

# Supporting the Integration of Peer Recovery Support Services in HIV Treatment and Prevention Settings



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August 2024

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# Acknowledgments

A special thank you to those who assisted with content expertise, including those peers not listed below who shared their expertise to help others:

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**Richard Johnson**

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# Welcome

In 2021, the [Peer Recovery Center of Excellence](#) (PR CoE) received supplemental funding from SAMHSA to provide training and technical assistance (TA) to their Minority AIDS Initiative (MAI) grantees to integrate PRSS into their HIV prevention and treatment approaches. The PR CoE provided proactive training and tailored TA to grantees to support this work. Even though the project period has come to an end, the PR CoE continues to host trainings, create and disseminate resources, and provide technical assistance (TA) around integrating peers into organizations and communities, including HIV programming.

Substance use and use disorders are risk factors for HIV transmission and are more common among people living with HIV. Both service fields – substance use disorders and HIV – utilize peer service delivery models; integrating peer recovery support services (PRSS) into HIV programming can assist those with both illnesses. This toolkit is a collection of evidence-based resources related to integration of peer recovery support services (PRSS) in HIV prevention and treatment settings. The toolkit does not have to be used sequentially and any topic can be accessed according to your needs and interests.

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# Background: Intersection of HIV and Substance Use

## HIV and Substance Use: Key Concepts and Intersections

More than 1 million people in the United States are living with human immunodeficiency virus (HIV) (NIDA, 2021). Substance use and use disorders are risk factors for HIV transmission and are more common among people living with HIV. Since the onset of the HIV/AIDS epidemic, substance use remains a driver of HIV across the U.S., with intravenous drug use accounting for one in ten HIV diagnoses in 2016 (CDC, 2017; NIDA, 2020). In 2014, it was reported that 6% of HIV patients have used illicit drugs and nearly 20% have a history of intravenous drug use (Degenhardt et al., 2013; Durvasula & Miller, 2014). It is estimated that 10–28% of people with HIV/AIDS (PLWH) have co-existing SUD and mental illness. Social determinants of healthcare access including income, education level, unemployment or underemployment, and housing are further compounded by the co-occurrence of HIV, SUD, and mental illness (Chavis et al., 2020). These social determinants of health contribute to the stigma and discrimination that PLWH still face today (Chavis et al., 2020; Edwards & Collins, 2014).

In the United States, the death toll from drugs has far exceeded that from HIV, as of 2017 (CDC, 2018). As the epidemic of deaths related to alcohol and drug use continues to grow, providers and practitioners will continue to see more patients exposed to HIV through drug injection. Addressing substance use in patients with HIV can eliminate a barrier to optimal engagement and treatment for the HIV care continuum.

Substance use and addiction can accelerate the progression of HIV (Campbell, 2013). Research suggests that substance use can increase viral load, hasten disease progression, and can exacerbate AIDS related morbidity (Dash et al., 2015; NIDA, 2021). HIV care attempts to maintain viral suppression or a very low level of HIV in the body through a combination of various medications. Ongoing substance use may prevent individuals from maintaining and adhering to the strict medication regimen needed to treat HIV, and as a result, may present a challenge for individuals seeking recovery. However, people who use substances can achieve and maintain viral suppression, especially when assisted by PRSS.

## Recovery Support and the HIV Care Continuum

People with HIV and SUD are likely to underutilize substance use treatments and unlikely to begin HIV treatment (Lightfoot et al., 2005; Grigoryan et al., 2009). To combat this, it is imperative for SUD and HIV treatment services to work together to improve health outcomes. Treatment programs for SUDs should provide HIV risk assessments, testing, pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) prescriptions, counseling, and linkage to HIV health care providers (SAMHSA, 2021). Further, screening for SUDs should be integrated into routine clinical care for PLWH. Both SUD and HIV treatment providers should incorporate screening and support services to fill the gap of unmet needs in each other's services. The collaboration of support services helps engage patients in care and provide an optimal setting for recovery support. Evidence-based screening tools such as screening, brief intervention, and referral to treatment (SBIRT) are used to reduce substance and alcohol use and can be used in clinical settings to assess risky behaviors (SAMHSA, 2021). Health care providers should also connect patients with recovery support services. If such services are not available, linkages to other facilities that can provide these services should be established.

Recovery support services help individuals enter and navigate the behavioral health system of care, remove barriers to recovery, and stay engaged in the recovery process. Recovery support services also use peer support to mentor individuals throughout the recovery process. Ideally, recovery support services should be multidisciplinary with social workers, physicians, nurses, counselors, and peer support included among the staff. Optimal support for PLWH with SUD is critical to decrease the health consequences of the comorbid conditions (SAMHSA, 2021).

### Peer Services for People with and at Risk for HIV and SUD

Starting in the 1980s, peers within the HIV community have contributed enormously by providing care, social support, education, and encouraging empowerment to others. In this context, a peer is someone living with HIV and contributing to the positive health outcomes of other community members. They are not typically health care professionals with clinical training. Peers can often take on numerous roles including counselor, facilitator, educator, helper, navigator, or advisor. (The Ontario HIV Treatment Network, 2017).

Peers are exceptionally valuable and make unique contributions to HIV services delivery and the expansion and strengthening of the HIV/AIDS workforce. Peers are often able to provide outreach to communities that conventional practitioners may not be able to access. In many cases, clients are more willing to be open with peers and share important information, allowing the peer to have a larger impact in linkage to care and other essential resources (The Ontario HIV Treatment Network, 2017).

Peer recovery support specialists play an equally vital role in addressing SUD and creating recovery-oriented systems of care. Whether it be advocating, mentoring, educating, or navigating systems, peers offer care unparalleled by traditional substance use treatment services. As peer support services grow through peer recovery coaches, peer support specialists, and/or peer recovery mentors, their services become more valued by clinicians and staff in both addiction and mental health settings. PRSS' value is evidenced by decreases in morbidity, mortality, and the overall empowerment of service recipients (IC&RC, 2022; SAMHSA, 2017).

As previously stated, substance use and use disorders are risk factors for HIV and are more common among PLWH. For PLWH, substance use is also associated with poor health outcomes like lower adherence to antiretroviral medications, lower immunosuppression, increased sexual risk behaviors, and increased health care visits, and costs. Because these health challenges overlap significantly, it is important to address them in an integrated approach. Given that both service fields – substance use and HIV – utilize peer service delivery models, integrating PRSS into HIV programming can help people who struggle with both illnesses.



# Peer Recovery 101: Basic Terms and Roles

“Peer support” encompasses a range of activities and interactions between people who share similar experiences of being diagnosed with HIV/AIDS, mental health conditions, substance use disorders, or other health conditions. This mutuality between those with shared experience promotes connection and inspires hope. Peer support offers a level of acceptance, understanding, and validation not found in many other professional relationships. By sharing their own lived experience and practical guidance, peer support workers help people to develop their own goals, create strategies for self-empowerment, and take concrete steps toward building fulfilling, self-determined lives for themselves.

