

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

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Background

According to the National Survey on Drug Use and Health,¹ approximately 47.6 million Americans are living with any mental illness and 20.3 million adults are living with a substance use disorder (SUD). In 2016, only about 43% (20.6 million adults) of adults living with any mental illness received mental health care.¹ Likewise, of the 20.3 million with an SUD, only 3.7 million adults (18.2%) received any SUD treatment.¹ Some common reasons for not receiving behavioral health services include prohibitive costs, negative stigmas in workplace or community, lack of time, and no transportation.¹ Reasons for not receiving behavioral health services are both individual and systemic: Some patients do not understand how to navigate care systems and maintain their recovery, while others do not have regular access to care providers. Despite this, many of these gaps in treatment services are preventable. Peer support specialists, also known as peer support workers, peer coaches, peer recovery coaches, peer advocates, and peer recovery support specialists, are one promising workforce to close the gap between needing and receiving treatment.²

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines peer service specialists as “someone who has experienced the healing process of recovery from psychiatric traumatic and/or substance use challenges and, as a result, can offer assistance and support to promote another peer’s own personal recovery.”² Peer support specialists work in specialized behavioral health facilities and, increasingly, in integrated health facilities. Their roles are often informal or volunteer-based,² except in integrated health care where peer services are used to activate self-management for those in recovery from a behavioral health or other chronic conditions.³

The role of a peer support specialist is broad, as they are expected to model recovery behaviors, build relationships, offer options to those they serve, and encourage resilience.⁴ As a member of the healthcare team, a peer connects individuals to resources, helps set goals, and assists individuals in the transition back into the community.^{4,5} Though not typically playing a direct role in clinical care (i.e. diagnostic and treatment services), including peer services has been shown to reduce hospitalizations, improve symptom management, increase social support, and better one’s quality of life.⁶⁻¹⁴ In addition to improving outcomes for the individual with a mental health illness or SUD, peer services have positively impacted and improved quality of recovery outcomes for the peer support specialist.⁵⁻⁸

The impact of peer support extends beyond clinical improvements and includes positive economic impacts.¹³ Bouchery et al.¹⁵ reported individuals enrolled in peer support crisis intervention cost Medicaid, on average, \$2,138 less than Medicaid-enrolled individuals who did not receive peer support. Similarly, a Federally Qualified Health Center in Colorado found that for every \$1 spent on peer services, the healthcare system experiences a return on investment of \$2.28.¹⁶ The Georgia Department of Behavioral Health and Development Disabilities found those using peer services as part of treatment generated a cost savings of \$5,494 per individual per year for the state.¹⁷

In 1999, Georgia was the first state to bill Medicaid for peer services.² Since then, the use and integration of peer services has grown within each state. The Centers for Medicare and Medicaid Services issued guidelines to advise states on how to utilize peer services with Medicaid³ and in 2013 released the Clarifying Guidance on Peer Services Policy, which specified peer support workers must undergo state-specified training and certification to be eligible for Medicaid reimbursement.³ The growth of financing options for peer services led to growth in the number of peers nationwide, and movements toward credentialing peers.¹⁸

The peer services workforce varies in size and scope across all states. As of 2017, there were nine states not billing Medicaid for the work of peer support specialists.^{13,17} Mental Health America asserts that not billing Medicaid for peer services is detrimental to the workforce as it impacts the number of peer support specialists who are paid for their services.¹⁵ Additionally, as of May 2018, only 40 states have developed an

official statewide training and certification program, six states are currently working on developing a program, and five states still have no plan to develop an official training and certification process.^{13,19–21}

This study, conducted by the Behavioral Health Workforce Research Center (BHWRC), aims to define the organizational setting and roles of peer providers in the contemporary behavioral health (mental health and SUD) workforce using information on scopes of practice for peer recovery specialists²² and data from SAMHSA's National Mental Health Services Survey (N-MHSS)²³ and National Survey of Substance Abuse Treatment Services (N-SSATS)²⁴ to determine what types of mental health and SUD treatment facilities are employing peer providers.

The study and this report focus on the following research questions:

1. How many mental health and substance use treatment facilities utilize peer support services across the country?
2. Where are these facilities located, with street-level geographic specificity?
3. What types of facilities utilize peer providers (e.g., psychiatric hospitals, private treatment clinics, and Veterans Affairs hospitals)?
4. Which services are offered in conjunction with peer support services?
5. What types of payments are accepted by the treatment facilities?
6. Are state scopes of practice or credential characteristics (e.g. reciprocity, credential requirements) for peer specialists associated with number or type of treatment facility providing peer services?
7. Are the 35 states that support Medicaid reimbursement for peer providers significantly more likely to offer peer services at treatment facilities than states that do not offer such reimbursement?

Because the implementation of peer services is inconsistent countrywide, this project will also explore the statutes, administrative codes, state Medicaid plans, and other national survey data to create a comprehensive, national profile of peer support specialists. This profile will include an understanding of what requirements peers must pass in each state, which services they are authorized to perform, and how much they are reimbursed by Medicaid.

Methods

This study is a secondary analysis of data from the 2018 N-MHSS and N-SSATS directories. The N-MHSS surveys all licensed, certified, or otherwise approved by federal, state, and local government facilities in the U.S., both public and private, that provide mental health treatment services to people with mental illness. The N-SSATS surveys all licensed, certified, or otherwise approved by federal, state, and local government facilities in the U.S., both public and private, that provide SUD treatment.

SAMHSA employed three modes of data collection the N-MHSS and the N-SSATS: a secure web-based questionnaire, a paper questionnaire sent by mail, and a telephone interview. Data collection methods are fully described in SAMHSA's reports.^{23,24} Recent response rate for N-MHSS report was 87%, with 85% being eligible for the report after exclusion owing to missing data.²³ The N-SSATS response rate was 89%, but only 87% of the responses were used after exclusion for missing data.²⁴ Thus, the study data tend to provide a good representation of contemporary behavioral health services in the U.S. SAMHSA releases data gathered in these surveys annually as a final report, a public use file, and a directory. The 2018 N-SSATS25 and N-MHSS26 directories list the federal, state, and local government facilities and private facilities that are licensed to provide mental health treatment services and replied to the survey. All the information associated with the facilities in these directories was self-reported by the

facilities themselves.

In both the N-MHSS and the N-SSATS directories, the peer variable “consumer-run (peer support) services” is included as a service that behavioral health organizations offer. This report uses the term “peer services” to describe this array of peer interventions. As such, the 2018 N-MHSS and the 2018 N-SSATS directories are the sources for all treatment facility information contained in this report. The University of Michigan BHWRC staff transcribed the data available in these directories, converting them from lists of abbreviated variables to binary data. The resulting data set includes agency location and characteristics; types of treatment provided, including peer and other services; and agency credentialing and revenue sources.

Credentialing and Medicaid reimbursement eligibility data were obtained from three additional data sets:

1. the BHWRC’s behavioral health scopes of practice dataset, recently updated in June 2019, containing all of the licensing requirements and scopes of practice for more than ten behavioral health occupations, including peer recovery support specialists²⁷;
2. each state’s Medicaid fee schedules as they pertain to reimbursing peer support services²²; and
3. state reimbursement of peer support services,²⁸ which indicates whether each state reimburses for peer mental health services, peer addiction services, or both.

The first two data sets were analyzed at the overall state level, whereas the final data set was linked back to the original survey at the facility level by state and examined in combination with those data. Researchers predominately analyzed these data with descriptive statistics, using pivot tables to examine how the availability of peer services changed in a state based on other facility variables. The 2018 N-MHSS and N-SSATS databases were also geocoded in ArcGIS, transformed into feature layers, and output as maps for spatial analysis. County shape files shaded by population density, available for free through ArcGIS, were also added to the maps for context.

Results

Characteristics of Behavioral Health Facilities Providing Peer Services

Mental Health Treatment Facilities in the U.S.

Table 1 shows the number of mental health treatment facilities in each state, as well as a quotient per 100,000 population. This is an indicator of mental health service availability nationwide. The table also presents the number of mental health facilities reporting offering peer services across the U.S. Of the 9,294 reporting mental health agencies, there is considerable variation in the number of agencies per state and the number of agencies per 100,000 population in each state. Alaska (10.71 agencies per 100,000 population) and Maine (10.98 agencies per 100,000 population) are among the states with lowest population density, but highest mental health facility to population ratios in the U.S. Texas (0.22 agencies per 100,000 population) has the lowest level of mental health facilities per population in the U.S. These rates do not address geographic accessibility, agency size, or capacity.

Overall, one quarter (2,311/9,294) of all mental health facilities in the U.S. offer peer services. By state, the percentage of facilities offering peer services ranges from 9% (17/190) in Arkansas to 48% (48/101) in Oregon. By 100,000 population, Texas has the lowest ratio of facilities with peer services-to-population at 0.09, whereas Wyoming offers the highest ratio with 2.25 facilities with peer services per 100,000 population—25 times the ratio in Texas. Nationally, the mean ratio of mental health facilities offering peer services is 0.71 per 100,000 state population.

