

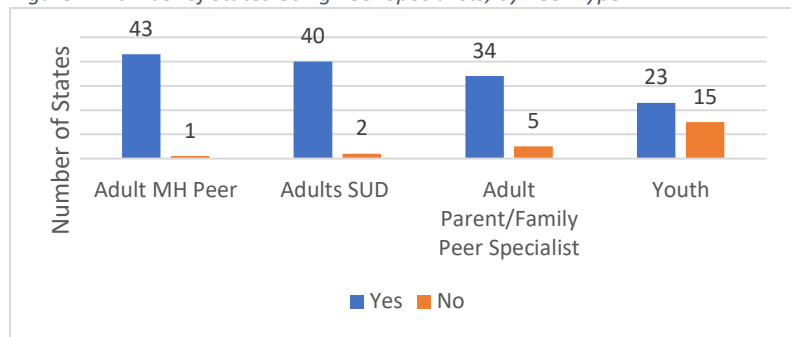
Peer Support Specialists

Peer specialists are individuals with lived experience of mental health, substance use, trauma, legal involvement, and/or homelessness who are trained to help others engage in the recovery process. Peers have the unique experience of being a service recipient and provider within behavioral health and/or justice settings. Peers develop rapport with people seeking services and contribute invaluable insights to treatment teams based on their personal experience in navigating service systems.

Populations Served

Peers may provide services to a variety of people (see Figure 1). Almost all reporting SMHAs (98%) are using mental health peer specialists to serve adults with behavioral health conditions and parents of children/youth with SED. SMHAs less frequently (52%) report utilizing youth peer support specialists.

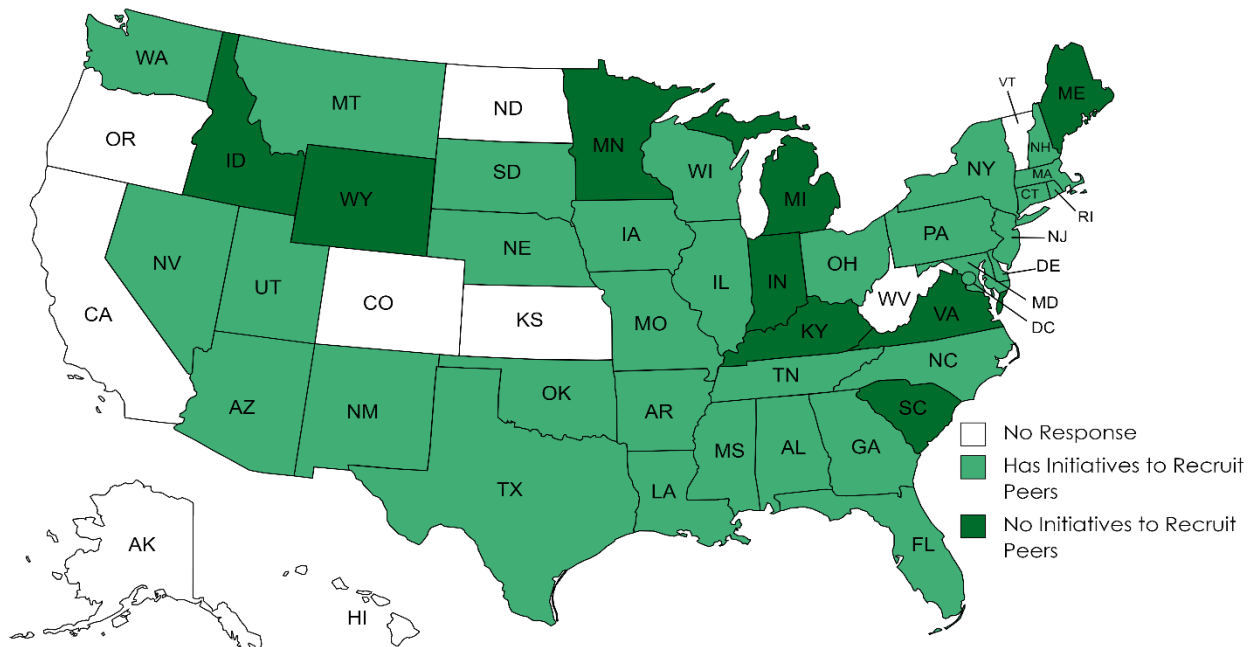
Figure 1. Number of States Using Peer Specialists, by Peer Type



