

Peer Specialists Working in State Behavioral Health Systems, 2023-2024

HIGHLIGHTS BASED ON 44 STATES RESPONDING TO THE 2023-2024 NRI STATE PROFILES WORKFORCE COMPONENT

Peer Specialists

Twenty-five years ago, Georgia's State Mental Health Agency (SMHA) was the first state to get certified Peer Support included as an eligible Medicaid-reimbursed service. In 2001, Georgia introduced the first Certified Peer Specialist (CPS) credential to formally train these practitioners, acknowledging the value of lived-experience in behavioral health (BH) settings. Since Georgia's landmark initiative, every responding state is now using Peer Support Specialists in their behavioral health system and 41 states (93 percent) now have Medicaid reimbursement for Peer Support services (see Figure 1 and Figure 2). Note, three additional states, CT, DE, SD are using Peer Support Specialists without Medicaid reimbursement for their services; peer support services are instead paid for with state and/or SAMHSA mental health block grant funds.

Figure 1: Number of States with Medicaid Reimbursement for Peer Specialists, 2023-2024 (44 states reporting)

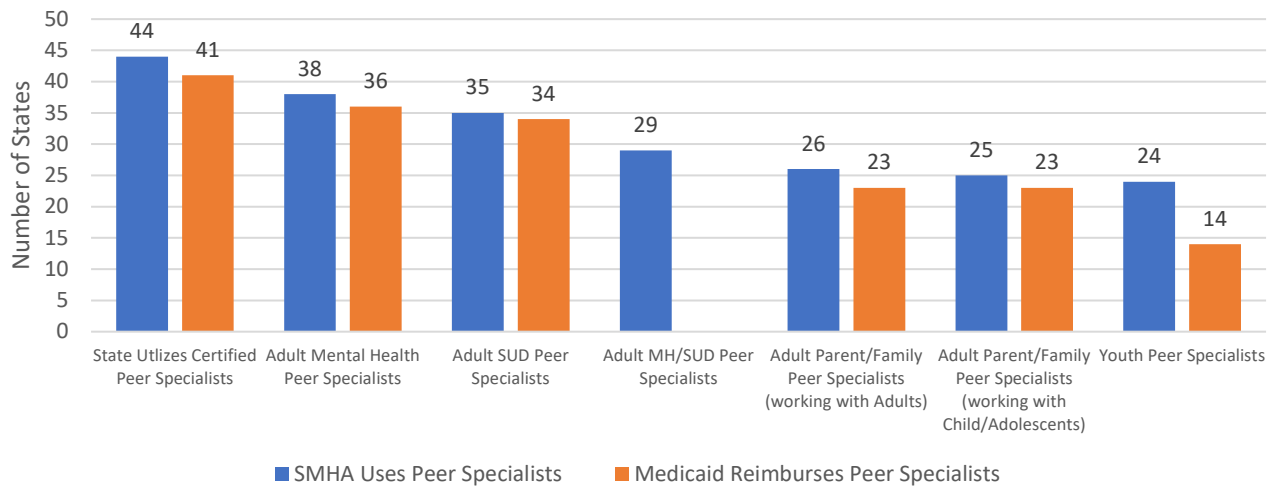
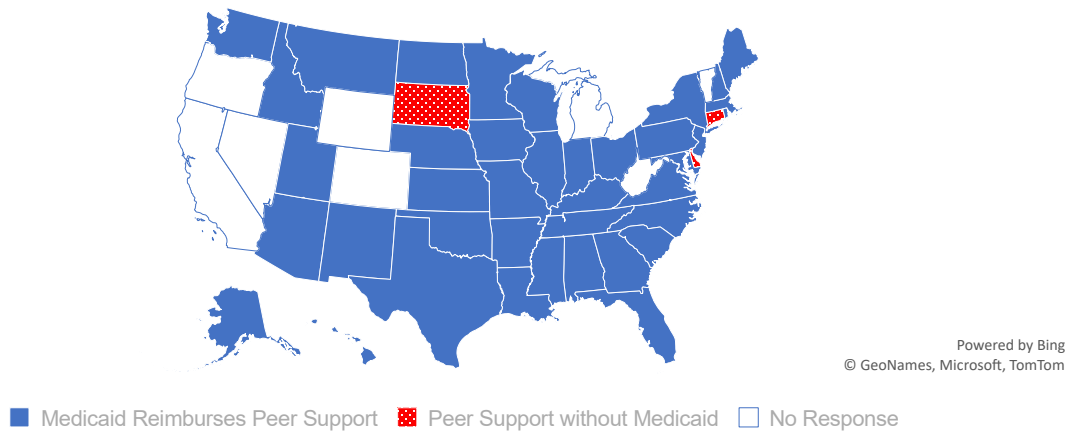


