

#### 2. Identify Peer Leaders

Reach out to employees in recovery who may be interested in leading or co-facilitating meetings.

Colleagues with prior experience or education on SUD tend to be more supportive of re-entry.

Consider sending a company-wide communication inviting participation in the development of a peer support initiative.

#### 3. Define Meeting Structure

Meeting Format	Content & Facilitation
Informal vs. Formal	Agenda structure
Virtual	Open Discussion
In-Person	Topic-driven
Hybrid	Guest Speakers
	Facilitator Roles & Responsibilities
Attendance Type	Strategies for Building Rapport & Trust
Open vs. Closed	Addressing Sensitive Topics
Discipline-Specific vs. Multidisciplinary	Return-to-use
Inclusion of Support Persons	Confidentiality
	Establish Clear Privacy Guidelines
Logistics	Participant Commitment
Frequency	Flexible
Dates	Participant-Determined
Time of day	Fixed Durations
Duration	3–6 months
Location: (On-Site vs. Off-Site)	1 year
Max. Number of Attendees	Indefinite
Consider breakout groups	

#### 4. Promote the Program

Use internal communication channels: email reminders, flyers, intranet, or mobile apps

Educate staff on the purpose, benefits, and confidentiality of the program

#### 5. Celebrate Recovery Milestones

Offer recognition through badges, tokens, or other meaningful symbols

Always confirm participant comfort with public acknowledgment

# Developing *External Recovery Meetings*

A Strategic Guide for Healthcare and Other Organizations

## 1. Build a Collaborative Foundation

### Engage Diverse Expertise

- Connect with professionals across your state and nationally to support program design and implementation.

### Subject matter experts

- ✓ Substance Use Disorder (SUD) specialists
- ✓ Clinicians familiar with specific disciplines (e.g., pharmacists vs. anesthesiologists)
- ✓ Mental health counselors
- ✓ Peer facilitators with lived experience in recovery

### Professional Organizations to Explore

- National Association of Peer Support for Nurses (NAPSN)
- New York OASAS
- Other state-specific recovery and peer support networks

## 2. Understand the Landscape

### Key Statistics:

- SUD prevalence (national and state-specific)
- Evidence-based benefits of peer support (see “Peer Support” section)

### State Program Availability

- ✓ Boards of Nursing, Pharmacy, Medicine, etc.
- ✓ Alternative-to-Discipline programs
- ✓ Monitoring and Peer Support programs
- ✓ Determine if services are integrated or separate

### Connect with program leaders to learn about:

- Structure
- Challenges
- Best practices
- Opportunities for collaboration/affiliation

## 3. Establish Governance

### Form the Board of Directors

- Recruit through professional networks and peer recommendations
- Suggested roles: President, Vice President, Secretary, Treasurer, Directors-at-Large
- Aim for 50% board representation from individuals in recovery
- Subject matter expertise is helpful but not required—personal or family experience with SUD can offer valuable insight

## 4. Define Your Organization’s Identity

### Develop Core Elements

- Vision, Mission, Values, and Goals

### Define your target population and interdisciplinary approach

- Clarify how success will be measured

### Determine Services Offered

- ✓ Peer support meetings
- ✓ Educational sessions
- ✓ Counseling
- ✓ Legal aid
- ✓ Referrals/Advocacy

## 5. Choose an Organizational Structure

### Legal and Operational Considerations

- Will the program be independent or affiliated with a healthcare facility?
- Consider forming an LLC or applying for 501(c)(3) nonprofit status

### Community Engagement

- Involve local business owners for sponsorship, guidance, or support

## 6. Design Meeting Logistics

### Meeting Type

- ✓ Confidential, closed, or open

### Frequency Options

- ✓ Fixed (e.g., 3rd of every month at 4:00 PM)
- ✓ Floating (e.g., 4th Wednesday monthly)
- ✓ Weekly, bi-weekly, monthly, or quarterly

### Compliance Considerations

- Determine if meetings can count toward licensure or monitoring requirements
- Engage with licensing boards or alternative-to-discipline programs for support

## 7. Engage with Leaders and Networks

### Outreach and Collaboration

Gather contact information and schedule meetings with leaders from successful programs:

- ✓ NY SPAN
- ✓ MN NPSN
- ✓ WI WisPAN

### Discuss:

- ✓ Start-up strategies
- ✓ Engagement techniques
- ✓ Support systems

### Expand Your Network

- Utilize LinkedIn, state nursing organizations, and healthcare associations
- Identify potential funding sources (grants, donations)

## 8. Promote the Program

### Marketing Channels

- Free: Facebook, LinkedIn, email, Mailchimp
- Low-cost: Community postings, digital flyers
- Higher-cost: Printed mailers, newsletters, paid ads

## 9. Determine Affiliations

- Independent
- Licensing boards
- State-sponsored monitoring programs
- Healthcare facilities
- State or national organizations

## 10. Connect with Individuals in Recovery

- Use social media, professional networks, and personal outreach
- Encourage storytelling and shared experiences to foster trust and community

## Peer Support Training Overview

Peer supporters are uniquely positioned to guide others through recovery by combining personal experience with professional training. Their effectiveness stems from both lived experience and structured development.

### 1. Foundations of Peer Support

Lived Experience:

- Peer supporters draw from their own recovery journeys, offering empathy, resilience, and authentic connection.

Professional Training: Many undergo formal instruction in:

- Active listening
- Motivational interviewing
- Crisis de-escalation
- Ethical boundaries
- Resource navigation

### 2. Certification and Validation

While not always mandatory, many states and organizations offer certification programs to ensure peer supporters are equipped to provide safe, effective support.

