2026

Review of Surry County Certified Peer Support Specialist Data and National Best Practices

Compiled by the Surry County Office of Substance Abuse Recovery

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*"Recovering and recovered people are part of the solution; recovery **gives back** what addiction has taken"*

-William White in Recovery Rising (2017)

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Summary and Recommendations for Surry County

The landscape of behavioral health and substance use disorder recovery in North Carolina has undergone significant transformation over the past decade, with certified peer support specialists emerging as vital—yet not singular—components of comprehensive recovery systems. This report provides a detailed statistical analysis of the distribution, growth, and comparative positioning of certified peer support specialists across North Carolina's 100 counties, with particular emphasis on Surry County's remarkable trajectory within this evolving workforce.

Purpose and Significance

This analysis addresses a critical need for data-driven understanding of peer support infrastructure across North Carolina, particularly within the Appalachian region where substance use disorders have profoundly impacted communities. As communities continue to develop Recovery Oriented Systems of Care (ROSC) and implement evidence-based strategies for substance use prevention, intervention, treatment, and recovery, understanding the distribution and availability of peer support specialists becomes essential for strategic planning and resource allocation.

Critically, this report recognizes that there is no single solution to the substance use epidemic and emphasizes the need for diverse perspectives and collaboration. Peer support specialists are essential and required members of the recovery ecosystem, but they represent one vital component within a comprehensive solution that must include prevention professionals, clinical professionals, case managers, healthcare providers, criminal justice partners, and community support systems working in concert.

The Role of Peer Support Specialists: Essential Partners, Not Standalone Solutions

Peer support specialists bring unique and irreplaceable value through their lived experience with mental health conditions and substance use disorders, offering experiential knowledge that complements—but does not duplicate or replace—the roles of therapists, case managers, and other members of treatment teams. They provide vital support including emotional validation, informational guidance, instrumental assistance, and companionship that enhances the effectiveness of clinical interventions.

However, peers are not a "magic bullet" or standalone solution. Rather, they work as valued partners within the entire human services, professional, and service delivery ecosystem. As fully integrated team members, peer support specialists participate in person-centered

planning processes, collaborate with clinical staff to ensure coordinated care, and bring essential expertise that promotes a culture where each individual's perspectives and preferences are recognized, understood, respected, and integrated into treatment, rehabilitation, and community activities.

The effectiveness of peer support services depends fundamentally on collaborative partnerships across the continuum of care, including healthcare access and availability, employment support, housing assistance, transportation services, and educational pathways. Peer specialists serve as bridges connecting individuals to this broader network of professional and community resources, working alongside—not in place of—the comprehensive services required for sustainable advocacy and recovery.

The Critical Foundation: Training, Supervision, and Professional Development

For peer support specialists to reach their full potential and deliver maximum impact, ongoing investment in their professional development is paramount. The field requires continuous training, building of knowledge, skills, and abilities throughout peer specialists' careers—not just initial certification.

Initial Training Requirements

In North Carolina, certified peer support specialists complete a training program through UNC-Chapel Hill Behavioral Health Springboard, covering core competencies necessary for the role. However, this initial training represents only the foundation.

Ongoing Professional Development

Continued education and career mobility are as important for peer staff as for any other professional role. Peer support positions must not become stagnant roles. Continuous training opportunities are vital for maximizing effectiveness and preventing burnout. Annual professional development plans should include continuing education relevant to the peer's position, ensuring that knowledge and skills evolve with emerging best practices and the changing needs of the communities served.

Many peer practitioners have identified lack of funding for professional development, lack of communication about training opportunities, and insufficient access to advanced skill-building as significant obstacles to their effectiveness. Addressing these gaps requires intentional organizational commitment to supporting peer specialists' growth through

accessible, high-quality training that enhances their unique knowledge and skills.

The Essential Role of Appropriate Human Services Supervision

Supervision is absolutely critical to program fidelity, outcomes, and the professional development of not only peer support specialists but all professional helpers. Effective supervision must be comprehensive, regularly scheduled, meaningful, and specifically tailored to the unique nature of peer support work—not simply adapted from clinical case management supervision models.