## Roles and Responsibilities of Peer Staff

PRSS programs engage a diverse and often sizable cadre of people with lived experience of addiction and recovery to provide support to their peers. “Peer” is not a static identity; it is a *role* within a *context*, where, between parties, there is a sense of equal power and authority, shared challenges and/or intentions, shared [similar] experiences, and shared goals/beliefs/values/desires (Peer Recovery Center of Excellence, 2019).

Below are examples of peer support core functions. These functions are not an exhaustive list, and all functions are not performed by all peers in all settings. Organizations, ideally in collaboration with those seeking services, should determine the functions most desired and relevant for their community.

Peer Function	Description
Assertive Outreach	Rather than wait for individuals with behavioral health conditions to “hit bottom” or otherwise demonstrate that they are ready and motivated to pursue their wellness, peer staff conduct assertive outreach to those who have never received services and supports, who may be waiting to receive them, or have become disconnected and may benefit from being re-engaged. This is one of the roles for which the most evidence of impact currently exists. In addition to physically connecting with people in community settings (i.e., outside of behavioral health agencies), outreach also involves removing barriers to receiving care, including bureaucratic red tape and unwelcoming physical environments.
Community Education	Peer staff recognize that the surrounding community is a powerful resource for healing. They counter stigma and discrimination by identifying opportunities to educate the community about behavioral health conditions and the factors that both help and hinder recovery. Through their education efforts, peer staff identify recovery allies who can be leveraged to support recovery at individual, household, family, and community levels.
Advocacy	Peer staff advocate for participants both within their organization and in 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.
Empowerment and Leadership Development	Peer staff engage in nonhierarchical, collaborative relationships and support others by helping them clarify their desires and identify relevant action steps. In doing so, peer staff empower people to make decisions and pursue their goals. They also create leadership development opportunities within agencies such as “Peer Advisory Councils” and connect individuals to those opportunities.
Recovery Capital Assessment	Peer staff explore the strengths and assets that individuals bring in support of their recovery from an individual, interpersonal, and community perspective. They support people in identifying potential areas of vulnerability, strategies for strengthening these, and increasing their recovery capital.

Peer Function	Description
Recovery and Wellness Planning	Recovery-oriented services move beyond the focus on symptom reduction and biopsychosocial stabilization to assisting people with developing full lives in their communities. Peer staff can support people in not only addressing and coping with behavioral health challenges but also with improving their overall quality of life and integrating into their communities by supporting them in developing individualized recovery plans. These plans identify goals in multiple life domains along with simple next steps.
Assertive Linkages to Community Resources	Peer staff play a critical role in identifying, mapping, and developing recovery resources, including education, employment, housing, childcare, and others. Peer staff link people to community resources and help them navigate these and other health and social services systems.
Recovery-Focused Skills Training	Peer staff are positioned to help people in their communities develop the skills they need to integrate into those communities. They also provide life-skills groups in agency- or community-based settings to reinforce new skills, such as problem solving.
Companionship and Modeling	Peer staff provide social support with an increasing emphasis on assisting people in developing their own, sustainable pro-recovery support network. They also provide recreational opportunities in their communities. These demonstrate that life can be enjoyable with, or after a behavioral health condition. Through the companionship that they provide, peer staff promote hope and serve as living evidence that recovery is real.
Crisis Support	Peer staff can provide critical support during challenging times by sharing their lived experience, promoting hope, being present, and assertively connecting people with needed resources.
Ongoing Recovery Management	Studies document significant variability in recovery outcomes following treatment for episodes of SUD and the erosion of treatment effects over time. Peer staff extend the duration of support services beyond a treatment episode, intensify those services during window of initial and subsequent vulnerability, and move the locus of support from the treatment environment to the client's natural environment (Godley & White, 2011; White & Godley, 2003). Support is provided in intervals and via variety of avenues (e.g., in person, by telephone, through text messages in community, agency, or home-based settings) determined in partnership with the people receiving support.
Health System Navigation	The most recent innovation in peer support is the role of the peer health navigator. A behavioral health navigator supports individuals, their family members, and caregivers, and connects them to culturally relevant health services, including prevention, diagnosis, treatment, recovery management, and follow-up. Navigators also help people develop and implement individualized action plans. The peer support worker who provides navigation uses his or her familiarity with the system to create connections, remove barriers, and increase the ease with which people can access needed supports.
<p>Used with permission – Philadelphia Department of Behavioral Health and Intellectual Disabilities Services (DBHIDS) and Achara Consulting Inc. <a href="#">Peer Support Toolkit</a>. 2017.</p>	

## Peer Credentialing

Like most professions, peer staff have differing levels of training and expertise, but also some basic competencies that carry across all peer staff positions. Currently, the “certified peer recovery specialist” (sometimes called a “recovery coach,” particularly in circles where the focus is on peer-to-peer support for people in addiction recovery) is the only credentialed position found in most states. Each state creates its own training and certification criteria and process. Some states have also instituted separate credentials for peer staff who work with people experiencing both emotional and substance use related distress, peer staff supervisors, and specialty area peer support credentials (e.g., forensic or employment peer support).

To find out more about each state’s credentialing process, check out the PR CoE’s [Comparative Analysis of State Requirements for Peer Support Specialist Training and Certification in the United States](#).

Early in 2023, SAMHSA, in collaboration with federal, state, tribal, territorial, and local partners including peer specialists, developed and published the [National Model Standards for Peer Support Certification](#). The National Model Standards are designed to accelerate universal adoption, recognition, and integration of the peer workforce, and to strengthen the foundation set by the peer workforce, reinforced by the Core Competencies, and implemented by state, local, and tribal partners.

## Peer Ethics

PRSS is grounded in a peer-to-peer relationship during the delivery of services. This relationship hinges on the peer recovery support specialist maintaining a non-clinical relationship with the populations served; this relationship is based upon acceptance, support, and respect (IAIC, 2022; White, W., 2007).

This nonjudgmental approach to a person’s recovery will allow the PRSS professional to meet a person “where they are” (that is, the person’s physical, economic, recovery and psychosocial “location”) currently and aid with goal setting, removing barriers that can potentially impede positive change to a person’s life, or any other non-clinical services that are within the PRSS professional’s standard of practice (IAIC, 2022; Coyhis, D., 2007; Nugent et al., 2006; White, W., 2007).

The main function of an ethics code is to provide a standard of behavior and a means of social control with minimal government and social interference. In a clinical setting, a code of ethics safeguards the welfare of the client, guards or protecting client confidentiality and privacy, and maintains quality of service delivery; in peer practice, the code of ethics does the same for participants (IAIC, 2022; Baker, M., Coyhis, D., 2007; Nugent et al., 2006; White, W., 2007). The codes for peer practice are specific to that practice, to uphold the core principles and values of peer support—authenticity, mutuality, respect, trust, empathy, shared responsibility.