Initiatives to Recruit More Peer Specialists

Peer support continues to grow as an integral part of behavioral health treatment teams. In 33 states (75%), SMHA report having initiatives to recruit more peer support specialists into the behavioral health workforce (see Figure 2). Nine (20%) SMHAs do not have initiatives to recruit more peers into the workforce.

Figure 2. Map of States with and without Initiatives to Recruit More Peers



Strategies to recruit more peers include:

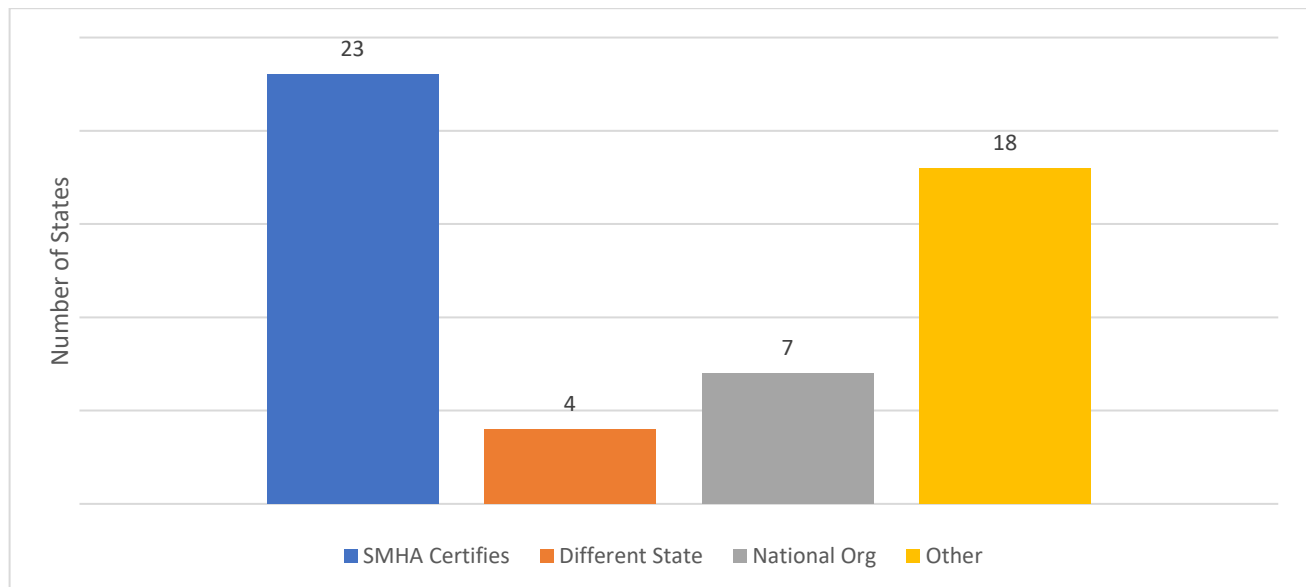
- Using grant funding to increase the number of peer support specialists within the workforce (Arkansas, Delaware, Oklahoma, Rhode Island, and Texas).
- Forming partnerships with local colleges and universities to help peers enter the behavioral healthcare workforce (Illinois, Oklahoma, and Texas).
- Providing training for individuals who want to become peer support specialists (Delaware, Iowa, Maryland, Montana, Mississippi, Nebraska, New Mexico, Ohio, Rhode Island, Texas, Washington, and Wyoming).

Additionally, several states mention plans to hire peer support specialists to work with various patient populations including inpatient, youth, forensic, and bilingual individuals.

Certification of Peer Specialists

The process of becoming a peer specialist, including certification, is not standardized across states or service settings. Many SMHAs (52%) report using an internal process to certify peers (see Figure 3). In only four (9%) SMHAs, a different state provides certification for peers. Other entities that certify peer support specialists include state and private certification boards, contracted organizations, and Medicaid.

