



INNOVATIONS IN RECOVERY THROUGH INFRASTRUCTURE SUPPORT

BREAKING DOWN BARRIERS & IMPLEMENTING EFFECTIVE STRATEGIES FOR PEER WORKFORCE INTEGRATION

A POSITION PAPER PREPARED BY THE
IRIS RECOVERY RESEARCH FELLOWSHIP



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BACKGROUND

PEERS ARE AN INTEGRAL RECOVERY SUPPORT

Problematic substance use in the United States (U.S.) has reached a point of crisis, with one in seven Americans reporting a substance use disorder (SUD), and an estimated 107,622 overdose deaths in 2021 (Centers for Disease Control and Prevention/CDC, 2022). An overwhelming majority of these fatalities were due to opioids, with the deadly synthetic, Fentanyl, responsible for most deaths (U.S. Department of Health and Human Services, 2021; National Institute on Drug Abuse, 2021). The opioid epidemic was declared a public health emergency in 2017 and again by the subsequent administration (U.S. Department of Health and Human Services, 2022).

In 2020, the National Institute on Drug Abuse (NIDA) released a report estimating Maryland to have the second highest opioid-related death rate in the U.S. (Andrews et al., 2021). Black Marylanders and the city of Baltimore have been disparately impacted by opioid fatalities (Jones & Brathwaite, 2021; Opioid Operational Command Center, 2021). However, the rest of the state and other racial-ethnic groups have been hard hit as well, with 60% of fentanyl-connected overdose deaths occurring outside the city (Alexander et al., 2016), and the greatest increase in incidence between 2020 and 2021 occurring in more rural Kent and St. Mary's counties (OCC, 2021). The CDC estimates the cost of fatal opioid overdoses in Maryland at over 29 billion dollars, accounting for costs related to health care, drug treatment, criminal justice, loss of productivity, lowered quality of life, and the value of lives lost (Luo et al., 2021).

BENEFITS OF PEER RECOVERY SUPPORT AND BARRIERS TO SERVICE EXPANSION

Peer support has been a vital means of empowering individuals impacted by the opioid crisis and other substance misuse on their path to recovery. By drawing on their own lived experiences with SUDs, peer support workers can offer empathetic, non-judgmental support, creating a recovery pathway that positions the individual receiving services and the peer as equals (Fortuna et al., 2022). Peers are able to link individuals to community resources and treatment options, as well as act as a bridge between clinicians and those in recovery (Gaiser et al., 2021).

Associations between peer-delivered services and numerous positive outcomes have been clearly demonstrated over decades of research in this area. Several systematically conducted literature reviews indicate that peer services have beneficial effects on future substance use, self-efficacy, and other key outcomes (Bassuk et al, 2016; Lyons et al., 2021; Tracy et al., 2016). Researchers of such reviews have also identified the need for greater methodological rigor within the peer-focused literature when studying peer services (Eddie et al., 2019; Reif et al., 2014).

Positive outcomes associated with peer-delivered services from the reviews above include:

- Higher rates of abstinence
- Reduction in substance use over time and in reoccurrence of substance use
- Reduction in return to homelessness for those who experienced homelessness
- Increased treatment retention and satisfaction
- Reduction in hospitalization rates
- Improved relationships with treatment providers and social supports
- Improvement in self-efficacy

Still, further research is needed as peer support is still not widely recognized as an evidence-based practice, despite the Center for Medicare and Medicaid Services (2007) stating that peer support services are an evidence-based model of care for individuals in recovery from mental illness and SUDs. SAMHSA, for its part, has stated that peer support is promising but still needs to be further supported with research before it receives this designation (U.S. Government Accountability Office, 2020).

In Maryland, the peer support workforce has been growing for the past twenty years. Peer support workers have increasingly become involved in different forms of care such as hospital emergency departments, drug courts and other criminal justice settings, child welfare agencies, behavioral health, and primary care settings (SAMSHA, 2017). During the early 2000s, peer recovery support services expanded into clinical treatment settings, and as of 2013, the Maryland Addiction & Behavioral Health Professionals Certification Board officially endorsed the Certified Peer Recovery Specialist credential (Welsh, 2022).

