

## Peer Provider Workforce in Behavioral Health: Lessons from Four States

Susan Chapman, PhD RN FAAN, Lisel Blash, MPA, Krista Chan, BA, Kimberly Mayer, MSSW, Victor Kogler, Joanne Spetz, PhD

### I. Introduction/Background

Peer providers are individuals hired to provide direct support to those undertaking mental health (MH) or substance use disorder (SUD) recovery, and often referred to in the literature as “consumers.” 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 resiliency.” This [summary report](#) examines factors associated with the successful integration of peer providers into behavioral health care systems, drawing from a review of the literature and in-depth case studies conducted in 4 states with strong peer provider workforces. Please follow the link for the individual state reports for [Arizona](#), [Georgia](#), [Texas](#), and [Pennsylvania](#), and follow this [link](#) for our landscape analysis of the use of peer providers in the MH and SUD fields.

### II. Methods

Arizona, Georgia, Texas, and Pennsylvania were identified as leading states in the employment of peer providers in MH and SUD through a literature review and the input of a national panel of experts. We conducted site visits to these states, each lasting 3 to 5 days, during which we interviewed policy makers, individuals leading training and certification, and staff and leaders in peer provider organizations.

### III. Findings

Site visits to 4 states that actively promote the training, certification, and employment of peer providers revealed a wide variation in approaches. Peer providers are employed in an expanding number of roles and are generally highly regarded by the organizations and team members with whom they work. Peer provider roles were similar across states, however we also observed some state-specific innovations. Medicaid billing is an important factor in the growth of peer-provided services although Medicaid billing is not allowed in every state (see Figure 1) There are challenges with the documentation requirements and differing views on how billing impacts the underlying philosophy of peer support. Career growth opportunities for peer providers are limited but some organizations have focused on creating, promoting, and supporting continued education and career growth. Other states may benefit from further development of the peer provider role to address the growing needs for behavioral health services across the nation.

### Conclusions and Policy Implications

- 1) Peer providers can contribute positively to the treatment and recovery of individuals with behavioral needs.
- 2) Employers should implement strategies to improve job attractiveness for peer providers.
- 3) Greater coordination of MH and SUD peer provider training should be considered.
- 4) Medicaid billing is an important factor in the growth of peer-provided services although there are challenges with documentation requirements and differing views on how billing impacts the basic philosophy of peer support.

## IV. Conclusion

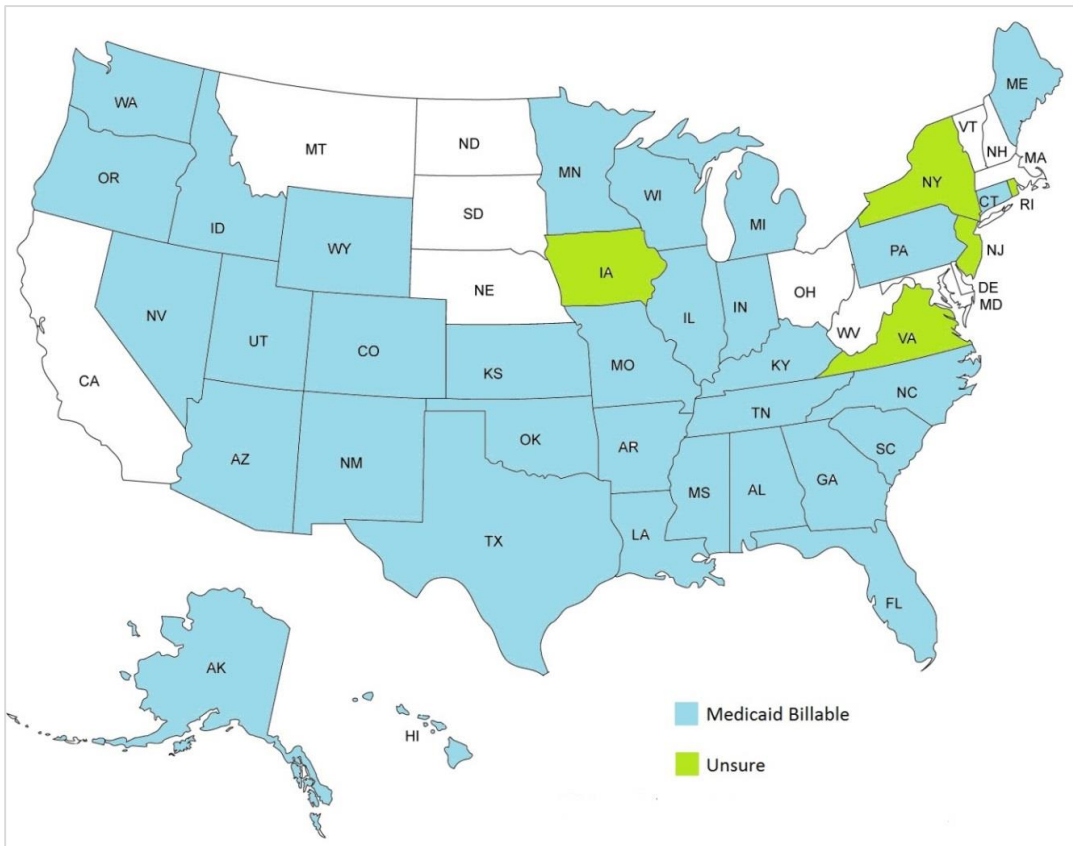
A growing body of research demonstrates that peer providers can contribute positively to the treatment and recovery of individuals with behavioral health care needs. There is more literature on the efficacy of MH than SUD peer providers. Many states are actively promoting the training, certification, and employment of peer providers.

## V. Policy Implications

Data on the active employment and roles of peer providers should be collected. More research is needed on the impact of SUD peer providers. Employers should develop strategies to ensure that peer provider jobs offer opportunities for advancement and sustainable earnings and benefits. They should also be aware of the unique stresses associated with the peer provider role and ensure that peer providers have the workplace accommodations they need to maintain their own health. Standardized training and certification may enhance job mobility for peer providers, and greater coordination of MH and SUD peer provider training should be considered, especially in light of the prevalence of co-occurring disorders. Policies should ensure that Medicaid reimbursement requirements do not undermine the unique features of peer providers that make them effective in supporting recovery.

## Charts/Tables

**Figure 1. Map of Medicaid Billing for Mental Health Peer Provider Services by State**



Source: UCSF map created from data contained in Kaufman, L., et al. (2014). Peer Specialist Training and Certification Programs: A National Overview, Texas Institute for Excellence in Mental Health, School of Social Work, University of Texas at Austin.