Table 1: Mental Health Treatment Facilities and Facilities Offering Peer Services in Each State

| STATE | STATE POPULATION | TOTAL NUMBER OF FACILITIES | FACILITIES PER 100,000 POPULATION ^A | FACILITIES OFFERING PEER SERVICES | PEER SERVICE FACILITIES PER 100,000 POPULATION ^B |
|-------|------------------|----------------------------|--|-----------------------------------|---|
| AK | 737,438 | 79 | 10.71 | 8 | 1.08 |
| AL | 4,887,871 | 130 | 2.66 | 19 | 0.39 |
| AR | 3,013,825 | 190 | 6.30 | 17 | 0.56 |
| AZ | 7,171,646 | 291 | 4.06 | 101 | 1.41 |
| CA | 39,557,045 | 662 | 1.67 | 228 | 0.58 |
| CO | 5,695,564 | 146 | 2.56 | 65 | 1.14 |
| CT | 3,572,665 | 193 | 5.40 | 35 | 0.98 |
| DC | 702,455 | 32 | 4.56 | 9 | 1.28 |
| DE | 967,171 | 28 | 2.90 | 8 | 0.83 |
| FL | 21,299,325 | 372 | 1.75 | 80 | 0.38 |
| GA | 10,519,475 | 165 | 1.57 | 56 | 0.53 |
| HI | 1,420,491 | 24 | 1.69 | 9 | 0.63 |
| IA | 3,156,145 | 137 | 4.34 | 35 | 1.11 |
| ID | 1,754,208 | 135 | 7.70 | 52 | 2.96 |
| IL | 12,741,080 | 317 | 2.49 | 69 | 0.54 |
| IN | 6,691,878 | 235 | 3.51 | 40 | 0.60 |
| KS | 2,911,505 | 106 | 3.64 | 24 | 0.82 |
| KY | 4,468,402 | 192 | 4.30 | 63 | 1.41 |
| LA | 4,659,978 | 156 | 3.35 | 33 | 0.71 |
| MA | 6,902,149 | 242 | 3.51 | 35 | 0.51 |
| MD | 6,042,718 | 219 | 3.62 | 39 | 0.65 |
| ME | 1,338,404 | 147 | 10.98 | 23 | 1.72 |
| MI | 9,995,915 | 293 | 2.93 | 102 | 1.02 |
| MN | 5,611,179 | 189 | 3.37 | 45 | 0.80 |
| MO | 6,126,452 | 179 | 2.92 | 53 | 0.87 |
| MS | 2,986,530 | 134 | 4.49 | 52 | 1.74 |
| MT | 1,062,305 | 71 | 6.68 | 12 | 1.13 |
| NC | 10,383,620 | 209 | 2.01 | 36 | 0.35 |
| ND | 760,077 | 30 | 3.95 | 7 | 0.92 |
| NE | 1,929,268 | 121 | 6.27 | 23 | 1.19 |
| NH | 1,356,458 | 50 | 3.69 | 11 | 0.81 |

| STATE | STATE POPULATION | TOTAL NUMBER OF FACILITIES | FACILITIES PER 100,000 POPULATION ^a | FACILITIES OFFERING PEER SERVICES | PEER SERVICE FACILITIES PER 100,000 POPULATION ^b |
|-------|------------------|----------------------------|--|-----------------------------------|---|
| NJ | 8,908,520 | 243 | 2.73 | 38 | 0.43 |
| NM | 2,095,428 | 48 | 2.29 | 10 | 0.48 |
| NV | 3,034,392 | 41 | 1.35 | 8 | 0.26 |
| NY | 19,542,209 | 683 | 3.49 | 200 | 1.02 |
| OH | 11,689,442 | 481 | 4.11 | 65 | 0.56 |
| OK | 3,943,079 | 128 | 3.25 | 29 | 0.74 |
| OR | 4,190,713 | 101 | 2.41 | 48 | 1.15 |
| PA | 12,807,060 | 488 | 3.81 | 120 | 0.94 |
| RI | 1,057,315 | 44 | 4.16 | 11 | 1.04 |
| SC | 5,084,127 | 87 | 1.71 | 39 | 0.77 |
| SD | 882,235 | 46 | 5.21 | 12 | 1.36 |
| TN | 6,770,010 | 225 | 3.32 | 43 | 0.64 |
| TX | 28,701,845 | 63 | 0.22 | 26 | 0.09 |
| UT | 3,161,105 | 117 | 3.70 | 32 | 1.01 |
| VA | 8,517,685 | 212 | 2.49 | 54 | 0.63 |
| VT | 626,299 | 55 | 8.78 | 20 | 3.19 |
| WA | 7,535,591 | 258 | 3.42 | 99 | 1.31 |
| WI | 5,813,568 | 355 | 6.11 | 44 | 0.76 |
| WV | 1,805,832 | 106 | 5.87 | 11 | 0.61 |
| WY | 577,737 | 39 | 6.75 | 13 | 2.25 |
| TOTAL | 327,167,434 | 9,294 | 2.84 | 2,311 | 0.71 |

^a This ratio is based on the count of facilities divided by units of 100,000 of state population

^b This ratio is based on number of facilities offering peer services divided by units of 100,000 of state population

Mental Health Facilities Serving Populations Diagnosed with Serious Mental Illness

In the U.S., peer services have been emphasized particularly for services to populations who are diagnosed with severe mental health disabilities, otherwise known as serious mental illness (SMI). To take a closer look at facilities serving this population, we selected facilities who self-identified as serving people diagnosed with SMI (n=4,110, 44% of all 9,294 mental health facilities). This analysis revealed that 37% of mental health facilities that serve people diagnosed with SMI offer peer support services.

Substance Use Disorder Treatment Facilities in the U.S.

The N-SSATS differentiates between three different types of facilities in its directory: detoxification facilities, halfway houses, and substance abuse treatment facilities. Detoxification facilities monitor and manage patients as they transition from substance use to abstinence. Halfway houses are transitional housing arrangements for substance abuse clients, available on site. Substance abuse treatment facilities actively treat patients with SUD, through any combination of counseling, pharmacology, and other social supports. Any

given SUD facility participating in the N-SSATS could offer a combination of all three of these services. Table 2 shows the number of SUD facilities (of any of the three types) per state, the number of SUD facilities per state per 100,000 population, the number of SUD facilities deploying peer services, and the number of SUD facilities with peer services per 100,000 state population.

As with mental health facilities, the availability of SUD facilities varies considerably across states. The range of density of facilities with SUD services is 1.34 per 100,000 population in Texas to 11.39 per 100,000 in Alaska. In examining ratios of facilities with peer SUD services per 100,000 population, South Carolina (0.83) and Texas (0.82) are the states with the lowest ratio of peer SUD services per 100,000 population. Overall, the U.S. has a national density of 3.69 SUD treatment facilities per 100,000 population. Of all these SUD facilities, 56% (6,806/12,074) offer peer services, for a mean ratio of 2.08 SUD facilities with peer services per 100,000 state population.

In comparing mental health and substance abuse services availability across the nation, overall there are a greater number of SUD facilities per 100,000 population in the U.S. than mental health facilities.

Table 2: Substance Use Treatment Facilities and Facilities Offering Peer Services in Each State

| STATE | STATE POPULATION | TOTAL FACILITIES | FACILITIES PER 100,000 (BASED ON TOTAL FACILITIES) ^A | FACILITIES WITH PEER SERVICES | PEER SERVICES PER 100,000 (BASED ON NUMBER OF FACILITIES) ^B |
|-------|------------------|------------------|---|-------------------------------|--|
| AK | 737,438 | 84 | 11.39 | 45 | 6.10 |
| AL | 4,887,871 | 118 | 2.41 | 84 | 1.72 |
| AR | 3,013,825 | 100 | 3.32 | 43 | 1.43 |
| AZ | 7,171,646 | 302 | 4.21 | 207 | 2.89 |
| CA | 39,557,045 | 1107 | 2.80 | 776 | 1.96 |
| CO | 5,695,564 | 347 | 6.09 | 199 | 3.49 |
| CT | 3,572,665 | 200 | 5.60 | 109 | 3.05 |
| DC | 702,455 | 24 | 3.42 | 19 | 2.70 |
| DE | 967,171 | 26 | 2.69 | 11 | 1.14 |
| FL | 21,299,325 | 535 | 2.51 | 295 | 1.39 |
| GA | 10,519,475 | 254 | 2.41 | 146 | 1.39 |
| HI | 1,420,491 | 145 | 10.21 | 121 | 8.52 |
| IA | 3,156,145 | 142 | 4.50 | 80 | 2.53 |
| ID | 1,754,208 | 106 | 6.04 | 70 | 3.99 |
| IL | 12,741,080 | 580 | 4.55 | 275 | 2.16 |
| IN | 6,691,878 | 277 | 4.14 | 133 | 1.99 |
| KS | 2,911,505 | 166 | 5.70 | 87 | 2.99 |

| STATE | STATE POPULATION | TOTAL FACILITIES | FACILITIES PER 100,000 (BASED ON TOTAL FACILITIES) ^A | FACILITIES WITH PEER SERVICES | PEER SERVICES PER 100,000 (BASED ON NUMBER OF FACILITIES) ^B |
|-------|------------------|------------------|---|-------------------------------|--|
| KY | 4,468,402 | 335 | 7.50 | 203 | 4.54 |
| LA | 4,659,978 | 107 | 2.30 | 74 | 1.59 |
| MA | 6,902,149 | 333 | 4.82 | 184 | 2.67 |
| MD | 6,042,718 | 360 | 5.96 | 190 | 3.14 |
| ME | 1,338,404 | 174 | 13.00 | 74 | 5.53 |
| MI | 9,995,915 | 431 | 4.31 | 240 | 2.40 |
| MN | 5,611,179 | 337 | 6.01 | 221 | 3.94 |
| MO | 6,126,452 | 236 | 3.85 | 143 | 2.33 |
| MS | 2,986,530 | 69 | 2.31 | 43 | 1.44 |
| MT | 1,062,305 | 60 | 5.65 | 25 | 2.35 |
| NC | 10,383,620 | 428 | 4.12 | 184 | 1.77 |
| ND | 760,077 | 62 | 8.16 | 20 | 2.63 |
| NE | 1,929,268 | 116 | 6.01 | 60 | 3.11 |
| NH | 1,356,458 | 67 | 4.94 | 42 | 3.10 |
| NJ | 8,908,520 | 321 | 1.35 | 155 | 1.74 |
| NM | 2,095,428 | 120 | 15.32 | 60 | 2.86 |
| NV | 3,034,392 | 61 | 2.01 | 43 | 1.42 |
| NY | 19,542,209 | 769 | 3.94 | 363 | 1.86 |
| OH | 11,689,442 | 359 | 3.07 | 201 | 1.72 |
| OK | 3,943,079 | 164 | 4.16 | 103 | 2.61 |
| OR | 4,190,713 | 202 | 4.82 | 138 | 3.29 |
| PA | 12,807,060 | 488 | 3.81 | 267 | 2.08 |
| RI | 1,057,315 | 46 | 4.35 | 31 | 2.93 |
| SC | 5,084,127 | 91 | 1.79 | 42 | 0.83 |
| SD | 882,235 | 52 | 5.89 | 24 | 2.72 |
| TN | 6,770,010 | 199 | 2.94 | 116 | 1.71 |
| TX | 28,701,845 | 385 | 1.34 | 236 | 0.82 |
| UT | 3,161,105 | 216 | 6.83 | 131 | 4.14 |
| VA | 8,517,685 | 187 | 2.20 | 110 | 1.29 |
| VT | 626,299 | 40 | 6.39 | 28 | 4.47 |
| WA | 7,535,591 | 362 | 4.80 | 184 | 2.44 |

| STATE | STATE POPULATION | TOTAL FACILITIES | FACILITIES PER 100,000 (BASED ON TOTAL FACILITIES) ^A | FACILITIES WITH PEER SERVICES | PEER SERVICES PER 100,000 (BASED ON NUMBER OF FACILITIES) ^B |
|-------|------------------|------------------|---|-------------------------------|--|
| WI | 5,813,568 | 247 | 4.25 | 98 | 1.69 |
| WV | 1,805,832 | 90 | 4.98 | 43 | 2.38 |
| WY | 577,737 | 47 | 8.14 | 30 | 5.19 |
| TOTAL | 327,167,434 | 12,074 | 3.69 | 6,806 | 2.08 |