Supervision of peer practice encompasses three primary functions: administrative (quality of work, workload management, policy implementation), educative (professional development through training, modeling, and structured learning experiences focused on knowledge, skills, and attitudes), and supportive (morale, job satisfaction, validation, self-care promotion, and advocacy for peer support roles).

Those tasked with supervising peer specialists must possess deep understanding of recovery principles, peer support values, the unique role and competencies of peer practice, trauma-informed approaches, and strength-based, person-centered supervision methodologies. Supervision should be patterned on the best practices of peer recovery support services themselves—relationship-focused, strengths-based, self-directed, and person-centered—with recovery values, principles, and core concepts embedded throughout.

Critically, supervisors must understand that peer support differs fundamentally from clinical practice, requiring different boundary considerations, evaluation criteria, and support structures. Standard clinical boundaries frequently don't apply to peer relationships, and supervisors lacking person centered human services experience may have expectations incompatible with the peer's authentic role. Effective supervision provides a safe space to address ethical dilemmas and boundary issues while fostering an organizational culture conducive to recovery.

Building Supportive Infrastructure

Organizations employing peer specialists must prepare their entire culture to integrate peer support effectively. This includes training non-peer staff on the philosophy, unique value, and appropriate role of peer support; addressing stigma and skepticism; establishing clear job descriptions with appropriate salary structures commensurate with similar responsibility levels; and creating career advancement pathways. Adequate administrative

supports—including private workspace, confidential consulting space, technology access, and reasonable workload policies—are essential for peer specialists to perform their roles effectively.

Key Findings and Context

Within this framework of collaborative, well-supported peer practice, this report reveals significant variation in peer support specialist distribution across North Carolina, ranging from counties with no certified specialists to Mecklenburg County's 893 specialists. Surry County demonstrates exceptional growth and commitment, with 56 certified peer support specialists as of March 2026—representing a remarkable 143% increase from 23 specialists in May 2021 and a 65% increase from 34 specialists in December 2022.

This growth trajectory significantly outpaces many comparable counties and reflects the communities strategic investment in peer recovery support services as part of comprehensive substance abuse and mental health initiatives that recognize peers as essential partners working collaboratively with clinical professionals, case managers, healthcare providers, law enforcement, and community organizations.

Strategic Context for Surry County

This statistical profile emerges within the broader framework of Surry County's comprehensive, multi-faceted approach to addressing substance use disorders through the Surry County Office of Substance Abuse Recovery (SCOSAR) and the Surry Strategic Framework 2030. SCOSAR's approach implements multiple strategies including strategic planning, employment services, early intervention and prevention, recovery support (transportation, Accountability and Recovery Court), detention center services and post-overdose response—recognizing that no single strategy alone constitutes a complete solution.

The data presented here supports ongoing community assessment and planning activities based on the Strategic Prevention Framework (SPF) and Results Based Accountability (RBA) methodologies, informing the delivery of evidence-based services delivered by county staff and community partners that include the valued voices of those with lived experience. These services are designed to leverage external funding and create a Recovery Oriented System of Care that addresses healthcare access, employment, housing,

transportation, criminal justice services and education—the comprehensive infrastructure required for sustainable recovery.

Understanding Surry County's peer support specialist workforce within this holistic context—and within the statewide landscape—provides essential baseline data for evaluating program effectiveness, identifying gaps in service delivery and supervision infrastructure, planning for continued training and professional development, and demonstrating the county's commitment to building robust recovery services where peer specialists work as integrated, valued partners alongside the full spectrum of human services professionals.

The Next Wave for Surry County

In the emerging dual diagnosis crisis, where individuals face co-occurring mental health and substance use disorders in unprecedented numbers, peer support specialists represent an essential and irreplaceable component of effective intervention. The crisis has intensified dramatically across North Carolina and in Surry County specifically, with polysubstance use combining stimulants and opioids alongside pervasive mental health challenges exacerbated by isolation, trauma, and systemic barriers to care. Those suffering from dual diagnosis confront unique, compounded challenges including fragmented service systems, intensified stigma from both mental health and substance use communities, and the complex interplay between mental health symptoms and substance use patterns that traditional treatment approaches have struggled to address effectively.