Figure 3. Specific Entity Certifying Peer Specialists



Medicaid Reimbursement for Peer Specialists

Although every SMHA uses Medicaid to reimburse providers for some of the mental health services provided, Medicaid does not reimburse for any or certain types of peer support services in all states. In 37 states, Medicaid provides reimbursement for peer support services (see Figure 4). The type of peer support services reimbursed by Medicaid varies between states. In 36 states, Medicaid pays for adult mental health peer support services. In 34 states, Medicaid pays for adult substance use disorder peer support services. In 27 states, Medicaid reimburses Adult Parent/Family Peer Specialists services. In 18 states, Medicaid reimburses youth peer support services.

45%

of reporting SMHAs state that Medicaid reimbursement rates for peers is too low

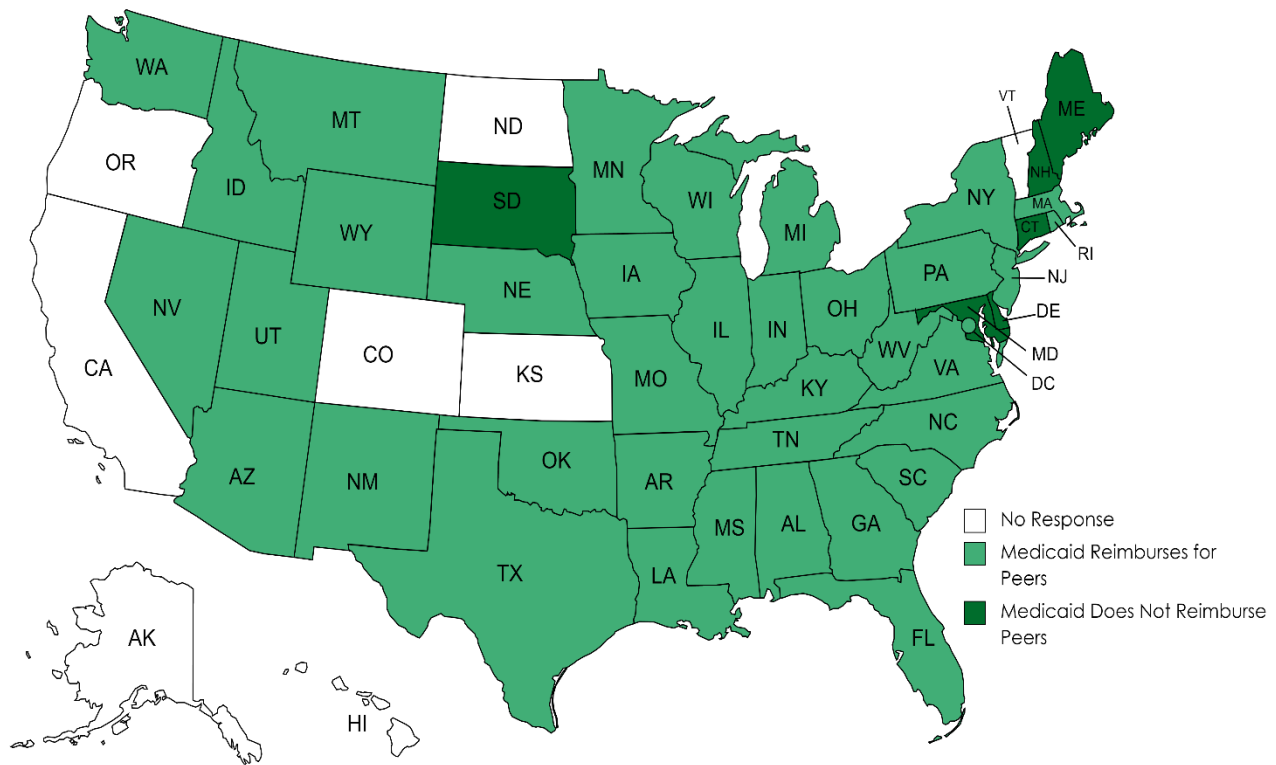
98%

of reporting SMHAs use adult mental health peer support specialists.