^a This ratio is based on the count of facilities divided by units of 100,000 of state population

^b This ratio is based on count of facilities offering peer services divided by units of 100,000 of state population

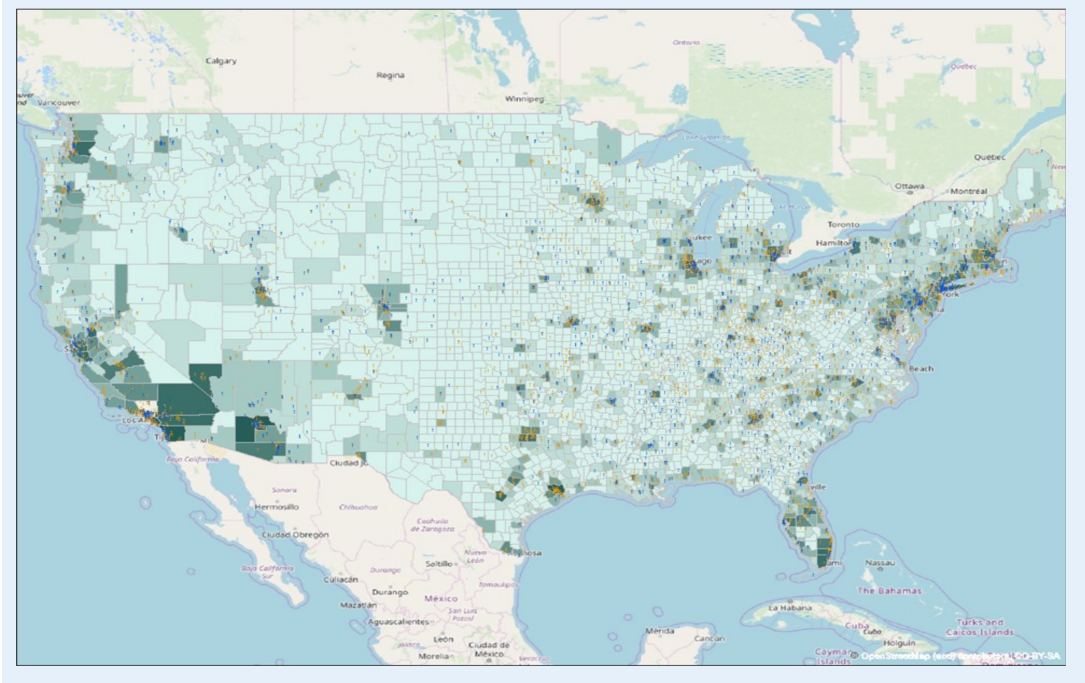
In the N-SSATS, facilities reported use of both peer services and self-help groups. Thirty-four percent (n=4,132) of all SUD facilities offer both peer services and self-help group services. Furthermore, 73% of SUD facilities who offered either peer or self-help services offered both, indicating a typical use of both peer approaches in SUD facilities. Thirty-one percent of SUD facilities (n=3,768) offered no peer or self-help services, and 35% of SUD facilities (n=4,174) offered either peer support specialist (n=2,674) or self-help group (n=1,500) services. This report focuses on SUD facilities who report offering peer services.

Location of Peer Support Services in the U.S.

The N-SSATS and N-MHSS 2018 directories contained street addresses for nearly every facility that answered the surveys. After being translated into coordinates by ArcGIS, these addresses, and their associated facility information, including whether the facility offered peer support services, were output as feature layers in ArcGIS Online. County shapefiles and associated population data were taken from Esri's public mapping data, which draws data from the American Community Survey hosted by the U.S. Census Bureau.

Figure 1 shows the locations of mental health and SUD treatment facilities offering peer services. The facilities are drawn over county maps shaded by population count. Peer services are positively correlated with population density, but are generally available throughout the contiguous U.S. Some lesser-populated counties do not have a mental health or SUD treatment facility that offers peer services, but these counties are more the exception than the rule.

Figure 1. Peer Service Availability and County Populations in the Contiguous U.S.,



Figures 2 and 3 map mental health and SUD treatment facilities offering peer services in Alaska and Hawaii, respectively. However, county populations in Alaska and Hawaii likely do not have the same access peer services as county populations in the continental U.S. Both Hawaii and Alaska have a number of island with no peer services available. The majority of Hawaii's peer services are centered on the island of Oahu, while the majority of Alaska's peer services are located near Anchorage, Bethel, or Fairbanks. Given Alaska's frontier geography, where small county populations could be spread over a great distances, the likelihood is high that isolated populations in Alaska are without access to peer services.

Figure 2. Peer Service Availability and County Populations in Alaska, 2018

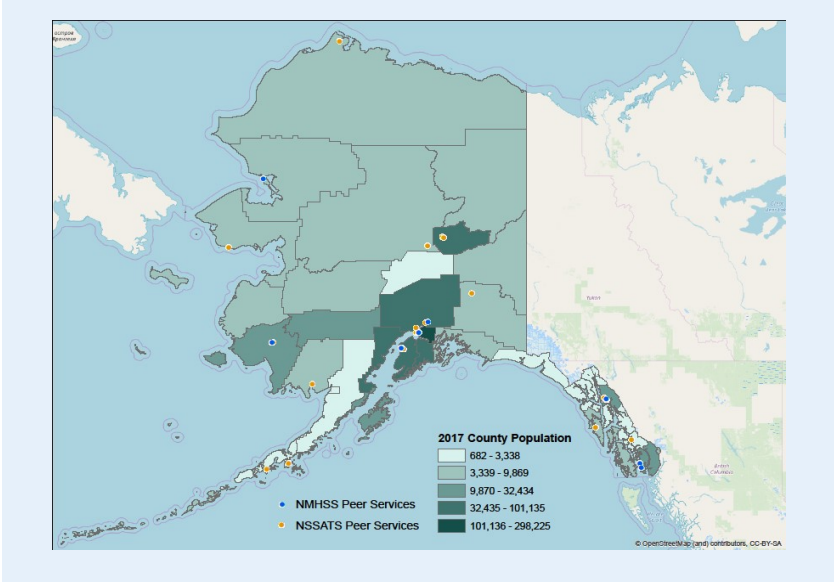
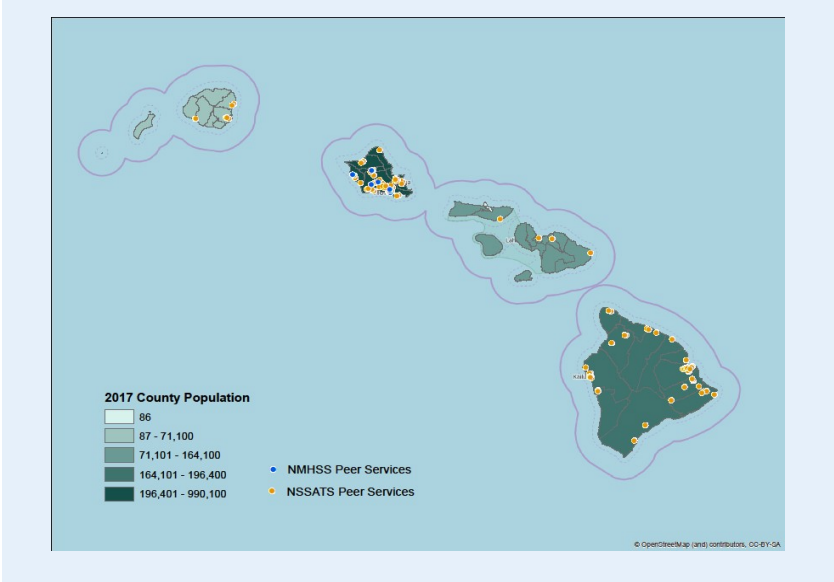
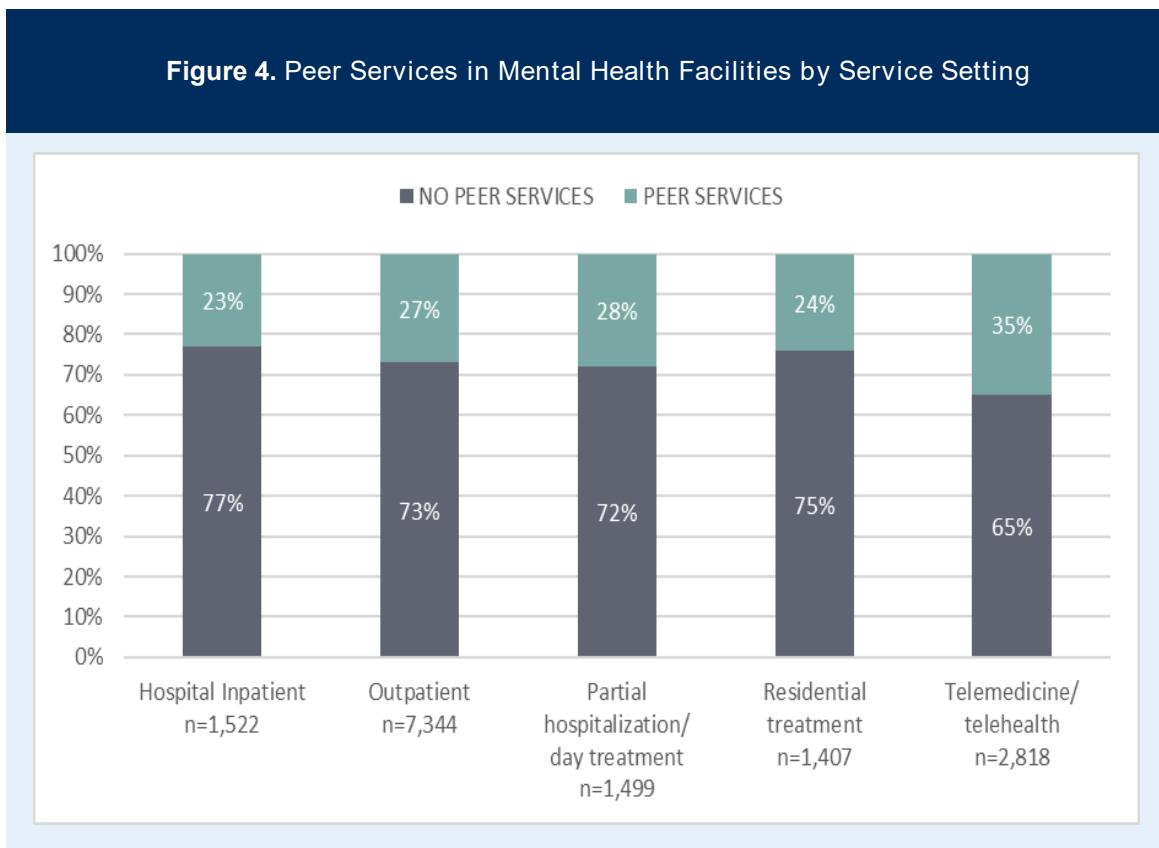


