

# DEFLECTION AND PRE-ARREST DIVERSION: Integrating Peer Support Services



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# BACKGROUND

A growing number of deflection and pre-arrest diversion (DPAD) programs recognize the value of peer support services (PSS) for people who use drugs (PWUD) and people with substance use disorders (SUDs) at risk of criminal justice system involvement. Peer support workers are uniquely well-suited to work within DPAD teams to help people with SUDs navigate complex systems, access critical services and care and support people in their recovery.

## PEER SUPPORT WORKERS

Peer support workers are people with lived experience of substance use who have completed specialized training to provide support to other PWUD or people with SUDs seeking recovery assistance.<sup>1</sup> Given their lived experience and training, peer support workers are well-positioned to help people navigate the recovery process and facilitate connections to treatment and other services. Peer support services are often categorized in four domains: emotional, informational, instrumental and affiliational (Table 1). These supports and services help build a person’s capacity to initiate and sustain engagement in recovery activities.<sup>2</sup>



### “Peer Support Worker”

There are different terms for peer-based positions, including peer specialist, recovery specialist, recovery coach, peer practitioner and certified peer specialist, among others. Throughout this document, we will use “peer support worker.”

**Table 1. Types of Support and Examples of Peer Support Services**<sup>3,4</sup>

| Type of Support      | Description   | Examples of Peer Support Services   |
|----------------------|---|---|
| <b>Emotional</b>     | Demonstrate empathy, caring or concern to bolster a person’s self-esteem and confidence.  | <ul style="list-style-type: none"> <li>Peer mentoring and coaching</li> <li>Peer-led support groups</li> </ul>  |
| <b>Informational</b> | Share knowledge and information and/or provide life or vocational skills training.  | Offer training, education and information related to: <ul style="list-style-type: none"> <li>Job readiness</li> <li>Parenting</li> <li>Wellness</li> <li>Self-advocacy</li> </ul>   |
| <b>Instrumental</b>  | Provide concrete assistance to help others accomplish tasks.<br><br>Increase access and opportunities and reduce barriers.                      | <ul style="list-style-type: none"> <li>Linkage to care, including health and social services</li> <li>Provide housing or childcare voucher</li> <li>Provide transportation passes</li> </ul>  |
| <b>Affiliational</b> | Facilitate contacts with other people to promote learning of social and recreational skills, create community and acquire a sense of belonging. | Arrange outings or activities, including: <ul style="list-style-type: none"> <li>Recovery center events and meetings</li> <li>Sports league participation</li> <li>Alcohol- and drug-free socialization opportunities</li> <li>Lunches</li> <li>Celebrations</li> </ul> |

Peer support workers provide a breadth of services and supports; however, it is important to understand what they do and don't do, so clear roles and responsibilities can be established among team members. Broadly, peer support workers guide participants to develop personal goals and support them across a continuum of care, but peer support workers do not diagnose, assess or treat participants. Examples of peer support worker activities include sharing lived experience, supporting multiple pathways to recovery, teaching participants how to acquire needed resources, helping participants navigate bureaucracies and systems and supporting social connections and networks.

## IMPACT OF PEER SUPPORT SERVICES

As peer support workers are increasingly integrated into a variety of settings, such as emergency departments (EDs) and criminal justice-related organizations, including DPAD programs, a growing body of evidence demonstrates their impact in improving health outcomes PWUD and people with SUDs.