Sample Certification Programs:

- ✓ Wisconsin: *Certified Peer Specialist* (WI CPS)
- ✓ Texas: (Via Hope)
- ✓ New York: *Certified Recovery Peer Advocate* (CRPA) and *Certified Peer Specialist* (CPS)

Sample Peer Support Meeting Layout	
<b>1. Welcome &amp; Introductions</b>	
<input type="checkbox"/> Create a welcoming environment: <input type="checkbox"/> "You belong." <input type="checkbox"/> "You matter to us."	
<b>2. Check-In</b>	
<input type="checkbox"/> How are you doing today? <input type="checkbox"/> What have you done for your recovery today?	
<b>3. Meeting Topic</b>	
<input type="checkbox"/> May arise organically from check-in or be preselected. <input type="checkbox"/> Keep a list of rotating topics. Consider: <input type="checkbox"/> Interdisciplinary relevance <input type="checkbox"/> Guest speakers <input type="checkbox"/> Offering CE credits (if applicable)	
<b>4. Closing</b>	
<input type="checkbox"/> Remind participants they are not alone. <input type="checkbox"/> Share support contact list (if available). <input type="checkbox"/> Announce next meeting: <input type="checkbox"/> Date, time, and location <input type="checkbox"/> Provide attendance code or QR (if applicable and confidential)	

## Key Performance Indicators:

Measuring Program Impact: key performance indicators (KPIs) offer quantifiable insights into performance, goal attainment, and strategic decision-making. This section outlines key metrics to evaluate the effectiveness and *return on investment* (ROI) of a Peer Support/Recovery Program. See *KPI Examples on following pages...*

### Considerations Before Launching New Initiatives:

- **Establish Baselines:**
  - Collect initial data for each relevant KPI to define the current state prior to program implementation.
- **Metric Review & Stakeholder Reporting Cadence:**
  - Develop a consistent schedule for data review and stakeholder reporting.
  - Examples: Monthly for engagement metrics, quarterly for satisfaction, and annually for long-term outcomes.
- **Feedback Loop:**
  - Analyze collected data to identify trends and opportunities for improvement.
  - Implement changes based on insights to enhance program effectiveness.
- **Anonymity & Confidentiality**
  - Prioritize participant privacy in all data collection efforts, especially when addressing sensitive issues such as substance use and mental health.

### Confidentiality:

Ensuring confidentiality is crucial to building trust among participants.

### Training:

Peer support specialists may require specific training to effectively facilitate groups (see “Peer Support Training” in “Framework for Initiating Peer Support Organization” section).

### Integration with traditional care:

Peer support should be seen as a complement to professional care.

**Key Performance Indicators: Peer-Supported Recovery Program**

**Category: Program Utilization**

KPI	Description	Metrics	Methods/Examples	Baseline	Goal
<b>Number of Participants/ Attendees</b>	Total number of individuals who attend or participate in peer support groups or one-on-one sessions	<b>Number of employees who self-report problematic substance use</b>  <b>Number of employees who re-enter the workforce after problematic substance use</b>	<u>Group Sessions:</u> Attendance forms or anonymous clicker counts (if complete anonymity is paramount)  <u>One-on-One:</u> Peer supporter logs (e.g., a simple form noting date and duration, do not include names)	Track attendance for the first few months to establish a baseline	<b>X-number</b> of unique participants per month/quarter
<b>Unique Participants/ Individuals Served</b>	Distinct count of individuals who have engaged with the peer support program over a specified time-period <i>*Counts individuals, not repeated attendances</i>	<b>Registration Data</b>  <b>Self-Reported Surveys</b>	If program requires registration (even anonymous codes), track unique IDs.  <i>Is this your first time participating?</i>	Calculate after the initial launch period	<b>X%</b> of the total workforce engaged annually
<b>Program Awareness</b>	The percentage of the target employee population who are aware that a peer support program exists	<b>Internal Surveys Pre-Post Campaign</b>	<i>Are you aware of the &lt;Insert Name&gt; peer support program?</i>  <i>Do you know where to find resources for peer support?</i>	Conduct an initial survey prior to program launch.	<b>X%</b> increase in awareness within the first 6-12 months

**Category: Program Sustainability & Growth**

KPI	Description	Examples	Methods/Examples	Baseline	Goal
<b>Number of Trained Peer Supporters</b>	Total number of employees who have completed the necessary training to serve as peer supporters	<b>Training completion records</b>	Create onboarding and track completion	Dependent on Program volume/need	A minimum number of trained supporters to meet demand
<b>Trained Peer Supporter</b>	The percentage of trained peer supporters who remain active in their role over a specific period	<b>Track active supporter lists monthly/ quarterly</b>  <b>Track activity engagement levels</b>	Attendance/ facilitation data  Number of engagements	<b>Formula:</b> X-number end-of-period / X-number at beginning-of-period <b>x 100.</b>	Maintain a retention rate above <b>X%</b>

Category: Program Effectiveness & Satisfaction					
KPI	Description	Examples	Methods/Examples	Baseline	Goal
<b>Participant Satisfaction</b>	Level of satisfaction for participants including quality, relevance, and overall experience of the peer support	<b>Post-Session Surveys</b>  <b>Qualitative Feedback</b>	<u>Ranking:</u> <i>How satisfied were you with this session?</i> <i>How helpful was the support you received?</i>  <u>Include open-ended questions...</u> <i>What did you find most valuable?</i> <i>How could this session be improved?</i>	Average scores from early participants	Maintain average satisfaction score > <b>X</b>
<b>Perceived Usefulness/Impact</b>	The extent to which participants feel the program has helped address personal challenges or improve well-being	<b>Surveys</b>  <b>Testimonials</b>	<i>Do you feel more supported after this session?</i> <i>Did this session help you gain new coping strategies?</i> <i>Are you more confident in seeking support?</i>  (Voluntary/Anonymous) Collect optional, anonymized quotes or brief stories (with consent) regarding perceived impact	Initial self-assessment of coping or support levels	<b>X%</b> of participants report an increased sense of support or improved coping skills
<b>(Self-Reported)</b>	The willingness to recommend the peer support program to a colleague	<b>Net Promoter Score (NPS):</b>	<i>On a scale of 0-10, how likely are you to recommend this peer support program to a colleague?</i>	Calculate after initial participant feedback.	Reported NPS score > <b>X</b> (> <b>30 recommended</b> )

Category: Well-Being Impact & Resilience (Longer-Term)					
KPI	Description	Examples	Methods/Examples	Baseline	Goal
<b>Well-Being/Stress Level Changes (Self-Reported)</b>	Personal perceptions of overall well-being, stress, anxiety, or burnout	<b>Pre-Post Surveys - Validated Scales</b> (May be anonymous if referred)	Perceived Stress Scale (PSS-10) Generalized Anxiety Disorder-7 (GAD-7) Patient Health Questionnaire-9 (PHQ-9) Maslach Burnout Inventory (MBI)	Initial survey data	<b>X%</b> (statistically significant) reduction in average scores for participants over time (e.g., 6 months)
<b>Increased Resilience/Coping Skills (Self-Reported)</b>	Personal perception regarding ability to effectively manage challenges or adversity	<b>Pre-Post Surveys with Resilience Scales</b>  <b>Self-Assessment</b>	Connor-Davidson Resilience Scale (CD-RISC)  <i>I feel more equipped to handle stress</i>	Initial survey data	Average increase of <b>X points</b> on resilience scale

## Appendix A: Definitions

### **Automated Dispensing Machine (ADM)/Automated Dispensing Cabinet (ADC)**

decentralized medication-distribution systems provide computer-controlled storage, dispensing, and tracking of medications at the point of care in patient-care units.

