Building Organizational Readiness
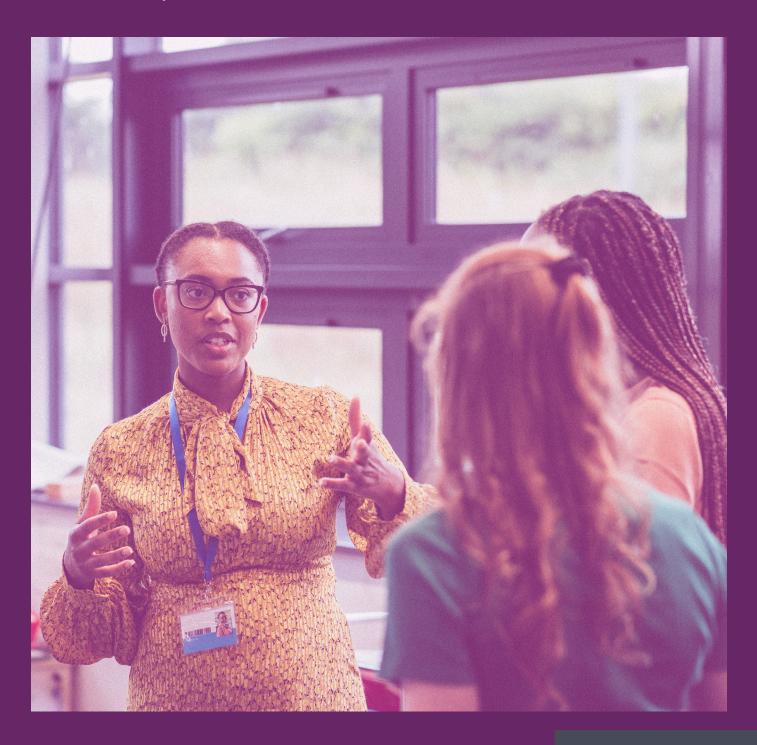
A Peer Recovery Center of Excellence Toolkit

PEER RECOVERY
CENTER OF EXCELLENCE

August 2024

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Introduction

This toolkit is a collection of evidence-based resources related to organizational readiness for the successful integration and/or expansion of peer recovery support services (PRSS).

This toolkit is intended for organizational leaders but includes resources that can be helpful to all stakeholders invested in creating successful peer programs.

The goal of this toolkit is to help organizations better understand the commitment, organizational culture, and infrastructure needed for running a successful peer program. Ideally, these strategies should be used before bringing on peer workers.

The toolkit does not have to be used sequentially and any topic can be accessed according to your needs and interests.

Each section provides a basic overview of important topics as well as helpful additional resources to help your organization succeed in integrating or expanding peer recovery support services.

Except where noted, the tools in this collection have not been created by the Peer Recovery Center of Excellence but have been vetted by subject matter experts for relevance and appropriateness.

Examining the Evidence for Peer Support

During the COVID-19 pandemic, the need for peer recovery support services (PRSS) was at an all-time high. Participants in PRSS faced an increased need for assistance with psychological and other personal challenges. Peer workers were able to address emerging and continuing needs for recovery support. Evidence indicates that remote/virtual services allowed peer workers to engage individuals in services who may have previously not been connected due to transportation and/or discomfort with in-person interactions.

Peer recovery support services:

- Are person-centered and strength-based, helping individuals to identify existing recovery capital and build future capital.

- Are relationship-oriented, building trust and confidence, based on shared experience.

- Support an individual in defining and directing his, her, or their own recovery plan, with guidance, structure, support, and navigation assistance from a peer.

- Engage individuals throughout their recovery process, especially at critical points of recovery vulnerability.

- Support re-engaging individuals in appropriate supports and services in a timely manner, in the event of return to use.

The impact of virtual and in-person peer work during the pandemic is consistent with existing evidence about PRSS outcomes[1]:

- Increased sense of hope and inspiration through sharing their own stories and experiences.

- Improved treatment retention and relationship with treatment team.

- Decreased rates of re-hospitalization and use of emergency services.

- Reduced substance use and return to use.

- Better access to community and social supports.

The expanded access to PRSS through virtual services comes alongside increased demand for peer support. An ever-growing number of organizations are looking to integrate or expand peer services. Organizations looking to expand peer services, especially those employing virtual adaptations, should be thoroughly examined to ensure the continuation of creative, flexible, and responsive peer support services while preserving the values and integrity of peer support2. The information, tools and resources provided in the sections below can help organizations and organizational leadership decide if they have the will and capacity to meaningful integration PRSS.

Limitations in the Evidence Base

While there is a significant amount of evidence that supports the efficacy of peer recovery support services, it is important to acknowledge what we still do not know. The evidence base has not yet revealed how peer recovery support services work for historically underserved populations. This includes individuals living in rural areas, with disabilities, or for diverse populations.