Figure 2: States where Medicaid Reimburses Behavioral Health Peer Specialists, 2023



In 41 States

Medicaid Reimburses for Peer Specialist Services

\$15.08

Median Medicaid Reimbursement Rate per 15-minute Unit of Individual Peer Support Services

29 States

Report Shortages of Peer Specialists in Behavioral Health Crisis Services

Medicaid Reimbursement Rates for Peer Specialists

While Medicaid now reimburses for Peer Specialist services in most states, a concern raised by SMHAs and Peer Specialists is that reimbursement rates may be low and leading to high turnover rates among Peer Specialists. Twenty-seven states reported information on Medicaid reimbursement rates for Peer Specialists providing individual services. The median Medicaid rate per 15-minute unit of service was \$15.08, with a range from \$7.83 (in Mississippi) to \$21.90 (in Missouri). Note, Medicaid rates for peers engaged in group services are lower per each patient.

Several states provided comments on how Peer Support rates are set or have been recently adjusted:

- **Arizona:** H0038 is the primary code used. For the Medicaid FFS program, it is paid at \$21.86 per 15 mins. For peer support delivered to members enrolled in an AHCCCS contracted MCO plan, rates are negotiated between the provider and the MCO plans they contract with.
- **Maryland:** A statewide 3% provider pay increase was identified by the Governor and approved by Legislation resulting in an Individual service rate (H0038) of \$18.77 and a Group service rate (H0024) of \$5.22 per 15 minutes.
- **Missouri:** ASAM implementation allowed for an adjustment to this rate based upon the cost of the peer support specialists.
- **Montana:** Peer Support was included in the provider rate study and included in the proposed rate increases.
- **New Jersey:** Reviewed other states' peer rates and NJ rates were found to be equal or better. Medicaid reimbursement for peer mental health services is provided in peer respite programs. The SMHA has peers working on ACT Teams, PATH programs, ICMS and in Crisis/screening Centers, among other services, as a component of their Medicaid reimbursement. Peers are also working in Supported Housing and providing community support services (CSS).
- **New York:** OMH reviewed peer salary data from the Bureau of Labor Statistics, provider-submitted cost reports, and provider surveys, and determined the current rate was not adequate to cover the costs. The rate was increased 40% to align with actual costs.
- **Texas:** Medicaid uses a very specific formula when reviewing rates that includes stakeholder input, current utilization review, and rate comparison with states of similar size and population.
- **Utah:** The rate was increased during changes related to Medicaid Expansion.
- **Virginia:** Medicaid was able to increase the rates for Peer Recovery Support Services as this was a requirement in the Virginia Appropriations Act in 2022. This legislation specified the rates in Appropriations that required Medicaid to implement these rates effective 7/1/22. Item 304#38h (DMAS) Medicaid Peer and Family Support Rate Increase. HB30 - Member Request (virginia.gov)

Additional information about state rules and rates for Peer Specialists billing Medicaid are available in two recent publications supported by SAMHSA:

- [Medicaid Reimbursement for Peer Support Services](#)
- [Financing Peer Recovery Support: Opportunities to Enhance the Substance Use Disorder Peer Workforce](#)

Certification of Peer Support Specialists

To qualify for Medicaid reimbursement, Peer Specialists must undergo specialized training and receive certification (with annual or biannual recertification). In 23 states the SMHA is responsible for certification of Peer Specialists, whereas in 18 states a different agency is responsible for certification. In five states, a state