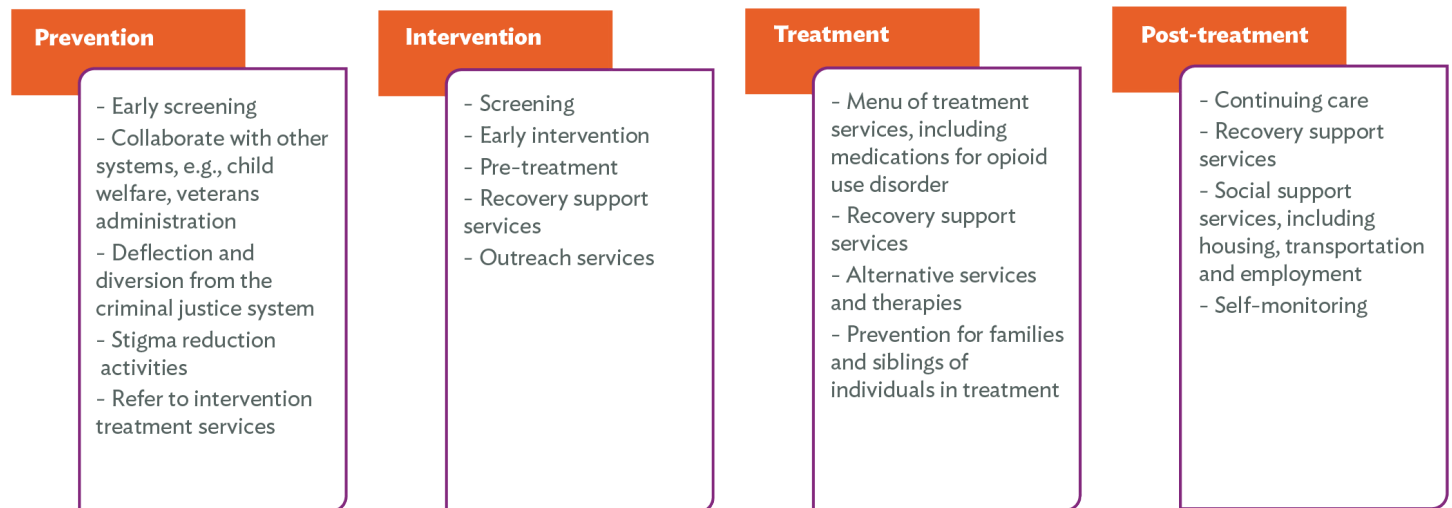
### Examples of research findings include:

- Participants who engaged with peer support workers had improved substance-related outcomes, such as increased rates of abstinence, increased adherence to SUD treatment and reduced rates of use and return to use.<sup>5</sup>
- Peer support worker engagement resulted in increased housing stability, increased primary care visits, decreased hospital and ED admissions, decreased criminal justice charges and decreased probation or parole status.<sup>6</sup>
- Peer engagement sustained over time is more effective at facilitating behavior change than a single encounter, including reduced substance use and increased attendance at mutual aid meetings.<sup>7</sup>

## RECOVERY-ORIENTED SYSTEMS OF CARE

Recovery-oriented systems of care (ROSC) bring together multiple disciplines, organizations and agencies to provide a coordinated network of person-centered and strengths-based services and supports across a continuum of care for people with SUDs.<sup>8</sup> Recognizing that there are multiple pathways for recovery, a ROSC promotes wellness and recovery by providing access to evidence-based treatment and care, as well as education for people to make informed decisions about their own health and wellbeing. Recovery-oriented systems that integrate criminal justice stakeholders mark a shift away from a crisis-oriented and punitive approach toward an approach that focuses on prevention, provides evidence-based treatment and services and puts people at the center of their own care. Recovery-oriented systems are ideal for assisting people at risk of criminal justice involvement because they are designed to be navigated easily, culturally responsive to the communities they serve and comprehensive. A wide variety of services may be offered in a ROSC (Figure 1).

**Figure 1. Recovery-oriented Systems of Care Services<sup>9</sup>**



When peer support workers are integrated into systems and organizations, they help facilitate recovery-oriented culture change. Peer support workers are living proof that providing evidence-based treatment and support is effective and that recovery is possible, helping to reduce stigma and discrimination associated with SUDs. By hiring peer support workers, organizations demonstrate to other people with SUDs that they are valued.

Peer support workers can help promote and support the transition to person-first, non-stigmatizing language across an organization. Person-first language is an important organizational culture change. Its use helps to reduce stigma and shame, which are barriers to support and recovery.<sup>10</sup> Additionally, in cross-sector collaborations, it is important that team members use shared language to ensure everyone is on the same page and to build trust and respect between all involved groups; agreeing to use person-first terms can help achieve this. Examples of non-stigmatizing and person-first language are in Table 2.