If your organization would like an overview of the role of peers and ethics, see our training, [Peer Recovery Support Services 101 - Exploring Basic Terms, Roles, and Responsibilities](#).

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# Integrating Peer Recovery Support in HIV Prevention and Treatment Settings

Peer recovery practitioners provide valuable support and services to individuals with SUDs across a range of organizations. Many organizations, including HIV prevention and treatment organizations, face similar challenges related to recruiting, hiring, and onboarding peer staff. Several helpful toolkits and resources have been created to address these challenges. Here, we present an overview of the key considerations for integrating, recruiting, and hiring peers in HIV settings.

## Hiring Peer Recovery Support Specialists in HIV Settings

Peer recovery support specialists have lived experiences similar to the individuals who are being served. In this context that would mean having personal experience with SUD, co-occurring mental health disorders, and HIV/AIDS diagnoses. Programs must identify appropriate candidates with this experience while simultaneously ensuring that they do this in a manner that is legal, respectful, and not stigmatizing or traumatic. It is also important to carefully navigate the ways in which job qualifications and recruitment announcements are written, and how applicants are questioned about their experience.

Any program must follow federal and state laws, including the Americans with Disabilities Act (ADA). The U.S. Equal Employment Opportunity Commission (EEOC) provides a [list of prohibited employment policies and practices](#). Program leadership and human resource staff should review this guidance. Additionally, programs should review their specific state employment laws to identify any relevant hiring and interviewing consideration.

## Qualifications

Organizations may choose to hire peer staff who have already obtained their certification or may require certification within a specific timeframe after their hire date. Certified peer specialists will come to the job with specific competencies, whereas peer staff who have not yet obtained certification may require basic training in peer practice. To help determine whether your organization should require certification prior to or after hiring, organizations should understand:

- Your state's credentialing/certifying entity
- The requirements for certification (e.g., number of hours, exam)
- Certification entity (e.g., International Certification & Reciprocity Consortium [IC&RC] or National Association for Addiction Professionals [NAADAC])
- Ongoing training requirements post-certification
- Certification requirements for Medicaid and/or other financial reimbursement; and
- Laws around what work is permissible prior to certification in your state.

To better understand the core competencies for peer staff, consult those identified by the IC&RC and the National Association of Peer Supporters (NAPS). These may help your organization determine the competencies peer staff will need in their roles and what certification requirements or other qualifications may be needed in that position.

## Job Descriptions

Organizations must write a clear and detailed job description to help peer staff understand the role, qualifications, and requirements for the job, and to learn more about the organization itself. Job descriptions may include:

- Position description, including peer’s core role, function, and responsibilities
- Any associated qualifications/competencies required, including education, training/certification, and lived experience
- Employment conditions, including physical requirements and environmental conditions
- Other requirements such as a driver’s license or background check
- A description of organizational benefits, including salary range, health/dental/vision/ disability insurance, paid time off, retirement benefits, and any other benefits the organization may choose to offer

To see sample job descriptions for a variety of peer roles, see **Appendix A**.

For more tools on developing job descriptions, see [Defining Peer Support Worker Job Roles and Tasks: A Tool for Developing and Using Job Descriptions](#).

## Interviewing

Interviewing is an important way to assess a peer’s fit and interest in the organization. It is also an opportunity to learn if your organization can meet what candidates desire out of their future position as a peer staff. Thus, organizations must ask questions that help them understand their work experience, communication style, interpersonal skills, technical skills, and other factors that affect a person’s success in a particular job. Organizations will want to be up front about any conditions that may be perceived as upsetting or stressful for individuals.

As noted earlier, organizations must be cognizant of applicable state and federal employment and anti-discrimination laws. For example, during the interview, employers **cannot** question candidates about their specific diagnoses or treatment. Employers are also prohibited from making pre-employment inquiries about disabilities, SUD, and mental health history. If candidates first disclose their SUD recovery, you can then ask additional questions, but not before then. The following are interview questions that are against the law to ask **during an interview**:

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

Organizations can instead ask questions about how individuals might apply their lived experience to meet the required job duties and functions.

### Evaluating Peer Programs/Measuring Success

The goal of peer support is to help persons with SUDs begin and sustain recovery from addictions and co-occurring disorders. As peer practitioners move into a variety of roles, programs should:

1. Prepare to integrate peer support
2. Plan and implement appropriate peer supports
3. Produce policies and procedures that are consistent with and supportive of peer practice, and that address barriers to peer support.
4. Provide supervision that is patterned on the best practices of PRSS

In each of these four steps, programmatic focus should entail six areas of capacity: (1) program principles, culture, and climate; (2) program design and adaptation; (3) engagement and partnership; (4) staff knowledge and skills; (5) infrastructure; and (6) resources.

To measure a program's success, it is very important to choose the outcomes you want to measure (short-term, intermediate, and long term). Creating a logic model helps inform and map out your program's evaluation plan by more clearly defining the goals, outcomes, and indicators of your program. Logic models create a link between outcomes, evaluation, and process or implementation evaluation. Process or implementation evaluations are used to document and assess the intended links between components of the logic model and to help refine the list of indicators created during the outcome's evaluation. Process or implementation evaluation uses the logic model to assess how resources are invested in activities; how activities result in outputs; and how outputs promote intended short- and long-term outcomes. (Boston et al. 2015; White, W., 2009). Some suggested recovery outcome measures you can track include:

- Recovery attitudes
- Quality of life measures
- Self-confidence/self-esteem
- Hospitalization
- Return to use
- Employment

Adapted from [Measuring Outcomes of Peer Support: What Have We Measured and What Have We Learned?](#)

There are several existing recovery outcome tools that your organization may find beneficial for evaluation. Listed below are a few, but this is not exhaustive. Which one will work best for your organization will depend on budget, services, and community needs.

- [REC-CAP Assessment & Recovery Planning Tool](#)
- [R1 Learning Recovery Capital](#)
- [Recovery Capital Index](#)
- [Recovery Data Platform](#)

## Special Considerations for HIV Prevention and Treatment Settings

Additionally, those recruiting and hiring peers in HIV prevention and treatment settings will face unique challenges.

### Defining Lived Experience

HIV care teams that include peers should define peer job skills explicitly and operationalize them so that peers and supervisors have objective criteria for assessing peers' initial qualifications and their on-the-job development. Below are some recommendations for qualifications for peers engaged in HIV services.