Rural Areas

PRSS are often more difficult to access in rural communities and small towns than in urban areas. Those living in rural areas may experience barriers to recovery services including stigma, housing, transportation, and insurance barriers. Additionally, in rural areas there are higher unemployment rates, more families living below the poverty line, increased sense of isolation, and lower levels of education. These disparities may warrant unique and specialized recovery treatment options. Additional research is needed to identify specialized best practices for PRSS in rural populations.

Deaf and Hard of Hearing Community

The deaf and hard of hearing community embodies their own culture that is very distinctive from the hearing community, including but not limited to communication complexities. This community can also face increased isolation and stigma which hinders them from receiving care. Services for this community are starting to expand but access and best practices are still very limited.

Diversity

People of color (POC) sometimes experience unique challenges that could impact access to and retention in treatment. Some examples of barriers that POC may experience when seeking care include racism and bias, the role of stigma, co-occurring health issues, cultural difference, and treatment readiness. Research is currently lacking on the success of implementing PRSS within diverse populations.

We are all different and have different needs. Research shows that health disparities related to culture, environment, race, and disabilities has a large effect on the success of a person's recovery. At its core, peer support is defined by the fact that individuals with similar life experiences can better relate and thus offer more genuine empathy and validation. In diverse communities, peer specialists can serve as a linkage to care for clients. As PRSS continue to expand across different settings, it is imperative that we approach PRSS with an equity lens. To provide culturally responsive services, we must continue to identify and test best practices for PRSS across diverse populations.

Assessing Organizational Readiness for PRSS

Prior to implementing a peer support program within an organization, it is important to assess that the organization has the appropriate readiness to ensure the program can be successful. Outlined below are three key areas to assess in an organization prior to launching an effective and successful peer support program.

Organizational Readniess for Integrating PRSS

Recovery Orientation

Vision & Motivation	✓ Align Vision with Core Principles of Peer Practice
Principles	✓ Value Lived Experience as a Core Principle
Culture & Climate	✓ Ensure Culture and Climate Support Peer Work
Policies	✓ Revise and Reframe to Support Peer Work
Practices	✓ Update Workflow to Include Maximize Value of Peer Support

Organizational Motivation

Why implement a peer support program? As demonstrated above, there is a lot of evidence to show the effectiveness and improved outcomes that can result from a successful peer support program. However, the organization must assess its motivation for launching a peer support program. Without appropriate motivation, the program will be set up to fail. Funding opportunities for peer support programs have been increasing rapidly in recent years, however these grants are time-limited, and a successful program takes time, work, and a commitment to its success to be effective. Before implementing a peer support program, the organization should ask itself five questions:

1. Why is now the time to introduce peer support services into the organization?

2. What benefit will a peer support program add to the organization and the community?

3. Does the organization have the support of leadership to make changes necessary to fully integrate a peer support program into the organization?

4. What support and barriers from the organization and the community are there for a peer support program?

5. What steps is the organization willing to take to ensure that a peer support program will be successful and sustainable?

Organizational Culture

What is the current organizational culture? Would the organizational culture be appropriate for peer support workers and the implementation of a peer support program? Before launching a peer support program review the organization's physical environment, expectations of dress code, and how staff interact with one another- these are tangible aspects of the culture. More importantly, the values, assumptions and beliefs of the organization give a picture of whether a peer support program will be the right fit for the organization.

Some shared features in organizational culture that have successfully adopted peer support services include:

- **Transparency**

- **Openness to change**

- **A commitment to learning including through challenges**

- **Meaningful cooperation and collaboration**

- **Mutual respect**

HELPFUL LINKS

- Organizational Culture as a Tool for Change (SSIR)

- Organizational Mapping Tool (Ford Foundation)

- Assessing Nonprofit Capacity: A guide to tools (Hewlett Foundation)

- Assessing Organizational Culture Made Simple (Forbes)

Organizational Recovery Orientation

What does it mean for an organization to truly be recovery-oriented? Why is it so important? Building a recovery-oriented organization involves more than setting a mission statement or providing training. It is the culture of an organization – its procedures and policies, its systems and structures, and its commitment to supporting recovery.

Recovery-oriented language and terminology often stems from the focus on recovery-oriented systems of care (ROSC) that has been a priority in the behavioral health field over the past 20 years. While this does not address the recovery orientation of an organization, guiding principles from ROSC can facilitate an organization's assessment and development as a recovery-oriented organization and place of employment[3].

Three core principles that are shared amongst recovery-oriented organizations are recovery vision, authenticity, and accountability.

- **Recovery vision** is how an organization sees recovery, talks about it, and describes its own role in helping individuals, families, and communities to achieve it. This is not just a written statement but something that is enacted across the culture of the organization. A recovery vision is solution focused, non-punitive, and embraces multiple pathways to success.