Peer support serves as a powerful, evidence-based intervention in addressing the dual diagnosis crisis by promoting resilience, empowerment, and integrated recovery among individuals navigating co-occurring disorders. Research demonstrates that when peer support services provide positive self-disclosure, role modeling, and unconditional regard, there are measurable increases in participants' sense of hope, control, and ability to effect changes in their lives; increases in self-care, community belonging, and life satisfaction; and decreases in depression and psychosis among those with co-occurring conditions. This approach is particularly crucial given that traditional treatment systems have historically operated in silos, with mental health and substance use services maintaining separate eligibility criteria, funding streams, and philosophical approaches that leave dually diagnosed individuals falling through the cracks.

Recognizing and fully integrating peer support within comprehensive treatment frameworks is essential for enhancing the overall efficacy of interventions for those facing the dual diagnosis crisis—but only when peers are properly trained, appropriately supervised, and

genuinely valued as collaborative partners rather than standalone solutions. As mental health and substance use treatment systems evolve to meet the growing demands of the dual diagnosis crisis, peer support must be part of coordinated efforts that include clinical professionals, case managers, healthcare providers, family supports, and community resources working together as integrated teams. The effectiveness of peer interventions in addressing co-occurring disorders depends fundamentally on continued investment in specialized dual diagnosis training, human services supervision that understands the unique challenges of supporting clients with complex needs, career advancement pathways that retain experienced peers, and organizational cultures that genuinely embrace recovery principles across both mental health and substance use domains.

Report Organization

This report examines multiple dimensions of peer support specialist distribution: statewide patterns and rankings, urban-rural disparities, county-by-county comparisons, historical growth trends for Surry County, and implications for continued development of recovery-oriented services. Through comprehensive data presentation and analysis, this profile equips stakeholders, policymakers, and community leaders with the information necessary to make informed decisions about workforce development, ongoing training and supervision infrastructure, resource allocation, and strategic planning that positions peer support specialists as essential collaborative partners within comprehensive substance use disorder recovery systems.

North Carolina Certified Peer Support Specialist Data Analysis
March 2026

Overview of Statewide Distribution

The data reveals significant variation in the number of certified peer support specialists across North Carolina's 100 counties, ranging from 0 specialists in Camden and Tyrrell counties to 893 specialists in Mecklenburg County.

Top Counties by Number of Certified Peer Support Specialists

The counties with the highest number of certified peer support specialists are:

1. Mecklenburg County: 893 specialists
2. Durham County: 406 specialists
3. Guilford County: 377 specialists
4. Buncombe County: 342 specialists
5. Cumberland County: 273 specialists
6. Forsyth County: 241 specialists
7. New Hanover County: 211 specialists
8. Pitt County: 196 specialists
9. Robeson County: 195 specialists
10. Alamance County: 192 specialists

Surry County Analysis

Surry County has 56 certified peer support specialists as of March 2026.

Surry County's Ranking Position

Among North Carolina's 100 counties, Surry County ranks in the middle tier for the absolute number of certified peer support specialists, with 56 specialists placing it ahead of approximately 60 counties but behind the state's more populous urban centers.

Historical Context for Surry County

Important Historical Note: Historical documents indicate that Surry County has shown significant growth in its peer support specialist workforce:

- May 2021: Surry County had 23 Certified Peer Support Specialists
- December 2022: The county had grown to 34 certified Peer Recovery Support Specialists
- March 2026: Current data shows 56 specialists

This represents a 143% increase from 2021 to 2026 and a 65% increase from 2022 to 2026, demonstrating substantial expansion of peer support services in Surry County.