“certification board” is responsible for certification of Peer Specialists. Twelve states accept a national certification from an organization such as “National Certified Peer Specialists” (NCPS) or recognize certification from other states (reciprocity). The Peer Recovery Center of Excellence has a database of all state certification processes, though accuracy is dependent on updated information being available through state websites: <https://peerrecoverynow.org/resource-library/state-certification-database/>

Criminal Background Histories and Peer Specialists

Peer Specialists with lived experience interacting with criminal justice systems can utilize their experience to help individuals with behavioral health needs navigate services and overall criminal justice systems. However, in some states, required background checks for hiring or peer certification may limit the ability of Peer Specialists with a history of criminal justice involvement be certified or hired. In 2023, SAMHSA published the [National Model Standards for Peer Support Certification](#). The Model Standards recommend that background checks be the responsibility of hiring organizations rather than part of the certification process.

Twenty-nine (29) states reported on policies regarding criminal background checks that impact peers with a history of arrest or incarceration to still be able to work and be reimbursed as Peer Specialists. In many states, but not all, these policies permit peers with criminal justice histories to provide behavioral health services (see Table 1).

Table 1: State Policies Regarding Criminal Background Checks for Peer Specialists, 2023

State	State Policies Regarding Criminal Background Checks for and Hiring of Peer Specialists
AK	The State of Alaska has a variance process on background checks so peers with histories of incarceration may work in the behavioral health fields.
AR	Legislation indicates that persons with violent offenses or sexual offenses are ineligible.
DC	Criminal background checks are required for peer supports involving youth.
ID	Must pass criminal background check. The SMHA has a policy and process to consider criminal background check waivers depending on the applicant's individual circumstances. A criminal background check waiver is an option for those who do not pass the background check, depending on several factors including type of crime, when crime occurred, applicants progress since crime occurred, etc.
IL	There is a required background check before individuals can be hired for work in community mental health centers which includes but is not limited to Peer Specialists.
KY	State - Fair Chance Employment; typically limit individual with violent criminal backgrounds from working with providers.
LA	During the 2022 Regular Legislative Session, legislation (HB 334) was submitted that would allow for exceptions for limited criminal offenses for Peer Support Specialists employed in behavioral health settings. Peer Support Specialists are non-licensed persons. This legislation was passed by the Louisiana Legislature with full support from the House, Senate and Governor's Office to become Act 151. Governor John Bel Edwards signed Act 151, which became effective on August 1, 2022. Act 151 amends R.S. 40:1203.3 to allow some exceptions for Peer Support Specialists working in a behavioral health setting who would otherwise be prohibited from employment because of a prior conviction of certain crimes. This legislation assists with alleviating some of the barriers to employment for Peer Support Specialists in Louisiana. Act 151 amends R.S. 40:1203.3 to allow limited exceptions to the general prohibition of employing individuals with a positive background check. Peer Support Specialists who have been convicted of the following crimes may be employed with a Louisiana Department of Health (LDH) licensed behavioral health program when specific conditions are met: R.S. 14:38.1 - Mingling of Harmful Substances; R.S. 14:67 - Theft; and/or Distribution or possession with the intent to distribute controlled dangerous substances as listed in Schedules I through V of the Uniform Controlled Dangerous Substance Act.
MD	In Maryland it is the responsibility of the hiring agency to determine whether a background check is required on any position being considered. There are no background check requirements associated with CPRS credentialing in Maryland.
MN	Net 2 studies are required for all peers working in licensed facilities. Those with criminal backgrounds of almost any kind are excluded from working.