- Direct experience with HIV treatment (either as a patient or a care giver)
- Local resident or familiarity with the community
- Ability to work with professionals as part of an HIV care team
- Ability to reflect on and apply life experience
- Good communication skills
- Open-minded (non-judgmental)
- Committed to working with others to improve HIV care

### Disclosing HIV Status

One challenge unique to HIV settings is the issue of disclosing one's HIV status. HIV/AIDS still carries significant stigma, which may make individuals cautious about revealing a diagnosis. A core tenet of peer support in HIV/AIDS, however, is that peers use their lived experience to support clients. HIV/AIDS peers can use experiences with diagnosis, disclosure, and treatment to support their clients. Supervisors and HR managers must understand that there are specific steps that can be taken to avoid direct disclosure. As mentioned above, this may include listing lived experience or 'knowledge of HIV/AIDS issues' as a desired or required characteristic in the job announcement and asking peers to describe this experience without directly asking about their status.

### Addressing Stigma

Despite significant cultural strides, stigma persists for people in recovery as well as PLWH. It is vital to the health of the organization and its peer programming that this be addressed thoroughly and thoughtfully. Against a cultural backdrop of misinformation, pessimistic prognoses, and destructive stereotypes, peer staff can provide invaluable support, and instill hope that recovery is possible (AIDS United, 2015; Boston University et al., 2015; SAMHSA, 2015). Peer staff will have learned how to navigate the health and social service systems in their community, how to advocate for themselves within HIV/AIDS programs, and how to persevere in the face of bias and discrimination. (AIDS United, 2015; Boston University et al., 2015; SAMHSA, 2015).

### Providing Benefits

Monetary and other compensation provided to HIV-positive peers can impact or pose a threat to their benefits or entitlements. Losing benefits may be an unacceptable risk for peers who may rely on their current benefits for treatment and support. During the hiring process, leaders should alert peers to the risk and provide information and referrals to others in their organization. Supervisors and human resources managers may not have all this information at their disposal. However, organizations should not pre-emptively reduce benefits or the rate of pay for their peer staff. Rather, encourage peers to consult with a benefits specialist and work collaborative with their employing organization to ensure they will not lose benefits in the transition.



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# Supportive Organizational Culture for PRSS

## Health Equity and Incorporating Cultural Humility in PRSS

One way that we can ensure a supportive organizational culture for peers, and for all employees, is to prioritize behavioral health equity. According to SAMHSA, behavioral health equity is “the right to access high-quality and affordable health care services and supports for all populations.” A system that advances health equity is one that ensures all individuals have a just and fair opportunity to achieve their desired health status. Organizations should not only think about culture and health equity for the populations that they serve but for their peer staff as well.

## Culture

The customary beliefs, social forms, and material traits of a racial, religious, or social group. Also, the characteristic features of everyday existence (such as diversions or a way of life) shared by people in a place or time (Merriam-Webster, 2022).

It is not enough to look outward when we think about culture; we must also look inward and acknowledge we are part of that culture, and our story impacts the work that we do. Culture can include language, race, ethnicity, gender/gender identity, geographic location, age, religion, socioeconomic status, and many others. The definition of culture is much broader than race, ethnicity, and language. Everyone has culture that they bring to the workplace. (Hernandez, H, 2020).

## Cultural Humility

“A process that requires humility as individuals continually engage in self-reflection and self-critique as lifelong learners and reflective practitioners. It is a process that requires humility in how physicians bring into check the power imbalances that exist in the dynamics of physician-patient communication by using patient-focused interviewing and care. And it is a process that requires humility to develop and maintain mutually respectful and dynamic partnerships with communities in the context of community-based clinical and advocacy training models” (Tervalon and Murry-Garcia, 1998).

But what does it mean in practice to acknowledge our culture and engage in cultural humility? It means participating in a continuous process of self-reflection in examining one’s biases and stereotypes; an openness to learning more about client’s cultures, perspectives, beliefs, values, and worldview; prioritizing the client’s culture, perspective, beliefs, values, and worldview; acknowledging one’s limitations; and acknowledging that you are not at the finish line, and you will not arrive at the finish line of cultural work (Waters and Asbill, 2013). It also means creating cultural inclusiveness and building inclusive organizations.

Cultural self-assessments are an effective tool to help guide your organization in this work. Undertaking the process of self-assessment can have many benefits, including informing the development of strategic plans and helping define goals along with measurable outcomes. Self-assessments can also help identify areas for new or enhanced community and consumer partnerships (Georgetown University’s [National Center for Cultural Competence](#)).

If your organization would like an overview of Cultural Humility in PRSS and HIV, see Peer Recovery Center of Excellence’s training, [Incorporating Cultural Humility in Peer Recovery Support and HIV Services](#).

**NEED MORE SPECIALIZED INFORMATION?**

In addition to the PR CoE, there are several federally funded centers that offer training and technical assistance (TA). The following is not an exhaustive list.

[African American Behavioral Health Center of Excellence](#)

Develops and disseminates training, TA, and written and recorded resources to help behavioral health and our allied fields eliminate disparities for the African American population.

[AIDS Education & Training Center Program](#)

Supports national HIV priorities by building clinician and care team capacity and expertise along the HIV care continuum.

[American Indian Alaska Native ATTC](#)

Provides education and training opportunities for individuals and groups involved in providing substance use treatment and counseling, including health professionals in primary prevention and treatment for substance use. This ATTC offers services nationwide for consulting, TA, and continuing education seminars.

[Engage, Educate, Empower for Equity: E4 Center of Excellence for Behavioral Health Disparities in Aging](#)

Advances training and workforce capacity with a specific focus on the community-based implementation of evidence-based practices and programs for vulnerable older adults who experience the greatest behavioral and physical health disparities in the nation.

[Hispanic/Latino Behavioral Health Center of Excellence](#)

Provides high-quality training and TA to improve the capacity of the workforce serving Hispanic and Latino communities in behavioral health prevention, treatment, and recovery.

[Homeless and Housing Resource Center](#)

Provides training on housing and treatment models focused on adults, children, and families who are experiencing or at risk of homelessness and have serious mental illness and/or serious emotional disturbance, SUDs, and/or co-occurring disorders.

[LGBTQ+ Behavioral Health Equity Center of Excellence](#)

Provides training, coaching, and TA; organization is implementing change strategies within mental health and SUD treatment systems to address disparities affecting LGBTQ+ people across all stages of life.

[National Harm Reduction Technical Assistance Center](#)

Provides free help to anyone in the country providing (or planning to provide) harm reduction services to their community. This may include syringe services programs, health departments, programs providing treatment for SUD, as well as prevention and recovery programs.

## Preparing The Organization

Creating a supportive organizational culture for peers goes beyond the principles of cultural humility.

Organizations that incorporate peers most successfully into their HIV services are those that develop a supportive environment where peers are integrated into the functions and mission of the organization (Boston University School of Public Health et al., 2015).

Involvement of peer staff into treatment teams (working alongside counselors, therapists, and other clinicians) is imperative to the overall success of a program. Peer navigators and peer recovery specialists assist clients in HIV care, treatment, and prevention, as well as motivating attitudinal and behavioral changes in people with HIV/AIDS. (AIDS United, 2015; Boston University et al., 2015; SAMHSA, 2015).