Counties with Similar Numbers to Surry County

Counties with similar numbers of certified peer support specialists to Surry County (50-60 range) include:

- Iredell County: 56 specialists (same as Surry)
- Cleveland County: 53 specialists

Counties with Zero Certified Peer Support Specialists

Two counties reported no certified peer support specialists:

- Camden County: 0 specialists
- Tyrrell County: 0 specialists

Geographic Distribution Patterns

The data reveals clear patterns:

- Urban/Metropolitan Counties: Highest concentrations (Mecklenburg, Durham, Guilford, Wake with 537 specialists)
- Mid-sized Counties: Moderate numbers (50-100 specialists)
- Rural Counties: Generally fewer specialists, though with significant variation
- Coastal Counties: Mixed representation (New Hanover with 211, Brunswick with 69)

Complete County Listing by Number of Specialists

For reference, here is the complete distribution across all North Carolina counties as of March 2026:

200+ Specialists:

- Mecklenburg: 893, Durham: 406, Guilford: 377, Buncombe: 342, Cumberland: 273, Forsyth: 241, New Hanover: 211

100-199 Specialists:

- Pitt: 196, Robeson: 195, Alamance: 192, Cabarrus: 159, Vance: 134, Rowan: 115, Wayne: 114, Gaston: 109

50-99 Specialists:

- Orange: 97, Johnston: 92, Halifax: 91, Granville: 84, Burke: 78, Stanley: 78, Catawba: 75, Craven: 75, Nash: 76, Wilson: 76, Rutherford: 73, Brunswick: 69, Onslow: 67, Union: 67, McDowell: 66, Carteret: 63, Henderson: 63, Franklin: 61, Rockingham: 61, Surry: 56, Iredell: 56, Cleveland: 53

25-49 Specialists:

- Lenoir: 47, Haywood: 47, Davidson: 46, Hoke: 45, Wilkes: 43, Hertford: 41, Edgecomb: 41, Randolph: 41, Warren: 40, Harnett: 39, Caldwell: 37, Person: 34, Columbus: 33, Moore: 33

10-24 Specialists:

- Beaufort: 29, Jackson: 29, Richmond: 28, Swain: 24, Duplin: 23, Lincoln: 22, Martin: 22, Chatham: 21, Macon: 21, Madison: 7, Northhampton: 21, Pender: 21, Washington: 21, Sampson: 20, Davie: 19, Transylvania: 19, Lee: 17, Caswell: 16, Pasqoutank: 14, Stokes: 14, Alexander: 13, Watauga: 13, Scotland: 12, Anson: 11, Ashe: 11, Montgomery: 10

1-9 Specialists:

- Bertie: 9, Mitchell: 9, Bladen: 8, Jones: 8, Dare: 7, Greene: 7, Polk: 7, Yadkin: 7, Yancey: 7, Chowan: 6, Alleghany: 5, Avery: 5, Graham: 5, Hyde: 5, Cherokee: 3, Currituck: 3, Pamlico: 3, Gates: 1, Clay: 1, Perquimans: 2

0 Specialists:

- Camden: 0, Tyrrell: 0

Implications for Surry County

With 56 certified peer support specialists, Surry County demonstrates a robust peer support infrastructure relative to its population size and rural/small-town character. The county's peer specialists work in diverse settings including:

- Emergency Medical Services (EMS) response teams
- Mental Health and Substance Abuse Treatment Facilities
- Community outreach and support services

Growth Trajectory

Surry County's 143% growth from 2021 to 2026 significantly outpaces many comparable counties, reflecting the county's strategic investment in peer recovery support services as part of comprehensive substance abuse and mental health initiatives.

Confidence Assessment: The data on absolute numbers of certified peer support specialists is comprehensive and directly from the source document. The historical trend analysis for Surry County is well-supported across multiple sources. The primary source data can be found at the North Carolina Peer Support Specialist Data Page via https://pss.unc.edu/data

References and Supplemental Resources

Substance Use, Overdose & Opioid Data

CAPRSS. (2023). *Council for the Accreditation of Peer Recovery Support Services*. Retrieved from https://caprss.org/

NC State Center for Health Statistics. (2020). *Vital statistics—Deaths, ICD-10 coded data—All intent medication/drug overdoses*. North Carolina Department of Health and Human Services.