- In recovery, **authenticity** is a core value; recovery-oriented organizations reflect that value by being transparent, by ensuring that persons with lived experience of addiction and recovery are in decision making roles, by engaging individuals in recovery in a variety of ways, and by fostering an environment in which deep and transformative interactions can occur.

- **Accountability** involves appropriately evaluating principles, policies, procedures, and philosophies. A recovery-oriented organization will use participatory processes to guide its decision-making. This also ensures that it is not solely a written culture—that is, only on paper— but an active culture within the organization as well.

An organization that is recovery-oriented not only supports the needs of its clients but also their employees and partners. Therefore, when assessing and establishing recovery orientation, an organization must ensure that it is evaluating whether its policies and culture support recovery. This involves ensuring that the organization promotes the development and personal goal setting of its employees, establishes an individualized approach to managing employees, providing a diverse working environment and an array of supports available to employees, involving employees in decision-making processes and policy development, and offering employees choices.

Promoting self-care and burn-out avoidance is key to any organization. However, a recovery-oriented organization creates supports and systems for all employees to promote self-care and establish appropriate boundaries and work/life balance. It is important to note that an organization should encompass appropriate values and culture to support wellbeing for everyone and not create systems that continue to stigmatize peer support specialists and the clients that they serve.

Thoughtful assessment of staff readiness, leadership capacity and organizational culture will help inform if the organization is ready to think about integration peer services. Or alternatively, it can identify areas to seek out supports from the community, mentorship, or a technical assistance provider.

Setting Expectations for Organizational Change

Leading Through Change

As outlined in the previous section, moving towards a recovery orientation is deep, cultural work. It requires an openness to change, thoughtful and intentional planning, and accountability, including to acknowledge and correct mistakes. The same is true of building a successful peer support program. Integrating peer support services, especially into multidisciplinary care teams, requires navigating both individual and organizational level change. It is important to consider the capacity of your organization to successfully navigate this change, especially the leadership you have engaged in your peer integration process.

70% of planned change programs fail, overwhelmingly due to a lack of employee support/buy-in or management support.

You will want your leadership to be able to increase understanding of the value of peer services and recovery orientation; clarify and reinforce the commitment to peer services and how peer services increase quality of care; give choices and options to employees in the creation of new workflow and practices without disrupting fidelity to the model; and offer consistent support and clear direction during the change process.[4,5]

Failure to sustain support at the employee or management level will mean an increased likelihood of program failure.[6] Determining the right model of peer recovery support services and guiding principles of organizational change will be an individual decision for each organization alongside their stakeholders and communities. Some sample models for organizational change in behavioral health include:

The Network for the Improvement of Addiction Treatment (NIATx)

The NIATx Model provides research-based methods, tools and strategies to guide organizations in successful process improvement. These core strategies of organizational change can help improve treatment outcomes including access and retention (Evans et al).

Integration Peer Services through the Stages of Change Model

The Peer Integration and the Stages of Change Toolkit guides organizations through determining their current state of peer integration through the stages of change. This allows providers to view peer integration through a model they are already well acquainted with.

Planning to Navigate Pain Points

Moving towards a recovery orientation and providing authentic peer recovery support services will not be without challenges, especially if you are integrating peer work into traditional treatment models, where mutual sharing is considered contradictory and unprofessional in clinical staff.[7] When determining whether and how to integrate peer services, it is important to examine organizational capacity, identify potential barriers, and plan for/move through challenges as they arise. Several common barriers to successful peer programs are summarized in the following table.

Possible Challenges to Anticipate[8]

⚠ **Peers are not seen as essential**

- Peers are not established as central to the organization, including missing from mission, vision, and formal policies

- No career pathways/professional development for peers

- Lack of peer leadership/peers in senior positions

⚠ **Insufficient structures to support peer work**

- Insufficient face-to-face roles for peers

- HR policies do not support peers

- Lack of/inadequate supervision of peer workers

⚠ **Absence of diversity**

- Unaddressed language barriers

- Failure to understand and welcome diverse cultures

- Lack of representation or diversity in peer support workforce

- Lack of representation or diverse perspectives in leadership positions

⚠ **Unsupportive workplace culture**

- Lack of understanding, respect, or collaboration across different roles in the organization

- Training as a one-time exercise

⚠ **Funding**

- Funding cuts

- Funding restrictions/guidelines that limit authentic peer work

- Funding being pursued/exploited by those not invested in authentic peer work

Considering Best Practices for Effective Peer Integration

Once an organization has decided to create and launch a peer support program, it should take steps prior to implementation to ensure success. Providing the structure, policies, and training for the peer support program will ensure the fidelity of the program. Following best practices related to peer roles, supervision, financing, and preparing your clients to participate in peer supports can help make the launch go more smoothly. For a more robust guide on planning and executing new peer programs, please consult the City of Philadelphia Peer Support Toolkit.

