

States Are Experiencing Shortages of Peer Specialists to Work in Behavioral Health Settings

This Highlight Report is Based on 46 State Responses to 2026 NRI State Profiles

Peer specialists are a core component of state behavioral health systems, supporting people across community mental health (MH), substance use disorder (SUD), state psychiatric hospital, and crisis service settings. In the 2026 State Profiles, 39 of 46 responding states reported a peer specialist shortage in at least one setting. Shortages were most common among community-based providers, but they also affected state psychiatric hospitals and crisis services that are central to 24/7 behavioral health response systems.

Key Findings

- **39 of 46 responding states reported shortages of peer specialists in at least one behavioral health setting.**
- **Shortages were most widespread among community MH providers, with 34 states reporting any shortage, followed by community SUD providers with 25 states.**
- **40 of 46 responding states reported Medicaid reimbursement for peer services.**
- **30 states reported initiatives to recruit additional peer specialists, and 36 states reported special crisis-system training for peer specialists.**
- **30 states reported policies or laws regarding criminal background checks for peer specialists with**

Peer Specialist Workforce Shortages

- **Community settings are most affected:** Thirty-four states reported a shortage among community MH providers, including 19 with moderate shortages and 15 with minor shortages. Twenty-five states reported a shortage among community SUD providers, including 14 with moderate shortages and 11 with minor shortages.
- **Crisis and hospital settings also face pressure:** Twenty-four states reported shortages in state psychiatric hospitals, 23 reported shortages in mobile crisis teams, 20 reported shortages in short-term crisis residential programs, 19 reported shortages among crisis stabilization providers, and 13 reported shortages in crisis contact/988 centers.
- **Severity matters:** Catastrophic shortages were reported for mobile crisis teams (two states), crisis stabilization programs (two states), state psychiatric hospitals (one state), crisis contact/988 centers (one state), and short-term crisis residential programs (one state).

39 States
Report
Shortages of
Peer Specialists

40 States have
Medicaid
Reimbursement
for Peer
Specialists

30 States Laws/
Policies about
Criminal
Background Checks
for Peer Specialists

Table 1: Number of States Reporting a Shortage of Peer Specialists, by Setting, 2026

Setting	Catastrophic Shortage	Moderate Shortage	Minor Shortage	No Shortage	Unknown Shortage	Not Used	Any Shortage
State Hospitals	1	8	15	7	2	7	24
SUD Residential Providers	0	10	12	6	5	1	22
Community MH Providers	0	19	15	4	3	0	34
Community SUD Providers	0	14	11	5	6	0	25
Crisis Contact/988 Centers	1	4	8	10	3	10	13
Mobile Crisis Teams	2	15	6	7	4	2	23
Crisis Stabilization	2	11	6	7	6	3	19
Short-Term Crisis Residential	1	10	9	7	4	3	20

Certification of Peer Specialists

The process for peer specialist certification varies significantly across states. This variation can affect the portability of credentials across state lines and may limit states' ability to rapidly scale their peer workforce in response to shortages.

- **State Mental Health Authority (SMHA) Certifies: 19 states** reported that their SMHA is the primary certifying body.
- **Different Agency Certifies: 27 states** use a different agency for certification, with common examples including state certification boards, the Department of Health, and other professional licensing bodies.
- **National Certification Accepted: 10 states** explicitly accept national certification, often specifying organizations like the **International Certification & Reciprocity Consortium (IC&RC)**, the **National Association for Addiction Professionals (NAADAC)**, or the **National Certified Peer Specialist (NCPS)** credential.
- **Other: 3 states** (IA, OK, SD) noted other pathways, such as state-approved training that is not necessarily tied to a single certification body.

For additional information, a 2023 Peer Recovery Center of Excellence report describes peer support specialist training and certification requirements in all 50 states and the District of Columbia: <https://tinyurl.com/mt9dk58r>.

Medicaid Reimbursement for Peer Services

Medicaid is a major financing mechanism for peer services: 40 of 46 responding states reported Medicaid reimbursement for peer services. Adult MH and adult SUD peer specialists are the most frequently reimbursed roles, while fewer states reimburse family, youth, or other specialized peer roles. Among states reporting rates, reimbursement varied widely, suggesting that financing may affect states' ability to recruit, retain, and expand the peer workforce.