## Integration Practices

The Philadelphia Peer Support Toolkit provides excellent guidance on integrating peer support services into an organization. It identifies 11 practices to undertake prior to integrating peers:

- Communicate senior leadership's commitment to a recovery-oriented service philosophy
- Solicit the perspectives of people in recovery, family members, and staff early in your process
- Provide resources, ongoing training, and continued opportunities to orient current staff
- Conduct an agency walk-through
- Examine the extent to which agency language is recovery-oriented
- Anticipate, address, and reframe the concerns of existing staff
- Conduct an agency self-assessment
- Examine and create shared expectations related to boundaries and ethics
- Align policies with a recovery-oriented approach
- Clarify expectations and roles of new peer staff
- Clarify the roles of volunteer and employed peers

### NOTE

For further information please visit Philadelphia DBHIDS and Achara Consulting Inc., [Peer Support Toolkit](#), 2017.

Organizations should review existing policies and procedures to ensure they are consistent with and supportive of peer practice. This includes addressing any lack of institutional policies related to peer support. Establishing organizational policies for peer services can help address many challenges peers can face in their work.

## Preparing Clinical Teams and Non-Peer Staff

An important component to set up an effective onboarding process is ensuring that non-peer staff understand the role of the peer and the value they bring to the organization. It is especially important to clearly outline what peer staff do and do not do, to establish appropriate expectations and boundaries. In this stage, it can help to have the presence of an internal champion—someone who believes in the benefits of integrating peer services and has the energy, vision, and commitment to keep moving forward when and if issues arise. This champion has a working relationship with key stakeholders and can garner support; they also understand the organization and provide representation for the peer program as valuable assets to the organization (AIDS United, 2015; Boston University School of Public Health et al., 2015).

Preparing for successful team integration should also include establishing clear, written protocols related to roles and responsibilities, how peers are supervised, and how they will communicate and interact with other team members. Organizations should also plan to train and prepare non-peer staff **before** hiring peer staff whenever possible.

The Virginia Office of Recovery Services (ORS) is building an **environment of respect and collaboration between peers and clinical teams**, which is crucial for the success of peer supports. Integrate peers and other clinical staff by:

- **Developing training for clinicians that act as peer supervisors:** In many systems, clinicians are responsible for supervising peers. ORS believes trainings for supervisors should not only increase understanding around how to supervise peers, but on what the peer role is. ORS is currently working on training, including an online training titled “A Day in the Life” to help increase understanding on the role of peer staff.
- **Increase support and understanding on the unique role peers play on clinical care teams:** “When you think about that dynamic you have the peer that is part of a clinical team, and they are a huge minority, maybe [one] out of 10. How do they maintain authenticity and relationships with the people they are serving?” Organizations can help support peers by managing care team expectations, especially around confidentiality; they should understand that peers may not always come back to the treatment team and share everything they discussed – especially if that is not in the best interest of the client.
- **Communicate there is room for everyone:** An important part of the work of ORS is to support bridging the divide between clinicians and peers. The divide that between front line clinicians and peers is holding programs back. Some supervisors and clinicians are territorial; leaders must communicate that there is room for everyone, including the people being served. Including clients in clinical team meetings about their care plan helps not only build relationships with the whole team and strengthens the peer role but increases quality of care.

(Interview with Mark Blackwell, Director, Virginia Office of Recovery Services (ORS))

Evidence and experience show that having strategic support for the development of peer roles is vital to the overall success of the implementation of peer services. With that in mind, successful execution of services is enhanced when teams and organizations are well-informed about the peer staff role and supportive of its development at all levels. A best practice is to have educational presentations and workshops on peer support given directly to the executive team and board of directors. It is essential that this is delivered by experienced peer staff or peer educators, in conjunction with senior management, to model the collaboration needed for successful implementation of peer supports. Additionally, sending staff to visit with or speak with different agencies already utilizing peer supports could allow them to gain a greater understanding of challenges and how they were successfully addressed. Getting “buy-in” from the board of directors, the executive director, and the management staff are critical components. Having “buy-in” by staff implies that employees have been fully educated on best practices in peer supports, have fully examined how these practices may impact and change current practices, and are willing to exhibit patience during the uncertainty, the bumps, and the challenges that

come with any significant change in an agency's way of doing business (Legere, L et al., n.d.; Altarum et al., 2020).

### Onboarding And Training Peers

When implementing a PRSS program in HIV settings, training and onboarding best practices are similar to those used in other settings that have peer staff. It is very important that leadership and staff are committed to the success of the program. It is also important that peers and non-peers receive appropriate training, orientation, and onboarding. Staff should be well-informed of new PRSS programs or positions and their expectations, and peers should understand the environment they will be working in and the professionals they will collaborate with. Effective recruitment, hiring, and onboarding is essential to create a good fit between a new employee and the organization, increase job satisfaction, reduce staff turnover, and increase program performance (Pike, 2014).

### Peer Onboarding

Onboarding occurs over a specific timeframe: It starts when a new employee begins employment and may last for a few weeks to a few months. Onboarding activities may include orientation, shadowing, training, and initial supervision, among others. Organizations can further prepare peers by creating onboarding packages containing key resources, links, contacts, and helpful tips. Overall, the onboarding process should contain three domains: (1) inform – ensuring you provide the information, resources, and training necessary for newcomers to successfully perform their job, (2) welcome – providing and facilitating social support and an environment that fosters positive work relationships, and (3) guide – providing formal and informal supervision, mentorship, and ongoing support (Burgess, 2016; Klein and Houser, 2018). Once a peer(s) is hired, they should be given clearly outlined expectations and guidelines for their role and responsibilities. This is particularly important for peers who are new to the workforce.

### Training for New Peers

New peer staff should participate in a series of trainings, including both trainings specific to the peer role and those relevant to HIV care settings. If newly hired peer staff have not completed a certified recovery coaching program, organizations should provide training, or resources to attend training. Examples of trainings that can be provided to newly hired peer staff include:

- Crisis prevention intervention;
- Trauma-informed care and trauma-informed addiction practices;
- Electronic health record (EHR) system training;
- Motivational interviewing and active listening;
- Healthy disclosure;
- HIV core competencies;
- Language and communication;
- SBIRT;
- Strategic storytelling/sharing;
- Healthy boundaries;
- Person-centered planning and documentation; and
- Building resilience through stress management, self-care, and wellness planning.

(Adapted from Philadelphia DBHIDS and Achara Consulting Inc., [Peer Support Toolkit](#), 2017; [Connecticut Center for Recovery Training](#), and [Georgia Council for Recovery](#))

**HIGHLIGHTED  
RESOURCE**

**HealtheKnowledge:**

Created by the ATTC Network, HealtheKnowledge is a multidisciplinary platform hosting free online learning and low-cost continuing education for health and behavioral health professionals. Providers can find training in evidence-based practices like motivational interviewing SBIRT to help support the training and development of peer providers.