**Table 2. Non-stigmatizing Language Associated with Substance Use <sup>11</sup>**

| Use this  | Instead of this                           |
|---|---|
| Substance use disorder or substance use challenges                            | Drug habit                                |
| Person with a substance use disorder  | Addict, abuser, junkie                    |
| Person with an alcohol use disorder   | Alcoholic                                 |
| Person in recovery  | Clean; reformed addict                    |
| Urine that tested positive/negative for a substance                           | Dirty/clean urine                         |
| Recurrence; return to use   | Relapse                                   |
| Substance use   | Substance abuse                           |
| Medications for opioid use disorder; medication for addiction treatment (MAT) | Replacement therapy; substitution therapy |

Peer support workers’ lived experience enables them to engage with and support DPAD participants more effectively, whether that is navigating health care and social services systems or offering encouragement and motivation throughout the recovery process. In some situations, peer support workers may be hired to provide case management services in addition to PSS, such as in clinical settings, where their lived experience can be especially valuable for identifying and connecting to services that best serve their clients. Their unique perspective also complements the clinical offerings from SUD treatment providers to create a more supportive and recovery-oriented environment.



# PEER SUPPORT SERVICES IN DEFLECTION AND PRE-ARREST DIVERSION PROGRAMS

Peer support services can be offered across the criminal justice continuum, including within DPAD programs.<sup>12</sup> Peer support workers help people engage in services and supports and sustain recovery through DPAD programs, rather than continuing to perpetuate the cycle of arrest and incarceration. Opportunities for peer support worker integration exist across the five types of DPAD pathways (Table 3).<sup>13,14</sup>

**Table 3. Opportunities for Peer Involvement in the Five DPAD Pathways**

| Pathway                        | Description   | Opportunities for Peer Involvement   |
|--------------------------------|---|--|
| <b>1. Self-referral</b>        | Participants voluntarily initiate contact with law enforcement or another first responder (e.g., fire services, emergency medical services) without fear of arrest and are provided a warm handoff to treatment or services.  | <ul style="list-style-type: none"> <li>Peer support workers can be onsite to receive participants when they self-refer.</li> <li>Participants can be linked to peer support workers for ongoing support and linkage to services.</li> </ul>  |
| <b>2. Active outreach</b>      | Law enforcement or another first responder initially identifies and engages individuals to provide a warm handoff to treatment providers or community-based services. Active outreach is often done by a team, which can include clinicians, social workers and peer support workers. Some active outreach models do not include first responders on the outreach team. | <ul style="list-style-type: none"> <li>Peer support workers can engage potential participants in the community and provide a warm handoff to treatment independently or as part of a team.</li> <li>Participants can be linked to peer support workers for ongoing support and linkage to services.</li> </ul> |
| <b>3. Naloxone plus</b>        | Law enforcement or another first responder conducts outreach specifically to people that have experienced a recent opioid-related overdose to provide naloxone and link to treatment or services. Some Naloxone Plus outreach models do not include first responders on the outreach team.  | <ul style="list-style-type: none"> <li>Peer support workers can lead outreach efforts that follow up with people or families who recently experienced an overdose.</li> </ul>  |
| <b>4. Officer prevention</b>   | During routine activities, such as patrol or response, law enforcement or another first responder conducts engagement activities and provides referrals to treatment and services. No charges are filed against individuals.  | <ul style="list-style-type: none"> <li>Participants can be linked to peer support workers for ongoing support and linkage to services.</li> <li>Peer support workers can accompany first responders during outreach activities to engage people into services.</li> </ul>                                      |
| <b>5. Officer intervention</b> | During routine activities, such as patrol or response, law enforcement engages and provides treatment referrals or issues (noncriminal) citations to report to a program. Charges are held in abeyance or citations are issued with a requirement that treatment is completed and/or a social service plan is followed.   | <ul style="list-style-type: none"> <li>Participants can be linked to peer support workers for ongoing support and linkage to services.</li> <li>Peer support workers can accompany first responders during outreach activities to engage people into services.</li> </ul>                                      |

Having a peer support worker present during a police interaction can help ease tensions and build trust, for example, by helping to explain that law enforcement officers are there to assist a person with accessing treatment or services, not to arrest them. Peer support workers can also act as the first point of contact within DPAD models, including overdose response models that involve public safety. Further, peer support workers who have experience with the criminal justice system can use their own experience to better guide people who may be eligible for diversion and direct them toward services. Some peer support workers may even have gone through a DPAD program themselves and can speak to its impact on their personal journey.