Roles

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

It is important for organizations to have role clarity prior to peer support workers being recruited and hired. As part of this process, establishing a clear and distinct job description for the peer support workers should be collaborative, based on best practices, and agreed upon by pertinent stakeholders. For example, a peer support position that will be working within a treatment court should have the role defined and understood by the judge, the prosecutors, the treatment court staff, and any others that will be working directly with the new peer support worker. This type of attention allows for the peer support worker to be able to integrate as part of the team without being responsible for defining their own role and educating partners on their role in the program.

Staff Integration

Because peer specialists will most likely work collaboratively as part of a larger team and/or across different parts of a program, organization, or collaborative, it is important newcomers feel welcomed, socially accepted, and supported. Strategies you can use to successfully integrate new peer specialists into teams include:

- Welcoming new peer specialists through organization-wide communications and at staff meetings.

- Providing an organizational tour to newly hired peer specialists.

- Scheduling "meet and greets" between newly hired staff, coworkers, and partners.

- Having new peer specialists shadow coworkers to better understand the different roles and responsibilities across the team.

- Providing training and education to all staff on the roles and responsibilities of peer specialists and the value they bring to the organization.

In some organizations, there may only be one or two peer specialists on staff. Being a solitary peer voice can feel isolating and disempowering, which can be detrimental to peer support work and job satisfaction. To balance this, supervisors should work with peer specialists to set up a support system outside of the organization. The organization should cover any additional costs in support of staff development. Ideas for helping solitary peers connect outside of their organization include:

- Find out if there is a statewide peer advocacy organization that can connect peer specialists with resources and possible support in your region or area.

- If there is a recovery community organization in your area, inquire about connecting with members for support and resources.

- Connect with other peer specialists in your area who are working with other organizations.

- Join or start a peer-to-peer supervision group that meets regularly, in which members offer support, guidance, and resources to each other.

- Encourage peer specialists to continue their own recovery program and actively seek support and assistance from mentors and fellow members of mutual aid programs.

BEST PRACTICE RECOMMENDATIONS

The Virginia Office of Recovery Services (ORS) within its Department of Behavioral Health and Development Services (DBHDS) has been building an environment of respect and collaboration between peers and clinical teams by:

✔ Developing training for clinicians that act as peer supervisors:

- In many systems, clinicians are responsible for supervising peers. The 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 "a day in the life," to help increase understanding on the role of peer workers.

✔ Increase support and understanding on the unique role peers play on clinical care teams:

- Mark Blackwell, Director of ORS for Virginia's DBHDS, commented, "When you think about that dynamic you have the peer that is part of a clinical team, and they are a huge minority, maybe 1 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 and that peers may not always come back to the treatment team and share everything they discussed - especially if that's 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 message I want to get across is the divide that we have is between front line clinicians and peers. When you get down to some supervisory and actual clinicians, they are territorial. That's where the rubber hits the road. This is what is holding us back. You have to communicate that there is room for everyone in the treatment forum." Mark again reminds us that this includes the people we serve. He suggests including clients in clinical team meetings about their care plan. This helps not only build relationships with the whole team and strengthens the peer role but increases quality of care.

Supervision

Supervision is one of the most crucial elements to making a peer support role and program successful. Your organization can set peers up for success is by providing effective supervision patterned on best practices of peer recovery support services.

Supervision can be defined as a professional and collaborative process between a supervisor and a worker, in which guidance and support are given to promote competent and ethical delivery of services and supports.9 An effective PRSS program supports its peer workforce through mentoring, coaching, facilitation, and a management style that is designed to enhance motivation, autonomy, and self-awareness. Peer supervisors can best support peer specialists in three primary ways:

1. Assist peer specialists 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 specialists.

2. Provide a bridge between and among the diverse systems.

3. Clarify the roles of peer specialists and provide guidance around how to achieve overarching goals.

The most important thing about 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 specialists. Especially in settings where there is a limited understanding of the role and value of peer support, supervision must include thoughtful, intentional support of peer specialists.

Supervision Competencies

Competencies are the combination of observable on-the-job behaviors and measurable knowledge, skills, and attitudes that demonstrate the 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.[10, 11] The following core competencies prepare program supervisors to effectively support peer specialists in their work and to address challenges to program implementation that may arise. PRSS programs must ensure that they have effective processes to help peer supervisors develop these competencies.

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 specialists, 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 the core and advanced trainings for peer support specialists, 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 specialists is lived experience. Certified peer specialists also receive additional training that further develops core competencies. However, newly hired peer specialists also need 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 specialists 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 specialists. 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 specialists in developing and strengthening the PRSS program	Program supervisors are called upon to work with peer specialists, other key staff, and partners to identify barriers to implementation and find solutions. Peer specialists 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 specialists 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.