Despite the field growing in popularity nationwide, and a growing evidence base demonstrating benefits of peer delivered services, there are numerous barriers that impede further peer workforce integration (PWI), which as done presently is not always effective. These barriers include a lack of recognition of benefits derived from peer support, unclear roles and expectations, stigma, and poor financing of the peer role. Alongside these obstacles, numerous strategies have been implemented and proposed to ensure effective and expansive PWI. These include increased education and research on the peer role, and better financial resourcing. Maryland's recent approval of Medicaid reimbursements for peer support services provides a great opportunity for further workforce integration. There are also risks of peers being placed in settings not prepared to support them or their work. This paper is therefore a timely contribution.

The key aims of this position paper are to:

- Identify components to effective PWI
- Describe barriers that stand in the way of effective PWI
- Offer current and prospective strategies for more effective PWI

METHODS: DRAWING FROM DIVERSE PERSPECTIVES

This paper was written by staff and Fellows from the Recovery Research Fellowship of Innovations in Recovery through Infrastructure Support (IRIS), a National Institutes of Health HEAL funded project through National Institute of Drug Abuse, based at University of Maryland School of Social Work. IRIS builds research capacity of recovery organizations to address the opioid crisis, and more broadly, to develop effective practices and policies related to problematic substance use. The Fellowship engaged 17 individuals in this pursuit – peers, clinicians, managers, trainers, advocates, and academics – over a 10-month period, from September 2022 to June 2023. During IRIS's stakeholder engagement period, a common desire expressed throughout the recovery support system was to further integrate peers in effective and equitable ways. The Fellowship thus took this as its central topic.

The content of this position paper was drawn from a literature review of academic and grey literature, including journal articles, reports, and toolkits; interviews with nine key peer recovery stakeholders, and perspectives offered from IRIS Fellows and staff. About 50% of the Fellows identify as peers and/or people with lived experience. Stakeholders interviewed were held with program directors, peer advocates, and CEOs of various recovery organizations. These interviewees are employed in a wide range of settings, including hospitals, grassroots organizations, peer advocacy initiatives, and within the criminal justice system.

RESULTS

WHAT IS EFFECTIVE PWI?

In this paper, we define PWI as the process of incorporating peer support workers into the recovery workforce, including at what numbers, in what settings, and performing what roles. We see effective PWI as (1) fostering a culture of mutual respect and partnership between peers and fellow staff, (2) creating clarity around peer roles among peers, clinicians, and other colleagues, and (3) providing wages and benefits commensurate with peers' unique and valuable contributions to recovery.

One stakeholder emphasized the importance of organizations having a shared understanding of peers' value and commitment. This leads to stronger professional partnerships and fosters mutual respect. Another stakeholder stated that, "Integration means recognizing peers as a workforce, as a profession that is being added to the different professionals that engage with people who use drugs and people who are seeking long-term recovery." Effective PWI means peers are truly embedded, there is strong communication, and the peer is considered an essential team member. Within interdisciplinary settings such as health care, well-integrated peers play a vital role.

Ensuring peer positions are economically fair, feasible, and sustainable is also necessary for effective PWI. Numerous stakeholders and IRIS Fellows identified Medicaid billable peer services as one way for peers to maintain sustainable jobs beyond one year grant periods. Another stakeholder stressed that peers need to be paid a living wage to recognize their value in the recovery workforce. Such wages facilitate job retention, and allow peers to support themselves and their families, all of which can lead to increased job satisfaction and improved outcomes for individuals in recovery (Salzer et al., 2013).

BARRIERS TO EFFECTIVE PWI

UNRECOGNIZED RESEARCH-BASED BENEFITS OF PEER SERVICES

There is a growing evidence base demonstrating the effectiveness of peer recovery support in improving outcomes for individuals with SUDs. Numerous systematic reviews of relevant studies have highlighted these benefits, while calling for additional research to address methodological concerns (du Plessis et al., 2019; Høgh Egmo et al., 2023). In one such review, Reif and colleagues (2014) stated that benefits from such peer support have risen to a moderate level evidence base. Despite assertions such as this from researchers and leading public and nonprofit agencies, there is a lack of recognition of peer benefits and their vital role in the recovery support system. One stakeholder remarked, "*There is an education bridge in helping people understand the benefits of a peer.*" To bridge this knowledge gap, both stakeholders and Fellows stated that besides outcome-oriented studies, more research demonstrating peers' financial value was also needed. Specifically, one Fellow recommended that, "*showing pre- and post-healthcare utilization from the time of peer intervention, or long-term social determinants of health outcomes when peers are involved, may prove that financial savings when peers are integrated outweighs the cost.*"

LACK OF CLARITY ON THE PEER ROLE

Peer responsibilities vary across settings, which may contribute to role confusion among peers and non-peer staff (Grant et al., 2012). Unclear professional roles and expectations of peers are also a barrier to people understanding peer benefits.