MS	Background checks must be conducted per statute and there are felonies that exclude someone from working at a program. However, a director has the authority to look at all circumstances surrounding charge, arrest, conviction, and time and approve them being hired.
MT	MT Statute does not allow for a conviction to be the sole basis of denial for professional licensure/certification: https://leg.mt.gov/bills/mca/title_0370/chapter_0010/part_0020/section_0030/0370-0010-0020-0030.html Peers are guaranteed the opportunity to demonstrate rehabilitation to warrant public trust: https://leg.mt.gov/bills/mca/title_0370/chapter_0380/part_0020/section_0020/0370-0380-0020-0020.html
NC	https://www.ncleg.gov/Sessions/2021/Bills/House/PDF/H732v1.pdf
ND	The North Dakota Medical Services Division does complete a background check as part of the process for the peer to become an enrolled provider; this policy does permit peers with criminal justice histories to provide services. https://www.hhs.nd.gov/sites/www/files/documents/BH/1915(i)%20Provider%20Enrollment%20Applicant%20Screening.pdf
NE	Require criminal background checks when applying for certification; provider-level background checks.
NH	Mental Health Peer Specialist contracted vendors with the SMHA are required to conduct a background check; the state outlines with the contract provisions crimes in which a waiver must be submitted to the state to allow for hiring of the individual. These crimes include some misdemeanors and serious felonious offenses. In spirit of a recovery friendly workforce, often times crimes 7 or more years old will be given approval and possibly additional conditions of supervision or monitoring. Substance use peer workers, Certified Recovery Support Workers, must submit an application to a state board in which includes a criminal background check, certain offenses can be waived by the board upon review.
NM	Must self-attest to (3) three or more consecutive years of recovery. Must submit a narrative (between 150-200 words) detailing the nature of your recovery while applying. Must have two letters of reference from individuals who attest to your recovery (excluding relatives). The letters must contain examples of demonstrable recovery of three or more years.
NY	New York does not have different preemployment background check standards for peer specialists vs. other staff working in the public mental health system. Background checks are not part of the peer credentialing process in New York State.
OH	https://codes.ohio.gov/ohio-administrative-code/rule-5122-29-15.1
PA	In PA, those working with children are required to have a criminal and child abuse background check.
SC	Must have criminal background checks prior to employment with follow-up as appropriate.
TX	Individuals who are unable to attain certification may be issued an intern designation, which does not require a background check.
VA	Individuals with certain convictions can be "screened" to determine if they are any longer a risk for reoffending. With a successful screening, the individual can work in the behavioral health field as a direct service provider at a state-licensed entity.
WA	RCW 18.19.095 states "The department may not automatically deny an application for an agency affiliated counselor credential who is practicing as a peer counselor in an agency or facility based on a conviction history consisting of convictions for simple assault, assault in the fourth degree, prostitution, theft in the third degree, theft in the second degree, or forgery, the same offenses as they may be renamed, or substantially equivalent offenses committed in other states or jurisdictions if: (1) At least one year has passed between the applicant's most recent conviction for an offense set forth in this section and the date of application for employment; (2) The offense was committed as a result of the person's substance use or untreated mental health symptoms; and (3) The applicant is at least one year in recovery from a substance use disorder, whether through abstinence or stability on medication-assisted therapy, or in recovery from mental health challenges.

Workforce Shortages of Peer Specialists

SMHAs have continued to report workforce shortages that impact the availability and cost of mental health services for several years. While states report expanding their use of Peer Specialists throughout their service systems, 31 states reported shortages of Peer Specialists across public mental health systems (see Table 2).

State-funded community mental health providers were the treatment settings where the most states reported shortages of Peer Specialists (22 states reported a "moderate" shortage and nine states reported a "minor"

shortage). Mobile Crisis Teams were the next-most-frequent setting with reported shortages of Peer Specialists, with 25 states reporting a shortage (20 states reported a “moderate” shortage and five states reported a “minor” shortage).

Table 2: Number of SMHAs Reporting Shortages of Peer Specialists, by BH Service Setting and Shortage Severity Level, 2023

BH Service Setting Experiencing Shortage	Catastrophic Shortage	Moderate Shortage	Minor Shortage	No Shortage	Not Used in Setting	Unknown
State Hospitals	0	10	9	9	5	2
Residential Treatment Providers	1	12	5	2	4	7
Community Providers	0	22	9	4	0	4
CCBHCs	0	8	3	2	0	5
Crisis Contact/Call Centers	2	7	7	2	4	8
Mobile Crisis Teams	0	20	5	3	3	5
Crisis Receiving & Stabilization Facilities	1	15	6	3	2	4
Crisis Residential	1	14	6	4	1	5

Several states reported “catastrophic” shortages of Peer Specialists, which were designated as shortages that result in reduced availability of services: 2 states reported “catastrophic” shortages in Crisis Contact/Call Centers, and each of Residential Treatment providers, Crisis Receiving & Stabilization Facilities, and Crisis Residential settings had 1 state reporting “catastrophic” shortages.