Core Competency	Supervisor's role
Clarify organizational systems, structures, and processes	Program supervisors help peer specialists 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 specialists and those working with them, process clarity for how participants will be connected with peer specialists, and how they will be engaged both on and off-site.
Assist with system navigation	Peer specialists 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 specialists 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 in regard to 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 specialists 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 specialists work. Supervisors educate others about peer support, support meaningful roles for peer specialists, create opportunities for specialists to interact with others and demonstrate their value, and work with leadership to create optimal conditions for peer specialists.

Financing

Peer support programs are an emerging practice that is being embraced through many sectors. However, funding has not kept up with supporting these programs across the spectrum of services. When looking to fund a peer support program, it is important to consider long-term sustainability planning from the beginning. Additionally, programs with multiple and diverse funding streams tend to be more stable and have more effective long-term planning.

Currently, there are five main ways to fund peer support services. These include grants (both governmental and private), contracts (partnerships & service contracts), indirect program support, fee for service billing to Medicaid, and fee for service billing to a third-party insurance provider. Each funding option has advantages and disadvantages that should be considered. It is also important to note that *Medicare* does not currently fund peer support services.

Funding Option	Pros	Cons	Resources
Grants	• Program can be funded in full • Options for government grant-based funding are available on federal, state, local levels. • Private foundation funding is also available	• Funding is time-limited • Funding is restrictive • Funding is capped at grant amount • Services cannot start until grant period begins	• Home - COSSAP Resource Center - Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) (cossapresources.org) • Home	GRANTS.GOV
Indirect Support	• Program is integrated into existing programs • Funding is not contingent on outside deliverables • Funding is supported by overall program funding, not limited to peer support services • Services can begin as soon as planning is complete	• Funding is contingent on program profitability of other services • Services will decrease net revenue of organization	• https://www.rbwstrategy.com/nonprofit-budgeting-understanding-indirect-costs-how-are-they-allocated/ • https://www.epa.gov/grants/how-prepare-indirect-cost-rate-proposal-non-profit-organization

Finding Options	Pros	Cons	Resources
Contract Programs	• Funding can be set as best needed for program (fee for service, operating costs, fixed fee, etc.) • Services can be tailored to meet the needs of the contractee • Rates and fees can be negotiated	• Contracts are time-limited • Funding may be contingent • Funding typically will not support program in full (overhead costs, supervision) • Services cannot begin until contract is executed	• https://www.ninds.nih.gov/funding/about-funding/types-research-support/contracts/contract-resources • https://www.sba.gov/federal-contracting
Medicaid	• Services are funded through clients' policies • Services can be reimbursed more timely- based on state and organization billing systems • Services are client specific • Services are included in treatment planning process w/ client	• Not all states offer Medicaid reimbursement for services (currently 39 states, with 12 allowing only mental health peer support services & 4 allowing only addiction peer support services) • Medicaid reimbursement rates are low, in comparison to costs of the program (ranging from $2.00 to $24.36 per 15 minutes) • Depending on program, not all clients will be Medicaid eligible	• https://peerrecoverynow.org/product/medicaid-reimbursement-for-peer-support-services-a-detailed-analysis-of-rates-processes-and-procedures/
3ʳᵈ Party Insurance	• Services are funded through clients' policies • Services are client specific • Services are included in treatment planning process w/ client	• Few insurance providers offer coverage for peer support services (available as a selection for employers- not inclusive of all plans) • Reimbursement rates tend to be low and not cover program costs • Highly limited in client eligibility for coverage	• Individual & Family Health Insurance Plans & Coverage | Aetna • https://www.optum.com/content/dam/optum4/resources/pdf/peer-support-its-impact-on-behavioral-health-recovery-white-paper.pdf

Communicating with the Population You Serve

Introducing peer supports into an organization is a new and exciting addition to your organization's portfolio of services. Peer support services will be new for existing clients and/or program participants and the organization will need to educate them on peer support services. Just like training staff and leadership, clients will need to be educated on the role of the peer support worker and what they do. This education can be done in a variety of ways, however there are three main components to ensure effective communication:

1. Communicate clearly and often. Mentioning the new service once in passing will not prepare clients for what to expect and will not ensure that they have a desire to participate. People retain information differently, so be sure to communicate in a variety of ways. This can be done by producing flyers or a newsletter about the new service (before it begins), posting notices throughout the physical office space, and having groups or individual sessions dedicated to discussing peer support services.

2. Listen. Clients will have questions and may even have concerns about adding a new service and what that means for their work with the organization. Listen to them and be sure to answer their questions and address their concerns. But most importantly ensure that they feel heard.

