

# PEER SUPPORT SERVICES

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## Background

In a 2007 [letter](#) to State Medicaid Directors, the Centers for Medicare and Medicaid Services (CMS) defined peer support services as “an evidence-based mental health model of care which consists of a qualified peer support provider who assists individuals with their recovery from mental illness and substance use disorders.” The letter announced that these services could be reimbursed through state Medicaid Plans, subject to a set of minimum requirements including training, credentialing, and supervision for peer specialists and incorporation of these services within a “comprehensive, individualized plan of care that includes specific individualized goals.” The structure and specific details of these training, credentialing, and coordination mechanisms were to be determined by each state. The peer workforce has, since then, continually increased in size and developed a comprehensive set of [core competencies](#) and [ethical standards](#). Most states have their own certification programs, practice profiles, core competencies, and ethics for their peer workforce.

Peer support as a service model was developed in tandem with the recovery movements. Based on the notion that people with shared experiences have a unique capacity to help each other, the model has become an integral component of mental health and substance use disorder recovery programs. Although initially developed as a recovery support model, peer support currently plays a crucial role throughout the care continuum in many behavioral health systems. Peer support models have also been adapted to areas of health care such as [diabetes](#) and other [chronic conditions](#).

## Basic Principles

Support services provided by peer specialists can take many forms depending on the cultural context and health condition. However, they have several features in common. They are all structured around a non-hierarchical and reciprocal relationship between a service recipient and a qualified support provider who has lived experience of the health condition. The model is non-clinical by design. In contrast to most clinical models where providers and service users often come from different backgrounds and have differing worldviews, peer support fosters a deep understanding and mutual trust. Peer supporters provide help in the daily management of the health condition, the treatment/recovery process, and their social and emotional impacts on daily life.



Another important function of the model is to help with linkages to community resources. In fact, knowledge of available resources and supports in the community is one of the required core competencies for peer specialists. Finally, peer support relationships typically continue over extended periods, keeping people engaged with treatment, recovery, and wellness promotion. These features make the model a valuable supplement to clinical and case management services.

Self-directed, person-centered, and trauma-informed service provision are key values of peer support; therefore, the model integrates well with other evidence-based interventions governed by similar principles, such as [WRAP](#), [ASIST](#), and [Healthy IDEAS](#).

## Is it a Good Fit for My Agency?

Peer support models have been adapted to [integrated health](#) and community settings and have been implemented by [Centers for Independent Living](#). They have been used successfully with a broad range of populations including older adults, people who are homeless or at risk of losing their home, people with co-occurring physical health conditions, and high users of emergency services. The model is best suited to organizations with a recovery-oriented mission, clearly defined peer roles, and the capacity to provide reasonable accommodations for staff with disabilities or behavioral health conditions. To deliver peer support services with fidelity, organizations must have behavioral health professionals who meet the minimum supervision requirements for peer specialists, either on staff or through a partnering organization.

# Implementing and Financing Peer Support Services

## Incorporating Peer Specialists into the Agency

Training and credentialing requirements for peer specialists and reimbursement policies for their services vary from state to state. Copeland Center's [Peer Specialist Database](#) provides comprehensive information about each state's policies regulating the peer workforce, along with information on training resources and costs. This information should be of help to organizations that already employ people with lived or lived experience and have interest in providing peer specialist training and credentialing. Researchers have identified some [organizational best practices](#) for incorporating a peer workforce. These include, but are not limited to

- ❖ Trainings and group discussions to familiarize all staff members with the peer support approach, including the value of person-centered service provision
- ❖ Clearly defined organizational roles for peer specialists and associated recruitment and other HR practices tailored to their specific needs and strengths
- ❖ A mechanism for supervising peer specialists, with supervision provided by a qualified practitioner with deep understanding of peer services

In many agencies, adopting these organizational best practices garners whole-organization culture change that favors recovery-oriented and trauma-informed services, open communication among staff members, transparency in organizational policies and practices, inclusiveness, and workforce diversity.

## Potential Funding Sources

Peer support services, especially in behavioral health, are now covered by [Medicaid](#) in many states. However, many organizations braid funds from multiple sources to ensure the sustainability of their peer-delivered services. Some potential funding sources are [federal block grants](#), discretionary grants such as the [Treatment, Recovery, and Workforce Support Grant](#) and the [Building Communities of Recovery Program](#), state appropriations, and foundation grants. In some states, peer support services have received funding from the [Temporary Assistance for Needy Families Program](#).

A recent report on [Enhancing Community Recovery Capital in America](#) provides useful information for community-based organizations on financing recovery support models (including peer supports), and case studies of innovative approaches.

## Benefits of Peer Support Services

There are numerous evaluation studies demonstrating the positive impact of peer support services on a range of health and wellness measures. The following are a sample of research results:

[Evaluation](#) of a 10-week mental health peer support intervention for older adults found a 30% decrease in average Geriatric Depression Scale scores and a 17% increase in health and functioning as measured by Quality-of-Life Index.

An [outcome study](#) of a peer-run care transition program found that the average number of admissions per person decreased from 0.58 during the six months prior to program start to 0.27 during the six months after program start. Average inpatient days per patient decreased from 12.2 to 3.1 during the same period.

A three-month [pilot study](#) of an intervention to improve self-management among older adults with mental illness and comorbid medical conditions delivered by certified peer specialists found a 55% increase in average scores on the Illness Management and Recovery Scale.

## Expected Impact on Healthcare Costs

A Blue Cross Blue Shield [review](#) of a peer recovery program for people with substance use disorders in Rhode Island found improvements in treatment adherence and a 12% decrease in pharmacy costs. The study projected a 67% decrease in long-term healthcare costs for program participants.

A 2016 [Optum report](#) on the value of peer support for its health plans found that peer support programs offered to plan members transitioning from a hospital to the community in New York resulted in a 62.7% decrease in the number of inpatient days per person and a 47.1% decrease in overall behavioral health costs per person (from \$9,999 to \$5,292).

## How to Learn More

SAMHSA's web page on [Recovery Support Tools and Resources](#) provides useful links to training resources and FAQs about peer workers. The SAMHSA-funded [Peer Recovery Center of Excellence](#) offers valuable training and technical assistance resources. The National Association of Peer Supporters offers a comprehensive [Resource Library](#). The Gillings School of Global Health at the University of North Carolina, through its Peers for Progress project, published a [Program Development Guide](#) for organizations for planning, implementing, and evaluating peer support services. The guide is a working document updated periodically.