North Carolina Department of Health and Human Services. (2021). Metrics. *Opioid and Substance Use Action Plan data dashboard*. Retrieved August 10, 2022, from https://www.ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard

North Carolina Department of Health and Human Services. (2022). Actions. *Opioid and Substance Use Action Plan data dashboard*. Retrieved December 27, 2022, from https://www.ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard

North Carolina Department of Health and Human Services, Chronic Disease and Injury Section. (2019). *Surry County overdose death slides_November2019_update* [PowerPoint slides]. Retrieved from https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm

NORC at the University of Chicago. (2020). *Substance Use Cost Calculator*. https://www.norc.org/Research/Projects/Pages/substance-use-calculator.aspx

ODMAP Program Office. (2020). *Participating agencies*. Retrieved from http://www.odmap.org/#agency

SAMHSA, Center for Behavioral Health Statistics and Quality. (2020). *National Survey on Drug Use and Health, 2018, 2019, and Quarters 1 and 4, 2020*. https://www.samhsa.gov/data/

Substance Abuse and Mental Health Services Administration. (2010). *Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of national findings* (Office of Applied Studies, NSDUH Series H-38A, HHS Publication No. SMA 10-4586). Rockville, MD: Author.

Substance Abuse and Mental Health Services Administration. (2019). *Data collection across the sequential intercept model: Essential measures* [PDF]. Retrieved from https://store.samhsa.gov/product/data-collection-across-the-sequential-intercept-model-sim-essential-measures/PEP19-SIM-DATA

Substance Abuse and Mental Health Services Administration. (n.d.). *Substance abuse and mental health data archive*. Retrieved from https://datafiles.samhsa.gov/

Substance Abuse and Mental Health Services Administration. (n.d.). *FindTreatment.gov*. https://findtreatment.gov/locator

Demographic, Economic & Census Data

Chmura Economics and Analytics. (2020). *Economic overview: Surry County* [PDF]. Retrieved from http://www.chmuraecon.com/jobseq/

Economic Research Service. (2013). *Urban influence codes*. United States Department of Agriculture. https://www.ers.usda.gov/data-products/urban-influence-codes/

U.S. Census Bureau. (2015). *Income, poverty, and health insurance coverage in the United States: 2014*. Washington, DC: U.S. Census Bureau.

U.S. Census Bureau. (2021). *American Community Survey, 2020 5-year estimates* [Data tables]. Retrieved from https://data.census.gov/cedsci/table?g=0100000US_0400000US37_0500000US37171&tid=ACSDP5Y2020.DP03

United States Census Bureau. (2010). *County rurality level: 2010* [Excel file]. Retrieved from https://www.census.gov/programs-surveys/geography/guidance/geo-areas/urban-rural.html

Health Disparities & Public Health

Marshall, J. L., Thomas, L., Lane, N. M., Holmes, G. M., Arcury, T. A., Randolph, R., . . . Rodgers, J. (2017). *Creating a culture of health in Appalachia, disparities and bright spots: Health disparities in Appalachia*. Washington, D.C.: Appalachian Regional Commission.

NCDHHS HIV/STD/Hepatitis Surveillance Unit, Division of Public Health. (2021). *2020 North Carolina HIV surveillance report*. North Carolina Department of Health and Human

Services. Retrieved December 23, 2022, from https://epi.dph.ncdhhs.gov/cd/stds/figures/2020-HIV-AnnualReport-Final.pdf

North Carolina Department of Health and Human Services. (2022, March 7). *Statistics and reports: 2018–2020 life expectancy*. Retrieved December 22, 2022, from https://schs.dph.ncdhhs.gov/data/lifexpectancy/

U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality. (2011). *National healthcare disparities report, 2010* (AHRQ Publication No. 11-0005). Rockville, MD: Author. Retrieved from http://www.ahrq.gov/qual/nhdr10/nhdr10.pdf

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. (2011, January 14). CDC health disparities and inequalities report—United States, 2011. *Morbidity and Mortality Weekly Report, Supplement*, 60.

