



**Association for Behavioral
Health and Wellness**

*Advancing benefits and services
in mental health, substance use
and behavior change.*

Peer Support Services A Valuable Component of Behavioral Healthcare January 28, 2013

Introduction

In recent years, Peer Support Services (PSS) have become an increasingly popular and utilized component of comprehensive services offered by specialty behavioral health care organizations (BHOs). Peer Support Services (PSS) are specialized therapeutic interactions conducted by self-identified current or former consumers of behavioral health services that are trained to offer support and assistance to others in their recovery and community-integration process. Peer Support is designed on the principles of consumer choice and the active involvement of persons in their recovery process.

The Association for Behavioral Health and Wellness (ABHW) is the national voice for organizations that manage behavioral health and wellness services, providing specialty services to over 100 million people to treat mental health, substance use and other behaviors that impact health and wellness. ABHW members are increasingly utilizing PSS as part of a comprehensive, holistic approach to wellness. In order to gauge the range and scope of current services, ABHW polled its members about PSS programs offered in their organizations. The survey examined the scope and use of PSS in the public and private sector; credentialing, certification and training of peers; and, challenges and opportunities in providing PSS.

The survey revealed several important findings:

- Specialty behavioral health organizations increasingly utilize Peer Support Services and view them as a valuable component of a comprehensive approach to wellness.
- Some ABHW member companies have greater utilization of and experience with PSS services than others, but across the board, specialty BHOs are eager to offer PSS, where appropriate and feasible, to the members they serve.
- ABHW members have seen that Peer Support Services are an effective component of behavioral health treatment and have a positive impact on consumers, purchasers and payers.

- Broader utilization of Peer Support Services will require a number of systemic changes, but the value and beneficial opportunity presented by PSS programs is clear.

The results of this survey, conducted between May and June 2012, represent conversations with members of the Association for Behavioral Health and Wellness. ABHW members include: Aetna Behavioral Health, Beacon Health Strategies, CBHNP/PerformCare, Cenpatico, MHN, New Directions Behavioral Health, OptumHealth Behavioral Solutions, and ValueOptions.

Peer Support Services Landscape

Access to Services

In response to customer requests and evolution in the field, some BHOs began offering PSS as part of their benefit packages as early as 2007. Others began to have a formalized view of PSS programs in late 2009 and early 2010. Some are just beginning to offer PSS through pilot programs that began in 2011 and early 2012. Other BHOs are still in the process of developing the capability to offer PSS. While the implementation time frame of PSS may differ, there is universal recognition of the importance and value of these services.

Peer Support Services are most prevalent in public sector contracts, namely in the Medicaid program, where they are offered as an additional benefit that will help improve the patient's overall health and wellness, and not as a substitute for other health care services.

Access to PSS varies depending on several factors. In some instances, there is "significant need" criteria, such as a person diagnosed with a serious mental illness or a person who has been hospitalized. In other situations, a recommendation or referral from a clinician, a case manager, or a hospital is required. Some states only require consumers to be Medicaid eligible in order for them to directly seek the services they need. However, due to limitations on the number of peer support providers that exist in certain locations, priority will be given to those who are more severe (i.e. if hospitalization is imminent) and a waiting list is often maintained for those cases that are less severe. Other state contracts will make one peer support specialist available to every adult recovery team. A recovery team might be put in place by the BHO based on the state Medicaid contract and include a physician, a case manager and peer support provider for the individual requiring services.

The utilization of services varies according to consumer preference, ranging from daily use to only occasional utilization. In order for consumers to locate providers in their county or state, some BHOs provide information on their websites regarding provider availability using an easy search function. The availability of this option varies by state. BHOs have found that PSS are very popular with consumers.

What is Offered

The range of Peer Support Services includes, but is not limited to:

- one-on-one support related to navigating services
- assistance with discharge and transition issues to wellness and recovery support

- education and employment services
- crisis support services/coping skill building services
- housing services
- social networking services
- self-determination and individual advocacy services

The type of services offered varies by company and contract.