In some programs, law enforcement officers may conduct an initial assessment of a person's eligibility to be deflected or diverted, then the outreach team, including a peer support worker, meets with them to complete the intake process and transport the participant to services as needed. In others, peer support workers and clinicians may ride along with law enforcement officers to respond to substance use-related calls. Peer support workers may also be able to connect participants to peer-run services where they feel more comfortable, further demonstrating the value of ROSC.

## **INTEGRATED PEER SUPPORT WORKER AND PUBLIC SAFETY TRAINING**

Peer support workers can also support law enforcement during DPAD training exercises. Crisis Intervention Team (CIT) trainings have long included role-playing exercises and opportunities to interact with and learn from peers with mental illness or their families.<sup>15</sup> These allow public safety officers to gain a deeper understanding of mental illness and SUDs and practice how to appropriately respond to a person in crisis. Incorporating peer support workers in training exercises enables public safety agencies to shift to a recovery orientation and allows peer support workers to better understand law enforcement procedures and their role in supporting DPAD.

### **Example from the field: Connecting the DOTS, Missouri**

The Missouri Institute of Mental Health has adopted and implemented the Project SHIELD (Safety and Health Integration in the Enforcement of Laws on Drugs) model within its Connecting the Drug Overdose Trust and Safety (DOTS) Project. The Project SHIELD model is a multi-level intervention that provides training to public safety officers related to public health prevention programs; evidence-based treatment for SUDs, including medications for opioid use disorder (MOUD); reducing stigma toward people with SUDs; and collaborations to address substance use-related harms. Project SHIELD requires that each jurisdiction's training be developed through cross-sector partnerships and delivered by public safety working together with health, harm reduction and people with lived experiences, including peer support workers and PWUD community representatives.<sup>16</sup>



“They know that we’re not the police. And then, us being from the streets and having some street knowledge, and then us interacting with them – I’ve been arrested 22 times, so I can tell them about the jail experience, the street experience, so they know that I’m not a threat as far as them being incarcerated.”

**-Damon Davis, Recovery Specialist  
LA DOOR / Project 180**

The DOTS Project is a collaboration between several state and local public health and behavioral health agencies, public safety and other first responder agencies, the Health in Justice Action Lab, the Behavioral Health Network of Greater St. Louis and the Missouri Hospital Association.<sup>17</sup>

### **Connecting the DOTS major activities include:**

- Occupational safety training for professional first responders.
- Post overdose treatment and recovery service referrals by peer support workers.
- Naloxone distribution.<sup>18</sup>

Evaluation of DOTS Project efforts showed that the presence of people with lived experience at community planning meetings was useful in improving the knowledge and attitudes of first responders.



# BEST PRACTICES FOR INTEGRATING PEER SERVICES IN DEFLECTION AND PRE-ARREST DIVERSION

Employing peer support workers and integrating PSS can help promote a recovery-oriented culture in DPAD programs to ensure people with opioid use disorder and other SUDs have access to necessary treatment and services. To successfully coordinate between public safety, community partners and peer support workers, it is essential to understand the role of peer support workers, include them in the planning and implementation process and establish protocols and processes for integrating PSS in DPAD.

## **PARTNERING WITH RECOVERY COMMUNITY ORGANIZATIONS**

Many DPAD teams have partnered with recovery community organizations (RCOs) or other community-based behavioral health programs to provide peer-led recovery supports and services. By partnering with established community-based organizations, DPAD programs benefit from having organizational experience and infrastructure to support peer support workers' professional needs and growth. Recovery community organizations are often peer-led and experienced at hiring, onboarding and supervising peer support workers, in addition to supporting them in their recovery and wellness needs, especially as they relate to risk of burnout or secondary trauma. Recovery community organizations are also often experienced at navigating peer support worker certification requirements and many provide training to individuals in the process of becoming certified peer support workers.