Figure 3. Peer Service Availability and County Populations in Hawaii, 2018



Facility Types and Peer Services

To examine whether certain types of mental health and SUD treatment facilities are more likely to deploy peer providers, contingency tables compare the presence of peer services in different types of mental health and SUD facilities. Figure 4 shows that the proportion of facilities offering peer services varies from 23% of facilities with mental health inpatient settings to 35% of facilities that include telemedicine settings. Facilities with telehealth are the most likely mental health facilities to provide peer services. Unfortunately, the N-MHSS does not include data that describes or details the specific roles that peers play in any of these settings.



Note: for this analysis, the mental health service settings total 14,590, not the sample n of 9,294. This is due to some facilities offering multiple services settings. As one agency may have several different settings, such as inpatient, outpatient, and day hospital programs, a single agency could be counted multiple times.

Table 3 displays variation in use of peer services by mental health facility type. Community mental health settings and mental health service facilities with both inpatient and outpatient services are most likely to deploy peer services (35% and 31%, respectively). Residential treatment settings (including child residential treatment, psychiatric units of hospitals, partial hospitalization settings, and other residential treatment facilities) deployed peer services at lower rates of 9%–19%.

Table 3: Breakdown of Mental Health Facilities Utilizing Peer Services by Facility Type

| MENTAL HEALTH FACILITY TYPE | NO PEER SERVICES ^a | PEER SERVICES ^a | FACILITIES REPORTING THE FACILITY TYPE ^b |
|--|-------------------------------|----------------------------|---|
| Community mental health center | 1,412 (65%) | 782 (35%) | 2,194 (24%) |
| Multi-setting mental health facility (e.g., residential plus outpatient) | 230 (69%) | 102 (31%) | 332 (4%) |
| Outpatient mental health facility | 3,001 (79%) | 791 (21%) | 3,792 (41%) |
| Other residential treatment facility | 45 (87%) | 7 (13%) | 52 (1%) |
| Partial hospitalization/day treatment | 245 (83%) | 51 (17%) | 296 (3%) |
| Psychiatric hospital or psychiatric unit of a general hospital | 1,146 (81%) | 263 (19%) | 1,409 (15%) |
| Residential treatment center for adults | 390 (74%) | 138 (26%) | 528 (6%) |
| Residential treatment center for children | 403 (91%) | 40 (9%) | 443 (5%) |

^a Percentages are based on row total

^b Percentages are based on sample total (n=9,294)

Tables 4 and 5 present a profile of peer services by type of SUD care (detoxification, transitional housing or substance abuse treatment; Table 4) and by a finer breakdown of service settings (Table 5). Findings from Table 4 show that the vast majority of SUD facilities provide substance abuse treatment (98%). When comparing Table 4 to Table 3, peer services are more frequently provided in SUD facilities than in mental health facilities. Detoxification facilities and transitional housing offer peer services (60% and 77%) more frequently than general SUD treatment settings (57%).

Table 4. Breakdown of Substance Use Disorder Facilities Utilizing Peer Services by Type of Care

| SUBSTANCE ABUSE TYPE OF CARE | NO PEER SERVICES ^a | PEER SERVICES ^a | FACILITIES REPORTING THE TYPE OF CARE ^b |
|---------------------------------------|-------------------------------|----------------------------|--|
| Detoxification facility | 928 (40%) | 1,420 (60%) | 2,348 (19%) |
| Transitional housing or halfway house | 247 (23%) | 843 (77%) | 1,090 (9%) |
| Substance abuse treatment | 5,102 (43%) | 6,758 (57%) | 11,860 (98%) |

^a Percentages are based on row total

^b Percentages are based on sample total (n=12,074)

Table 5 presents the proportion of peer services in a defined range of SUD service settings. SUD facilities in each category deploy peer providers at a rate of at least 50%. By contrast, mental health facilities offer peer services at lower, more variable rates: Only 24% of mental health facilities offer peer services and peer services are offered at a rate <15% in some residential settings. In SUD facilities, the range of peer services deployment (50%–83%) is substantially higher than the range in mental health facilities (9%–35%), as reported in Figure 4. Hospital inpatient and detoxification services report the least use of peer services (50%–51%).

Table 5. Breakdown of Substance Use Treatment Facilities Utilizing Peer Services by Service Setting

| SUBSTANCE ABUSE TYPE OF CARE | NO PEER SERVICES ^a | PEER SERVICES ^a | FACILITIES REPORTING THE TYPE OF CARE ^b |
|--|-------------------------------|----------------------------|--|
| Computerized treatment | 592 (31%) | 1,289 (69%) | 1,881 (16%) |
| Hospital inpatient | 278 (49%) | 287 (51%) | 565 (5%) |
| Outpatient | 4,674 (47%) | 5,291 (53%) | 9,965 (83%) |
| Residential treatment | 573 (21%) | 2,203 (79%) | 2,776 (23%) |
| Hospital inpatient detoxification | 258 (50%) | 262 (50%) | 520 (4%) |
| Hospital inpatient treatment | 207 (48%) | 226 (52%) | 433 (4%) |
| Outpatient detoxification | 521 (42%) | 724 (58%) | 1,245 (10%) |
| Outpatient day treatment, or partial hospitalization | 469 (29%) | 1,145 (71%) | 1,614 (13%) |
| Intensive outpatient treatment | 2,246 (39%) | 3,472 (61%) | 5,718 (48%) |
| Outpatient methadone/buprenorphine or naltrexone | 1,415 (46%) | 1,688 (54%) | 3,103 (26%) |
| Regular outpatient treatment | 4,307 (46%) | 4,980 (54%) | 9,287 (77%) |
| Residential detoxification | 199 (24%) | 618 (76%) | 817 (7%) |
| Long-term residential | 379 (17%) | 1,834 (83%) | 2,213 (18%) |
| Short-term residential | 316 (20%) | 1,256 (80%) | 1,572 (13%) |

^a Percentages are based on row total

^b Percentages are based on sample total (n=12,074)

Clustered Services in Mental Health Treatment Facilities

A series of contingency table analyses from the N-MHSS are summarized in Table 6. The findings show that peer services are offered slightly more frequently in facilities that deploy dialectical behavioral therapy and integrated dual disorders treatment (30% and 32% of facilities, respectively) than with other treatment approaches (25%–29% of facilities). Dialectical behavioral therapy and integrated dual disorders treatment are commonly used therapeutic approaches for individuals diagnosed with dual substance use and mental health disorders.

Table 6. Breakdown of Mental Health Facilities Utilizing Peer Services by Treatment Approach

| MENTAL HEALTH TREATMENT TYPES | NO PEER SERVICES ^a | PEER SERVICES ^a | FACILITIES REPORTING THE MENTAL HEALTH |
|-------------------------------------|-------------------------------|----------------------------|--|
| Activity therapy | 2,973 (72%) | 1,168 (28%) | 4,141 (45%) |
| Behavior modification | 4,468 (74%) | 1,552 (26%) | 6,020 (65%) |
| Cognitive/behavioral therapy | 6,242 (74%) | 2,172 (26%) | 8,414 (91%) |
| Couples/family therapy | 5,207 (75%) | 1,733 (25%) | 6,940 (75%) |
| Dialectical behavioral therapy | 3,577 (70%) | 1,536 (30%) | 5,113 (55%) |
| Electroconvulsive therapy | 305 (71%) | 124 (29%) | 429 (5%) |
| Group therapy | 5,955 (73%) | 2,162 (27%) | 8,117 (87%) |
| Integrated dual disorders treatment | 3,535 (68%) | 1,690 (32%) | 5,225 (56%) |
| Individual psychotherapy | 6,449 (75%) | 2,204 (25%) | 8,653 (93%) |
| Psychotropic medication | 5,575 (73%) | 2,085 (27%) | 7,660 (82%) |
| Trauma therapy | 5,104 (73%) | 1,929 (27%) | 7,033 (76%) |

^a Percentages are based on row total

^b Percentages are based on sample total (n=9,294)

Table 7 presents data on peer services in facilities that report offering ancillary services most often deployed when serving people diagnosed with serious mental disorders or psychiatric disabilities. In comparison with the treatment approaches displayed in Table 6, there is a substantially higher proportion of facilities offering peer services and ancillary services as compared with peer services and most treatment approaches. Facilities reporting peer services range from 31% when case management is an ancillary service to 56% when supported employment is an ancillary service, and 55% when supported housing is an ancillary service offered by the facility.