Some examples of the specific types of PSS that ABHW members offer include:

- **Peer Bridgers:** A peer assigned to a person for approximately 6 months to help bridge the transition from a hospital stay to the home.
- **Whole Health Peer Coaches:** A coach trained to help with comorbid physical conditions and mental health issues.
- **Addiction Recovery Coaches:** A coach, who has been in recovery for addiction, is assigned to a person who is just beginning his recovery from addiction.
- **Family Peer Navigators:** A person who helps the family navigate an often confusing system; these Navigators can help families keep track of information and make appointments.
- **Family Peer Coaches:** Coaches are support systems for the families. They typically have a family member who has experienced a mental health or substance use disorder and they provide support for the families by acting as educators, companions, aides, or advocates.
- **Peer Warm Lines:** This is similar to a hotline; a person is able to call and talk one-on-one with another peer.
- **Self-esteem/Anger Management Coaches:** A coach that provides a form of interaction with peers who suffer from self-esteem issues or anger issues.
- **Community Support Programs:** These programs are designed to increase the overall engagement in aftercare of members discharging from a detox level of care and thereby decreasing readmissions to acute levels of care.

Challenges and Opportunities

Challenges

There are several challenges that BHOs face in providing Peer Support Services, including:

- Reimbursement
- Internal billing systems
- Lack of national credentialing standard
- Need for more qualified peer providers
- Acceptance

Reimbursement - One significant challenge for BHOs is the customer's (state, government, employer, health plan, etc.) willingness to reimburse or pay for the service. Some services are more likely to be reimbursed than others since some states have more flexible Medicaid regulations, and will allow for more categories of PSS to be reimbursed. For example, some state regulations allow for peer coaches to be billed

through Medicaid. This direct face-to-face contact is more likely to be reimbursed as opposed to a peer hotline which is not a billable expense under some state Medicaid regulations. In some instances, about 60% of services are reimbursed by Medicaid and the rest of the expense is treated as an out of pocket expense. When Medicaid does not reimburse, sometimes the BHO will treat the service as an administrative expense; however, in states where BHOs are required to have very low administrative expenses, PSS must be purchased as a medical expense. Occasionally, specific PSS options, like training services, will fall under an administrative expense category.

Internal billing systems – For many BHOs, the internal billing systems are not able to recognize the codes for the range of services being provided under PSS. In order to provide a variety of services, BHOs contract with a multitude of organizations for services; this can be as many as 20-25 different consumer/peer run organizations. Examples of consumer-run organizations that BHOs contract with include educational organizations, advocacy organizations, drop in centers and community service agencies as well as intake agencies and traditional community mental health centers. Consumer-run or peer-run provider groups need to be able to bill for their services and BHOs must revamp their internal systems so they are able to reimburse providers. Some states require licenses for peer run organizations to operate in the state.

Lack of national credentialing standard – At this time, there is no national standard for training of PSS professionals. PSS training programs vary in the approach they take, often requiring different core competencies and varied time requirements for training. Many states do not specify training guidelines; however, in a few instances, states dictate a certification process and there are state vendors who provide the training and certification. Since there is no national standard, some BHOs follow the Veterans Administration Guidelines. The Veterans Administration Guidelines recognize five training models for PSS: [the DBSA \(Depression and Bipolar Support Alliance\) Model](#), the [Georgia Model](#), the [Mental Health Association of Southeastern Pennsylvania Model](#), [NAZCARE](#), and [Recovery Innovations](#). [The National Association of Peer Support Specialists \(NAPS\)](#) is not currently recognized by the VA, however, they provide some training involving a class and a written exam; once participants pass they are given a peer support specialist number and then they are able to bill for services. [Note: While none of the ABHW members reported using Certified Parent Support Providers there are national standards and certification for individuals who provide peer services with family members who have children and youth with behavioral health needs. The use of Certified Parent Support Providers is something that merits future observation.]

The lack of a formal credentialing process and the variety among and inconsistency between training programs results in peer support specialists who have different skill sets. About half of all states have created a scope of work and guidelines for peer support specialists. Some states have not taken on this task because it is expensive. The lack of this information from the state makes it difficult for BHOs to know who can be a peer support specialist in that state. Furthermore, in some instances individuals applying to become a peer support provider are not well screened prior to being accepted into the certification process. These factors can pose a challenge for BHOs that want all of their peer support specialists to have a core set of skills.