### **Example from the field: Voices of Recovery, Cecil County, Md.**

Voices of Recovery, a peer-led RCO in Cecil County, Md., provides a wide range of recovery and harm reduction services and supports to PWUD and people with SUDs, including peer recovery specialist training, mutual aid groups, overdose education and naloxone distribution, street and homeless outreach, linkage to evidence-based treatment and social support, among others. The Cecil County Health Department and the Cecil County Sheriff's Office partnered with Voices of Recovery to provide peer-led outreach to overdose survivors and their family members. As an established RCO, Voices of Recovery peer support workers are trusted among PWUD and people with SUDs in the county and are more likely to successfully engage people in care and services than law enforcement officers.

To quickly identify and respond to overdoses in the County, the Cecil County Sheriff's Office Heroin Coordinator provides real-time information to the Health Department when an overdose takes place. The Health Department then shares these data with Voices of Recovery who can deploy peer support workers immediately to the address and neighborhood of an overdose survivor to offer harm reduction, treatment and recovery supports. Because of the wide range of services and supports Voices of Recovery offers, peer support workers can quickly link people to a continuum of services or supports based on individuals' comfort and readiness to engage.



## HIRING, ONBOARDING AND SUPERVISING PEER SUPPORT WORKERS

Organizations establishing new PSS programs should have a clear idea of their expectations for peer support workers before beginning the recruitment process and have a plan for supervision and retention. There are numerous resources, including the [Peer Support Toolkit](#) developed by the Philadelphia Department of Behavioral Health and Intellectual disAbility Services, that outline strategies for successfully integrating peer support workers and services in organizations.<sup>19</sup> [Sample job descriptions](#) for peer support workers within DPAD programs and [additional resources and tools](#) are also available.

### Tips for Recruiting and Hiring Peers

- Use non-traditional pathways to recruit staff, such as through RCOs, outreach events or online community forums and peer-run programs and support groups.
- Write a job description that details day-to-day functions. Since peer support workers can work in a variety of roles, it is important to define the specific roles and responsibilities expected of them, such as assisting with recovery planning or providing transportation to services for participants.
- Present the DPAD program's mission and values clearly during the hiring process to assess whether the candidate is in alignment. For example, a candidate who promotes abstinence only may not be a good fit for a program where multiple approaches, including harm reduction, are valued.
- Outline core competencies for peer support workers in job descriptions to ensure that new hires meet a baseline standard to provide PSS. It may be worthwhile to develop additional competencies specific to DPAD, such as the ability to work collaboratively with law enforcement.

### Peer Certification

While not all organizations require that peer support workers become certified, standardized training and certification ensures that peer support workers meet a set of competencies to provide quality PSS. National accreditation organizations offer training and certification, including the International Certification and Reciprocity Consortium (IC&RC) and NAADAC – the Association for Addiction Professionals. Certification requirements and reimbursement policies can vary by state as well. The Substance Abuse and Mental Health Services Administration's (SAMHSA) Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) developed a [state-by-state directory](#) based on information from state certification boards for addiction professionals, RCOs and national associations and accreditation bodies.

### Peer Supervision

It is especially important to provide supervision for peer support workers that not only improves their ability to grow as professionals, but also supports their own wellbeing. Create a safe and supportive environment where staff feel comfortable discussing opportunities for professional growth or challenges they encounter. Supervisors should promote self-reflection and strengths identification, provide constructive feedback regularly and support staff in developing or enhancing skills. Group supervision and team check-ins can also help to boost staff morale and enhance team integration. Supervision is not one size fits all and should be tailored to best support each staff member.

Additional training opportunities should also be offered to help enhance peer support workers' ability to provide services to DPAD participants. Courses in case management and motivational interviewing can be beneficial for peer support workers whose responsibilities may encompass a wider breadth of services outside of PSS. Supervisors should support peer support workers in seeking professional development opportunities to advance career growth.