## Integrating Into New Teams

Peer staff work collaboratively as part of larger teams within organizations. It is critical that newly hired peers feel welcomed, accepted, and supported. Strategies you can use to successfully integrate new peer staff into teams include:

- Welcome new peer through organization-wide communications and at staff meetings;
- Provide a tour of the organization to newly hired peer staff;
- Schedule “meet and greets” between newly hired staff, coworkers, and partners;
- Have new peer staff shadow coworkers to better understand the different roles and responsibilities across the team;
- Provide training and education to all staff on the roles and responsibilities of peer staff and the value they bring to the organization; and
- If there are only one or two peer staff, consider setting up support systems outside of the organization to connect them with a broader peer and recovery community.

The New North Citizens Council Inc. (NNCC) has been developing an environment of respect and collaboration between peers and other staff. NNCC integrates peers and other staff by:

- **Offering professional trainings and certifications:** NNCC offers peers a variety of trainings and certifications in topics like motivational interviewing and security training. Such training benefits the peer and supports staff integration. For the peer, participating in professional trainings demonstrates to themselves and those they care about that they are putting in real and tangible work into recovery. For the organization, it helps staff continue to view peers as professionals and colleagues.
- **Creating opportunities for staff to learn from peers:** NNCC intentionally creates situations where a peer’s participation is equally important to the contributions of non-peers. This allows peers to view themselves as valuable teachers and further supports equal partnership between peers and staff. It is gratifying to individuals to see that their contribution is appreciated.

Organizations need to equip peers with the tools to manage conflict with those they serve when it arises. “Mindful that individuals have lived before they came into your space. Sometimes they have had experiences with people and organizations like yours—and not all experiences have been constructive or helpful. Organizations should equip staff with an understanding of the kinds of conflict they are likely to encounter and provide them with the tools to manage them.

(Interview with Richard Johnson of the Deborah Hunt Prevention & Education Drop-in Center at the New North Citizens Council Inc. (NNCC))

### Effective Supervision for Peers in HIV Settings

As peer staff move into a variety of roles in the HIV care system, programs need to carefully plan and prepare to integrate peer supports into their portfolio of services. One way programs can set peers up for success is by providing effective supervision patterned on the best practices of PRSS.

Supervision can be defined as a professional and collaborative process between a supervisor and staff, in which guidance and support are given to promote competent and ethical delivery of services and supports (SAMHSA, n.d.). Peer supervisors can best support peer staff in three primary ways:

1. Program supervisors can thoughtfully and intentionally support peer staff to (a) maintain the “peerness” of the services and supports offered, (b) ensure the well-being of those served, and at the same time, and (c) facilitate the just and respectful treatment of peer staff.
2. Program supervisors can provide a bridge between and among the diverse systems.
3. Program supervisors can help clarify the roles of peer staff and provide guidance around how to achieve overarching goals.

### Functions of Peer Supervision

There are three broad functions of supervision: (1) supportive, (2) educative, and (3) administrative (Smith, MK., 1996–2011). The process of supportive supervision helps to foster high morale and satisfaction; individuals receive feedback, validation, and support. The process of educative supervision ensures effective training and development. It includes providing regular space and time to reflect on peer practice, and consistent opportunities to develop knowledge, skills, and competencies. The process of administrative supervision promotes the effective implementation of policies and procedures and conformance to standards for high-quality practice. This framework can be useful in identifying and clarifying the tasks of supervision. In practice, the three functions are often intertwined. A supervision task, such as discussing a recovery planning session, may have elements of support (giving feedback), education (role-playing to practice a new skill), and administration (ensuring that notes for the session are appropriately completed).

### Supervision Competencies

Competencies are the combination of observable on-the-job behaviors and measurable knowledge, skills, and attitudes that demonstrate ability to perform a job competently. In addition to the general competencies that any supervisor needs, there are several specific competencies that are integral to supervision of PRSS programs (Daniels and Tunner et al., 2015; Martin and Jordan et al., 2017). The following core competencies prepare program supervisors to effectively support peer staff in their work and to address challenges to program implementation.

**Supportive Organizational Culture for PRSS**

Core Competency	Supervisor’s Role
Understand peer roles and practices	Program supervisors must fully comprehend a variety of peer roles and tasks, have a deep understanding of the core competencies of peer staff, and understand the specific duties of the individuals on their team. Supervisors can learn more about the fundamentals of peer support and peer roles by participating in core and advanced trainings for peer staff, and by doing in-person or virtual visits to operational PRSS programs.
Use strengths-based supervision	Strengths-based supervision is a collaborative process that uses an individual’s strengths and assets, frames problems as learning opportunities, and provides opportunities for self-assessment and feedback. Like peer support, peer supervision should be strengths-focused, person-centered, and self-directed.
Enhance and develop the peer competencies	The most fundamental competency for peer staff is lived experience. Certified peer specialists also receive additional training that further develops core competencies. However, newly hired certified peer specialists need further specialized support for continuing to develop competencies for peer support in practice. These may include service trainings, individual instruction, coaching, classes, conferences, webinars, and other trainings provided by local, state, or national training centers. Program supervisors assist peer staff in identifying appropriate learning opportunities and in structuring personal development plans.
Address ethical and boundary Issues	Program supervisors should be aware of the ethical standards specific to peer supports and understand the common issues that arise for peer staff. Supervisors must also recognize the difference between boundary issues and ethical violations. The nature of peer support means that these issues can be very nuanced, and very different from other clinical service providers. Supervisors can help peers review peer codes of conduct, and to apply those codes through role-playing and case examples.
Engage peer staff in developing and strengthening the PRSS program.	Program supervisors are called upon to work with peer staff, other key employees, and partners to identify barriers to implementation and find solutions. Peer staff often have detailed knowledge of individuals’ experiences (good or bad) with a program, organization, or system, either from lived experience or from interaction with participants. This can lead to program improvement, if the ideas and resourcefulness of peer staff are regularly used.
Foster a recovery orientation	Peer support thrives within a recovery-centered context. Program supervisors have a role in operationalizing recovery- and resiliency-oriented values within the program and organization. PRSS programs are more successful in agencies where supervisors model these values in their work and build them into policies, procedures, and practices. Supervisors play a central role in developing recovery-oriented, peer-supportive policies and procedures.
Clarify organizational systems, structures, and processes.	Program supervisors help peer staff fully understand, appreciate, and effectively work within the policies of their own organization, as well as with community partners. This includes ensuring role and task clarity for peer staff and those working with them, process clarity for how participants will be connected with peer staff, and how they will be engaged both on- and off-site.