Need for more qualified peer providers - Access to peer providers in BHOs is an existing and increasing challenge. There need to be enough specialists to accommodate the consumer population that could benefit from these services. Having enough certified individuals has been challenging, and some BHOs will retain a waiting list for PSS due to limitations on the number of certified peer support providers available. For some peers the cost of training, certification, liability insurance, etc. that is often necessary to become a peer support provider may be a financial burden that leads to a decreased availability for BHOs.

Acceptance – Despite the increasing use and value of PSS, the pace of acceptance by some behavioral health organizations of peer providers has varied. Maintaining the differentiation of roles between peer support specialists and clinicians is important to ensure that consumers receive appropriate care. Some posit that the establishment of a national code of conduct (similar to what exists for other health professions) would help increase the utilization of peer providers. It is important to educate people at all levels about the value of peer support in order to break down existing barriers whether they are as a result of stigma, lack of information or other issues.

Opportunities

There is a great need for Peer Support Services and there are many opportunities for PSS to expand and grow in BHOs, including:

- Expand to emergency rooms
- Establish more “living rooms”
- Increase services for consumers upon hospital discharge
- Grow the number of Whole Health Coaches

Expand to emergency rooms - Peers can provide valuable help to emergency room physicians who are frequently looking for assistance with mental health patients. According to the Agency for Healthcare Research and Quality (AHRQ), nearly 12 million emergency room (ER) visits (one in eight) in the United States in 2007 involved mental disorders, a substance abuse problem or both.

Establish more “living rooms” – The use of “living rooms” near hospitals could be a valuable component of a holistic approach. A living room is a place where people can go (if they don’t require hospitalization) for crisis stabilization support and to connect with a peer for a day or two before going home. Living rooms are generally located near hospitals so they are more visible and accessible for individuals seeking assistance. Some living room programs have been very effective in decreasing unnecessary hospitalizations.

Increase services for consumers upon hospital discharge and grow the number of Whole Health Coaches - Once individuals have been discharged from the hospital they sometimes need help with the transition period. A peer who starts working with the individual prior to discharge can help make the transition back to the community and their home environment easier. There is also potential to expand the offering of Whole Health Coaches so that they are more readily available. Several BHOs offer Whole Health Coaches to provide comprehensive care by combining mental and physical health coaching as part of Peer Support Services. There is an overall opportunity to increase the availability of PSS throughout the behavioral health care system and this will hopefully occur as the services gain acceptance and visibility once some of the challenges have been addressed.

Recommendations

ABHW conducted this research in order to provide a snapshot of current PSS offerings, challenges and opportunities. While ABHW did not set out to develop specific policy recommendations, a number of opportunities to enhance policy related to the provision of PSS emerged in the course of the research.

Establish a national screening, training and credentialing system. Establishing national standards is an essential step in the professionalization of this growing segment of the health care community. National standards can ensure uniformity and clarity for peer professionals.

Ensure appropriate and consistent reimbursement and billing policies. Removing administrative hurdles to the utilization of PSS will enable more wide-spread acceptance and utilization. Identifying and addressing obstacles that impede the development of a more efficient financial system should be a priority for the field.

Conduct studies that examine the impact and effectiveness of PSS. At this time, there are very few peer-reviewed studies of PSS programs and, as such, very little guidance for the field on what works. Additional research would provide valuable support of effective programs and, in turn, create opportunities for expanded coverage, availability and access.

Build market acceptance. Proponents of PSS should highlight the successes in the field to ensure that a variety of audiences including state, county and federal officials, are aware of the role PSS plays in increasing wellness and decreasing expenses.

The Association for Behavioral Health and Wellness (ABHW) is the national voice for specialty behavioral health and wellness companies. ABHW member companies provide specialty services to treat mental health, substance use and other behaviors that impact health and wellness. ABHW supports effective federal, state and accrediting organization policies that ensure specialty behavioral health organizations (BHOs) can continue to increase quality, manage costs and promote wellness for the over 100 million people served by our members.

Association for Behavioral Health and Wellness

1325 G Street, NW

Suite 500

Washington, DC 20005

(202) 449-7660

www.abhw.org