SAMHSA's Core Competencies for Peer Workers in Behavioral Health Services outline 12 categories of 62 core competencies that reflect the following principles identified by the behavioral health recovery communities.

1. "Peer workers hold out hope to those they serve, partnering with them to envision and achieve a meaningful and purposeful life. Peer workers help those they serve identify and build on strengths and empower them to choose for themselves, recognizing that there are multiple pathways to recovery."

2. "Peer recovery support services are always directed by the person participating in services. Peer recovery support is personalized to align with the specific hopes, goals, and preferences of the individual served and to respond to specific needs the individuals has identified to the peer worker."

3. "Peer workers are partners or consultants to those they serve. They do not dictate the types of services provided or the elements of recovery plans that will guide their work with peers. Participation in peer recovery support services is always contingent on peer choice."

4. "The relationship between the peer worker and the peer is the foundation on which peer recovery support services and support are provided. The relationship between the peer worker and peer is respectful, trusting, empathetic, collaborative, and mutual."

5. "Peer recovery support utilizes a strengths-based framework that emphasizes physical, psychological, and emotional safety and creates opportunities for survivors to rebuild a sense of control and empowerment."

The above principles define the peer specialist role as distinct yet valuable in its own right to the community. Its functions follow practices and associated supervision standards that are different from what is used by clinicians, case managers or other professionals. The challenge is to not encroach on, or be usurped by, the other professions.

Supervision is essential for getting better at what we do by promoting immediately experienced and cumulative career growth. Three interrelated functions are delivered by people in ideally distinct roles: administration, education and support. Administrative supervision fundamentally monitors job performance based on an organization's vision, mission, values and objectives that inform specific job descriptions and systematic feedback on impact. Two cornerstones of effective feedback for administrative and the other supervision functions are information technology support plus service process and outcome metrics that include the vital view of the supervisee. While many formats exist, this Direct Supervisor 30-Minute One-On-Ones illustrates reciprocal monitoring of key performance indicators. Importantly, the administrative interaction should model the recovery-oriented, person-directed and outcome-informed parallel processes of both peer services and peer performance support.

Recovery coach educators are responsible for monitoring training effectiveness and their social-emotional training competencies to not default to the traditional pedagogy of lecture and discuss or death-by-PowerPoint. Self-reflection and assessment, the essential element of performance support (and recovery or resilience) must be modeled with students/supervisees to build mutually

supportive and mutually challenging relationships and learning communities. An example of a rudimentary set of trainer skills is contained in this Advancing Presentation Skills Manual.

Elements of administration and education functions inform ongoing performance support that increases service provider competence while earning confidence via a combination of individual, group and co-supervision interactions. Grounded in tracking service delivery metrics and reflecting on self- and other-feedback - especially from those we serve, service providers enhance their cultural competence by deepening social empathy skills for diverse relationships that are safe and respectful for both or all participants. Often overlooked are additional performance support elements for sustaining resilience or recovery: celebrating people who evidence progress including service recipients and providers and, when progress is not occurring or stalls, considering options for doing things differently. This directly impacts retention rates and outcomes. An exemplary tool for collecting practice-based evidence of effectively using evidence-based practices is Better Outcomes Now (BON). The online application of the Partners for Change Outcome Management System (PCOMS) has been implemented in public behavioral health systems in the US and provincially or nationally in several other countries. Paper versions of the PCOMS scales are free from BON. An alternative is this PCOMS Performance Support Excel file. Additionally, the REC-CAP is an emerging recovery capital assessment and planning tool that bridges treatment to self-directed recovery with peer support.

A critical principle for effective and efficient peer support, service providers and associated organizations is the truism that people support what they help create. Building and sustaining appreciative performance support processes requires within-system buy-in by the Board of Directors and C-suite to program managers, supervisors, service providers and the peer being served although not necessarily in that order. Likewise, successful performance support learning communities are enhanced by between-organizations' collaboration that enhances recovery-oriented systems of care.

In addition to many state-specific resources, the below inform peer specialist recruitment, selection, orientation, training and on-going evaluation and supervision.