3. Prepare a warm connection. Cold calling may be a standard practice for sales, however integrating a new peer support service will not thrive by asking peer support workers to begin by cold calling the clients they intend to serve. A warm introduction can ensure clients are familiar with the peer support worker prior to engaging them in services.

Tools to Help Prepare Your Organization

Adequate planning and capacity building will help to ensure the success of your peer recovery support program. Below we have outlined some practical tools and suggestions to help integrate peer recovery support services.

CHECKLIST/PROJECT PLAN FOR 6–12-MONTHS

6 - 12 Months Prior

- ☐ Assess organization and determine appropriateness of implementation of peer support services.

- ☐ Examine the peer recovery specialist certification process for your state/territory and identify requirements and statutes that govern peer support services for the area.

- ☐ Access resources, toolkits, and appropriate training resources for the organization to implement a successful peer program.

- ☐ Create a project plan for implementation, including key stakeholders and leaders.

- ☐ Complete a review of organizational policies and procedures and update them to be inclusive and supportive of peer support services and peer support specialists.

- ☐ Outline and create appropriate policies and procedures specific to peer support service programs.

- ☐ Create job descriptions for new positions for the peer support program.

- ☐ Connect with technical and training assistance providers to identify available resources to assist you in the process.

- ☐ Seek mentorship services for the team responsible for integration to provide support and expertise through the process.

- ☐ Identify funding sources and create financial planning to support the peer program.

1 - 3 Months Prior

- ☐ Train current staff and appropriate stakeholders on peer support model.

- ☐ Recruit peer support specialists to fill program vacancies.

- ☐ Ensure appropriate buy in from stakeholders, partners, and organization leaders.

- ☐ Establish any appropriate memorandums of understanding, contracts, and/or business associates agreements to assist with program launch and barrier removal for successful program integration.

- ☐ Assign a supervisor with appropriate training and experience to supervise peer specialists.

- ☐ Develop training and onboarding process for new peer support specialists.

CHECKLIST/PROJECT PLAN FOR 6–12-MONTHS

First 90 Days

- [ ] Welcome and introduce new peer specialists to the team and coworkers.

- [ ] Review job description and provide training on key tasks to peer specialists.

- [ ] Connect new peer workers with appropriate supervision and/or mentorship.

- [ ] Introduce peer workers directly to stakeholders.

- [ ] Establish appropriate referral processes for peer support services.

- [ ] Integrate peer workers into organizational teams.

6-12 Months Post

- [ ] Include quality of work discussions and support in growth areas during bidirectional supervisory check-ins.

- [ ] Review policies and procedures to ensure compliance and adaptability to peer support program.

- [ ] Check in with team members, peer support workers, and stakeholders to evaluate effectiveness of programs through discussion of successes and challenges – address any barriers.

- [ ] Review financial support for program and plan for sustainability.

Mentorship

Organizations new to peer support services may benefit from being mentored by another organization with a similar and successful peer support program. There are several ways to make a mentorship connection. These can include identifying peer support programs in the area that have been successful and that can offer support as the organization launches its new peer support services program, connecting with the state certification agency and requesting assistance, or participating in a mentorship program through national resources. The Bureau of Justice Assistance offers training and technical assistance through the Comprehensive Opioid, Stimulant, and other Substance Abuse Program (COSSAP) which includes a mentorship program for organizations wishing to implement peer support services within the criminal justice field. Additionally, the National Association of Peer Supporters is a professional association that supports peer workers across the United States and ensures appropriate support for peer programs.

Goal Setting

Your organization can use the answers to the five organizational motivation questions (listed at the beginning of the toolkit) to build clear goals for the peer support program. Having clear goals provide targets for the organization, and it also ensures that program managers, supervisors, peer support workers, and the community can understand the program. Additionally, clear goals will assist in knowing which partners to engage, what settings the peer support workers should have access to, and what trainings are appropriate.

Measuring Progress

Organizations preparing to integrate peer services must also plan to collect data to measure progress towards stated goals and on how well the program is working. Meaningful evaluation addresses questions about the extent the program is achieving its goals and objectives. Collecting data also holds the organization accountable to its stakeholders, strengthens programmatic outcomes, and can be used to advocate for greater resources and support where outcomes are falling short. It is important to consider if your organization has the capacity to capture information about how your peer recovery support services are impacting health outcomes/client experiences. Examples of data to measure include but are not limited to:

- Number of instances an individual client and peer supporter met

- Client self-assessment of their mental well-being

- Client satisfaction with offered/received peer support services

- Decrease in client use of emergency services

- Number of instances of return to use (during period of time meeting with peer supporter versus prior to receiving peer support)

- Dollars saved by diverting clients from an expensive service to a lower cost service