Recruitment of Peer Specialists: To address shortages of Peer Specialists, 25 SMHAs described state initiatives to recruit additional peer specialists (see Table 3).

Table 3: State Initiatives to Recruit Additional Peer Specialists, 2023

State	State Initiatives to Recruit Additional Peer Specialists
AL	Including peer services as a required part of programs like ACT, IPS, FEP; our contracted statewide Peer Run Organization actively recruits people interested in becoming peer support workers.
AR	State has a commercial campaign running on a few local TV stations, but also word of mouth is helpful.
AZ	AHCCCS requires its MCOs to have sufficient providers for the provision of all covered services, including providing access to peer support and peer family support services. AHCCCS provided more than \$500 million in provider-directed payments to help attract and retain the HCBS workforce. A portion of this funding was directed to BH providers.
FL	The ME operates a peer specialist training program with apprenticeship that is heavily marketed. LSFHS has secured several HRSA federal grants to support peer training, recruitment and placement. Development of Recovery Community Organizations (RCOs) which are peer led also assist in recruitment of additional peers for the workforce. CFCHS increased funding specific to peer specialist services, which increased capacity. We provide peer specialist certification training to not only agencies we fund but to the community as well. Lastly, partnered with Career Source of Central Florida FORTE program to help educate our provider network about this program. The program provides career services which include training, recruitment and retention for those who seek to transition to professions that support individuals with Substance Use Disorder (SUD), need new or upgraded skills in opioid recovery and health-related professions, and individuals affected by SUD. SFBHN: Opportunities are present for funding to employ peers in a number of direct service and outreach capacities. CFBHN: Peer Support Coalition of Florida and National Alliance on Mental Illness of Florida.
HI	We have certification classes twice each year for new CPS and recruit through our Community-Based Case Management agencies and Clubhouses.
ID	Recovery Coach Academy for SUD peer specialists. Increasing the peer workforce is a goal in the Idaho Behavioral Health Council Workforce Action Plan.