### OPERATIONAL PROTOCOLS AND PRACTICES

Law enforcement and peer support workers come from different organizational cultures, each with their own protocols and policies. All stakeholders, including police, peer support workers, treatment and support service providers and community organizations, should be involved in developing operational protocols for diversion activities and establishing clearly defined roles and responsibilities for each member of the team. When developing protocols around deflection and diversion eligibility criteria, it is especially important to include the perspective of qualified professionals from public safety and mental health and substance use treatment, including peer support workers, to ensure that the program is effectively reaching and assessing all potential participants. This ensures that services will be accessible when needed and the DPAD team is working toward a common, recovery-oriented goal.

## Protocols and Procedures

The role of peer support workers may differ depending on what DPAD model is implemented, but these roles and responsibilities should be clearly defined and understood by both peer support workers and public safety partners. Considerations for developing protocols include:

- Diversion procedures, including ride-along or outreach response.
- Intake and assessment, including individual service plan.
- Coordination of services, including transportation, accessibility outside of business hours.
- Administrative reporting, including data collection, sharing and storing.
- Follow-up activities.

## FINANCING AND SUSTAINABILITY

As the peer support workforce grows, there is increased demand to appropriately finance and reimburse PSS. Adequately reimbursing peer support workers not only demonstrates that they are a valued member of the DPAD team, but also emphasizes their professional role in providing services that are essential to participants' recovery efforts.

### Funding Mechanisms

Under Medicaid, 37 states receive reimbursement for PSS for SUDs, though the coverage, scope of services provided and medical necessity criteria vary by state.<sup>20</sup> SAMHSA offers additional funding through various block grants; other funding mechanisms include funds from governors' commissions, general state revenue dollars or private dollars. Financing options for PSS are listed in the SAMHSA BRSS TACS [state-by-state directory](#). Depending on how services are covered, the role of peer support workers may differ across states and DPAD programs to ensure that essential services are provided to DPAD participants and peer support workers are able to be compensated appropriately.

### Workforce Sustainability

Investing in the wellness of peer support workers is another critical strategy for sustaining PSS in DPAD programs. Engaging with potential DPAD participants can be physically and emotionally taxing, as well as potentially retraumatizing, especially for peer support workers who may have previously had encounters with law enforcement. In addition to peer supervision, offering regular opportunities and providing space for peer support workers to connect with one another can be beneficial. When possible, hire more than one peer support worker to mitigate potential feelings of isolation and create an environment where they can feel supported by their peers. Since peer support workers are uniquely equipped to engage potential participants, supporting their wellbeing is critical to the success of DPAD programs.

As PSS are increasingly recognized as a critical facilitator for engagement in SUD treatment and services, a growing number of DPAD programs have integrated peer support workers and services.

## Example from the field: Los Angeles Diversion, Outreach and Opportunities for Recovery

Los Angeles Diversion, Outreach and Opportunities for Recovery (LA DOOR) is a peer-based outreach and pre-booking diversion program led by the Los Angeles City Attorney's Office in partnership with Project 180, a nonprofit organization that provides comprehensive services to help keep participants out of the criminal justice system.<sup>21</sup> The LA DOOR program provides PSS, outreach and case management primarily to participants with past histories of criminal justice system involvement who are experiencing homelessness and are at risk of incarceration. LA DOOR's outreach teams visit five locations across Los Angeles with high densities of people experiencing homelessness, one each day of the week. In the mornings, a nurse provides basic health care while peer support workers offer case management and referrals to social services. In the afternoons, the team conducts follow-up on previous encounters, including additional health needs, housing and employment referrals and legal support. No law enforcement officers accompany the outreach team. To enroll in the program, potential participants are required to:

- Have a history of criminal justice system involvement.
- Have a SUD or mental health challenge.
- Live in the program service area.

Given that the majority of participants are engaged at homeless encampments, LA DOOR offers transitional housing for interested participants. In partnership with the West Angeles Community Development Corporation and Ms. Hazel's House, 29 transitional beds are available at two duplexes in South Los Angeles, where they can receive onsite services such as case management, financial wellness resources and transportation to appointments.<sup>22</sup> Participants who enter LA DOOR through pre-booking diversion after a drug possession arrest, rather than outreach, receive the same services and supports.

