

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



Project Team

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

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

Maria Gaiser, MPH

Background

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

Methods

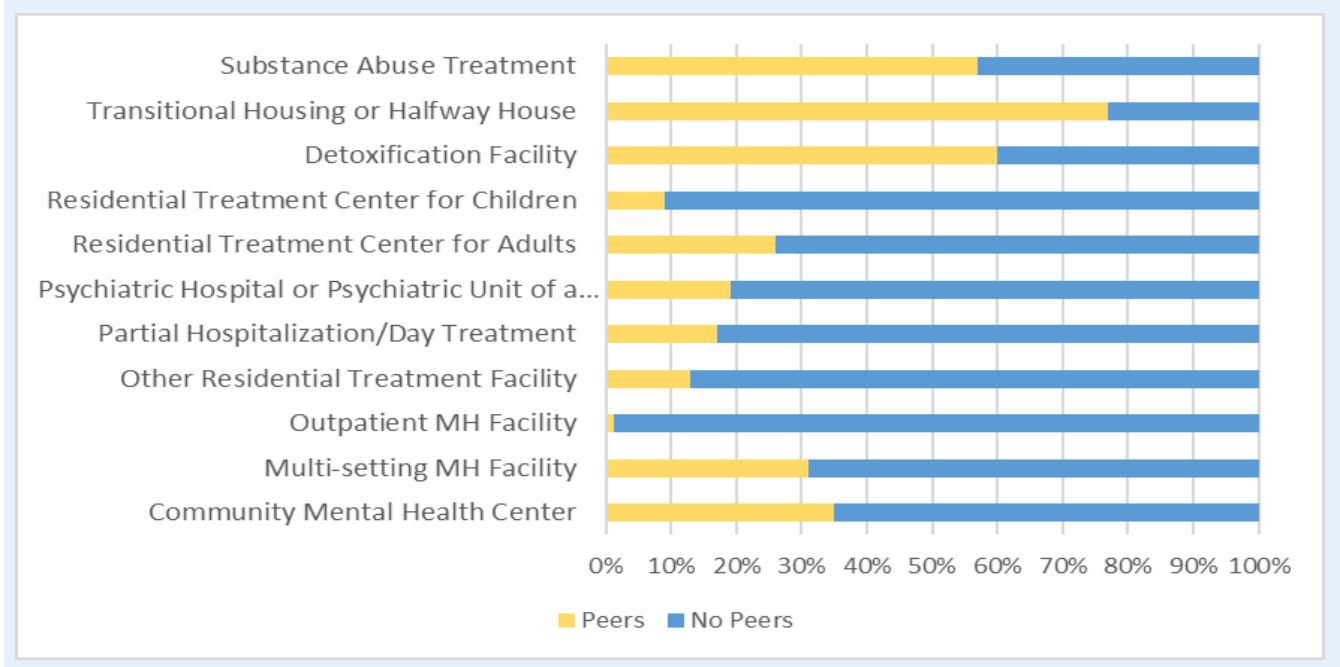
This study is a secondary analysis of the 2018 National MH Services Survey and National Survey of Substance Abuse Treatment Services directories. Three modes of data collection were employed: a secure web-based questionnaire, a paper questionnaire sent by mail, and a telephone interview.^{7,8} Credentialing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

Key Findings

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

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

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



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

Conclusions & Policy Implications

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

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