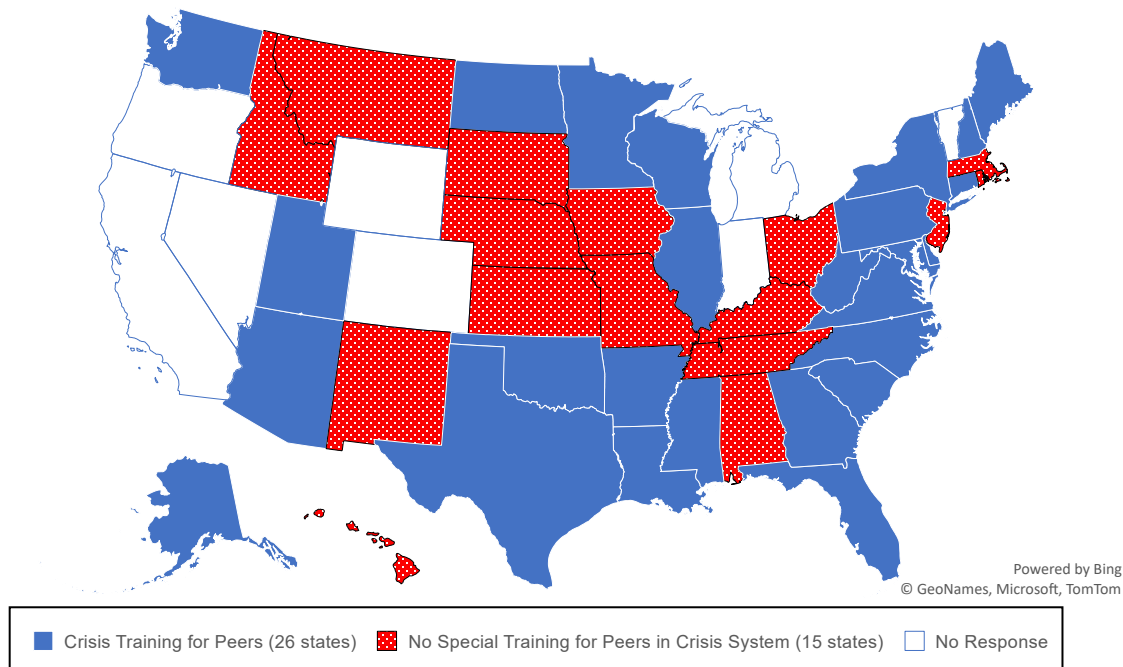
IL	DMH is actively engaged in recruiting more peer specialists to work in behavioral health through our “CRSS Success Program,” a grant-based program being implemented through eleven colleges and universities that assist individuals with lived expertise to complete coursework and gain necessary field work to sit for the credentialing exams in the state. DMH is also increasing employment opportunities for peer specialists by requiring behavioral health providers to hire peer specialists in all team-based services (MCRT, ACT, CST) and to conduct outreach and engagement with residents of long-term care facilities (Olmstead).
KS	Working with providers to spread awareness about the certification, encouraging MCOs to find new ways to have providers recruit and incentivize through capitation payments that SMHA pays out.
LA	The SMHA has presented at various conferences targeting statewide participants, as well as provided informational materials at community events and health summits on Peer Support Specialists with information on eligibility criteria and the process to apply for the Peer Support Specialists trainings.
MA	Expanded training slots, active recruitment for minority candidates to classes, pre-CPS class work for those who need extra academic support.
ME	A vendor has recently been selected via a competitive procurement process to perform this function.
MO	Missouri has 1,600 actively certified peer specialists. Through posted job announcements, email blasts, presentations, word of mouth, trainings, flyers, etc., we are constantly recruiting and building our peer workforce.
MS	DMH hosts an employment section on the DMH website specific to job openings for Certified Peer Support Specialists. Positions for peer specialists are also communicated using social media and posted by DMH, Mental Health Association, and the Association of Mississippi Peer Support Specialists. DMH hosts bi-monthly CPSS training year-round.
MT	Peer support has been included in several bundles and is included in mobile crisis teams.
NC	NC funds several projects to train and develop peer specialists including specializations for example, for working with veterans, youths, aging adults, substance use.
ND	We are working on establishing family peer support at this time.
NE	Stipends for training, adding peers to variety of services within the continuum, and no-cost training provided through State contracts with two providers.
NH	The Bureau of Mental Health Services has contracted with many current vendors and included contract provisions requiring peer support specialist to be part of rapid response teams and ACT teams. We are also working on a NH Adult MH Peer Specialist Certification curriculum to offer asynchronous learning which will increase access; the SMHA plans to fund scholarships for this training for those unemployed or with limited income. We are in the process of procuring a contract to establish a community of practice in NH for peers to increase statewide peer workforce support and continued learning. Additionally we are working with a contractor on resource and training material to educate providers about the principles and values of peer support and to expand employment pathways. There are efforts throughout the NH to expand peer support in hospital emergency departments for patient support.
NJ	Child MH: funded technical assistance for the Family Support Organizations to build organization infrastructure and capacity. Adult MH: The SMHA recognizes the value of the services peers provide and has a placeholder in the Medicaid SPA to reimburse peers providing mental health services. There is an established rate for peers for Community Support Services. The SMHA also uses state dollars to fund the peers in some centers (e.g., the peer recovery warm-line, peer outreach support teams, etc.). DMHAS will be providing a fee holiday for individuals seeking peer certification.
NM	Recruitment through office of peer recovery and engagement programs.
NY	The Office of Mental Health has made significant investments for the peer workforce and peer-delivered services through enhanced ARPA funding. We instituted peer workforce expansion grants to recruit and retain peer workers. We have established a training and technical assistance center (PEER-TAC) to support agencies and programs to support the successful implementation of Peer Services and inclusion of Peer Workers. We also have established a Peer Workforce Advancement and Mentoring Network which is affiliated with the National Association of Peer Supporters. This advancement network will work closely with networks for Family Peer Advocates and Youth Peer Advocates established by a peer-run agency in New York. OMH has funded Peer Workforce Infrastructure grants for Family and Youth Peer Advocates. NYS State operated facilities created two new civil service titles for Peer Specialists including, Certified Peer Specialist 1 and Certified Peer Specialist 2. This is a huge advance for our system as it provides a career ladder for peer specialists in state operations and provides an opportunity for peer specialists to become supervisors.