### **Alcohol use disorder (AUD)**

A medical condition characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences. It encompasses the conditions that some people refer to as alcohol abuse, alcohol dependence, alcohol SUD, and the colloquial term, alcoholism. Considered a brain disorder, AUD can be mild, moderate, or severe. Lasting changes in the brain caused by alcohol misuse perpetuate AUD and make individuals vulnerable to return to use.

### **Blood Borne Pathogen Exposure (BBP or BBPE)**

Bloodborne pathogens are infectious microorganisms in human blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV). BBPE refers to Blood Borne Pathogen Exposure

### **Peer Support**

Encompasses a range of activities and interactions between people who share similar experiences of being diagnosed with mental health conditions, substance use disorders, or both.

This mutuality—often called “peerness”—between a peer support worker and person in or seeking recovery promotes connection and inspires hope.

“Peer support can also be defined as the process of giving and receiving nonprofessional, nonclinical assistance from individuals with similar conditions or circumstances to achieve long-term recovery from psychiatric, alcohol, and/or other drug-related problems.”

### **Drug Diversion**

The illegal possession, distribution, or use of prescription medications or personal use for purposes not intended by the prescriber. Prescription drug diversion may occur at any time as prescription medications are distributed from the manufacturer to wholesale distributors, to pharmacies, or to the patient. Members of the medical profession may also be involved in diverting prescription medications for recreational purposes, relief of SUDs, monetary gain, self-medication for pain or sleep, or to alleviate withdrawal symptoms.

### **Health Care Professional (HCP)**

A HealthCare Professional is one who delivers care and services to the sick and ailing either directly as doctors and nurses or indirectly as pharmacy staff, aides, helpers, laboratory technicians, or even medical waste handlers.

### **Incidence**

The onset of disease in a newly affected individual.

### **Medication Assisted Treatment (MAT)**

Treatment of Opioid Use Disorder (OUD) and certain other substance use disorders by combining counseling and behavioral therapies with the use of FDA-approved medications

### **Medications for Opioid Use Disorder (MOUD)**

An approach to opioid use treatment that combines the use of FDA-approved medications with counseling and behavioral therapies for people diagnosed with opioid use disorder (OUD) (Previously referred to as Medication Assisted Treatment (MAT)

Treatment of *opioid use disorder* (OUD) and certain other substance use disorders by combining counseling and behavioral therapies with the use of FDA-approved medications

### **Opioid Use Disorder (OUD)**

A problematic pattern of opioid use that causes significant impairment or distress. A diagnosis is based on specific criteria such as unsuccessful efforts to cut down or control use, or use resulting in social problems and a failure to fulfill obligations at work, school, or home, among other criteria. Opioid use disorder is preferred over other terms with similar definitions, “**opioid abuse or dependence**” or “**opioid SUD.**”

### **Substance Use Disorder (SUD)**

Occurs when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home

### **Recovery**

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential (*The Office of the Surgeon General*); a return to a normal state of health, mind, or strength; the action or process of regaining possession or control of something stolen or lost:

### **Remission**

No longer meeting full criteria for a substance use disorder, no longer experiencing any symptoms, and also as no longer using the substance (i.e. abstinent)

### **Urine Drug Screen (UDS)/Urine Drug Test (UDT)/Urine Toxicology (UTox)**

Detects the presence or absence of drugs or to identify specific drugs in urine samples

### **Stigma**

A mark of disgrace associated with a particular circumstance, quality, or person

### **Work Stress**

The harmful physical and emotional effects when job requirements do not match workers’ resources or needs.

### **Workplace Supported Recovery**

An integrated set of evidence-based interventions and policies that:

- (a) reduce workplace hazards promoting the development or perpetuation of SUDs and undermining recovery from SUDs.
- (b) increase workplace supports preventing the development or perpetuation of SUDs and facilitating recovery from SUDs.
- (c) help employees maintain or regain employment during recovery; and
- (d) promote overall growth and well-being among employees, work organizations, families, and communities (Frone et al., 2022).

## Appendix B: General SUD Resources

IHFDA does not endorse, certify, or guarantee the outcomes of any specific third-party program listed (e.g., state-specific peer assistance programs).