Core Competency	Supervisor’s Role
Assist with system navigation	Peer staff work with many different systems including behavioral health, health care, courts, law enforcement, probation and parole, child welfare, social services, and others. In helping individuals with complex needs navigate these systems, peer staff face challenges with resource shortages, long wait lists, insurance problems, and stigma. Program supervisors help peer staff understand the nuances of working with the systems, problem solve around resource issues, and maintain realistic goals for what can be accomplished within the context of peer support. Program supervisors can also share and model appropriate use of community resources.
Promote self-care	Peer staff must have lived experience of addiction and recovery, and they must maintain their recovery while supporting others. This requires effective self-care. Supportive supervision helps peer staff access appropriate resources to accomplish their jobs, manage their time, and balance their workload. Supportive supervision also provides nurturing conditions that encourage self-efficacy and success. Program supervisors can help peer staff develop a self-care plan to minimize burnout, compassion fatigue, vicarious traumatization, and substance use triggers (Martin & Jordan, 2017).
Advocate for peer supports	Peer support is not always understood, appreciated, or welcomed by non-peer staff. Program supervisors advocate for and promote PRSS within their organization and across the wider systems in which peer staff work. Supervisors educate others about peer support, support meaningful roles for peer staff, create opportunities for them to interact with others and demonstrate their value, and work with leadership to create optimal conditions for peer staff.

### Supervision Structure

The most important aspect of supervision is that it happens with adequate frequency; the second most important is that it be appropriate – that is, tailored to and supportive of the roles of peer staff. In settings where there is a limited understanding of the role and value of peer support, supervision must include thoughtful, intentional support of peer staff to: (a) maintain the peer nature of the services and supports offered, (b) ensure the well-being of those served, and (c) facilitate the just and respectful treatment of peer staff. Supervision can take different forms depending on the organizational resources and context where peer support is delivered.

### Coordinating Multidisciplinary Team Members

Supervisors play a critical role in integrating peers into existing HIV care teams. Supervisors can lead teams as they review existing roles and identify areas where peers can best be integrated in and contribute to the work. Supervisors must then mentor the peers as they get used to working within a multidisciplinary team. This can include preparing peers to present their role, training, and function to the rest of the care team. They should also mentor existing staff on the value the peer brings to the team, and clearly define the peer’s role, training, and job description. Finally, they can ensure that once onboarded, peers and team members have regular opportunities for dialogue. Such meetings allow for each multidisciplinary team member to hear the perspective of other service providers as they work with clients (Boston University, Building Blocks to Peer Program Success, 2017).

### Supervision in HIV Settings

In addition to HIV/AIDS transmission and prevention training, supervisors should provide peers with training that addresses sexuality and gender, interpersonal and group communication skills, and legal and ethical issues.

### Retaining Peers in HIV Settings

As peers become more central to integrated care teams, it is increasingly important to design comprehensive programs that support peer wellness and promote peer motivation and job satisfaction. Organizations should consider including the following components in their programs to promote retention of peers.

### Compensation and Benefits

Peer staff are a key part of a multidisciplinary team and should be given competitive salaries, advancement opportunities, and raises. Pay bands should resemble those for clinical roles with similar qualifications. Offering additional competitive benefits can help recruit and retain new hires. These may include health insurance, retirement contributions, flexible work schedules, and reimbursement for transportation and training costs. For those unable to employ peers in full or part-time positions, stipends can provide partial compensation to peers for their time and effort. Note that, as mentioned earlier, monetary compensation paid to HIV-positive peers may impact benefits. Supervisors should discuss this risk during the hiring process and refer peers to services that can help them understand these benefits.

### Supporting Continuing Education and Growth

Peers should be offered training and advancement opportunities to promote upward growth, support job satisfaction, and reduce burnout. To that end, it is important that organizations offer peers opportunities for continuing their competencies as well as advancing new skills, positions, and career pathways. Organizations should offer formal training opportunities as well as cross-provider networking and individualized training plans. Pathways should be provided for both clinical and non-clinical advancement since not all peers aspire to clinical roles. Finally, providing sponsored training designed to increase peer comfort and understanding about HIV and HIV treatment settings demonstrates a commitment to the peer and will support peer motivation and retention.

### Giving and Receiving Peer Feedback

Good supervision is a key component to retaining peer staff. Part of this supervision should be setting up regular processes for giving and receiving feedback. It is critical to create feedback loops so that peers can share their ideas and concerns with leadership and receive follow-up on what they have shared. It is equally important to provide constructive feedback to peers regarding any areas of improvement, so that peers have the chance to learn and grow as professionals and within the organization. Supervisors should proactively be aware of common concerns of peers and can use these to facilitate conversations with peer staff to identify and address these issues as they arise. Leadership must be receptive to feedback or concerns about organizational policies and practices and use dialogue and brainstorming to validate, explore, and clarify the concern. Next, supervisors can elevate concerns and advocate for any necessary organizational change.

### Peer Motivation and Self-Management

Peers often work in stressful environments with high expectations for productivity. Providing training and resources to help peers develop time management, documentation, and self-management skills can protect and support them in this environment. Conversations around documentation practices can begin during hiring and onboarding with periodic review of documentation for quality assurance. Time management may involve helping peers identify tools they can use to meet goals, such as using time tracking devices on their home computer or phone.

### Peer Boundaries and Self-Care

It is important to be aware of stressors that are common in helping and caregiving roles that can negatively affect peer mental health and recovery. These can include working with people in distress, shifting role demands, and enforcing boundaries (Russo and Sweeney, n.d.). Compassion fatigue and burnout can occur among peer staff and other helpers if steps are not taken to protect boundaries and build resiliency. Self-care and healthy boundaries should be regularly encouraged among all staff, but particularly among peers. Many peers feel overextended, frustrated, overwhelmed, and burnt out and need support from supervisors as well as their teams to maintain their self-care and wellness. Note, it is important to support peers who may experience a lapse in abstinence or recurrence of symptoms. Supervisors can model healthy boundaries and self-care by fostering a safe, supportive, empowering environment while maintaining professional boundaries and role clarity. Supervisors should treat discussion of a peer staff's recovery as personal health information and should not discuss details surrounding a peer's recovery status with individuals outside of those who must be informed, such as HR.

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# Strengthening Referrals Between SUD and HIV Treatment Providers

Integrating PRSS in your organization is an important step towards meaningful behavioral health integration. Peers are an excellent support resource that can aid clients with accessing behavioral health services, navigating paperwork, and making connections with other support resources, such as transportation benefits. Additionally, by providing PRSS, clients can feel that no matter what they need, they have come to the right organization (SAMHSA, 2016). Peers can also help build relationships with behavioral health providers in your community, which can help increase access to HIV prevention and treatment to those struggling with SUD and not engaged in services.

## Warm Handoff Interventions

According to the Agency for Healthcare Research and Quality (AHRQ), a warm handoff refers to “a transfer of care between two members of the health care team, where the handoff occurs in front of the patient and family” (AHRQ, n.d.).