Warshaw, R. (2017). Health disparities affect millions in rural U.S. communities. Retrieved from https://www.aamc.org/news-insights/health-disparities-affect-millions-rural-us-communities

Homelessness Data

NC Coalition to End Homelessness. (2022). *2020 Point in Time Count*. PIT Count Data—Data Center. Retrieved December 23, 2022, from https://www.ncceh.org/datacenter/pitdata/

NC Coalition to End Homelessness. (2022). *2021 Point in Time Count*. PIT Count Data—Data Center. Retrieved December 23, 2022, from https://www.ncceh.org/datacenter/pitdata/

NC Coalition to End Homelessness. (2022). *2022 Point in Time Count*. PIT Count Data—Data Center. Retrieved December 23, 2022, from https://www.ncceh.org/datacenter/pitdata/

Criminal Justice & Public Safety

North Carolina Department of Public Safety, Division of Adult Correction and Juvenile Justice. (2021). *Annual statistical report, FY2020–2021*. Retrieved August 10, 2022, from https://www.ncdps.gov/media/10884/open

North Carolina Department of Public Safety. (2022, June 20). *Juvenile justice and delinquency prevention annual report 2021*. Retrieved December 15, 2022, from https://www.ncdps.gov/media/11072/open

North Carolina Judicial Branch. (2019). *Criminal/infraction case activity report by prosecutorial district* [Excel file]. Retrieved from https://www.nccourts.gov/documents/publications/criminalinfraction-case-activity-report-by-prosecutorial-district

Office of Justice Programs, Bureau of Justice Statistics. (2020). *Drugs and crime facts*. Retrieved from https://www.bjs.gov/content/dcf/duc.cfm#

Legislative Analysis and Public Policy Association. (2020). *ODMAP and protected health information under HIPAA: Guidance document* [PDF]. Retrieved from http://www.odmap.org/Content/docs/training/featured/ODMAP-Data-Privacy-Guidance-Document.pdf

Workforce Development

NCWorks Career Center—Surry County, YOUTH—NextGen-Surry. (2022a). *Services provided individuals—All services program: Title I—Workforce Development (WIOA) LWIA record set location: Activity record*.

NCWorks Career Center—Surry County, YOUTH—NextGen-Surry. (2022b). *Services provided individuals—All services program: Title III—Wagner-Peyser (WP) LWIA record set location: Activity record*.

NCWorks Career Center—Surry County, YOUTH—NextGen-Surry. (2022c). *Services provided individuals—All services program: Trade Adjustment Assistance (TAA) LWIA record set location: Activity record*.

Child Welfare

North Carolina Department of Health and Human Services. (2021). *North Carolina Community Child Protection Team 2020 end of year report*. Retrieved August 10, 2022, from https://www.ncdhhs.gov/media/14022/download?attachment

United States Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (2020). *National Data Archive on Child Abuse and Neglect*. Retrieved from https://www.ndacan.acf.hhs.gov/

State Government & Behavioral Health Administration

NC ABCC. (n.d.). *North Carolina Alcoholic Beverage Control Commission*. Retrieved December 19, 2022, from https://abc.nc.gov/

North Carolina Department of Administration. (2020). *North Carolina tribal and urban communities*. N.C. Commission of Indian Affairs. Retrieved December 23, 2022, from https://ncadmin.nc.gov/media/5686/download

North Carolina Department of Health and Human Services. (2020). *North Carolina's LME-MCO's*. https://www.ncdhhs.gov/media/10457/download

Community Health Assessment & Peer Support Program

North Carolina Department of Health and Human Services, Division of Public Health. (2024). *2024 North Carolina Community Health Assessment guidebook*. NCDHHS DPH.

Surry County Substance Abuse Recovery Office. (2021, May). *The life of Certified Peer Support Specialists*. Surry County, NC: Author.

UNC-Chapel Hill, School of Social Science. (n.d.). *Certified Peer Support Specialist Training Program*.

Recovery Ecosystem & Program Evaluation

Bureau of Justice Assistance. (2019). *Comprehensive opioid abuse site-based program combined performance measures* [PDF]. Retrieved from https://www.cossapresources.org/Content/Documents/GrantManagement/coap_combined_performance_measures_for_fy2020_final_508.pdf

Surry County Opioid Response. (2020). *Opioid response advisory council*. Retrieved from https://www.surrycountycares.com/opioid-response-advisory-council

White, W. (2023). *William White papers*. Chestnut Health Systems. Retrieved from https://www.chestnut.org/william-white-papers/