Though there is variability in ways the peer role is defined, some commonalities are advocating for people in recovery, building community and relationships, mentoring and setting goals, providing services and/or training, and sometimes supervising other peers (SAMHSA, 2022a). Even with this useful guidance, one stakeholder pointed out there is, “*no national standard to being a peer,*” including how many years of recovery a peer needs to have before being employed. Without this and other set criteria it can be hard for managers to assess needed qualifications and experience, creating PWI challenges. Lack of clarity surrounding the peer role can lead to peers performing tasks beyond their scope. Another stakeholder stated that organizations unfamiliar with peers may expect them to resemble “counselors in training.” This can cause tension, as clinicians may seek to protect their established role and peers may become concerned with how this could affect relationships with the people they serve. Reflecting on the numerous challenges that can arise when peers are asked to perform tasks outside their intended scope, and more broadly on the readiness of organizations to integrate peers effectively, another stakeholder stated, “*We used to say we wanted peers everywhere. Now I’m cautious because it depends how we’re utilized.*”

STIGMA TOWARD PEERS

Due to stigmatization of SUDs, peers feel the ill effects of negative and unfair beliefs as people in long term recovery. Stigma towards peers due to their lived experience contributes to a lack of recognition of peer benefits, which may result in professional exclusion and discrimination by non-peer staff (du Plessis et al., 2019). Since peers use lived experience in recovery as a key part of their approach, others in clinical settings may view them as “additional clients.” This may lead to the false assumption that peers cannot be part of the care team or considered equal to other team members (Gagne, 2018). Similar to these cited authors, stakeholders pointed out that PWI in settings like interdisciplinary care teams has been difficult due to stigma towards people who have experienced addiction, resulting in non-peer staff downplaying peers’ value.

Stigma can also have negative effects on peers’ self-esteem, contributing to internalized feelings of being undervalued due to their lived experience. One stakeholder stated, “*[We] need to understand peers are people, people who had trauma.*” Even though peers are persons in long-term recovery, facing this stigma regularly at their workplaces could potentially reopen past traumas. The process of criminal background checks may also contribute to stigma against peers. Another stakeholder further elaborated that peers who have a criminal record may face difficulty becoming employed based on hiring managers’ caution and hesitancy around past convictions. Consequently, some organizations may delay hiring due to the need for more extensive background checks, creating barriers for peers in finding employment (Kauffman et al., 2022).

POOR AND UNSUSTAINABLE FINANCING

Low wages, lack of benefits, and positions funded by short-term grants are financial challenges faced by the peer workforce. According to the Maryland Department of Budget and Management (2022), the average annual salary for Certified Peer Specialists is \$34,575. This equates to about \$17 an hour. Peer pay rates are divergent across geographic areas and workplace settings, which makes job retention challenging, as workers naturally seek positions with the highest wages. Results from a study by the University of Maryland Systems Evaluation Center in tandem with the state’s Behavioral Health Administration (BHA) indicated that 53% of peer respondents felt that their salary was inadequate and were not satisfied with their current pay (Welsh & Ortiz, 2022). With low pay, peers are more susceptible to burnout and compassion fatigue, with 33% of respondents indicating they experienced these hardships (Welsh & Ortiz, 2022).

There is also a growing concern that peers are being exploited by employers to provide services that are more cost-effective, while giving the organization the appearance of being “recovery-oriented” (Davidson, 2014).

One stakeholder strongly criticized this dynamic, stating, *“Recovery is not a cash crop to be harvested for somebody’s financial benefit.”* Viewing peers as a commodity greatly hinders effective PWI, as the true purpose of a peer is exploited and turned into an object for administrative gain.

The economic feasibility of peer positions is also a pressing issue, as most peer positions are grant funded in Maryland, and often for periods of just one year. A stakeholder shared that for larger organizations that may operate off bigger, longer-term, public-sector funding, this can create challenges for PWI. This interviewee also emphasized that, *“Sustaining peer services long-term is a challenge because most of them are not being paid for by Medicaid.”*

As of June 1, 2023, Medicaid has begun providing reimbursements for services offered by Certified Peer Recovery Specialists in certain Maryland treatment settings (Welsh et al., 2023). As these reimbursable peer services expand, organizations may prefer to only hire eligible certified peers. This could exacerbate financial disparities for those employed outside of reimbursement-eligible outpatient treatment settings, where more sustainable, full-time, benefited positions already exist. The influx of Medicaid reimbursement funds and rush to access such revenue may also create greater risk for exploitation of peers, including by organizations who are unready to implement effective PWI.