75%

of reporting SMHAs have initiatives to recruit more peers

Figure 4. Medicaid Reimbursement for Peers by State



Twenty SMHAs (45%) reported that the Medicaid reimbursement rate for peers is too low. Only 9 SMHAs (20%) reported that that the Medicaid reimbursement rates for peers are adequate.

The Medicaid rate for both peer and group peer support services largely varies between states. Among 23 SMHAs reporting individual Medicaid reimbursement rates, the average reimbursement rate is \$13.26 per 15-minutes (ranging from \$7.83/15 minutes to \$24.27/15 minutes). Among eight SMHAs reporting group Medicaid reimbursement rates, the average reimbursement rate is \$6.12 (ranging from \$1.61/15 minutes to \$13.20/15 minutes).

State Strategies to Increase Peer Support Reimbursement in Medicaid

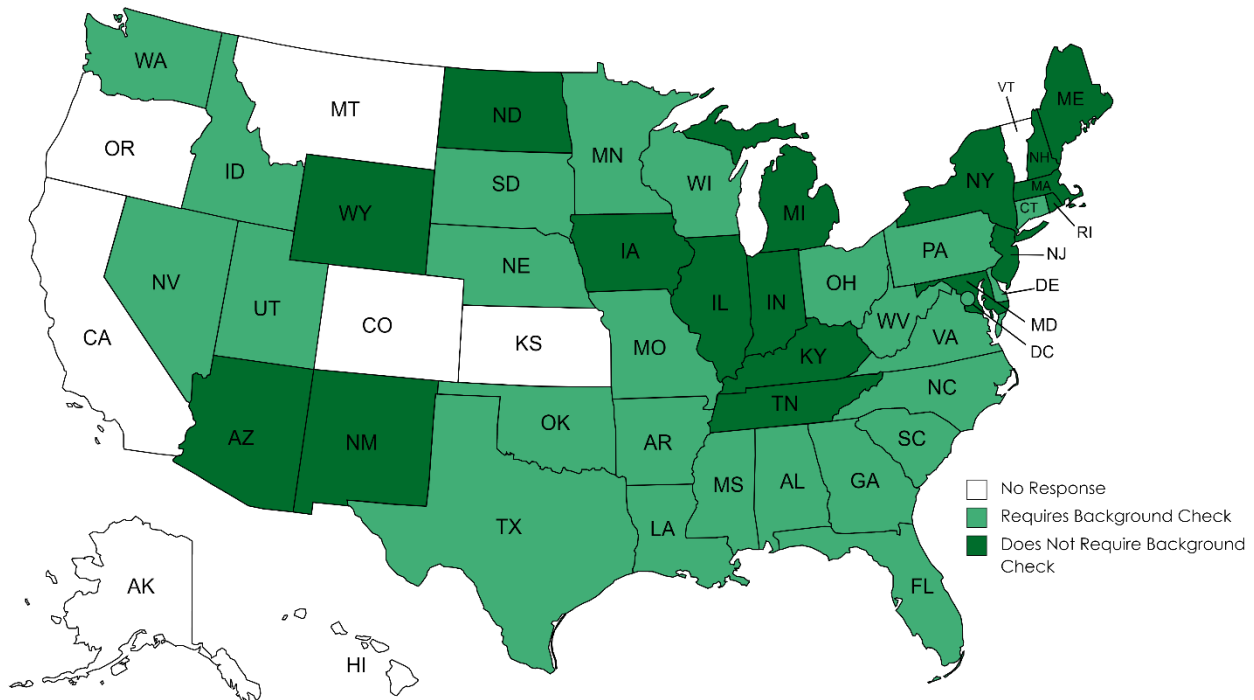
In recognition of the need to increase reimbursement for peer support services through Medicaid, SMHAs:

- Conducted or plan to conduct a rate study (Georgia, Maine, Montana, and Washington). The rate study in Montana suggests that wages should be \$2 higher.
- Use specific formularies when reviewing rates that include data from stakeholder input, current utilization, and comparison of rates with other similar state (Texas).
- Observed increases in Medicaid rates during Medicaid Expansion (Utah).
- In Virginia, the Department of Medical Assistance Services shall increase Medicaid rates for peer recovery and family support services in private and public community-based recovery services settings.