HR Resources

Organizational policies impact the nature and quality of PRSS. Some impacts may be due to restrictive policies, or those written without peer practice in mind. Other impacts come from the absence of policies (e.g., transportation, workload, self-care). Policies reflect the organizational culture, which shapes the structure and functioning of a peer support program. While peer support approaches need to be tailored to the characteristics of a specific environment and its culture, it is also necessary to create new policies and procedures—and to review and adapt existing ones—to guide the work of all staff. Policies and procedures do not have to be perfect or voluminous. There needs to be enough documentation and detail on paper so that all staff, partners, and participants can be clear and have something to reference.[12]

Policies and procedures to assess prior to implementing a peer support program should include the following (this is not an exhaustive list but merely a starting point):

1. **Criminal History/Background Check –** Many peer support workers will have a criminal history; this is often times part of the addiction cycle. It is important to examine the policies that impact the hiring of individuals with this type of lived experience. Initial evidence supports the importance of having a shared lived experience with the clients that they are serving.[13]

2. **Boundaries/Client Relationship Policies –** The role of a peer support worker is very different and distinguished from clinical roles in an organization. Additionally, peer support workers should have ethical and boundary training for their services and their role with clients. Policies and procedures that limit what can be shared with clients, when a worker can interact with clients and other barriers to bridging personal and professional can limit peer workers on their ability to connect with clients. Addressing these concerns and educating team members on peer support worker ethics and boundaries codes and policies will limit misunderstandings and role confusion.

3. **Transportation of Clients –** An integral part of many peer support programs is the ability of the peer support workers to transport clients to appointments, resources, and assist them in connecting to practical assistance needs. Establishing appropriate policies and procedures to allow for this service and to ensure that peer support workers are not reduced to mere chauffeurs will protect the client, the peer support worker, and the organization.

Developing Job Descriptions

Well-crafted job descriptions are an essential part of the recruiting, hiring, and onboarding process. Developing the job description helps a team to clarify the specific needs of your program, ensuring that the position you are hiring fits the program design. Pre-hire, an effective job description lets candidates know exactly what the position they are applying for will entail. It also helps the hiring committee to create an effective interview process. Post-hire, the job description helps new hires to be clear on their roles and tasks, guides the delivery of services, and promotes best practices in peer support work.

You don't have to start from scratch, though. Existing competency lists, and job descriptions from other programs, can be useful in crafting your unique description.

The Substance Abuse and Mental Health Services Administration (SAMHSA) developed Core Competencies for Peer Specialists in Behavioral Health Services. These competencies, and others identified by the International Certification & Reciprocity Consortium (IC&RC) and the National Association of Peer Supporters (NAPS), serve as a resource from which program administrators can identify the core tasks of peer specialists and the types of supports they will provide. They can also serve as a basis to determine the competencies your peer specialists will need for the specific roles they will have in your program setting, and for writing their job description. Appendix A contains sample job descriptions for different peer roles.

The key is to (a) identify the three to four most important categories for your program—which you can list as either roles or core competencies—and then (b) look more closely at the underlying competencies to use as your key task.

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

Uncovering and Addressing Bias

For organizations to move towards a recovery orientation and authentic peer work, they must be ready to uncover and address biases among staff to address stigma against persons who use or used to use alcohol or drugs, along with racial, gender, etc. bias. Biases are preconceived notions based on beliefs, attitudes, and/or stereotypes about people pertaining to certain social categories that can be implicit or explicit.[14] An implicit bias refers to the attitudes and/or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These can be both favorable and unfavorable assessments and are activated involuntarily without an individual's awareness or intentional control.[15] An explicit bias is the traditional conceptualization of bias; individuals are aware of their prejudices and attitudes towards certain groups (e.g., racism).[16]

Implicit bias can often manifest as microaggressions, negative assumptions about others, and distancing body language; all done without the awareness of the person exhibiting the actions. Explicit bias can also be evidenced in words, interactions, and body language, but includes deliberate action and genuinely held conscious beliefs.[17]

"Biased actions are the result of biased attitude, which implicitly and explicitly shape the way an individual perceives their environment." (Dorius, et al.)

It is important for organizational leadership to identify and employ bias mitigation techniques in a manner that works for their organizations. Literature and studies suggest that bias interventions are most successful when implemented in three stages: [17, 18]

1. recognizing the bias,

2. applying bias mitigation techniques, and

3. allowing time to practice the techniques and reflect on changes.

Organizations can identify bias through self-assessment, such as using the Implicit Association Test (IAT). Project Implicit created the IAT to provide more insight into uncovering implicit biases, and the assessment covers topics such as sexuality, skin-tone, and religion etc.

Once biases in the organization have been identified and acknowledged, leadership can move towards addressing and mitigating the impact of these biases. Devine et al. compiled five of the most prominent bias mitigation techniques developed: stereotype replacement, counter-stereotype imaging, individuation, perspective taking, and increasing positive contact.