Peer support workers play an important role in conducting community outreach and providing case management. They build trust with the community, through weekly outreach to the same locations and showing up for participants and by their ability to empathize and demonstrate a genuine intent to support people in achieving wellness. They know from firsthand experience how challenging recovery can be, but they aim to help participants in any way they can, no matter how big or small the need is. LA DOOR also supports its peer support workers and outreach team through weekly supervision, professional development opportunities and team bonding for emotional wellness, especially after conducting outreach in the community and the county jail.

### Funding and Sustainability

LA DOOR is funded and operated through the Office of the City Attorney in partnership with a variety of community organizations, including Project 180 as the primary service provider, Ms. Hazel's House and the Public Defender's Office. In 2014, California passed Proposition 47 to reduce some nonviolent crimes from a felony to a misdemeanor, including personal use of most illicit drugs, and to redistribute funds to grants and programs supporting mental health and SUD treatment, youth education programs and victim services.<sup>23</sup> The City Attorney's Office received a \$6 million grant in 2017 to fund LA DOOR for three years in South LA and an additional \$6 million in 2020 to expand the program to include Central LA for three more years.

### Impacts

Preliminary findings from the initial round of funding have demonstrated positive impacts among participants. From January 2018 to March 2019, LA DOOR assisted 451 individuals, far exceeding their goal of assisting 500 individuals over the course of three years.<sup>24</sup> Participants were engaged in a variety of services to support their health and wellbeing:

- 281 completed two months of case management services.
- 164 received SUD treatment.
- 81 received mental health care.
- 64 received physical health care.
- 33 received legal support.
- More than 100 received housing support.<sup>25</sup>

LA DOOR has been granted another \$6 million to continue expanding the program and its services. During this time, outreach will be expanded to include Central LA with a goal of enrolling at least 750 participants during the three-year program cycle. In addition to continuing peer-led outreach, LA DOOR will enhance pre-booking diversion efforts and proactive removal of legal barriers to better support potential participants.<sup>26</sup>



“Project 180 does a phenomenal job at supporting peers and finding peers with a range of experiences that our participants can relate to, including having gang experience. All of our peers have serious street sense and are good at navigating safety issues.”

**- Jamie Larson, Director  
LA DOOR**



# SUMMARY

The integration of PSS and peer support workers within DPAD programs provides program participants with incredibly unique and valuable support and offers an opportunity to shift the program’s culture toward a more recovery-focused orientation, increase knowledge among all partners about substance use, SUDs and recovery and help build trust with potential participants and community members. A growing number of DPAD programs have integrated peer support workers as key team members, often through strategic partnerships with RCOs and other community-based providers.

# RESOURCES

- Person First Guidelines.** Created by the Philadelphia Department of Behavioral Health and Intellectual disAbility Services (DBHIDS), offers recommendations for non-stigmatizing, person-first language related to substance use and SUDs.
- Peer Support Toolkit.** Developed by Philadelphia DBHIDS, offers step-by-step guidance to establishing PRSS programs, including preparing the organizational culture, recruiting and hiring peer staff, service delivery and supervision and retention.
- Police-assisted Diversion Collaborating on Alternatives to Incarceration.** This five-minute video describes how the Philadelphia Police Department works with PRO-ACT, a community SUD treatment and recovery organization, to provide PSS to pre-arrest diversion participants.
- Peer Support in Law Enforcement Diversion Programs.** This 90-minute webinar highlights lessons learned from two DPAD programs integrating PSS, including related to training and stakeholder partnerships.
- State-by-State Directory of Peer Recovery Coaching Training and Certification Programs.** Developed by SAMHSA BRSS TACS, offers state-specific information on peer support worker training, certification and reimbursement.

## Additional DPAD resources and tools are also available in the following:

- An Overview of Deflection and Pre-arrest Diversion to Prevent Opioid Overdose
- Deflection and Pre-arrest Diversion: Applying a Harm Reduction Approach
- Deflection and Pre-arrest Diversion: Supporting Rural Communities
- Experts’ Roundtable Findings
- Deflection and Pre-arrest Diversion Programs: Sample Job Descriptions
- Additional Tools and Resources



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