

## National Analysis of Peer Support Providers: Practice Settings, Requirements, Roles, and Reimbursement



### Project Team

Lynn Videka, PhD, MA  
Jodie Neale, MSW  
Cory Page, MPH, MPP

Jessica Buche, MPH, MA  
Angela Beck, PhD, MPH  
Caitlyn Wayment

Maria Gaiser, MPH

## Background

Approximately 47.6 million Americans are living with any mental illness and 20.3 million adults are living with a substance use disorder (SUD) at present.<sup>1,2</sup> In 2016, only 43% (20.6 million) of adults living with any mental illness received mental health (MH) care, and only 3.7 million adults (18.2%) living with an SUD received any treatment.<sup>2</sup> Peer support specialists (PSSs) are one promising workforce that can help close this treatment gap.<sup>3</sup> PSSs are individuals who use their lived experience of recovery from psychiatric traumatic or substance use challenges to assist and support another peer's own personal recovery through modeling recovery behavior, building relationships, and encouraging resilience.<sup>4</sup> Utilizing PSS services has clinical and economic advantages: Individuals enrolled in peer support crisis intervention cost Medicaid an average of \$2,138 less than Medicaid-enrolled individuals who do not receive peer support.<sup>5</sup> Despite these benefits, only 40 states offer statewide training and certification programs.<sup>6</sup> This study aims to understand the organizational settings and roles of peer providers in the behavioral health workforce and to build a profile of peer support specialists using statutes, administrative codes, state Medicaid plans, and national survey data.

## Methods

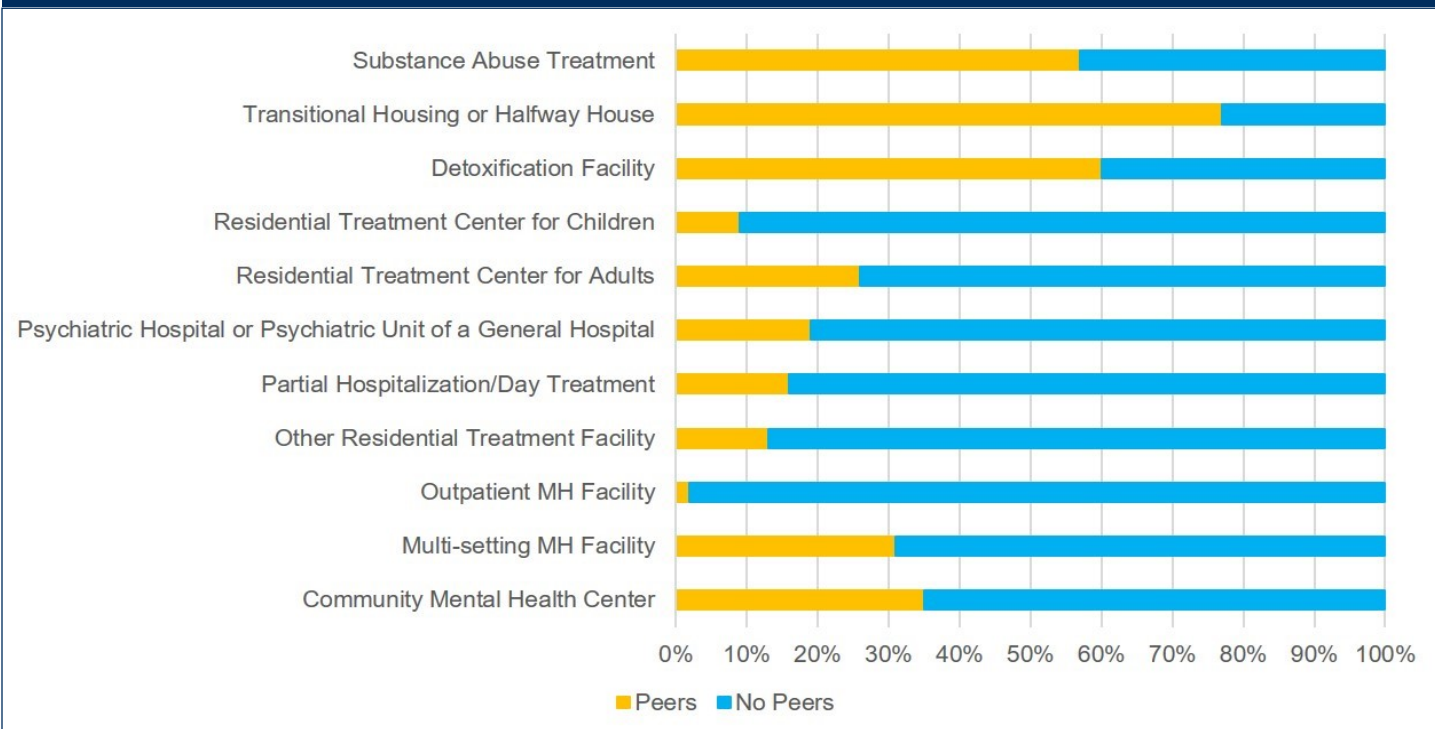
This study is a secondary analysis of the 2018 National MH Services Survey and National Survey of Substance Abuse Treatment Services directories. Three modes of data collection were employed: a secure web-based questionnaire, a paper questionnaire sent by mail, and a telephone interview.<sup>7,8</sup> Credentialing and Medicaid reimbursement eligibility data were obtained from three public information data sets compiled by the BHWRC at the University of Michigan: the Scopes of Practice Dataset,<sup>9</sup> each state's Medicaid fee schedules,<sup>10</sup> and State Reimbursement of Peer Support Services.<sup>11</sup>

## Key Findings

One quarter (2,311/9,294) of all MH facilities in the U.S. offer peer services. Community MH settings and MH service facilities with both inpatient and outpatient services are the locations of care most likely to deploy peer services (35% and 31%, respectively); however, only 24% of MH facilities offer peer services, and these services are offered at a rate <15% in some residential settings. Peer services are more frequently provided in SUD facilities than in MH facilities, and the range of peer services deployment (50%–83%) is substantially higher in SUD facilities than that of MH facilities (9%–35%). There are a greater number of SUD facilities per 100,000 population in the U.S. than MH facilities: The U.S. has a national density of 3.69 SUD treatment facilities per 100,000 population, with 56% (6,806/12,074) offering peer services for a mean ratio of 2.08 SUD peer facilities per 100,000 state population.