- **Stereotype replacement** involves recognizing a stereotypical response (e.g., "women aren't good at math) and consciously replacing it with a rational, non-biased response (e.g., "male and female math scores show no difference when accounting for math classes taken").[19]

- **Counter-stereotype imaging** involves providing an individual with a detailed description or picture of a counter stereotype (e.g., "female leaders") or specific (e.g., "Kamala Harris").[20]

- **Individuation** helps to prevent biased actions by understanding specifics about others in order to view them as an individual as opposed to an incidence of a stereotype. The lines of "in-groups" and "out groups" are obscured, thus leading to more fair behavior.[21]

- **Perspective taking** involves imagining oneself in "someone else's shoes" as the target of a particular bias and contemplating how that may make them feel. This strategy is thought to work by increasing the closeness between the individual and the targeted group.[22, 23]

- **Positive contact** has been shown to be one of the greatest influences on the strength of biases, i.e., higher levels of contact with a group resulted in lower implicit and explicit biases against that group over time.[24, 25]

Best Practice Recommendations from the Field

Richard Johnson, director of the New North Citizens Council (NNCC) Inc. Deborah Hunt Prevention and Education Drop-in Center, offers his recommended best practices for peer programming and the ways in which the NNCC is working to actively combat stigma. For NNCC, it has helped to:

- **Provide open dialogue on stigma:** NNCC creates opportunities for peers to voice their questions and bring stigma out into the open. "Why do people look at me this way? Why don't people want me to associate with their children when I come?" Having internal conversations like this about stigma helps peers recognize it when it arises and understand where it comes from. This helps break down the shame, allowing the individual to have a chance to adapt and get through it.

- **Give peers the space to discuss their story:** Another practice NNCC recommends is to help individuals see themselves in a favorable light instead of viewing their histories and diagnoses judgmentally. Allowing peers the chance to talk about their stories out loud gives them an empowering narrative rather than focusing on their deficits. "Let them hear the successes they've made since the diagnosis.... have individuals experience the message of success through their own eyes."

- **Provide stories of successes and challenges:** In addition to sharing their own story, NNCC supports sharing the successes and challenges of other peers following diagnosis. "It's mostly sharing staff to staff but it's also being able to, with permission, share examples of other people who have achieved various levels of success." NNCC believes it's equally important to share the pitfalls. "When people are doing well and have a relapse, they can feel so horrible that they stay in SUD for a long time because of the shame and from falling down from that high pillar of recovery." Sharing these more challenging stories can remind people that recovery is a challenge and there is work to be had.

- **Avoid feeding stigma:** Finally, NNCC suggests avoiding practices that give power to stigma. One thing that strengthens stigma is when individuals feel like they have to be someone other than their authentic self. "We help folks understand that every day is not a good day."

Putting It All Together

Peer support services are becoming an increasingly important component in recovery-oriented systems of care. Whether it be advocating, mentoring, educating, or navigating systems, peers offer care unparalleled by traditional recovery services. Peer support services' value are evidenced by decreases in substance use, increased feelings of hope and connection to social supports, and the overall empowerment of service recipients. But to achieve these outcomes, organizations must be prepared to integrate peer support services in a meaningful and authentic way with fidelity to the peer model. Failure to adequately support peer employees not only demoralizes and discourages individual peers as professionals but also as members of the community you serve.

What Works

- Clearly defined job title and role
- Preparing the organization prior to hiring the peer role
- Inclusion of peers within an organization (e.g., participation in treatment team meetings/clinical decisions)
- Supervisors who are supportive of peer role
- Value placed on peer role (i.e., knowledge and skills)
- Opportunity for growth within an organization
- Allowing peers support specialists to perform their specified duties
- Providing instruction for implementing boundaries and continued education
- Implementing models for self-care
- Placing realistic expectations

What Inhibits Authentic Peer Work

- Unclear job descriptions
- Organizational culture unprepared for peer role
- Lack of inclusion within an organization (e.g., participation in treatment team meetings/clinical decisions)
- Supervisors with lack of knowledge of peer role
- Lack of financial value placed on peer role
- No opportunity for growth within an organization
- Assigning tasks to peers support specialists that are not conducive to the job they were hired to do
- Not allowing or providing instruction for placing boundaries
- Not implementing models for self-care
- Setting unrealistic expectations

By using information found throughout this toolkit, there should be more clarity around your organization's capacity to adopt a recovery orientation and what is needed to support a peer recovery support program. If your organization would like to learn more about PRSS or request technical assistance, please visit the Peer Recovery Center of Excellence.

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Appendix A

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: $17 - $20 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: $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.

Peer Mentor

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 twice 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