LACK OF CENTRALIZED COORDINATION FOR THE PEER PROFESSION

One key challenge that peers face is a lack of centralized coordination through a unifying national association or union similar to other human service professions. This may contribute to inconsistent standards and resources for peers across and within states, including Maryland.

Navigating the certification process, including training requirements, may pose a challenge for peers navigating long-term recovery, job searches, and other potential life challenges. In Maryland, peers must obtain 46 training hours and 500 working/volunteer hours in peer support (Maryland Addiction and Behavioral Health Professional Certification Board, n.d.). IRIS peer Fellows have explained it can be difficult finding places to complete these training hours. While many agencies offer training workshops, there is currently no centralized resource to find them.

IRIS Fellows also shared that there is often a lack of clear career advancement opportunities for peers, making it difficult to move up in their field. Without centralized coordination, peers may be left to navigate these challenges on their own, which can lead to higher levels of burnout and turnover in the profession.

CURRENT AND PROSPECTIVE STRATEGIES TO EFFECTIVE PWI

The narrative content and chart below represent responses that have been or could be taken to address identified barriers to effective PWI. Though each strategy is visually aligned across from a particular barrier, it is understood that each strategy would impact more than one obstacle.

BARRIERS TO EFFECTIVE PEER WORKFORCE INTEGRATION	STRATEGIES FOR EFFECTIVE PEER WORKFORCE INTEGRATION
Unrecognized research-based benefits of peer services	Build on evidence base for peer recovery services
Lack of clarity on the peer role	Prepare both peers and organizations for PWI in newer work settings
	Create mechanisms for interdisciplinary dialogue and collaboration
Stigma towards peers	Enhance education and advocacy on peer role and approach
	Support for peers through peer-delivered supervision
Poor unsustainable funding	Spur greater financial security for peer positions
Lack of centralized coordination for the peer profession	Develop entities and initiative to provide unified support for PWI

BUILD ON EVIDENCE BASE FOR PEER RECOVERY SERVICES

Although there is a growing evidence base for the benefits of peer recovery services, additional research is needed, particularly in less studied settings such as recovery community organizations and outpatient treatment centers. Besides research on positive outcomes associated with peer-delivered services, studies are needed to assess what methods of PWI are most effective. One stakeholder stated, *“We need more outcome measurements to support the sustainability of [integration] models.”* These studies will not only strengthen the evidence base but also inform policy and practice, ensuring that the value of peers is recognized across settings and that these institutions are optimally equipped to support peers as their presence further expands throughout the recovery support system.

Researchers should partner with grassroots recovery agencies to enhance awareness of diverse peer settings and advocate for the interests of these smaller organizations, as studies involving such groups often encounter methodological challenges like smaller sample sizes and lack of control groups. A core component of the IRIS project has been forming equitable community-academic partnerships with grassroots recovery organizations. Through these partnerships, IRIS has been able to fund peer-focused research projects led by these partners, which have allowed these organizations to feel represented in research, and for peers to become researchers themselves. The peer-focused inquiry of the IRIS Fellowship is another example of ways to facilitate a peer-led research agenda that further builds the evidence base. IRIS Fellows’ studies, most of which focused on peers, may be found at www.iris.ssw.umaryland.edu/fellowship

PREPARE BOTH PEERS AND ORGANIZATIONS FOR PWI IN ALL SETTINGS, PARTICULARLY NEWER ONES

Preparation for both peers and peer work settings to ensure effective integration is important in all settings. However, since peers are becoming more newly integrated within certain parts of the sector, it is especially important that ongoing training and technical assistance be provided for these settings. One stakeholder explained that this peer training needs to be specialized and some stakeholders suggested that organizations be required to undergo preparatory training and be assessed for readiness before being able to hire peer workers. This type of support is particularly important when working with populations that face multiple complex challenges, such as in the criminal justice system and when serving people with co-occurring mental health and SUDs. Other stakeholders emphasized the importance of organizations becoming educated on the peer role and the peer becoming educated about the organization's structure, culture, and values. Effective PWI should be seen as a two-way street.

SAMHSA (2022b) created an online resource that provides technical assistance on supervision of peer workers. The presentation outlines the importance of supervisors and employers to understand the fundamentals of peer support and recovery-oriented values. For instance, having strength-based supervision and interactions with peers allows for a collaborative and empowering environment. By valuing the lived experience and expertise of peers, supervisors can facilitate a reciprocal learning process where both learn from each other.

