Peer Support in Behavioral Health

What is Peer Support?

Peer support is an evidence-based model founded on the principle that individuals who have shared similar experiences can help each other to lead meaningful and productive lives. In the field of behavioral health, peer support has been used effectively to help people with severe mental illness (e.g., the Clubhouse Model, Intentional Peer Support, Emotions Anonymous), substance use disorders (e.g., 12 step programs, Recovery Community Organizations, Telephone Recovery Support), veterans (e.g., Vet to Vet), families (e.g., Family to Family by the National Alliance on Mental Illness). Around the country, trained, certified peers have been used to provide one-to-one engagement and motivation, group skills training, customized care coordination, community support, crisis stabilization and respite, family training, and more. Peer specialists have served on hospital inpatient units, in community programs such as Assertive Community Treatment (ACT) teams, as peer bridgers to help transition individuals from inpatient to community settings, as warmline operators, and more.

Certified Peer Support in CT

In Connecticut, Advocacy Unlimited certifies people with lived experience with behavioral health disorders to become Recovery Support Specialists (RSS's). An RSS has personal experience with a psychiatric, traumatic, and/or addiction challenge and has also experienced the healing process of recovery. An RSS provides peer-to-peer support, drawing on personal experience and 80 hours of formal training. Mental health programs use RSS's to help individuals with mental health disorders with their socialization, recovery, self-advocacy skills, and employment and community living skills. Another peer designation in Connecticut is Recovery Coach. Recovery Coaches provide peer support to individuals with a substance use disorder. They are trained by the CT Community for Addiction Recovery (CCAR). CCAR is currently working with hospitals in Manchester and New London to use Recovery Coaches to engage people with substance use disorders who present at the emergency room.

- The 2016 National Survey of Compensation among Peer Support Specialists identified an average wage of $17.73 for peers in Connecticut. This wage correlates closely with the maximum peer specialist salary potential based on a fee-for-service reimbursement model.
- In CT, peer services are reimbursed by Medicaid through the 1915(c) Mental Health Waiver (formerly WISE waiver) program. DMHAS grants also support several highly effective peer programs such as Toivo and Community Bridgers.
- There are an estimated 800 certified RSS's in CT who are not employed.

National Endorsement for Integration & Coverage of Peer Services

- The Substance Abuse and Mental Health Services Administration (SAMHSA) has endorsed peer support as a vital component of recovery support services and provides information on implementing peer programs, billing for peer-delivered services, and sample job descriptions.
- A 2016 report by the National Academy for State Health Policy, "Using Peers to Support Physical and Mental Health Integration for Adults with Severe Mental Illness," notes that peers can improve integrated care specifically for this population and expand the mental health workforce.
- A 2013 Pew Charitable Trusts article highlights the use of peers to ease the shortage of mental health workers.

In 2007, the Centers for Medicare and Medicaid Services issued guidelines to support states in implementing Medicaid reimbursement for peer services. These guidelines were updated in 2015 with regard to youth peer support and peer

recovery coaches for substance use disorders. (See also 2016 webinar at samhsa.org on "Maximizing Medicaid Coverage for Peer Support Services: Lessons from Georgia.")

- A 2010 SAMHSA / Partners for Recovery report, "Financing Recovery Support Services: Review & Analysis of Funding" recommends increasing funding for recovery support services (including peer services) throughout the continuum of care, including private sources.
- As of 2017, 40 states provide Medicaid reimbursement for peer services.
- **At the 2016 iNAPS Conference it was noted that peer-delivered services are lacking in the private and primary care sectors as a result of lack of insurance coverage from private insurers and Medicare.**

Benefits & Cost-Effectiveness of Peer Support

Peer programs have been found effective, with demonstrated outcomes including:[1]

▪ Increased life expectancy	▪ Reduced use of emergency services
▪ Improved quality of life	▪ Increased awareness of condition
▪ Reduced isolation	▪ Improved self-efficacy
▪ Heightened empathic response	▪ Decreased depression
▪ Increased self-esteem	▪ Improved self-care skills, including medication adherence

Peer support has a proven record of success in the community, with dozens of studies reinforcing its value and cost-effectiveness in the mental health system.

- Certified Peer Specialists in Pierce County, Washington provided respite services as an alternative to immediately hospitalizing people in crisis. Involuntary hospitalizations were reduced by 32%, saving an estimated $1.99 million per year.[3]
- A study in New York found that clients who worked with a "Peer Bridger" reduced their average length of hospitalization from 6 days to 2.3 days.[4]
- According to a major health care provider in Arizona, the addition of peer support staff at two major psychiatric hospitals has resulted in a 36% reduction in the use of seclusion, a 48% reduction in the use of restraints, and a 56% reduction in hospital readmission rates.[5]
- A Connecticut study of patients with a history of multiple admissions for inpatient services revealed that patients who worked with a "Peer Mentor" had 42% fewer admissions and 48% fewer total hospital days of service after nine months, compared to the control group.[6]
- In Clackamas County, Oregon, the provision of peer services to some 5000 adults, youth, and families was estimated to have saved ~$2.3 million: $1.289 million in jail costs, $720,400 in welfare costs, and $283,000 from system savings through a peer warmline. In one example, a woman who had been visiting the Emergency Department weekly met with a peer instead, for a cost savings of ~$55,600. This program operates on a budget of $1.7 million. (2016 Peer Link webinar)
- A 2014 Medicare & Medicaid Research Review did a retrospective analysis of 2003-04 data from Georgia's then-new peer program (the first nationally), which connected people with severe mental illness with peer supports in response to a shortage of mental health professionals and one of the lowest rates of state funding for mental health. The program was found successful in providing access to care: participants sought more professional care, filled more drug prescriptions, and used acute-care facilities less. This study also found evidence of a dose-response relationship: higher levels of peer support were associated with lower psychiatric hospitalization costs.
- A 2006 Georgia study found that clients who had Certified Peer Specialists involved in their care experienced reduced symptoms, increased skills and abilities, and increased access to needed resources. These improvements led to an average savings of $5,494 per year per person.[2]

New Directions in Peer Support

41 states now have their own credentialing process for peer support specialists, creating a movement to establish a national credentialing body; SAMHSA has described the core competencies (2015) and Faces and Voices of Recovery has guidelines to accredit Recovery Community Organizations (Elsevier 2016: Peer-Delivered Recovery Support Services for Addictions in the US: A Systematic Review). Peers from Mental Health America have worked over the past two years to create a National Certified Peer Specialist Credential for mental health based on a survey of large healthcare organizations and insurers. Similarly, the NAADAC offers a Nationally Certified Peer Recovery Support Specialist credential.

[1] http://peersforprogress.org/science-behind-peer-support/
[2] Fricks, L. (Presenter). (2007). PowerPoint presented at SAMHSA National Mental Health Block Grant and Data
[3,4] New York Association of Psychiatrict Rehabilitation Services, www.nyaprs.org/e-news-bulletins/2011/2011-02-02-Bergeson-Cost-Effectiveness-of-Using-Peers-as-Providers.cfm
[5] http://www.recoveryinnovations.org/pdf/RIA%20Programs%20and%20Outcomes.pdf
[6] Sledge, W., Lawless, M., Sells, D., Wieland, M., O'Connell, M., & Davidson, L. (2011) Effectiveness of Peer Support in Reducing Readmission of Persons With Multiple Psychiatric Hospitalizations. Psychiatric Services, (62)5, 541-544.