Resource	Website
Alternative to Discipline Programs for Substance Use Disorder: Nursing	<a href="https://www.ncsbn.org/nursing-regulation/discipline/board-proceedings/alternative-to-discipline.page">https://www.ncsbn.org/nursing-regulation/discipline/board-proceedings/alternative-to-discipline.page</a>
Federation of State Physician Health Programs	<a href="https://www.fsphp.org/">https://www.fsphp.org/</a>
Pharmacists Recovery Network	<a href="https://www.usaprn.org/">https://www.usaprn.org/</a>
Alcoholics Anonymous	<a href="http://www.aa.org/">http://www.aa.org/</a>
American Addiction Centers: Drug and Alcohol Rehab for Healthcare Professionals	<a href="https://americanaddictioncenters.org/healthcare-professionals">https://americanaddictioncenters.org/healthcare-professionals</a>
American Association of Nurse Anesthesiology (AANA):	<a href="https://www.aana.com/practice/health-and-wellness-peerassistance/About-AANA-PeerAssistance/substance-usedisorder-workplace-resources">https://www.aana.com/practice/health-and-wellness-peerassistance/About-AANA-PeerAssistance/substance-usedisorder-workplace-resources</a>
American Association of Nurse Anesthesiology (AANA):	<a href="https://www.aana.com/practice/health-and-wellness-peer-assistance/About-AANA-Peer-Assistance">https://www.aana.com/practice/health-and-wellness-peer-assistance/About-AANA-Peer-Assistance</a>
American Pharmacists Association Resources:	<a href="https://www.pharmacist.com/apha-asp-operation-substance-use-disorders">https://www.pharmacist.com/apha-asp-operation-substance-use-disorders</a>
An Unlikely Addict, One Nurses' Journey Through SUD:	<a href="http://www.unlikelyaddict.com/">http://www.unlikelyaddict.com/</a>
Celebrate Recovery	<a href="https://www.celebraterecovery.com/">https://www.celebraterecovery.com/</a>
Centers for Disease Control (CDC) and Prevention sites: SUD awareness:	<a href="https://www.cdc.gov/rxawareness/?utm_medium=search&amp;utm_source=google_resp_onsive_search_ads&amp;utm_campaign=main&amp;utm_content=bg-05162022_drug_treatment_ag1">https://www.cdc.gov/rxawareness/?utm_medium=search&amp;utm_source=google_resp_onsive_search_ads&amp;utm_campaign=main&amp;utm_content=bg-05162022_drug_treatment_ag1</a>
Dr. Lorna Breen Foundation	<a href="https://drlornabreen.org">https://drlornabreen.org</a>
Health Professionals in Recovery Facebook Page:	<a href="https://www.facebook.com/groups/1461031774049631">https://www.facebook.com/groups/1461031774049631</a>
Healthcare Workers and Mental Health:	<a href="https://www.cdc.gov/niosh/topics/healthcare/workstress-resources.html">https://www.cdc.gov/niosh/topics/healthcare/workstress-resources.html</a>
Impaired Professional Program: Positive Sobriety Institute of Chicago:	<a href="https://www.positivesobrietyinstitute.com/impaired-professionals/">https://www.positivesobrietyinstitute.com/impaired-professionals/</a>
International Health Facility Diversion Association (IHFDA)	<a href="https://ihfda.org/">https://ihfda.org/</a>
International Nurses Society on Addictions:	<a href="https://intnsa.org/">https://intnsa.org/</a>
InTheRooms, a global recovery site offering virtual support meetings:	<a href="https://www.intherooms.com/home/">https://www.intherooms.com/home/</a>
Journal of the American Pharmacists Association state programs:	<a href="https://www.usaprn.org/japha-state-programs-prn.pdf">https://www.usaprn.org/japha-state-programs-prn.pdf</a>
Narcotics Anonymous (NA):	<a href="http://www.na.org/">http://www.na.org/</a>
National Alliance of Mental Illness (NAMI)	<a href="https://www.nami.org/">https://www.nami.org/</a>
National Association of Addiction Treatment Providers	<a href="https://www.naatp.org/">https://www.naatp.org/</a>
National Association of Peer Support for Nurses, (NAPSN)	<a href="https://napsn.com/">https://napsn.com/</a>
National Council of State Boards of Nursing (NCSBN)	<a href="https://www.ncsbn.org/substance-use-in-nursing.htm">https://www.ncsbn.org/substance-use-in-nursing.htm</a>
National Institute on Drug Abuse (NIDA):	<a href="https://nida.nih.gov/nidamed-medical-health-professional">https://nida.nih.gov/nidamed-medical-health-professional</a>
National Suicide Prevention Lifeline Dial *988	<a href="https://988lifeline.org/">https://988lifeline.org/</a>



## Appendix C: Resources by State

IHFDA does not endorse, certify, or guarantee the outcomes of any specific third-party program listed (e.g., state-specific peer assistance programs).

This is not a comprehensive list. A range of HCP and peer support programs by state are included on the following pages. Please consult the listed websites or search online. Website links may change frequently. If broken link is encountered, please notify IHFDA to update web links accordingly.

State	Resource	Website
Alabama	Alabama Department of Mental Health (General Population)	<a href="https://mh.alabama.gov/division-of-mental-health-substance-abuse-services/substance-abuse-treatment-services/">https://mh.alabama.gov/division-of-mental-health-substance-abuse-services/substance-abuse-treatment-services/</a>
Alabama	Alabama Voluntary Disciplinary Alternative Program (Nursing)	<a href="https://www.abn.alabama.gov/legal/vdap/">https://www.abn.alabama.gov/legal/vdap/</a>
Alabama	P.E.I.R- People Engaged in Recovery (General Population, nonprofit)	<a href="https://peopleengagedinrecovery.org/">https://peopleengagedinrecovery.org/</a>
Alaska	Alaska Department of Health (General Population)	<a href="https://health.alaska.gov/en/division-of-behavioral-health/treatment-and-recovery/">https://health.alaska.gov/en/division-of-behavioral-health/treatment-and-recovery/</a>
Arizona	Alternative to Discipline (Nursing)	<a href="https://www.azbn.gov/discipline-complaints/alternative-to-discipline">https://www.azbn.gov/discipline-complaints/alternative-to-discipline</a>
Arizona	Professionals Assisting Professionals of Arizona, PAPA (Multiple Disciplines)	<a href="https://azpharmacy.org/papa/">https://azpharmacy.org/papa/</a>
Arkansas	AMF-Arkansas Medical Foundation: For the Physicians Health Committee	<a href="https://arkmedfoundation.org/about-amf/">https://arkmedfoundation.org/about-amf/</a>
Arkansas	Arkansas Department of Human Services (General Population)	<a href="https://humanservices.arkansas.gov/divisions-shared-services/aging-adult-behavioral-health-services/about-daabhs/">https://humanservices.arkansas.gov/divisions-shared-services/aging-adult-behavioral-health-services/about-daabhs/</a>
Arkansas	Arkansas Nurse Alternative Program	<a href="https://healthy.arkansas.gov/boards-commissions/boards/nursing-arkansas-state-board/arnap/">https://healthy.arkansas.gov/boards-commissions/boards/nursing-arkansas-state-board/arnap/</a>
California	California State Board of Nursing SUD resources for Nursing	<a href="https://www.rn.ca.gov/intervention/intresource.shtml">https://www.rn.ca.gov/intervention/intresource.shtml</a>
California	California Nurse Support Group	<a href="https://www.rn.ca.gov/intervention/int-support.shtml">https://www.rn.ca.gov/intervention/int-support.shtml</a>
Colorado	Peer Health Assistance Program: Nurses	<a href="https://peerhealthco.org/nursing-profession">https://peerhealthco.org/nursing-profession</a>
Colorado	Peer Health Assistance Program: Pharmacists	<a href="https://peerhealthco.org/pharmacists-peer-program">https://peerhealthco.org/pharmacists-peer-program</a>
Colorado	Peer Health Assistance Program: HealthCare Professions	<a href="https://peerhealthco.org/other-healthcare-professions">https://peerhealthco.org/other-healthcare-professions</a>
Colorado	Peer Health Assistance Program: EMS	<a href="https://www.path4ems.org/">https://www.path4ems.org/</a>
Connecticut	Health Assistance Intervention Education Network, HAVEN (Multiple Disciplines)	<a href="https://www.haven-ct.org/about-us">https://www.haven-ct.org/about-us</a>
Connecticut	Health Assistance Intervention Education Network, HAVEN (Multiple Disciplines)	<a href="https://ccar.us/">https://ccar.us/</a>
Delaware	Delaware Professionals' Health Monitoring Program (Multiple Disciplines)	<a href="https://www.delawaremonitoring.com/">https://www.delawaremonitoring.com/</a>
Delaware	Help is Here (General Population, nonprofit)	<a href="https://www.helpisherede.com/">https://www.helpisherede.com/</a>
Delaware	Delaware.gov (General Population)	<a href="https://dhss.delaware.gov/dhss/dsamh/substance_abuse.html">https://dhss.delaware.gov/dhss/dsamh/substance_abuse.html</a>
District of Columbia	DC Health Nursing Committee on Impaired Nurses (COIN)	<a href="https://dchealth.dc.gov/publication/nursing-committee-impaired-nurses-coin">https://dchealth.dc.gov/publication/nursing-committee-impaired-nurses-coin</a>
District of Columbia	DC Substance Use Disorder Resources (General Population)	<a href="https://dbh.dc.gov/page/substance-use-disorder-services">https://dbh.dc.gov/page/substance-use-disorder-services</a>