Table 7. Breakdown of Mental Health Facilities Utilizing Peer Services by Ancillary Services

| MENTAL HEALTH ANCILLARY SERVICES | NO PEER SERVICES ^a | PEER SERVICES ^a | FACILITIES REPORTING THE |
|------------------------------------|-------------------------------|----------------------------|--------------------------|
| Assertive community treatment | 600 (49%) | 635 (51%) | 1,235 (13%) |
| Chronic disease/illness management | 1,028 (59%) | 702 (41%) | 1,730 (19%) |
| Case management | 4,318 (69%) | 1,905 (31%) | 6,223 (67%) |
| Court-ordered outpatient treatment | 3,061 (68%) | 1,443 (32%) | 4,504 (49%) |

| MENTAL HEALTH ANCILLARY SERVICES | NO PEER SERVICES ^a | PEER SERVICES ^a | FACILITIES REPORTING THE ANCILLARY SERVICE ^b |
|--------------------------------------|-------------------------------|----------------------------|---|
| Diet and exercise counseling | 1,802 (64%) | 1,026 (36%) | 2,828 (30%) |
| Education services | 1,956 (69%) | 866 (31%) | 2,822 (30%) |
| Family psychoeducation | 4,385 (72%) | 1,706 (28%) | 6,091 (66%) |
| Housing services | 929 (49%) | 955 (51%) | 1,884 (20%) |
| Intensive care management | 1,214 (55%) | 992 (45%) | 2,206 (24%) |
| Illness management and recovery | 1,484 (59%) | 1,041 (41%) | 2,525 (27%) |
| Integrated primary care services | 1,393 (62%) | 861 (38%) | 2,254 (24%) |
| Legal advocacy | 233 (50%) | 236 (50%) | 469 (5%) |
| Psychosocial rehabilitation services | 2,264 (61%) | 1,460 (39%) | 3,724 (40%) |
| Supported employment | 674 (44%) | 866 (56%) | 1,540 (17%) |
| Supported housing | 601 (45%) | 738 (55%) | 1,339 (14%) |
| Suicide prevention services | 3,655 (67%) | 1,769 (33%) | 5,424 (58%) |
| Therapeutic foster care | 323 (73%) | 121 (27%) | 444 (5%) |
| Vocational rehabilitation services | 653 (46%) | 773 (54%) | 1,426 (15%) |

^a Percentages are based on row total

^b Percentages are based on sample total (n=9,294)

As peer services have been shown to be especially effective in improving treatment outcomes for patients with SMI, researchers performed sub-analyses stratifying facilities by whether they self-reported treating this patient subpopulation or not. These sub-analyses can be found in Appendix A.

Clustered Services in Substance Use Disorder Treatment Facilities

As shown in Table 8, across all SUD facilities offering each various type of treatments, SUD treatment facilities also offer peer services at a rate of ≥57% of facilities.

Table 8. Substance Use Disorder Treatment Facilities Reporting Peer Services by Treatment Approach

| SUBSTANCE ABUSE TREATMENT TYPES | NO PEER SERVICES ^a | PEER SERVICES ^a | FACILITIES THAT OFFER |
|---------------------------------|-------------------------------|----------------------------|-----------------------|
| Anger management | 4,021 (40%) | 5,935 (60%) | 9,956 (83%) |
| Brief intervention approach | 4,029 (41%) | 5,873 (59%) | 9,902 (82%) |
| Cognitive/behavioral therapy | 4,783 (42%) | 6,519 (58%) | 11,302 (94%) |

| SUBSTANCE ABUSE TREATMENT TYPES | NO PEER SERVICES ^a | PEER SERVICES ^a | FACILITIES THAT OFFER TREATMENT ^b |
|---|-------------------------------|----------------------------|--|
| Contingency management/motivational incentive | 2,397 (35%) | 4,366 (65%) | 6,763 (56%) |
| Community reinforcement plus vouchers | 357 (25%) | 1,080 (75%) | 1,437 (12%) |
| Dialectical behavioral therapy | 2,549 (39%) | 4,046 (61%) | 6,595 (55%) |
| Motivational interviewing | 4,657 (42%) | 6,526 (58%) | 11,183 (93%) |
| Matrix Model | 1,940 (36%) | 3,425 (64%) | 5,365 (44%) |
| Rational emotive behavioral therapy | 2,178 (39%) | 3,429 (61%) | 5,607 (46%) |
| Relapse prevention | 4,942 (43%) | 6,653 (57%) | 11,595 (96%) |
| Substance abuse counseling approach | 5,125 (43%) | 6,759 (57%) | 11,884 (98%) |
| Trauma-related counseling | 3,831 (40%) | 5,754 (60%) | 9,585 (79%) |
| 12-step facilitation approach | 3,475 (39%) | 5,416 (61%) | 8,891 (74%) |

^a Percentages are based on row total

^b Percentages are based on sample total (n=12,074)

Table 9 summarizes a series of cross tabular analyses comparing the association of SUD treatment approaches and peer provider services in the sample of 12,074 SUD treatment facilities. Table 9 contains frequencies and relative proportions of facilities reporting peer services, for facilities offering each type of ancillary service. Residential beds for clients' children stands out as the ancillary service most highly associated with peer services, with 84% of facilities with residential beds for clients' children also deploying peer provider services. For all other listed SUD treatment approaches, peer providers are also common, ranging from 59% to 77% of SUD facilities using each ancillary service and peer services, as compared with mental health treatment facilities where only 31%–56% of facilities use peer services in conjunction with other ancillary services (Table 7).

Table 9. Substance Use Disorder Treatment Facilities Reporting Peer Services by Ancillary Services

| SUBSTANCE ABUSE ANCILLARY SERVICES | NO PEER PROVIDERS ^a | PEER PROVIDERS ^a | FACILITIES THAT OFFER |
|---|--------------------------------|-----------------------------|-----------------------|
| Acupuncture | 154 (23%) | 502 (77%) | 656 (5%) |
| Assistance with obtaining social services | 2,321 (32%) | 4,897 (68%) | 7,218 (60%) |
| Residential beds for clients' children | 54 (16%) | 294 (84%) | 348 (3%) |
| Child care for clients' children | 182 (23%) | 619 (77%) | 801 (7%) |
| Case management | 3,689 (37%) | 6,326 (63%) | 10,015 (83%) |

| SUBSTANCE ABUSE ANCILLARY SERVICES | NO PEER PROVIDERS ^a | PEER PROVIDERS ^a | FACILITIES THAT OFFER ANCILLARY SERVICE ^b |
|---|--------------------------------|-----------------------------|--|
| Domestic violence services, family or partner | 1,735 (35%) | 3,186 (65%) | 4,921 (41%) |
| Early intervention for HIV | 737 (25%) | 2,186 (75%) | 2,923 (24%) |
| Housing services | 1,865 (28%) | 4,722 (72%) | 6,587 (55%) |
| Mental health services | 3,275 (41%) | 4,799 (59%) | 8,074 (67%) |
| Self-help groups | 1,500 (27%) | 4,132 (73%) | 5,632 (47%) |
| Social skills development | 3,036 (33%) | 6,183 (67%) | 9,219 (76%) |
| Transportation assistance | 1,415 (27%) | 3,857 (73%) | 5,272 (44%) |

^a Percentages are based on row total

^b Percentages are based on sample total (n=12,074)

Peer Service Availability as a Function of Payment Forms Accepted at Treatment Facilities

The next set of analyses examine whether the payment sources that the mental health facilities report are associated with peer services in mental health treatment facilities. As peer services are increasingly reimbursable in a growing number of states, assessing Medicaid's association with peer service availability is imperative. The analysis is conducted in two steps. Table 10 examines the availability of peer services across all forms of agency reimbursement in mental health treatment facilities, while Table 11 does the same for SUD treatment facilities.

Table 10 shows remarkable stability of mental health facilities' rates of offering peer services across payment sources. With the notable exception of facilities receiving Community Services Block Grants or Community Mental Health Block Grants funds, one third of which offer peer services, about a quarter of facilities reporting all other forms of reimbursement, including Medicaid, report offering peer services.

Table 10. Peer Services by Mental Health Treatment Payment Options

| PAYMENT / INSURANCE / FUNDING ACCEPTED | NO PEER PROVIDERS ^a | PEER PROVIDERS ^a | FACILITIES WITH THE PAYMENT OPTION ^b |
|--|--------------------------------|-----------------------------|---|
| County or local government funds | 3,269 (72%) | 1,302 (28%) | 4,571 (49%) |
| Community Mental Health Block Grants | 2,009 (66%) | 1,058 (34%) | 3,067 (33%) |
| Community Service Block Grants | 1,463 (67%) | 720 (33%) | 2,183 (24%) |
| IHS/Tribal/Urban Funds | 591 (76%) | 188 (24%) | 779 (8%) |
| Medicare | 4,781 (72%) | 1,819 (28%) | 6,600 (71%) |
| Medicaid | 6,293 (75%) | 2,098 (25%) | 8,391 (90%) |

| PAYMENT / INSURANCE / FUNDING ACCEPTED | NO PEER PROVIDERS^a | PEER PROVIDERS^a | FACILITIES WITH THE PAYMENT OPTION^b |
|--|--------------------------------------|-----------------------------------|---|
| Military insurance (e.g., TRICARE) | 3,490 (75%) | 1,184 (25%) | 4,674 (50%) |
| Other state funds | 2,417 (71%) | 987 (29%) | 3,404 (37%) |
| Private health insurance | 5,822 (76%) | 1,857 (24%) | 7,679 (83%) |
| State corrections or juvenile justice funds | 2,205 (73%) | 814 (27%) | 3,019 (32%) |
| State education funds | 1,329 (77%) | 396 (23%) | 1,725 (19%) |
| Cash or self-payment | 6,089 (76%) | 1,970 (24%) | 8,059 (87%) |
| State financed health insurance plan other than Medicaid | 4,165 (74%) | 1,471 (26%) | 5,636 (61%) |
| State mental health agency (or equivalent) funds | 3,863 (71%) | 1,569 (29%) | 5,432 (58%) |
| State welfare or child and family services funds | 3,143 (75%) | 1,025 (25%) | 4,168 (45%) |
| U.S. Department of Veterans Affairs funds | 1,513 (71%) | 611 (29%) | 2,124 (23%) |

^a Percentages are based on row total

^b Percentages are based on sample total (n=9,294)

For SUD treatment facilities, Table 11 shows that although facilities who provide free treatment services for all clients constitute a relatively small set of facilities (n=268), 74% of these facilities offer peer services. Facilities receiving all other forms of reimbursement display peer service rates of 54%–68%. Fifty-six percent of SUD treatment facilities that report Medicaid reimbursement offer peer services.