Background Checks for Peer Support Specialists

Employment within a SMHA may require prospective peers to undergo background checks, which may compromise potential employment due to previous legal involvement. Background checks for legal-involved peers sometimes presents a barrier to employment by SMHAs, limits the number of peers found in treatment teams, and ultimately restricts the number of clients who could benefit from services from a peer specialist. In 26 (59%) states, the SMHA requires peers to undergo a background check for employment (see Figure 5). Some SMHAs specify that a background check is required for peer support specialists working with youth.

Figure 5. States That Require and Do Not Require Background Checks for Peer Specialists



Other states have additional mechanisms to hire potential peer specialists who were previously deemed ineligible based on conviction including:

- Individualized Assessment (Georgia).
- Criminal background waivers that can be issued based on circumstances (Idaho).
- Exceptions Committees which review requests from applicants with disqualifying felony convictions (Missouri).
- Discretionary power given to directors - a director has the authority to look at all circumstances surrounding charge, arrest, conviction, and time and approve them being hired (Delaware & Mississippi).
- In Texas, Peer Specialists can be certified with an Intern (I) Status depending on the type of justice involvement and when the crimes occurred.

Peer Crisis Training

Training, and certifying, peer support specialists enhance the behavioral health workforce, increases organizational knowledge within SMHAs, and better equips peers to provide non-clinical services during crisis interventions. Twenty-two states have special training that prepares peer specialists to work in the behavioral health crisis system.

- In Arizona, the Arizona Health Care Cost Containment System AHCCCS requires using peer support services as a component of crisis services. Peer and Recovery Support Specialist (PRSS) working in the crisis system must qualify as a Behavioral Health Paraprofessional (BHPP), Behavioral Health Technician (BHT), or Behavioral Health Professional (BHP), and have graduated from an approved training program. Provider agencies employing PRSS in the crisis system are responsible for providing any additional training required for this role.
- In Georgia, peers receive additional training (along with other staff from those providers) specific to crisis supports including hotlines, warmlines, hospitals, Emergency Departments, Crisis & Stabilization Units, CSUs, and Mobile Crisis.
- In Illinois, the Illinois Department of Human Services' Department of Mental Health (IDHS-DMH) has coordinated training for mobile crisis teams through Humannovations (Crisis Peer Ally Training) and RI International (Mobile Crisis Team Training for Peer Supporters, Paraprofessionals, and Behavioral Health Professionals). Additionally, providers are given the choice of which vendor to use to train staff.
- In New Hampshire, peer specialists attend mobile crisis training alongside other mobile crisis team/staff members for a 40-hour comprehensive mobile crisis training; Peers are also required to attend New Hampshire's Certified Peer Support Specialist trainings, which includes Intentional Peer Support, Recovery Action Planning, and Wellness training.
- In Oklahoma, the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) Peer Division has developed a Peer Specialist Crisis Training for peers working in a crisis level of care.
- In Texas, certified training entities provide additional training on trauma-informed care, community re-entry training for previously justice involved individuals, crisis support, and co-occurring challenges.
- In Wisconsin, there is a 48-hour extensive integrated mental health and substance use peer and parent peer specialist training and certification process. In addition, the SMHA is currently working on a crisis system redesign that is developing additional training for peer support in crisis services.
- In West Virginia, several publicly available resources have been developed surrounding the training of peers, see [the WV Behavioral Health Workforce and Health Equity Center's Peer Hub](#) and also its [Wraparound and Mobile Response Training](#).
- In Washington, the Health Care Authority's Division of Behavioral Health and Recovery has developed a seven module LMS training and a 40-hour in person continuing education training for peer specialists working in crisis settings. Topics covered include trauma informed care, crisis system in WA State, suicide prevention, crisis and self-care, communication in crisis, conflict and crisis, interventions, and after crisis planning.

Please contact NRI at profiles@nri-inc.org with any questions or comments about this and other State Profiles reports.