PRSS can be an effective way to increase warm handoffs between HIV and behavioral health care providers. Establishing warm handoffs between providers can help improve continuity of care by ensuring that the client speaks to and connects with the next provider. (HRSA, n.d. and SAMHSA, 2016). In addition to continuity of care, warm handoffs offer benefits that improve quality of care. A transparent handoff allows clients and their families to hear what is said between providers. This transparency engages patients and their family members in communication with providers, and gives them the opportunity to seek clarity, provide correct information, or get answers to questions they have about their care. Warm handoffs also treat patients as a central actor and decision maker in their care. This transparency between the patient and care team will both reinforce understanding of the care plan and diagnosis as well as allow the patient to clarify or correct information. Finally, warm handoffs increase quality of care and patient safety by structuring communication and preventing communication breakdowns (ARHQ, 2021).

If your organization would like an overview of warm handoffs, see our training [Exploring Client Referrals: It’s Warm, But Not A Handoff](#).

### ADDITIONAL SUPPORTS

The PR CoE is here to help provide training and TA to support the integration of PRSS into diverse settings, including existing HIV prevention and treatment programs.

- To find out more about our TA process, visit our [website](#).
- If you would like to request TA for your organization, please fill out the online [request form](#).
- For additional HIV-related resources, please visit our [Resource Library](#), and be sure to choose “HIV” under Resource Topic.

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# Appendix A: Job Descriptions

## Peer Mentor Coordinator

Staff and mentors will continually strive to educate themselves about peer recovery coaching/mentoring and will always promote the program positively in the community by modeling pro-social attitudes and behaviors.

### Position Description:

The Peer Mentor Coordinator is responsible for planning and tracking of all activities regarding the mentors of the Program. The Mentor Program Coordinator reports directly to the Program Director and supervises Peer Mentors.

### Responsibilities and Duties:

- Recruiting, training and supervision of mentors
- Matching and assigning mentors to peer participants
- Supporting and encouraging mentors to engage with peer participants
- Tracking and reporting of mentor/peer participant activity
- Assisting with creating curriculum for mentor training
- Plan and facilitate monthly module trainings and quarterly core trainings for mentors
- Encourage engagement and promote program and events
- Collect and review timecards for stipend mentors

All staff are responsible for assisting the Program Director as needed in administrative duties, maintaining the office and tracking of program participants, promoting engagement and meeting GPRA requirements.

### Qualifications and Personal Qualities:

- Be professional
- Have an active recovery program with a stable lifestyle
- Have a sincere interest in helping peer participants be successful
- Have a willingness to learn
- Have positive social and communication skills
- Be patient and flexible
- Be dependable and consistent in meeting time commitments
- Tolerant and respectful of individual cultural, religious, and social differences
- Successful graduate of Clark County Therapeutic Court Program
- Valid Driver's License and full coverage insurance (if driving participants)

**Skills and Knowledge Required:**

- Attended or able to attend Mentor Training or other approved Recovery Coach or Peer Specialist training
- Leadership skills with ability to facilitate groups and trainings
- Basic computer skills with knowledge of Microsoft Office programs
- Knowledge of local recovery community and resources

**Salary Range:** \$15 - \$17 an hour DOE

**Hours:** 40 hours a week with some evening and weekend hours as needed for meetings, classes, and events. Some travel may be required for special trainings and conferences

### Recovery Support Specialist

Staff and mentors will continually strive to educate themselves about peer recovery coaching/mentoring and will always promote the program positively in the community by modeling pro-social attitudes and behaviors.

#### Position Description:

The Recovery Support Specialist is responsible for engaging participants in programming and connecting participants with resources including housing and employment supports. Recovery Support Specialist will offer one on one intensive support for participants upon release from incarceration including connecting them with outpatient treatment services and with connecting participants to a personal mentor. Recovery Support Specialists will plan and facilitate recovery support groups, activities, and events. The Recovery Support Specialist reports directly to the Program Director.

#### Responsibilities and Duties:

- Meet with jail reentry participants to introduce the program
- Offering intensive support services, including accessing housing supports, employment supports and local resources.
- Engaging with participants and promote services
- Tracking and reporting of peer participant engagement and activity attendance
- Develop and maintain lists of community resources
- Develop partnerships with community resource agencies
- Develop and maintain a weekly schedule for meeting with participants
- Plan and facilitate a variety of peer support groups, classes and activities
- All staff are responsible for assisting in administrative duties, maintaining the office and tracking of program participants, promoting engagement, and meeting GPRA requirements.

#### Qualifications and Personal Qualities:

- Be professional
- Have an active recovery program with a stable lifestyle
- Have a sincere interest in helping peer participants be successful
- Have a willingness to learn
- Have positive social and communication skills
- Be patient and flexible
- Be dependable and consistent in meeting time commitments
- Tolerant and respectful of individual cultural, religious, and social differences
- Valid Driver's License and full coverage insurance (if driving participants)

**Skills and Knowledge Required:**

- Attended or able to attend Mentor Training or other approved Recovery Coach or
- Peer Specialist training
- Leadership skills with ability to plan and facilitate peer groups and large recovery events
- Basic computer skills with knowledge of Microsoft Office programs
- Knowledge of local recovery community and resources

**Salary Range:** \$13-\$15 an hour DOE

**Hours:** 40 hours a week with some evening and weekend hours as needed for meetings, classes, and events. Some travel may be required for special trainings and conferences.

## Peer Mentor Position Description

Staff and mentors will continually strive to educate themselves about peer recovery coaching/mentoring and will always promote the program positively in the community by modeling pro-social attitudes and behaviors.

### **Position Description:**

To serve as a mentor to a peer with substance abuse diagnosis and criminal justice history and to assist with all tracking needs. The Peer Mentor reports directly to the Mentor Program Coordinator.

### **Responsibilities and Duties:**

- Attend and participate in the core Mentor training.
- Attend monthly Mentor training.
- Track and report all contact with peer participants of the program.
- Discuss progress and concerns with Mentor Coordinator as needed.
- Follow recommendations and suggestions of Mentor Coordinator.
- Attend all scheduled social events when possible.
- Return all phone calls from participants within 24 hours and attempt to have face-to-face
- contact with all engaged participants at least 2 times a month.
- Aid peer participants in engaging in a recovery program/lifestyle
- Offer support, encouragement, and motivation to peer participants
- Remain open minded to the recovery program that peer participants may be interested in.

### **Qualifications and personal qualities:**

- Be professional
- Have an active recovery program with a stable lifestyle
- Have a sincere interest in helping peer participants be successful
- Have a willingness to learn
- Have positive social and communication skills
- Be patient and flexible
- Be dependable and consistent in meeting time commitments
- Tolerant and respectful of individual cultural, religious, and social differences
- Valid Driver's License and full coverage insurance (if driving participants)

**Skills and Knowledge Required:**

- Attended or able to attend Mentor Training or other approved Recovery Coach or
- Peer Specialist training
- Basic computer skills with knowledge of Microsoft Office programs
- Knowledge of local recovery community and resources

**Salary Range:** Volunteer with stipend

**Hours:** 10 or more hours a week with some evening and weekend hours as needed



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