Table 11. Substance Abuse Treatment Payment Sources and Peer Services in Substance Use Disorder Facilities

| PAYMENT / INSURANCE / FUNDING ACCEPTED | NO PEER PROVIDERS^a | PEER PROVIDERS^a | FACILITIES WITH THE PAYMENT OPTION^b |
|--|--------------------------------------|-----------------------------------|---|
| Access to recovery voucher | 343 (32%) | 731 (68%) | 1,074 (9%) |
| Federal or any government funding for substance | 2,379 (37%) | 4,075 (63%) | 6,454 (54%) |
| IHS/Tribal/Urban funds accepted | 337 (35%) | 638 (65%) | 975 (8%) |
| Medicare accepted | 1,929 (46%) | 2,300 (54%) | 4,229 (35%) |
| Medicaid accepted | 3,439 (44%) | 4,437 (56%) | 7,876 (65%) |
| Military insurance (e.g., TRICARE) | 1,866 (46%) | 2,229 (54%) | 4,095 (34%) |
| No payment accepted (free treatment services to all clients) | 70 (26%) | 198 (74%) | 268 (2%) |

| PAYMENT / INSURANCE / FUNDING ACCEPTED | NO PEER PROVIDERS ^a | PEER PROVIDERS ^a | FACILITIES WITH THE PAYMENT OPTION ^b |
|--|--------------------------------|-----------------------------|---|
| Private health insurance accepted | 3,734 (44%) | 4,835 (56%) | 8,569 (71%) |
| Cash or self-payment accepted | 4,889 (44%) | 6,166 (56%) | 11,055 (92%) |
| State financed health insurance plan other than Medicaid | 2,453 (42%) | 3,395 (58%) | 5,848 (48%) |

^a Percentages are based on row total

^b Percentages are based on sample total (n=12,074)

Peer Provider Credentials in Mental Health and Substance Use Disorder Services

Peer providers are behavioral health service providers who have lived experience with behavioral health conditions; they work to increase access to mental health and addiction treatment services and support recovery among people with behavioral health diagnoses.²² In 2018, the BHWRC built a data set containing the scopes of practice and credential requirements for peer support specialists in all 50 states and the District of Columbia. These entries were updated in June 2019 for this project.²⁷ A summary of each state's peer credential requirements is provided in Appendix C.

Every state, besides South Dakota and Vermont, offered a statewide peer support credential.²⁷ Of the 65 different peer credentials, 63 are full credentials, one is a peer-in-training credential (Kansas), another is a peer supervisor credential (Maryland), and none require a college degree. Forty-three states require that the peer provider certify lived experience in recovery, typically through a signed statement.²² For some states with multiple titles, lived experience with a behavioral health disorder is required for every available credential.

Credentials for peer providers also require specialized training, on average 50 hours in length.²⁷ Twenty-nine states required applicants to practice as a peer before receiving a credential, with an average of 548 hours required. These hours could usually be fulfilled as paid, unpaid, or volunteer roles. Twenty-eight state credentials had direct supervision requirements, averaging 49 hours.

Credentials usually last between 1 and 2 years before needing to be renewed, with the exception of New York and Kentucky (3 years), and Mississippi (4 years). The most common content required for continuing education includes ethics (28 states) and peer recovery specialist specific educational content (15 states).²⁷ In addition, 39 of the 49 states required the passing of a written examination prior to receiving the peer specialist credential.²⁷ Of the 49 states that offered a peer recovery specialist credential, 25 offer cross-state reciprocity as a pathway to at least one of their credentials.²⁷

Peer service availability also differed by facilities' licensure and accreditation status and is included in Appendix B.

Peer Services and Reimbursement

Peer Support Prevalence as a Function of Mental Health and Substance Use Disorder Medicaid Authorization

As of 2018, 39 states allowed Medicaid billing for any type of peer support services. Of those states, 23 states authorized peer support reimbursement for individuals with addiction and mental health disorders, 12 authorized for mental health only, and four authorized for addiction only. Table 12 presents the state-by-state status of Medicaid billing approval for peer services. Federal funds through Medicaid expansion associated with the Affordable Care Act enhances state dollars for peer support services and for mental

health/substance use treatment in general. According to a 2019 analysis of state Medicaid fee schedules, peer services are reimbursed an average of \$13.08 for 15 minutes, with a range of \$5.98 (South Carolina) to \$24.36 (Georgia).²⁷ States predominately used the Healthcare Common Procedural Coding System identifier H0038 to reimburse peer services, although three states (Florida, Illinois, and Virginia) used alternative codes.

Table 12. State Reimbursement of Peer Support Services, 2018²⁸

| STATE | REIMBURSEMENT FOR MENTAL HEALTH | REIMBURSEMENT FOR ADDICTION | FUNDING AUTHORITY |
|-------|---------------------------------|-----------------------------|------------------------|
| AZ | X | X | State Plan |
| CA | | X | 1115 Waiver |
| CO | | X | 1915(b) |
| CT | | X | 1915(c) |
| DE | X | X | 1115 |
| FL | X | X | State Plan |
| GA | X | X | State Plan |
| HI | X | X | State Plan |
| IL | X | | State Plan |
| IN | X | X | State Plan and 1915(c) |
| IA | X | X | 1915(b) |
| KS | X | | State Plan |
| KY | X | X | State Plan |
| ME | X | X | State Plan |
| MA | X | | 1115 Waiver |
| MI | X | X | 1915(c) |
| MN | X | | State Plan |
| MS | X | | State Plan |
| MO | X | | State Plan |

| STATE | REIMBURSEMENT FOR MENTAL HEALTH | REIMBURSEMENT FOR ADDICTION | FUNDING AUTHORITY |
|-------|---------------------------------|-----------------------------|-------------------|
| NE | X | | State Plan |
| NV | X | X | State Plan |
| NH | X | X | State Plan |
| NM | X | X | 1115 Waiver |
| NY | X | | 1115 Waiver |
| NC | X | | State Plan |
| OH | X | X | State Plan |
| OK | X | X | State Plan |
| OR | X | X | State Plan |
| PA | X | X | State Plan |
| RI | X | X | 1115 Waiver |
| SC | X | X | State Plan |
| TX | X | | State Plan |
| UT | X | X | State Plan |
| VT | X | X | 1115 Waiver |
| VA | X | X | State Plan |
| WA | X | | State Plan |
| WV | | X | 1115 Waiver |
| WI | X | | State Plan |
| WY | X | X | State Plan |

Tables 13 and 14 explore whether facilities in states with approval to bill Medicaid for peer services tended to offer peer services more frequently than facilities in states that do not have approval for Medicaid billing for peer services. Table 13 compares the availability of peer services in states that authorize peer services for mental health treatment to availability in states that do not. The findings show very little difference between these two categories (24% for non-authorized, 25% for authorized), suggesting a weak to no association between Medicaid funding authorization and peer service availability. According to the N-

MHSS, 90% of all mental health facilities report Medicaid as a payment option for their facility.

Table 14 compares the availability of peer services in facilities in states that authorize peers for SUD treatment to states that do not. About half of SUD treatment facilities in non-Medicaid eligible states offer peer services, compared with 60% of facilities in Medicaid eligible states. These findings suggest a small positive association between Medicaid authorization of peers for SUD treatment services and peer service availability. Among all SUD treatment facilities in the N-SSATS, 65% of SUD facilities report that Medicaid is payment source for their services.

The N-MHSS and N-SSATS reveal considerable variation in the ratio of behavioral health services to population in states across the U.S. Geo-analysis of the mental health and SUD facilities revealed that most U.S. counties contained at least one facility offering peer support services. Counties that were more densely populated often had more sites offering peer services than counties that were not as densely populated. This could be due to a difference in resources: Urban centers are more likely to have larger medical systems, capable of recruiting, training, and maintaining a peer support staff, whereas rural counties may have smaller clinical sites that cannot afford this type of support staff. And although many peer specialists work as volunteers, less densely populated counties, by their nature of having fewer residents, may have fewer people in recovery who can serve as peer support.

Counties without any sites offering peer services were either in rural or frontier locations. Given that Native American and Native Alaskan populations are more likely to live in these areas, the lack of peer specialists could be detrimental. Peers are not only service extenders that can improve clinical outcomes for patients, without requiring extra clinical staff that are already rare in isolated counties, they also can relate to patients in a way clinicians cannot. When providing care to Native American and Native Alaskan populations, employing peer providers on care teams could lead to more culturally sensitive services, which could then lead to improved treatment retention and outcomes. By not offering peer services in rural and frontier areas, care facilities risk alienating vulnerable populations.

Approximately one quarter of mental health facilities offered peer services in 2018. State Medicaid eligibility did not seem to influence whether peer services were more likely to be offered in mental health

Table 13. Mental Health Facilities with Mental Health Specific Medicaid Eligibility and Peer Services

| | NO PEER PROVIDERS ^a | PEER PROVIDERS ^a | PROVIDER MEDICAID ELIGIBILITY STATUS ^b |
|---------------------|--------------------------------|-----------------------------|---|
| Non-Medicaid Funded | 2,035 (76%) | 628 (24%) | 2,663 (29%) |
| Medicaid Funded | 4,948 (75%) | 1,683 (25%) | 6,631 (71%) |

^a Percentages are based on row total

^b Percentages are based on sample total (n=9,294)

Table 14. Substance Use Disorder Specific Medicaid Eligibility and Peer Services

| | NO PEER PROVIDERS ^a | PEER PROVIDERS ^a | PROVIDER MEDICAID ELIGIBILITY STATUS ^b |
|---------------------|--------------------------------|-----------------------------|---|
| Non-Medicaid Funded | 2,035 (76%) | 628 (24%) | 2,663 (29%) |
| Medicaid Funded | 4,948 (75%) | 1,683 (25%) | 6,631 (71%) |

^a Percentages are based on row total

^b Percentages are based on sample total (n=12,074)

treatment facilities. As the data did not include whether these facilities actually received Medicaid payment for peer services, whether peers were paid or volunteered, or how peer services were financed, we cannot explain this unexpected null effect of Medicaid eligibility on peer service availability. Further research is warranted.