OH	No specific recruitment initiatives currently. Will be included as part of the comprehensive Workforce Roadmap.
PA	As we work on revising and strengthening our crisis system within Pennsylvania, we are also encouraging the inclusion of Certified Peer Specialists across the crisis system including: mobile crisis teams, peer run crisis stabilization units, and crisis walk in programs. In addition, as a State, we collaborate with peer support services stakeholders to continue work in the areas of education, promotion, and advocacy for certified peer professionals. We continue to support and advocate specialized trainings for our Certified Peer Specialists to attend and receive CEUs in the areas of, but not limited to peers working with: individuals with criminal justice involvement, individuals with a dual diagnosis of mental health and intellectual disability and/or autism, and the older adult population.
SC	SC Department of Mental Health has partnered with other organizations in an effort to recruit CPSS. We have a relationship with SC SHARE to hire certified PSS, PSS serve on Mobile Crisis teams, and PSS serve on ACT Teams. These roles enhance recruitment
SD	Change to "The Division of Behavioral Health is piloting peer support at 3 community mental health centers and 5 substance use disorder agencies through ARPA funding. Through SOR funding, the Division of Behavioral Health has also been able to contract with three agencies to offer peer support to various populations across the state.
TN	Our Office Peer Support Services actively recruits peers.
UT	Peer support training in Spanish, Mental Health Block Grant funding for peer training, HRSA BHWET funding to increase peers from marginalized populations.
WA	Beginning July 1, 2025, certified peer specialists and certified peer specialist trainees are established as new health professions that may engage in the practice of peer support services. The decision of a person practicing peer support services to become a certified peer specialist is voluntary, unless that person or the person's employer bills a health carrier or medical assistance for those services. A certificate is not required to practice peer support services but is required to use the title of certified peer specialist or certified peer specialist trainee. By July 1, 2024, HCA must contract for a program to link eligible persons in recovery from behavioral health challenges who are seeking employment as peers with potential employers. The contractor must create and maintain a statewide database that is accessible to eligible persons and employers.

Workforce Initiatives for Peer Specialists Working in Behavioral Health Crisis Service Settings

Twenty-six states are providing specialized training to prepare Peer Specialists to work in behavioral health crisis system settings (see Figure 3). Twenty-one states provide training to peers to work as part of Mobile Crisis Team settings, 16 states provide training to work at a Crisis Receiving and Stabilization Facility (CRSF) settings, and 12 states provide training to work at a Crisis Contact/Call Center settings. Eight states have developed training for Peer Specialists that covers working in all three component service settings composing behavioral health crisis services.

Figure 3: SMHA Has Training for Peer Specialists to Work In the BH Crisis System, 2023



Other 2023-2024 NRI State Profile Reports Available at: www.nri-inc.org/profiles

This report on Behavioral Health Crisis Services is one of a series of reports that NRI is producing for states on Behavioral Health Crisis Services in 2023-2024. Other Profile Highlight reports will focus on:

- State Support for the Behavioral Health Crisis Continuum, 2023-2024
- Support for Crisis Contact Centers (988 and other contact centers), 2023-2024
- Support for Mobile Crisis Services, 2023-2024
- Support for < 24 Hour Crisis Stabilization Programs, 2023-2024
- Organization and Structure of State Mental Health Agencies, 2023-2024
- How States Use State Psychiatric Hospitals, 2023-2024
- State Psychiatric Hospital Workforce Shortages, Initiatives, and Salaries, 2023-2024
- How SMHAs Organize and Manage Community Mental Health Services, 2023-2024
- State Mental Health Agency IT Systems and Outcome Measurement, 2023-2024
- Crisis Workforce Issues, 2023-2024 (*in process*)
- Funding Crisis Services, 2023-2024 (*in process*)

A final version will be made posted at www.nri-inc.org/profiles in October 2024 and state agency staff will have access to detailed state-by-state tables on the Profiles restricted access site.