

Health Workforce Policy Brief

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Peer Provider Workforce in Behavioral Health: A Landscape Analysis

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I. Introduction/Background

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines a peer provider as “a person who uses his or her lived experience of recovery from mental illness and/or addiction, plus skills learned in formal training, to deliver services in behavioral health settings to promote mind-body recovery and resilience.” Peer support for mental health (MH) recovery arose out of the civil rights movements of the 1960s and 1970s as a reaction to the enforced treatment and incarceration of persons with mental illnesses. Peer providers have traditionally worked as volunteers, however changes in mental health and substance use disorder (SUD) services and treatment, as well as recognition of the importance of long-term recovery support have led to a professionalization of this role with formalized training and certification, and the potential for paid employment. This [report](#) summarizes the findings of a landscape analysis on the topic of peer providers in MH and SUD treatment services. Companion reports providing [summary information](#) on peer provider practices and a review of practices in four “leader” states providing peer provider services were also conducted ([Arizona](#), [Georgia](#), [Pennsylvania](#), and [Texas](#)).

II. Methods

To describe the landscape, we used a series of terms to capture the many titles and roles peer providers play, and conducted a literature search of peer-reviewed and published studies and reports, as well as a search of the “grey” literature on several topics. We conducted a Web-based search to find reports from government and private agencies, and targeted searches in PubMed and other databases for peer-reviewed articles. We also reviewed the bibliographies of promising articles and reports, and were referred to published and unpublished reports by subject matter experts.

III. Findings

Peer providers work in a number of roles in a variety of settings, including both non-clinical and traditional care settings, as well as housing and correctional facilities. Despite demonstrated benefits of integrating peer providers alongside the traditional workforce, the stigma associated with drug addiction and mental illness can create challenges. While the majority of published studies indicate positive outcomes for peer support programs, such as increased sense of activation and empowerment among consumers, decreased rates of hospitalization, and increased medication adherence—recent meta-analyses raise questions about the rigor of this research. In recent years, there has been a trend toward increasing federal and state funding for peer providers. A majority of states have statewide certification for peer providers, but training requirements and standards vary widely.

Conclusions and Policy

Implications

- 1) Peer providers bring “lived experience” in their recovery from mental illness or addiction to their work in the treatment of these conditions. Most published studies indicate positive outcomes for peer support programs; however, recent meta-analyses question the rigor of this research.
- 2) Concerns have been raised that standardization and professionalization of the role might jeopardize the special components of peer support that speak to lived experience. Further research should explore the impacts of health care reform, Medicaid expansion, and managed care on the effectiveness of peer provider programs.
- 3) State government has an important role to play in developing and facilitating the adoption of recovery-oriented systems of care, including peer support. The ability to bill Medicaid for peer support, especially in Medicaid expansion states, may serve as an incentive to employers to hire peer providers.

IV. Conclusion

As peer providers achieve a higher profile and greater legitimacy in the behavioral health workforce, there are concerns that standardization and professionalization of the role may jeopardize the special components of peer support that speak to lived experience. Further research should explore the impacts of health care reform, Medicaid expansion, and managed care on (1) the number of peer providers employed, (2) the viability and mission of peer-run organizations, and (3) the culture of treatment organizations employing peers.

V. Policy Implications

State government has an important role to play in developing and facilitating the adoption of recovery-oriented systems of care, including peer support. State policy can help create the infrastructure that provides for training and statewide certification and, consequently, the option for Medicaid billing for peer providers' services. The ability to bill Medicaid for peer support, especially in Medicaid expansion states, may serve as an incentive to employers to hire peer providers.

References

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