Conversely, 56% of SUD treatment facilities offered peer services in 2018. State Medicaid authorization for peer in SUD treatment was associated with higher rates of peer service availability across states. Similarly, 65% of SUD treatment facilities reported accepting Medicaid as payment for services. Amending state Medicaid plans to authorize peer reimbursement in SUD treatment centers may be indicated.

When comparing the states with the most mental health peer service sites per 100,000 population in Table 1 and the states with the most SUD peer service sites per 100,000 population in Table 2 to their respective state's peer credential requirements, no obvious patterns emerge. The five states with the most mental health peer sites per 100,000 population were Vermont (3.19), Idaho (2.96), Wyoming (2.25), Mississippi (1.74), and Maine (1.72). Paradoxically, Vermont is one of two states that does not have a formal peer support specialist credential. One possibility could be that not having a credential supports proliferation of the peer workforce in certain situations, although it is worth noting that South Dakota (which also lacks a credential) does not have a similarly high mental health peer site prevalence (1.36 sites per 100,000). The remaining four states do not have consistent requirements: Practice requirements range from 32 to 500 hours and renewal periods ranged from 1 to 4 years. The same inconsistency is seen across SUD peer sites: The five states with the most SUD peer sites per 100,000 population were Hawaii (8.52), Alaska (6.10), Maine (5.53), Wyoming (5.19), and Kentucky (4.54). Again, education, practice, and supervision requirements varied widely among states.

Another possibility is that the credential itself is not driving the amount of peer services in a state, but rather the Medicaid reimbursement rate, which often requires a valid state credential, explains the peer prevalence. The assumption, based on microeconomic theory, would be that higher wages would encourage more peers to participate in the workforce. However, further exploration suggests a more complicated situation: The average reimbursement rate for Healthcare Common Procedural Coding System H0038 across the country was \$13.08, but in all the states listed above (excluding Vermont, which did not have a credential,) the reimbursement rate ranged from \$8.61 (Kentucky) to \$21.23 (Alaska), with a median of \$12.68. In other words, the states with the highest rates of peer services were typically not offering higher-than-average Medicaid reimbursement. Given the seeming lack of a clear-cut association between peer credential requirements and reimbursement rates to the amount of peer services provided nationwide, further analysis is indicated.

The N-MHSS and N-SSATS data sets are limited with respect to the extent of peer services data available. A single question on the N-MHSS asked if peer services were offered or not. In the N-SSATS, two questions were asked—whether peer services were offered (yes/no) and whether self-help services were offered (yes/no) by the facility. No information was available on the roles of the peers, the number of peers who were working, how many patients were being treated with peer services, whether peers were paid or volunteer, the financing of peer services (e.g., Medicaid, State Innovation Models grant), and the impact of peer services.

This study demonstrates the extent and variation of peer services in behavioral health in America in 2018. It documents differences that exist between mental health and SUD treatment services. It also demonstrates that Medicaid eligibility and credentialing of peers is rapidly becoming standard in most states.

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Appendix A. Peers and Treatment of Serious Mental Illness

In the mental health services community, peer services have been especially emphasized as beneficial to people who face management of serious and persistent mental illnesses or psychiatric disabilities.^{29,30} The following sub-analyses separated mental health facilities that reported treating populations with SMI from mental health facilities that did not.

Table 15 compares rates of peer services across a set of ancillary services from facilities who reported serving populations diagnosed with SMI to rates from facilities that did not. SMI is treated in 4,110 mental health facilities, and 37% of these provide peer services (1,522/4,110). This is contrasted by the 15% of mental health treatment facilities that offer peer services and do not treat SMI. Across every ancillary service, facilities serving populations diagnosed with SMI offer peer services at rates of 45%–69%.

Table 15. Peer Services in Mental Health Facilities Serving People With Serious Mental Illness by Ancillary Service

| MENTAL HEALTH ANCILLARY SERVICES | NO PEER SERVICES ^a | PEER SERVICES ^a | TOTAL FACILITIES ^b |
|--------------------------------------|-------------------------------|----------------------------|-------------------------------|
| Assertive community treatment | 354 (44%) | 459 (56%) | 813 (20%) |
| Chronic disease/illness management | 508 (50%) | 518 (50%) | 1,026 (25%) |
| Case management | 1,768 (58%) | 1,281 (42%) | 3,049 (74%) |
| Court-ordered outpatient treatment | 1,263 (56%) | 992 (44%) | 2,255 (55%) |
| Diet and exercise counseling | 862 (54%) | 727 (46%) | 1,589 (39%) |
| Education services | 699 (55%) | 569 (45%) | 1,268 (31%) |
| Family psychoeducation | 1,603 (58%) | 1,150 (42%) | 2,753 (67%) |
| Housing services | 522 (42%) | 713 (58%) | 1,235 (30%) |
| Intensive care management | 578 (45%) | 706 (55%) | 1,284 (31%) |
| Illness management and recovery | 870 (52%) | 797 (48%) | 1,667 (41%) |
| Integrated primary care services | 636 (52%) | 595 (48%) | 1,231 (30%) |
| Legal advocacy | 120 (42%) | 169 (58%) | 289 (7%) |
| Psychosocial rehabilitation services | 1,164 (53%) | 1,053 (47%) | 2,217 (54%) |
| Supported employment | 399 (38%) | 660 (62%) | 1,059 (26%) |
| Supported housing | 355 (39%) | 558 (61%) | 913 (22%) |
| Suicide prevention services | 1,552 (56%) | 1,215 (44%) | 2,767 (67%) |
| Therapeutic foster care | 77 (52%) | 10 (7%) | 147 (4%) |
| Vocational rehabilitation services | 377 (40%) | 577 (60%) | 954 (23%) |
| Total Facilities | 2,588 (63%) | 1,522 (37%) | 4,110 |

^a Percentages are based on row total

^b Percentages are based on SMI subsample total (n=4,110)

Table 16 shows rates of peer services by type of treatment approach in facilities serving people diagnosed with SMI. Peer services are offered at a higher rate for all mental health treatment types in mental health facilities serving the population of people diagnosed with SMI than in all mental health facilities generally.

Table 16. Additional Table Breakdown of Mental Health Facilities Serving Individuals With Serious Mental Illness by Treatment Approach

| MENTAL HEALTH TREATMENT TYPES | NO PEER SERVICES^a | PEER SERVICES^a | TOTAL PROVIDERS^b |
|--------------------------------------|-------------------------------------|----------------------------------|------------------------------------|
| Activity therapy | 1,234 (61%) | 803 (39%) | 2,037 (50%) |
| Behavior modification | 1,591 (61%) | 1,021 (39%) | 2,612 (64%) |
| Cognitive/behavioral therapy | 2,251 (61%) | 1,429 (39%) | 3,680 (90%) |
| Couples/family therapy | 1,734 (61%) | 1,116 (39%) | 2,850 (69%) |
| Dialectical behavioral therapy | 1,364 (57%) | 1,026 (43%) | 2,390 (58%) |
| Electroconvulsive therapy | 166 (66%) | 85 (34%) | 251 (6%) |
| Group therapy | 2,254 (61%) | 1,440 (39%) | 3,694 (90%) |
| Integrated dual disorders treatment | 1,542 (57%) | 1,164 (43%) | 2,706 (66%) |
| Individual psychotherapy | 2,299 (62%) | 1,437 (38%) | 3,736 (91%) |
| Psychotropic medication | 2,245 (61%) | 1,414 (39%) | 3,659 (89%) |
| Trauma therapy | 1,176 (39%) | 1,267 (42%) | 3,043 (74%) |
| Total Facilities | 2,588 (63%) | 1,522 (37%) | 4,110 |

^a Percentages are based on row total

^b Percentages are based on sample total (n=4,110)

Appendix B. Peers Service Availability by Facility Credential

Table 17 shows the associations between type of credentialing and the number of SUD facilities offering peer services. Licensure and accreditation information was only available for the N-SSATS survey, so there is no comparable information for mental health facilities.

Table 17. Peer Services Contingent on Substance Use Disorder Facility Licensure

| PUBLIC LICENSURE ENTITIES | NO PEER SERVICES ^a | PEER SERVICES ^a | TOTAL FACILITIES ^b |
|--------------------------------|-------------------------------|----------------------------|-------------------------------|
| State substance abuse agency | 4,251 (43%) | 5,729 (57%) | 9,980 (83%) |
| State department of health | 2,312 (40%) | 3,473 (60%) | 5,785 (48%) |
| State mental health department | 2,072 (42%) | 2,855 (58%) | 4,927 (41%) |
| Hospital licensing authority | 336 (47%) | 378 (53%) | 714 (6%) |
| Any Public Licensure | 4,774 (43%) | 6,276 (57%) | 11,050 (92%) |
| No Public Licensure | 117 (44%) | 146 (56%) | 263 (2%) |

^a Percentages are based on row total

^b Percentages are based on sample total (n=12,074)

The top section of this table shows that different types of public licensure of SUD facilities have little effect on rates of peer service availability. As the data in this top section of the table were a duplicative count, we also examined the unique count of peer services in facilities that hold any form of public licensure (98% of all SUD facilities) with those (2%) holding no public licensure. There was no difference in rates of offering peer services by licensure status.