State	Resource	Website
Florida	Professional Resource Network- Impaired Practitioners Program of Florida (Multiple Disciplines)	<a href="https://flprn.org/">https://flprn.org/</a>
Florida	Intervention Project for Nurses- Promoting Safe Practice for Florida's Nurses	<a href="https://www.ipnfl.org/">https://www.ipnfl.org/</a>
Georgia	Georgia Board of Nursing: Nursing resources for Substance Use	<a href="https://sos.ga.gov/page/nursing-resources-substance-abuse">https://sos.ga.gov/page/nursing-resources-substance-abuse</a>
Georgia	Georgia Nurses Association Peer Assistance Program	<a href="https://georgianurses.nursingnetwork.com/page/75651-gna-peer-assistance-program">https://georgianurses.nursingnetwork.com/page/75651-gna-peer-assistance-program</a>
Georgia	Georgia Professional Health Program (Physicians)	<a href="https://gaphp.org/">https://gaphp.org/</a>
Georgia	PharmAssist Recovery Network (Georgia Pharmacy Foundation)	<a href="https://www.gpha.org/">https://www.gpha.org/</a>
Hawaii	Hawaii Program for Healthcare Professionals (Multiple Disciplines)	<a href="https://www.hawaiiphp.org/">https://www.hawaiiphp.org/</a>
Hawaii	Hawaii Board of Nursing (no alternative to discipline program)	<a href="https://cca.hawaii.gov/pvl/boards/nursing/">https://cca.hawaii.gov/pvl/boards/nursing/</a>
Idaho	Idaho Division of Occupational and Professional Licenses: Health Professionals Recovery Program (HPRP): Board of Nursing	<a href="https://dopl.idaho.gov/bon/bon-health-professionals-recovery-program/">https://dopl.idaho.gov/bon/bon-health-professionals-recovery-program/</a>
Idaho	Idaho Division of Occupational and Professional Licenses: Health Professionals Recovery Program (HPRP): Board of Medicine	<a href="https://dopl.idaho.gov/bom/bom-recovery-and-wellness-resources/">https://dopl.idaho.gov/bom/bom-recovery-and-wellness-resources/</a>
Illinois	Illinois Department of Financial and Professional Regulation (Nursing)	<a href="https://idfpr.illinois.gov/content/dam/soi/en/web/idfpr/faq/dpr/cct-faqs-10-15-19.pdf">https://idfpr.illinois.gov/content/dam/soi/en/web/idfpr/faq/dpr/cct-faqs-10-15-19.pdf</a>
Illinois	Illinois Professionals Health Program (Multiple Disciplines)	<a href="https://www.illinoisphp.com/">https://www.illinoisphp.com/</a>
Indiana	Indiana Professionals Recovery Program (Nurses and Pharmacists)	<a href="https://inprp.org/why-prp/health-professionals">https://inprp.org/why-prp/health-professionals</a>
Indiana	Indiana Recovery Network (General Population, nonprofit)	<a href="https://www.indianarecoverynetwork.org/">https://www.indianarecoverynetwork.org/</a>
Indiana	Indiana SUD Treatment (General Population)	<a href="https://www.in.gov/fssa/SUD/">https://www.in.gov/fssa/SUD/</a>
Iowa	Iowa Professional Health Programs (Multiple Disciplines)	<a href="https://dial.iowa.gov/licenses/medical/iowa-professional-health-programs">https://dial.iowa.gov/licenses/medical/iowa-professional-health-programs</a>
Kansas	Kansas Nurse Assistance Program	<a href="https://www.ksnurseassistance.org/">https://www.ksnurseassistance.org/</a>
Kansas	KMS-PHP (Physicians)	<a href="https://kmsonline.org/php">https://kmsonline.org/php</a>
Kentucky	Kentucky Alternative Recovery Effort, KARE (Nursing)	<a href="https://kbn.ky.gov/KARE/Pages/default.aspx">https://kbn.ky.gov/KARE/Pages/default.aspx</a>
Kentucky	KYSTARS (General Population, nonprofit)	<a href="https://kystars.org/index.html">https://kystars.org/index.html</a>
Louisiana	Recovering Nurse Program	<a href="https://www.lsbns.state.la.us/recovering-nurse-program/">https://www.lsbns.state.la.us/recovering-nurse-program/</a>
Maine	Maine Medical Associations: Medical Professional Health Program (Multiple Disciplines)	<a href="https://www.mainemphp.org/">https://www.mainemphp.org/</a>
Massachusetts	Massachusetts Nurses Association: Peer Assistance Program	<a href="https://www.peerassistance.com/">https://www.peerassistance.com/</a>
Massachusetts	Massachusetts Nurses Association Substance Use Disorders: Help for RNs	<a href="https://www.massnurses.org/nursing-resources/substance-use-disorders-help-for-rns/">https://www.massnurses.org/nursing-resources/substance-use-disorders-help-for-rns/</a>
Massachusetts	Massachusetts Board of Registrations in Nursing, Substance Addiction Recovery Program	<a href="https://www.mass.gov/board-of-registration-in-nursing-substance-addiction-recovery-program-sarp">https://www.mass.gov/board-of-registration-in-nursing-substance-addiction-recovery-program-sarp</a>
Massachusetts	Massachusetts Mental Health & Substance Misuse, Treatment and Recovery Services (General Population)	<a href="https://www.mass.gov/treatment-and-recovery-services">https://www.mass.gov/treatment-and-recovery-services</a>