- **Reimbursed Roles:**
 - **Adult MH Peer Specialists: (39 states)** and **Adult SUD Peer Specialists: (38 states)** are the most frequently reimbursed peer specialist roles.
 - **Adult Parent/Family Peer Specialists:** Reimbursed by **28 states**.
 - **Youth Peer Specialists:** Reimbursed by **18 states**.

- **Other Roles:** 10 states reported reimbursing for other roles, such as **forensic peer specialists, certified older adult peer specialists, brain injury peers, and certified recovery mentors.**
- **Reimbursement Rate (per 15 minutes):** Among the 30 states that provided a rate, the median rate was **\$15.00 per 15 minutes** (average was \$14.80). Rates ranged from \$7.00 to \$30.00.
- **Strategies to Increase Rates:** A few states mentioned specific strategies to increase reimbursement rates, including:
 - Legislative action (e.g., **NM, NY, OR, UT**).
 - Formal rate review processes (e.g., **GA, HI, RI**).
 - Actuarial vendor support (e.g., **WV**).

More information about Medicaid Reimbursement for Peer Support Services is available in a 2024 report from the Peer Recovery Center of Excellence: <https://www.carsrecovery.org/s/2024-MAY-15-prcoe-prss-medicaid.pdf>

Peer Specialist Salaries at State Psychiatric Hospitals

Salary data were available from 16 states reporting peer specialist salaries in state psychiatric hospitals. Entry salaries averaged \$40,495 per year, while top salaries averaged \$60,591. Of the 13 states that also reported on salary adequacy, nine reported that current salaries are adequate to recruit peer specialists, while four reported they are not adequate. Because the reported Medicaid rates and state hospital salary data measure different financing and employment contexts, they should be interpreted separately when assessing barriers to peer workforce growth.

- Entry salaries averaged \$40,495 per year (with a median of \$38,361 and a range from \$21,899 to \$67,644).
- Top salaries averaged \$60,591 per year (with a median of \$57,065 and a range from \$29,702 to \$107,904).

Peer Specialist Recruitment and Training Initiatives

States are using multiple strategies to build the peer specialist workforce, including scholarships, funding for training and certification, partnerships with community organizations and universities, job fairs, outreach, career pathways, and paid internships. Crisis-specific training is especially common, with 35 states reporting specialized training for peer specialists working in behavioral health crisis systems. States that did not report active recruitment initiatives in the 2026 survey should not necessarily be interpreted as having no such activity, because states may define or track these efforts differently.

- **Recruitment Initiatives:** 30 states reported having specific initiatives to recruit additional peer specialists. Common strategies include:
 - **Scholarships or funding for training and certification:** CO, HI, LA, MD, ND, NJ, NY, UT, VT, and WV.
 - **Free or expanded training opportunities:** CO, NC, NH, UT, VT, and WI.
 - **Partnerships with community organizations, universities, or other agencies:** GA, HI, IL, KY, NC, NM, NJ, NY, and TX.
 - **Public outreach, advertising, and recruitment campaigns:** AR, DC, FL, MS, NM, and WA.
 - **Job announcements, job fairs, and employment supports:** AL, MS, NC, TX, and WA.

- **Career pathways, mentoring, and advancement opportunities:** KY, MS, NC, and NY.
 - **Paid internships:** HI.
 - **Specialized recruitment or training for priority populations:** NC, TN, and UT, including veterans, justice-involved individuals, older adults, forensic populations, and Spanish-speaking peers.
 - **Policy or program expansion creating additional peer roles:** OR and WI.
- **Crisis Settings for Training:** 35 states reported specialized training to prepare peer specialists to work in behavioral health crisis settings. Crisis training is often provided for multiple crisis settings:
 - At Mobile Crisis Teams: 30 states
 - At Crisis Stabilization/Receiving Facilities: 26 states
 - At Crisis Contact Centers: 19 states
 - With Forensic Clients: 19 states
 - With Transition-Aged Youth: 14 states
 - With Maternal & Child Health Systems: 13 states
 - **Other settings identified by 16 states included inpatient psychiatric units, overdose-prevention programs, and veteran-specific programs.**

