

ABSTRACT



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Peer Providers in the Behavioral Health Workforce: Costs and Contributions

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Background

Peer support providers (peers) are increasingly delivering behavioral health treatment, but evaluation of their impact on client outcomes remains limited. Prior studies to determine the effectiveness of peers identify inconsistent training requirements and role definition as barriers to assessing their value. This second year of two-year study assessed the effectiveness of peers in helping behavioral health clients achieve and maintain long-term recovery from mental health and substance use disorders.

Methods

Building from a systematic review of literature completed during the first year of the study, researchers conducted key informant interviews with U.S. organizations that employ peers and collected fiscal data on organizational staffing. A summary of financial data findings is discussed in a companion brief. Organizations that employ peers were identified through a review of the National Mental Health Services Survey (N-MHSS) and the National Survey of Substance Abuse Treatment Services (N-SSATS), word-of-mouth references, and general web searches. Semi-structured interviews were conducted in March-July 2021, transcripts from which were transcribed through Scribe services and thematically coded by two researchers.

Findings

Forty-eight key informants from 10 organizations participated in interviews. The majority of organizations required peers to have completed training and become certified upon hire. Organizational staffing ranged between 2 and 148 peers, with “Certified Peer Specialist” and “Recovery Coach” being the most commonly held peer titles. Emotional and instrumental support provided individually and in groups were the hallmark of peer-provided services, and fluidity of job roles was common. Key informants serving in a non-peer role overwhelmingly advocated for the value of peer services, and collaboration between peers and other clinicians was common. Despite the reported value of peer services, most organizations did not track or evaluate the cost effectiveness of peer services or their effect on client outcomes due to limited funding for evaluation.

Conclusions/Policy Considerations

This study identified wide variation in organizational staffing, peer certification status, and frequency of peer service provision. Despite the merit of peer services, Medicaid reimbursement rates remain low and may dissuade widespread adoption of peer services. Future studies might consider how higher reimbursement rates

and greater evaluation of peer-delivered services could contribute larger-scale incorporation of peers into behavioral health care.