State	Resource	Website
Massachusetts	Massachusetts Peer Recovery Support Centers (General Population)	<a href="https://www.mass.gov/info-details/peer-recovery-support-centers">https://www.mass.gov/info-details/peer-recovery-support-centers</a>
Massachusetts	Massachusetts Peer Recovery Support Centers (General Population)	<a href="https://www.mass.gov/info-details/peer-recovery-support-centers">https://www.mass.gov/info-details/peer-recovery-support-centers</a>
Massachusetts	The Massachusetts Substance Use Helpline (General Population) (Text 'HOPE' 800327)	<a href="https://helplinema.org/">https://helplinema.org/</a>
Massachusetts	Massachusetts Peer Support for Nurses	<a href="http://maps.n.org/">http://maps.n.org/</a>
Massachusetts	Massachusetts Peer Support for Physicians	<a href="https://www.massmed.org/phshome/">https://www.massmed.org/phshome/</a>
Michigan	Health Care Professional Recovery Program (Multiple Disciplines)	<a href="https://hprp.org/">https://hprp.org/</a>
Minnesota	Nurses Peer Support Network (NPSN) of Minnesota	<a href="https://www.npsnetwork-mn.org/">https://www.npsnetwork-mn.org/</a>
Minnesota	Minnesota Health Professional Services Program (Multiple Disciplines)	<a href="https://mn.gov/boards/hpsp/">https://mn.gov/boards/hpsp/</a>
Minnesota	Pharmacists Recovery Network	<a href="https://www.usaprn.org/">https://www.usaprn.org/</a>
Minnesota	Physicians Wellness Collaborative	<a href="https://pwc-mn.org/">https://pwc-mn.org/</a>
Mississippi	Mississippi Nurse Voluntary Program	<a href="https://www.msbm.ms.gov/mvp/">https://www.msbm.ms.gov/mvp/</a>
Missouri	Missouri Nurses Association Peer Assistance Committee, MONA	<a href="https://missourinurses.org/practice/issues/peer-assistance-program/">https://missourinurses.org/practice/issues/peer-assistance-program/</a>
Missouri	Missouri Peer Support Services (General Population)	<a href="https://dmh.mo.gov/behavioral-health/treatment-services/specialized-programs/peer-support-services">https://dmh.mo.gov/behavioral-health/treatment-services/specialized-programs/peer-support-services</a>
Montana	Montana Recovery Program (Multiple Disciplines)	<a href="https://www.montanarecoveryprogram.com/">https://www.montanarecoveryprogram.com/</a>
Montana	Substance Use Disorder Services and Resources	<a href="https://dphhs.mt.gov/BHDD/SubstanceAbuse/index">https://dphhs.mt.gov/BHDD/SubstanceAbuse/index</a>
Nebraska	Nebraska Licensee Assistance Program (Multiple Disciplines)	<a href="https://bestcareep.org/nebraska-licensee-assistance-program">https://bestcareep.org/nebraska-licensee-assistance-program</a>
Nevada	Alternative to Discipline Program (Nursing)	<a href="https://nevadanursingboard.org/alternative-to-discipline-program-information/">https://nevadanursingboard.org/alternative-to-discipline-program-information/</a>
Nevada	Nevada Professionals Health Program (NPHP)	<a href="https://medboard.nv.gov/licenses/assistance-programs/">https://medboard.nv.gov/licenses/assistance-programs/</a>
New Hampshire	New Hampshire Professionals Health Program (Multiple Disciplines)	<a href="https://www.nhphp.org/services">https://www.nhphp.org/services</a>
New Hampshire	New Hampshire DHHS Substance Misuse Treatment Services (General Population)	<a href="https://www.dhhs.nh.gov/programs-services/health-care/substance-misuse-treatment-services">https://www.dhhs.nh.gov/programs-services/health-care/substance-misuse-treatment-services</a>
New Hampshire	New Hampshire DHHS Recovery Support Services (General Population)	<a href="https://www.dhhs.nh.gov/programs-services/health-care/recovery-support-services">https://www.dhhs.nh.gov/programs-services/health-care/recovery-support-services</a>
New Jersey	Recovery & Monitoring Program, RAMP (Nursing)	<a href="https://njsna.org/ramp/about-ramp/">https://njsna.org/ramp/about-ramp/</a>
New Jersey	NJ New: Nurse 2 Nurse	<a href="https://nurse2nursenj.com/">https://nurse2nursenj.com/</a>
New Jersey	NJ Peer Recovery Services (General Population)	Department of Human Services   Peer Recovery Services
New Jersey	NJ Community Peer Recovery Centers (General Population)	<a href="https://www.nj.gov/humanservices/dmhas/resources/services/recovery/Regional%20and%20CPRC%20Infographic%2007-28-23.pdf">https://www.nj.gov/humanservices/dmhas/resources/services/recovery/Regional%20and%20CPRC%20Infographic%2007-28-23.pdf</a>
New Mexico	New Mexico Board of Nursing Diversion Program (BON)	<a href="https://www.bon.nm.gov/diversion/">https://www.bon.nm.gov/diversion/</a>
New Mexico	New Mexico Health Professional Wellness Program (Physicians, Dentists, Pharmacists)	<a href="https://www.nmhwp.com/">https://www.nmhwp.com/</a>
New Mexico	New Mexico Peer Alliance for Nurses	<a href="https://www.nmpeeralliance.org">https://www.nmpeeralliance.org</a>
New York	Statewide Peer Assistance for Nurses (SPAN)	<a href="https://www.statewidepeerassistance.org/">https://www.statewidepeerassistance.org/</a>