➢ SAMHSA's Peer Services and Supervision page includes a peer supervisor training curriculum and additional resources, the Recovery Tools - Decisions in Recovery: Treatment for Opioid Use Disorder and the ATTC Educational Packages on Opioid Use Disorders for Peer Support Workers

➢ Philadelphia Peer Support Toolkit (2019) contains modules on Preparing the Organizational Culture, Recruiting and Hiring Peer Staff, Service Delivery and Supervision and Retention

➢ Substance Use Disorder Peer Supervision Competencies (2017) include self-assessment details on 20 core competencies. These were adapted into 97 Recovery Specialist Supervisor Core Competencies (2017)

➢ The Carter Center's Pillars of Peer Support Summit Six: Peer Specialist Supervision (2015) outlines five key themes for developing and fostering the use of Medicaid funding

  ➢ Massachusetts' Curriculum for Supervisors: Supporting and Learning from the Peer Workforce (2016) is primarily for supervisors who are not Certified Peer Specialist

Below are some of the free service delivery, performance support and training materials that are available from brauchtworks.com/toolkit.

General information
1. Alcohol and Other Drug Testing
2. Brief Opioid Overdose Knowledge (BOOK) Questionnaire
3. Drug Intoxication and Withdrawal Symptoms
4. Understanding of Alcoholism Scale

Systems and roles
5. Addiction Treatment vs Recovery Support Practices
6. Counselor, Recovery Coach and Sponsor Role Distinction Exercise
7. Knowing a Recovery Culture When You See One
8. Recovery Expectations Scale
9. Recovery Definitions
10. Recovery-oriented Systems of Care Principles

Ethics
11. Boundary Management and Intimacy Issues Worksheet
12. Catalogue of Organizational Practices and Ethics (COPE) Checklist
13. Certified Addiction Recovery Empowerment Specialist (CARES) Code of Ethics; see the
     Georgia Council on Substance Abuse for information on the CARES Academy
14. Ethical Decision-making Worksheet

Service guides
15. Evaluating the Quality of Sponsorship and Other Peer Guidance Relationships
16. Mutual Aid/12 Step Fellowship Involvement Monthly Questionnaire
17. Post-trauma Growth Inventory
18. Recovery Capital Assessment and Plan (ReCAPS)
19. Strengths Inventory and Narrative (SIGN)
20. Personal Recovery, Individual Development and Expectations (PRIDE) Ally Monthly
     Progress Report - Outpatient
21. Resident PRIDE plus Overnight Recovery Exploration Outing (OREO) Request
22. Recovery Support Matching Checklist
23. Self-care Assessment and Plan
24. Self-completed Overview of Recovery Experience (SCORE) Board

Service provider performance support
25. CARES Core Competencies Self-assessment and Development Plan
26. Consent for Session Recordings
27. First Interaction Roles and Goals Self-assessment and Feedback
28. Fundamental Relationship Enhancement Skills (PINK OARSI)
29. Human Relations Survey
30. Peer Reception and Opportunity to Begin Empowerment (PROBE) Form

31. Recovery Check-in Overview and Form
32. Understanding of Alcoholism Scale

Facilitating groups

33. All Recovery Meeting Facilitator Guide
34. Recovery Action and Progress (RAP) Group Handout
35. Recovery Action and Progress (RAP) Group Facilitator Guidelines
36. Recovery Action and Progress (RAP) Group Preparation Checklist
37. Recovery Action and Progress (RAP) Group Ten Considerations
38. Whole Health Action and Management (WHAM) Resiliency & Recovery Facilitator Guide

Organizational development, strategic planning and activity

39. Asset-based Community Development (ABCD) Overview and Exercises
40. Strategic Organizational Activity and Planning (SOAP)
41. Wilder Collaboration Factors Inventory

Partners for Change Outcome Management (PCOMS)-informed resources

42. Appreciative PCOMS-informed Performance Support Guide
43. Competence Assessment of PCOMS Skills (CAPS)
44. PCOMS-informed Interactions Practice Scripts
45. PCOMS-informed Performance Support Spreadsheet
46. Three PCOMS-informed Services Skills