Some SUD facilities also seek or are required to obtain accreditation from non-governmental organizations as a service quality indicator. Table 16 examines the association between various forms of accreditation and the provision of peer services. The unbolded data above the line in Table 18 show duplicated counts of provision of peer services by a variety of accreditors. SUD facilities accredited by the Joint Commission, which are typically hospitals or other health facilities, are slightly less likely to offer peer services (57% vs. 60%–66%) than other accredited facilities. The bolded data at the bottom of Table 18 shows an unduplicated count of facilities who have any accreditation versus those with no accreditation credentials. Accredited SUD facilities offer peer services at a slightly higher rate (58% vs. 54%) than unaccredited facilities. Licensing and accreditation do not appear to be a big driver of peer services.

Table 18. Peer Services Contingent on Facility Accreditation in Substance Use Disorder Facilities

| ACCREDITATION ORGANIZATIONS | NO PEER SERVICES ^a | PEER SERVICES ^a | TOTAL PROVIDERS ^b |
|--|-------------------------------|----------------------------|------------------------------|
| Commission on Accreditation of Rehabilitation Facilities | 1,428 (49%) | 2,220 (61%) | 3,648 (30%) |
| The Joint Commission | 1,003 (43%) | 1,308 (57%) | 2,311 (19%) |

| ACCREDITATION ORGANIZATIONS | NO PEER SERVICES ^a | PEER SERVICES ^a | TOTAL PROVIDERS ^b |
|---|-------------------------------|----------------------------|------------------------------|
| Council on Accreditation | 231 (40%) | 344 (60%) | 575 (5%) |
| National Committee for Quality Assurance | 108 (35%) | 199 (65%) | 307 (3%) |
| Healthcare Facilities Accreditation Program | 37 (34%) | 71 (66%) | 108 (1%) |
| Any Accreditation | 2,599 (42%) | 3,634 (58%) | 6,233 (52%) |
| No Accreditation | 2,669 (46%) | 3,172 (54%) | 5,841 (48%) |

^a Percentages are based on row total

^b Percentages are based on sample total (n=12,074)

Credentialing of SUD facilities appears to have little impact on peer service offerings, although there is a small (4%) increase in peer services in SUD facilities that hold independent (non-governmental) accreditation as compared with those who hold no extra-government accreditation credentials. Facility accreditation information was not available for mental health facilities.

Appendix C. Peers Credential Requirements by State

Table 19 below contains a subset of the data available on the BHWRC's behavioral health scopes of practice data set. Omitted data include: year regulations were last renewed, scope of practice language, title protection language, specific education, continuing education, practice, and supervision requirements outside of the contact/credit hours. The data set also includes hyperlinks to the online statutes, administrative codes, or guides from where the information was taken.

Table 19. Peer Credential Requirements by State

| STATE | CREDENTIAL TITLE | EDUCATION HOURS | PRACTICE HOURS | SUPERVISION HOURS | RENEWAL PERIOD MONTHS | CONTINUED EDUCATION HOURS |
|-------|---------------------------------------|-----------------|----------------|-------------------|-----------------------|---------------------------|
| AL | Certified Recovery Support Specialist | 40 | NA | NA | 12 | 16 |
| AK | Peer Support Specialist | NA | NA | NA | NA | NA |
| AZ | Peer Recovery Support Specialist | NA | NA | NA | NA | NA |
| AR | Peer Recovery | 46 | 500 | 40 | NA | 20 |
| CA | Certified Peer Recovery Specialist | 100 | 500 | 25 | 24 | 10 |
| CO | Certified Peer and Family Specialist | 60 | 500 | 25 | 24 | 30 |
| CT | Certified Peer Recovery Specialist | 50 | 500 | 25 | 12 | 10 |
| DE | Certified Peer Recovery Specialist | 46 | 1,000 | 25 | 24 | 20 |
| D.C. | Certified Peer Specialist | NA | NA | 80 | NA | NA |
| FL | Certified Recovery Support Specialist | 75 | 1,000 | 24 | 12 | 10 |
| FL | Certified Recovery Peer Specialist | 40 | 500 | NA | 12 | 10 |
| GA | Certified Peer Specialist | NA | NA | NA | 12 | 12 |
| HI | Hawai'i Certified Peer Specialist | NA | NA | NA | 12 | 16 |

| STATE | CREDENTIAL TITLE | EDUCATION HOURS | PRACTICE HOURS | SUPERVISION HOURS | RENEWAL PERIOD MONTHS | CONTINUED EDUCATION HOURS |
|-------|---------------------------------------|-----------------|----------------|-------------------|-----------------------|---------------------------|
| ID | Certified Peer Recovery Coach | 46 | 500 | 25 | 24 | 20 |
| ID | Certified Recovery Coach | 46 | 500 | 25 | 24 | 20 |
| IL | Certified Recovery Support Specialist | 100 | 2,000 | 100 | 24 | 40 |
| IL | Certified Peer Recovery Specialist | 100 | 2,000 | 100 | 24 | 30 |
| IN | Certified Peer Addiction Recovery | 30 | NA | NA | 24 | 40 |
| IN | Certified Peer Addiction Recovery | 46 | 500 | 25 | 24 | 40 |
| IA | Certified Mental Health Peer Support | 40 | 100 | 10 | 24 | 24 |
| IA | Certified Peer Recovery Specialist | 46 | 500 | 25 | 24 | 20 |
| KS | Kansas Peer Mentor In Training | 6 | NA | NA | NA | NA |
| KS | Kansas Certified Peer Mentor | 15 | NA | NA | NA | NA |
| KY | Registered Alcohol and Drug Peer | 60 | 500 | 25 | 36 | 10 |
| LA | Peer Support Specialist | 76 | NA | NA | 12 | 10 |
| ME | Certified Intentional Peer Support | NA | 72 | NA | 12 | 2 |
| MD | Registered Peer Supervisor | 6 | NA | NA | 24 | NA |
| MD | Certified Peer Recovery Specialist | 46 | 500 | 25 | 24 | 20 |

| STATE | CREDENTIAL TITLE | EDUCATION HOURS | PRACTICE HOURS | SUPERVISION HOURS | RENEWAL PERIOD | CONTINUED EDUCATION |
|-------|---|-----------------|----------------|-------------------|----------------|---------------------|
| MA | Certified Peer Specialist | NA | NA | NA | NA | NA |
| MI | Certified Peer Recovery Mentor | 46 | 500 | 25 | 24 | 20 |
| MN | Certified Peer Recovery Specialist | 40 | NA | NA | 24 | 20 |
| MN | Certified Peer Recovery Specialist Reciprocal | 46 | 500 | 25 | 24 | 20 |
| MS | Certified Peer Support Specialist | NA | 250 | NA | 48 | 20 |
| MO | Certified Peer Specialist | 46 | NA | NA | NA | NA |
| MO | Missouri Recovery Support Specialist | 46 | 1,000 | NA | NA | NA |
| MO | Certified Reciprocal Peer Recovery | 46 | 500 | 25 | 24 | NA |
| MT | Certified Behavioral Health Peer Support Specialist | 40 | NA | Yes | 12 | 20 |
| NE | Certified Peer Support and | 60 | NA | NA | 24 | 20 |
| NV | Certified Peer Recovery and Support Specialist | 46 | 500 | 25 | 24 | 20 |
| NH | Certified Recovery Support Worker | 46 | 500 | 25 | 24 | 12 |
| NJ | Certified Recovery Support Practitioner | 126 | 500 | 110 | 24 | 24 |
| NJ | Certified Peer Recovery Specialist | 46 | 500 | 25 | 24 | 20 |
| NM | Certified Peer Support Worker | 40 | NA | NA | 24 | 40 |
| NY | Certified Recovery Peer Advocate | 46 | 500 | 25 | 36 | 28 |

| STATE | CREDENTIAL TITLE | EDUCATION HOURS | PRACTICE HOURS | SUPERVISION HOURS | RENEWAL PERIOD MONTHS | CONTINUED EDUCATION HOURS |
|-------|--|-----------------|----------------|-------------------|-----------------------|---------------------------|
| NC | Certified Peer Support Specialist | 60 | NA | NA | 24 | 20 |
| ND | Certified Peer Specialist | NA | 100 | NA | 12 | 10 |
| OH | Certified Peer Recovery Supporter | 16 | NA | 4 | 24 | 30 |
| OK | Certified Peer Recovery Support Specialist | 40 | NA | NA | 12 | 12 |
| OR | Certified Addictions Recovery Mentor | 80 | NA | 500 | 24 | 20 |
| PA | Certified Recovery Specialist | 54 | NA | NA | 24 | 30 |
| PA | Certified Family Recovery Specialist | 60 | NA | NA | 24 | 30 |
| RI | Certified Peer Recovery Specialist | 46 | 500 | 25 | 24 | 20 |
| SC | Certified Peer Support Specialist | 40 | 100 | NA | 12 | 20 |
| SD | NA | NA | NA | NA | NA | NA |
| TN | Certified Peer Recovery Specialist | NA | 75 | 3 | 12 | 10 |
| TX | Certified Peer Mentor/Peer Recovery Coach | 46 | 500 | 25 | 24 | 20 |
| TX | Peer Recovery Support Specialist | 46 | 500 | 25 | 24 | 20 |
| UT | Certified Peer Support Specialist | 40 | NA | 100 | 24 | 20 |
| VT | NA | NA | NA | NA | NA | NA |
| WA | Certified Peer Recovery Specialist | 72 | 500 | 25 | 24 | 20 |
| WA | Certified Peer Counselor | 50 | NA | NA | NA | NA |

| STATE | CREDENTIAL TITLE | EDUCATION HOURS | PRACTICE HOURS | SUPERVISION HOURS | RENEWAL PERIOD MONTHS | CONTINUED EDUCATION HOURS |
|-----------|----------------------------------|-----------------|----------------|-------------------|-----------------------|---------------------------|
| WV | Peer Recovery Specialist | 46 | 500 | 25 | 24 | 20 |
| WI | Certified Peer Specialist | NA | NA | NA | 24 | 20 |
| WI | Certified Parent Peer Specialist | NA | NA | NA | 24 | 20 |
| WY | Certified Peer Specialist | 36 | 32 | NA | 12 | 19 |
| MEDIAN | NA | 46 | 500 | 25 | 24 | 20 |
| AVERAGE | NA | 50.43 | 548.03 | 49.12 | 21.74 | 20.29 |
| STD. DEV. | NA | 22.15 | 424.00 | 85.68 | 7.082 | 8.33 |