State	Resource	Website
New York	Physician Health Program for New York State	<a href="https://www.mssny.org/get-help/committee-for-physician-health/">https://www.mssny.org/get-help/committee-for-physician-health/</a>
New York	Professional Assistance Program (Multiple Disciplines)	<a href="https://www.op.nysed.gov/about/professional-assistance-program">https://www.op.nysed.gov/about/professional-assistance-program</a>
North Carolina	Alternative & Discipline Programs (AP/DP) for Nurses	<a href="https://www.ncbon.com/discipline-compliance-drug-monitoring-programs">https://www.ncbon.com/discipline-compliance-drug-monitoring-programs</a>
North Carolina	NC Certified Peer Support Specialists, CPSS (General Population)	<a href="https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-use-services/certified-peer-support-specialists">https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-use-services/certified-peer-support-specialists</a>
North Dakota	ND Professional Health Program for physicians, PAs and medical students	<a href="https://ndha.org/directory-members/members/nd-professional-health-program/">https://ndha.org/directory-members/members/nd-professional-health-program/</a>
North Dakota	Nurse Assistance Program	<a href="https://www.ndbon.org/compliance-discipline/atd/">https://www.ndbon.org/compliance-discipline/atd/</a>
North Dakota	PharmAssist Program	<a href="https://nodakpharmacy.net/Pharm-Assist">https://nodakpharmacy.net/Pharm-Assist</a>
Ohio	Alternative to Discipline Program for Substance Use Disorder (Nursing)	<a href="https://nursing.ohio.gov/compliance-and-regulation/compliance-and-regulation-sa">https://nursing.ohio.gov/compliance-and-regulation/compliance-and-regulation-sa</a>
Oklahoma	Oklahoma Board of Nursing Peer Assistance Program	<a href="https://oklahoma.gov/nursing/peer-assistance-program.html">https://oklahoma.gov/nursing/peer-assistance-program.html</a>
Oklahoma	Oklahoma Allied Professional Peer Assistance Program (Multiple Disciplines)	<a href="https://okassist.org/">https://okassist.org/</a>
Oregon	Oregon Nurses Foundation: Nurse Assistance Network (NAN)	<a href="https://oregonnursesfoundation.org/nurse-assistance-network/">https://oregonnursesfoundation.org/nurse-assistance-network/</a>
Oregon	Professional Recovery Network of Oregon (Multiple Disciplines)	<a href="http://www.prnoforegon.org/">http://www.prnoforegon.org/</a>
Oregon	Impaired Provider Monitoring (Nursing)	<a href="https://www.oregon.gov/osbn/pages/impaired-provider.aspx">https://www.oregon.gov/osbn/pages/impaired-provider.aspx</a>
Oregon	Peer Assistance Specific for Nurses/Health Professionals	<a href="https://www.oregon.gov/osbn/pages/Impaired-Resources.aspx">https://www.oregon.gov/osbn/pages/Impaired-Resources.aspx</a>
Pennsylvania	Pennsylvania Nurse Peer Assistance Program, PNAP	<a href="https://pnap.org/">https://pnap.org/</a>
Rhode Island	Prevent Overdose RI (PORI)	<a href="https://preventoverdoseri.org/recovery-resources/">https://preventoverdoseri.org/recovery-resources/</a>
Rhode Island	Rhode Island Substance Use Treatment and Recovery Resources A Guide for Healthcare Professionals 2025	<a href="https://health.ri.gov/sites/g/files/xkgbur1006/files/publications/guides/RI-Substance-Use-Treatment-and-Recovery-Resources.pdf">https://health.ri.gov/sites/g/files/xkgbur1006/files/publications/guides/RI-Substance-Use-Treatment-and-Recovery-Resources.pdf</a>
South Carolina	South Carolina Recovering Professionals Program (Multiple Disciplines)	<a href="https://scrpp.org/">https://scrpp.org/</a>
South Dakota	Health Professionals Assistance Program (Multiple Disciplines)	<a href="https://www.mwhms.com/hpap">https://www.mwhms.com/hpap</a>
South Dakota	Midwest Health Management Services (Multiple Disciplines)	<a href="https://www.mwhms.com/">https://www.mwhms.com/</a>
Tennessee	Tennessee Professional Assistance Program (Multiple Disciplines)	<a href="https://tnpap.org/">https://tnpap.org/</a>
Tennessee	Tennessee Medical Foundation Physicians Health Program	<a href="https://e-tmf.org/">https://e-tmf.org/</a>
Tennessee	Tennessee Pharmacy Recovery Network (TPRN)	<a href="https://tnpharm.org/member-center/tprn/">https://tnpharm.org/member-center/tprn/</a>
Tennessee	Tennessee Department of Mental Health & Substance Abuse Services (General Population)	<a href="https://www.tn.gov/behavioral-health/substance-abuse-services/treatment---recovery.html">https://www.tn.gov/behavioral-health/substance-abuse-services/treatment---recovery.html</a>
Texas	Texas Peer Assistance Program for Nurses	<a href="https://www.texasnurses.org/mpage/TPAPN">https://www.texasnurses.org/mpage/TPAPN</a>
Texas	Professional Recovery Network (Multiple Disciplines)	<a href="http://www.txprn.com/">http://www.txprn.com/</a>
Utah	The Utah Professionals Health Program, UPHP (Multiple Disciplines)	<a href="https://dopl.utah.gov/utah-professionals-health-program/">https://dopl.utah.gov/utah-professionals-health-program/</a>