Policies on Criminal Background Checks

Many peer specialists have lived experience that includes contact with the criminal justice system, and that experience is often central to their effectiveness in supporting others. Thirty states reported having a policy or law addressing criminal background checks for peer specialists, 13 reported no policy, and three did not answer. Policies range from standard screening requirements to waiver, individualized-review, rehabilitation, and fair-chance provisions intended to preserve employment opportunities for people with relevant lived experience.

- **State has a Policy/Law:** 30 states confirmed they have policies or laws regarding criminal background checks for peer specialists with criminal histories. These policies often include:
- **Exceptions, waivers, or individualized review:** (GA, ID, IL, IN, LA, MO, MS, NH, TX, VT, WA, and WI).
 - Reviews may consider rehabilitation, recovery, time since conviction, the nature of the offense, and its relationship to job duties.
 - Illinois limits its stated exception to peers on violence-prevention community-support teams.
 - Louisiana permits limited exceptions for nonviolent convictions after sentences have been completed for at least three years.
 - Washington prohibits automatic denial for specified offenses when recovery and timing conditions are met.
 - Vermont anticipates case-by-case review but reported that no applicant had yet been denied a credential.
- **Specified disqualifying or “barrier” offenses:** (AK, KY, NM, OK, and VA)
 - KY limits disqualification under the cited regulations primarily to specified sexual or violent crimes.

- NM excludes domestic violence, sexual offenses, and other serious crimes against persons.
- VA reported that several barrier crimes restrict eligibility.
- AK and OK reported defined offenses that can disqualify applicants.
- **Fair-chance or delayed consideration:** DE and NY prohibit asking about criminal history until the agency is interested in hiring the applicant. It then requires an individualized assessment of the relationship between the conviction and the position.
- **No automatic denial for certain convictions:** WA permits applicants with specified convictions—including certain assault, theft, prostitution, and forgery offenses—to remain eligible when time-since-conviction and recovery requirements are satisfied.
- **Rehabilitation review:** WI determines whether an offense is substantially related to client care and provides a formal rehabilitation-review process.
- **General background-check requirements:** (AL, AZ, MO, MS, NH, ND, PA, SC, VT, and WV) described screening requirements or procedures. Not all of these descriptions identified a special exception for peers.
- **Reform under development:** OR reported ongoing work with the Department of Justice to reform barriers affecting peer employment.
- **Statutory authority cited without a detailed description:** (AR cited Act 200 of 2023, and FL cited Florida Statute §397.417).
- **Policy reported without a description:** (NE and NC) reported policies but did not provide narrative detail.

Among the states that described their approaches, responses suggest movement away from automatic exclusion based solely on prior criminal justice involvement and toward individualized assessment, waivers, rehabilitation review, and fair-chance hiring. However, approaches remain inconsistent: some states explicitly accommodate lived criminal justice experience, while others retain broad screening requirements or specified barrier crimes.

Policy Implications:

These findings show that peer specialist shortages need to be addressed through a coordinated, multi-pronged strategy. Because peer specialists serve community mental health, substance use, inpatient, and crisis settings, no single program office can solve this alone – workforce strategies must be coordinated across service systems. Priority areas include: (1) expanding the training and certification pipeline; (2) improving Medicaid reimbursement rates, which currently range from \$7.00 to \$30.00 per 15 minutes and may be too low to sustain competitive wages; (3) improving salary adequacy, particularly for state hospital positions; (4) supporting specialized crisis training to meet growing 24/7 response demands; and (5) reviewing background check policies to ensure they function as intended workforce-expansion tools rather than inadvertent barriers.

This report and other State Profiles Reports are available at www.nri-inc.org/profiles. State Mental Health Agency Staff can use the Profiles restricted access website to view individual state responses to questions. Contact NRI at Profiles@nri-inc.org with any questions.