Incorporating recovery-friendly language within organizations can also significantly enhance the acceptance and respect peers receive in newer settings. It is crucial to refrain from stigmatizing terms like “druggie” or “addict” and instead opt for more person-centered language such as “person with SUD” or “person in recovery or long-term recovery” (NIDA, 2022). To cultivate a culture of inclusivity and respect, our peer Fellows stressed the importance of anti-stigma trainings in work settings. These trainings help raise awareness, challenge bias, and support an environment that values every individual's unique experience and their path to recovery.

CREATE MECHANISMS FOR INTERDISCIPLINARY DIALOGUE AND COLLABORATION

Ensuring effective communication between peers and non-peer staff helps build trust and effective collaboration regarding best ways to support those being served. Two PWI toolkits, from New York City Department of Health and Mental Hygiene (2018) and Veteran's Health Administration (Chinman et al., 2013), note the importance of encouraging open communication about role confusion to prevent and resolve conflicts. Such communication contributes to a fuller integration of peers, rather than simply being on-call for emergencies. Holding well-coordinated interdisciplinary staff meetings where all opinions are valued is another positive step. One IRIS Fellow highlighted that these meetings help team members to gain insight and learn from each other. Another Fellow asserted that these meetings should be centered around achieving the best outcomes for each individual served. This Fellow emphasized, *“As PWI expands it may be important to create more opportunities for teams to attend professional developments as a group, and other team building exercises.”*

ENHANCE EDUCATION AND ADVOCACY ON PEER ROLE AND APPROACH

Education and advocacy can help address issues related to stigma against peers by highlighting their value within the workplace. These activities help to clarify peers' role, helping to prevent confusion and conflicts when peers are placed in new settings. One stakeholder shared that, *“Education must precede grants because decisions are made and then it is difficult to change them.”*

Highlighting success stories of peer services is one way to build awareness of peers' value. Larger anti-stigma efforts also support effective PWI by diminishing bias against SUDs, which contributes to eliminating stigma directed towards peers (van Boekel et al., 2013). On Our Own Maryland's Anti-Stigma Project is one such effort, which through IRIS funding has specific training content dedicated to stigma around opioid use and medications for opioid use disorder.

SPUR GREATER FINANCIAL SECURITY FOR PEER POSITIONS

To address sustainability challenges related to many peer positions being grant-funded for a short period of time, an IRIS Fellow suggested that peer positions be funded by more sustainable sources. These include multi-year grants or contracts, steady fee for service reimbursements, or for public sector employers, tax dollars that enable more permanently budgeted job positions. While peers can still be at risk when full-time positions are cut in any of these circumstances, they are not as easily dismissed when a one-year grant period ends. Though the recent passage of Medicaid reimbursable peer services will help in these efforts, expanding this funding to cover a wider array of peer services outside of certain outpatient treatment programs would increase sustainability. Contributing to advocacy efforts for such policy changes is one strategy that would thus contribute to broader and more stable PWI. In addition to expanding this publicly driven support, one IRIS Fellow pointed out: *"As Medicaid reimbursable peer services show a consistent revenue stream, it is hopeful that private insurers follow suit."*

SUPPORT FOR PEERS THROUGH PEER-DELIVERED SUPERVISION

Peer Fellows expressed that they feel better supported when their supervisor is also a peer, or an individual with lived experience in substance use recovery. According to the survey from the Systems Evaluation Center and BHA (Welsh & Ortiz, 2022), 56% of peer respondents stated that it is important that their supervisors identify as peers. This pairing may help peers feel more accepted and understood at work. Efforts to certify more peers as peer supervisors are needed. Additionally, as smaller organizations may not be able to afford full-time peer supervisors or to contract for this service, targeted funding is needed to support the provision of peer supervision.

The IRIS Fellows also emphasized the importance of having multiple peers in the workplace, particularly in settings where PWI is not yet widespread. Having multiple peers in a given workplace promotes a supportive environment where individuals in long-term recovery can find mutual support, empathy and understanding.