Detox facilities and transitional housing are the settings that most frequently offer peer services (60% and 77%, respectively) relative to general SUD treatment settings (57%). Peer services in MH treatment facilities are most frequently associated with dialectical behavioral therapy and with integrated dual disorders treatment (30% and 32% of facilities, respectively), whereas residential beds for clients' children is the treatment approach most highly associated with peer services in SUD treatment facilities (84%). Peer providers are also common for all other SUD treatment approaches: 59%–77% of SUD facilities use both treatment approaches, as compared with MH treatment facilities, in which only 25%–32% use peer services combined with other treatment modalities.

**Table 1.** Breakdown of Facilities Utilizing Peer Services by Types of Care



Peer service availability also differs by facilities' licensure and accreditation status. Forty-nine states currently offer credentials for MH or SUD peer recovery support specialists,<sup>10</sup> or service providers who have lived experience with behavioral health conditions who work to increase access to MH and SUD treatment services and support recovery among people with behavioral health diagnoses.<sup>10</sup> Peer services are also increasingly reimbursable in a growing number of states. About a quarter of facilities reporting all forms of reimbursement, including Medicaid, offer peer services. Fifty-six percent of SUD treatment facilities that report Medicaid reimbursement offer peer services. As of 2018, 39 states allowed Medicaid billing for any type of peer support services. About half of SUD treatment facilities in non-Medicaid eligible states offer peer services compared with 60% of facilities in Medicaid eligible states, suggesting a positive association between Medicaid authorization of peers for SUD treatment services and peer service availability.

## Conclusions

This study demonstrates the extent and variation of peer services in behavioral health in the U.S. in 2018. Peer services are more frequently offered in SUD treatment facilities than MH treatment facilities, with approximately one quarter of MH facilities and 56% of SUD treatment facilities currently offering these services. SUD treatment facilities may be more likely to provide peer services than MH treatment facilities as a result of state Medicaid authorization of peers. Additionally, state Medicaid eligibility and credentialing of peers is rapidly becoming standard in most states.

## Acknowledgements

This publication was supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1.2 million. The contents are those of the author and do not necessarily represent the official views of, nor an endorsement by SAMHSA, HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.org.

The authors would like to recognize Ruth Thomas, MPH, and Victoria Schoebel for their efforts in data collection, cleaning, and analysis.

## References

1. Mental Health in America – Adult Data. Mental Health America. <https://www.mentalhealthamerica.net/issues/mental-health-america-adult-data>. Published 2019. Accessed August 28, 2019.
2. Park-Lee E, Lipari RN, Hedden SL, Kroutil LA, Porter JD. Receipt of services for substance use and mental health issues among adults: results from the 2016 National Survey on Drug Use and Health. Substance Abuse and Mental Health Services Administration: NCDUH Data Review. <https://www.samhsa.gov/data/sites/default/files/NSDUH-DR-FFR2-2016/NSDUH-DR-FFR2-2016.htm>. Published September 2017. Accessed August 28, 2019.
3. Substance Abuse and Mental Health Services Administration. Peer providers. SAMHSA-HRSA Center for Integrated Health Solutions. <https://www.integration.samhsa.gov/workforce/team-members/peer-providers#General>. Accessed July 9, 2019.
4. Substance Abuse and Mental Health Services Administration. National ethical guidelines and practice standards: National practice guidelines for peer supporters. <https://na4ps.files.wordpress.com/2012/09/nationalguidelines1.pdf>. Published 2013. Accessed August 27, 2019.
5. Bouchery E, Barna M, Babalola E, et al. The effectiveness of a peer-staffed crisis respite program as an alternative to hospitalization. *Psychiatr Serv*. 2018;69(10):1069-1074. doi:10.1176/appi.ps.201700451. Accessed August 27, 2019.
6. Doors to Wellbeing. Peer specialists database website. <https://copelandcenter.com/peer-specialists>. Accessed August 27, 2019.
7. Substance Abuse and Mental Health Services Administration, National Survey of Substance Abuse Treatment Services (N-SSATS): 2017. Data on substance abuse treatment facilities. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2018.
8. Substance Abuse and Mental Health Services Administration. National directory of drug and alcohol abuse treatment facilities 2018. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2018.
9. Behavioral Health Workforce Research Center. Scope of practice for behavioral health professionals. BehavioralHealthWorkforce.org. <http://www.behavioralhealthworkforce.org/tableau-embed-new/>. Accessed August 27, 2019.
10. Beck A, Page C, Buche J, Rittman D, Gaiser M. Scopes of practice and reimbursement patterns of addiction counselors, community health workers, and peer recovery specialists in the behavioral health workforce. <http://www.behavioralhealthworkforce.org/wp-content/uploads/2019/06/Y3-FA3-P1-SOP-Full-Report-Updated-6.5.19.pdf>. Published 2018. Accessed August 27, 2019.
11. State Medicaid reimbursement for peer support: an Open Minds reference guide. <https://www.openminds.com/market-intelligence/reference-guide/state-medicaid-reimbursement-for-peer-support-service/>. Published March 2018. Accessed August 27, 2019.