State	Resource	Website
Utah	Utah Division of Professional Licensing (Multiple Disciplines)	<a href="https://dopl.utah.gov/utah-professionals-health-program/">https://dopl.utah.gov/utah-professionals-health-program/</a>
Utah	Utah Department of Health and Human Services (General Population)	<a href="https://sumh.utah.gov/services/treatment/substance-use-disorder">https://sumh.utah.gov/services/treatment/substance-use-disorder</a>
Vermont	Alternative Program Resources (Nursing)	<a href="https://sos.vermont.gov/nursing/discipline-alternative-program/">https://sos.vermont.gov/nursing/discipline-alternative-program/</a>
Virginia	Virginia Department of Health Professionals Health Practitioners' Monitoring Program (Multiple Disciplines)	<a href="https://www.dhp.virginia.gov/PractitionerResources/HealthPractitionersMonitoringProgram/">https://www.dhp.virginia.gov/PractitionerResources/HealthPractitionersMonitoringProgram/</a>
Washington	Washington Health Professional Services, WHPS (Nursing)	<a href="https://nursing.wa.gov/support-practicing-nurses/support-substance-use">https://nursing.wa.gov/support-practicing-nurses/support-substance-use</a>
Washington	Washington Physicians Health Program, WPHP (Multiple Disciplines)	<a href="https://wphp.org">https://wphp.org</a>
Washington	Washington Recovery Assistance Program for Pharmacy, WRAPP	<a href="https://www.wsparx.org/page/WRAPP">https://www.wsparx.org/page/WRAPP</a>
Washington	Washington Recovery and Monitoring Program, WRAMP (Multiple Disciplines)	<a href="https://doh.wa.gov/wramp">https://doh.wa.gov/wramp</a>
West Virginia	West Virginia Medical Professionals Health Program (Physicians)	<a href="https://wvmp.org/what-we-offer/">https://wvmp.org/what-we-offer/</a>
West Virginia	WV Restore (Nursing)	<a href="https://wvrestoreprogram.com/">https://wvrestoreprogram.com/</a>
Wisconsin	WisPAN (Wisconsin Peer Alliance for Nurses)	<a href="https://wipeeralliance.org/">https://wipeeralliance.org/</a>
Wisconsin	WI Department of Safety and Professional Services (Multiple Disciplines)	DSPS Professional Assistance Procedure
Wisconsin	WI Pharmacy Recovery Network, WPRN	<a href="https://www.pswi.org/Resources/WI-Pharmacy-Recovery-Network-WPRN">https://www.pswi.org/Resources/WI-Pharmacy-Recovery-Network-WPRN</a>
Wyoming	Wyoming Professional Assistance Program (Multiple Disciplines)	<a href="https://wpapro.org/for-you/">https://wpapro.org/for-you/</a>

## Appendix D: Federal Protection: Persons Substance Use Disorder:

### ADA Employment Considerations for Individuals with Substance Use Disorders

Under the Americans with Disabilities Act (ADA), a disability is defined as:

- A physical or mental impairment that substantially limits one or more major life activities (including major bodily functions),
- A record of such an impairment or Being regarded as having such an impairment (U.S. Equal Employment Opportunity Commission [EEOC], n.d.-a).

#### The ADA protects individuals who:

- Have a record of OUD,
- Are regarded as having OUD,
- Are associated with someone who has a disability (e.g., family member or coworker) (EEOC, n.d.-b).
- Medication-Assisted Treatment (MAT) combines FDA-approved medications with counseling and behavioral therapies for treating OUD and other SUDs.
- The ADA does *not* protect individuals currently engaged in illegal drug use, *except in limited circumstances*.
  - Individuals using medications for opioid use disorder (MOUD)—such as methadone, buprenorphine, or naltrexone—under the supervision of a licensed healthcare provider are not considered to be engaging in illegal drug use (EEOC, n.d.-a).

#### Illegal use includes:

- Use of substances such as heroin or cocaine,
- Use of prescription medications (e.g., opioids) without a valid prescription, with a fraudulent prescription, or in excess of prescribed amounts (EEOC, n.d.-a).

### Alcohol Use Disorder (AUD) and Substance Use

- AUD is generally considered a disability under the ADA, regardless of whether alcohol use is current or in the past (EEOC, n.d.-a).

#### Case Study: Indiana State Board of Nursing

- <https://www.justice.gov/archives/opa/pr/justice-department-finds-indiana-state-nursing-board-discriminates-against-people-opioid-use>
- [https://archive.ada.gov/indiana\\_nursing\\_lof.pdf](https://archive.ada.gov/indiana_nursing_lof.pdf)

### Disability Status and Recovery

- Individuals with OUD may qualify as having a disability if their condition substantially limits major life activities (e.g., working, thinking, communicating, or neurological function).

### Employment Policies

- Employers may implement reasonable drug testing policies to ensure safety and compliance.
- Individuals who test positive for opioids may not be denied employment if the medication is legally prescribed and supervised, unless they cannot perform the job safely or are disqualified under another federal law (EEOC, n.d.-a).

### Legal Review

- **Organizations should consult their internal legal departments for interpretation of ADA requirements and related laws, including the Mental Health Parity and Addiction Equity Act and 42 CFR Part II** (U.S. Department of Justice Civil Rights Division, 2022).

## *Appendix E: Confidentiality of Substance Use Disorder Records: 42 CFR Part 2 Final Rule*

The 42 CFR Part 2 regulation protects the confidentiality of records related to the identity, diagnosis, prognosis, or treatment of individuals receiving services for substance use disorders (SUDs) through federally assisted programs. These protections aim to reduce stigma and prevent discrimination or legal consequences that may deter individuals from seeking treatment (Substance Abuse and Mental Health Services Administration [SAMHSA], 2024a).

### **Key Updates Under the 2024 Final Rule**

On February 8, 2024, the U.S. Department of Health and Human Services (HHS), through SAMHSA and the Office for Civil Rights, issued a final rule revising Part 2 to align with the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act, as mandated by Section 3221 of the CARES Act (SAMHSA, 2024a).

### **Major Changes Include:**

- **Unified Consent:** A single patient consent now covers all future uses and disclosures for treatment, payment, and healthcare operations, streamlining care coordination.
- **Redisclosure:** Once consent is given, records may be redisclosed in accordance with HIPAA standards
- **De-identified Data Use:** De-identified records may be shared with public health authorities.
- **Legal Protections:** Records cannot be used in legal proceedings against a patient without explicit consent or a court order.
- **HIPAA Alignment:** Part 2 now carries the same penalties and breach notification requirements as HIPAA, including a “Safe Harbor” provision to protect against unauthorized disclosures.

These changes enhance interoperability while maintaining strong privacy protections for individuals receiving SUD treatment.

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