DEVELOP ENTITIES AND INITIATIVES TO PROVIDE UNIFIED SUPPORT FOR PWI

Establishing initiatives that provide unified support for PWI may take the form of professional associations, unions, additional peer support networks, and task forces dedicated to goals like advancing the peer role within specific settings. Such entities would further provide platforms for peer workers to connect and share resources, but in a more centralized manner. Importantly, they could also provide advocacy for more sustainable financing and a more easily navigable process to get training and other requirements towards certification. One stakeholder felt that a strong peer-focused central organization serving such a role *"needs to be accessible,"* and have a, *"vision and mission that [integration] will be done right."*

Various groups currently provide vital support to and advocacy for peers in Maryland around these issues, including the Maryland Peer Advisory Council, Voices of Hope Maryland, and On Our Own Maryland.

IMPLICATIONS FOR PRACTICE, POLICY, AND RESEARCH: CONCLUDING CALLS TO ACTION

To support effective PWI, employers should foster an atmosphere of mutual respect and strong partnership between peers and fellow staff. Clarity around the peer role within interdisciplinary settings may be facilitated by open communication and close collaboration, where all contributions are valued. Peer positions must be sustainable and financially secure. To address PWI barriers, organizations should receive and provide relevant training and ongoing support for peers and non-peer staff. This will help to lessen confusion about the peer role and reduce stigma. Policymakers and advocates should support efforts to expand Medicaid reimbursement in a way that optimally benefits peers. Peers should be supported to become peer supervisors with funding available for smaller organizations to offer peer supervision. Existing peer advocacy groups should receive more support for their efforts as new initiatives to unify peers around strategies for effective PWI are considered. Additional methodologically rigorous research, driven by peers and peer allies, is necessary to further validate the distinct value of peer-delivered services and to optimally support greater expansion into the recovery workforce. As this position paper focuses largely on Maryland and studies on PWI are limited, more extensive research is needed covering other states and on the national level.

ADDITIONAL RESOURCES FOR EFFECTIVE PWI

TRAINING ORGANIZATIONS AND OTHER RESOURCES

Connecticut Community for Addiction Recovery (CCAR)	https://ccar.us/programs/recovery-coach-programs/
Jordan Peer Recovery	https://jordanpeerrecovery.com/
On Our Own Maryland	https://www.onourownmd.org/s/
Peer Recovery Training and Support Services	https://www.peerrecoverysupport.com/
3c Recovery Support Training Institute	https://3crecoverytraininginstitute.org/
Voices of Hope Maryland	https://voicesofhopemaryland.org/
Wellness Recovery Action Plan (WRAP)	https://www.wellnesrecoveryactionplan.com/wrap-and-peer-support-a-powerful-combination/

ADVOCACY ORGANIZATIONS

Baltimore Harm Reduction Coalition	https://baltimoreharmreduction.org/
Faces & Voices of Recovery	https://facesandvoicesofrecovery.org/
Maryland Peer Advisory Council	https://www.marylandpeeradvisorycouncil.org/
National Association of Peer Supporters	https://www.peersupportworks.org/
On Our Own Maryland	https://www.onourownmd.org/s/
Voices of Hope Maryland	https://voicesofhopemaryland.org/

PUBLIC AGENCY LEADERS IN MARYLAND

BHA's Office of Consumer Affairs	https://health.maryland.gov/bha/Pages/Consumer-Affairs.aspx
Maryland Department of Health, Center for Harm Reduction Services	https://health.maryland.gov/phpa/Pages/accessharmreduction.aspx
Maryland Department of Health, Community Health Resources Commission	https://health.maryland.gov/mchrc/Pages/home.aspx
Maryland Opioid Operational Command Center	https://beforeitstoolate.maryland.gov/
SAMHSA Office of Recovery	https://www.samhsa.gov/about-us/who-we-are/offices-centers/or

TOOLKITS AND OTHER ONLINE RESOURCES

City of Philadelphia	https://peerrecoverynow.org/resource/peer-support-toolkit-city-of-philadelphia-dbhids/
New York City	https://www.nyc.gov/assets/doh/downloads/pdf/peer/needs-based-toolkit.pdf
New York State	https://oasas.ny.gov/system/files/documents/2019/08/PeerIntegrationToolKit-DigitalFinal.pdf
SAMHSA, Supervision of Peer Workers	https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tac/guidelines-peer-supervision-4-ppt-cp5.pdf
SAMHSA, Value of Peers	https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tac/value-of-peers-2017.pdf
Veteran's Affairs Health	https://www.mirecc.va.gov/visn4/docs/peer_specialist_toolkit_final.pdf

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- Jennifer Tuerke, Chief Operating Officer, Voices of Hope Maryland
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- Monica White, President, Maryland Addiction and Behavioral Health Professionals Certification Board

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