

Issue: Coverage for Behavioral Health Peer Support

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), substance use disorders (e.g., 12 step programs, Recovery Community Organizations, Telephone Recovery Support), veterans (e.g., Vet to Vet), families (e.g., NAMI Family to Family, SMART Recovery Family and Friends). Around the country, trained, certified peers are 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 teams, as “bridgers” to transition individuals from inpatient to community settings, as warmline operators, and more.

- The federal Substance Abuse and Mental Health Services Administration (SAMHSA) has endorsed peer support as a **vital component of recovery support services**. SAMHSA 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 people with Severe Mental Illness** and expand the mental health workforce.
- A 2013 Pew Charitable Trusts article supports using peers to **ease the shortage of mental health workers**.
- A 2010 SAMHSA / Partners for Recovery report, “Financing Recovery Support Services: Review & Analysis of Funding” **recommends increasing funding, including private sources**, for recovery and peer supports.

Demonstrated Effectiveness & Cost-Effectiveness

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 **record of success in reducing healthcare costs** by providing alternatives to hospitalization, reducing the length of hospital stay, and preventing rehospitalizations, all of which improve quality of care. Examples:

- 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) and found that participants sought more professional care, filled more drug prescriptions, and used acute-care facilities less. 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

How Does Connecticut Train and Employ Peer Specialists?

In Connecticut, two organizations train peer specialists:

- Advocacy Unlimited certifies people with lived experience with mental health disorders to become Recovery Support Specialists (RSS's). An RSS has personal experience with a psychiatric, traumatic, and/or addiction challenge and has 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 can use RSS's to help individuals with mental health disorders with their socialization, recovery, self-advocacy skills, and employment and community living skills. Increasingly, DMHAS-funded provider agencies include a peer specialist on their treatment teams.
- The CT Community for Addiction Recovery (CCAR) trains Recovery Coaches to provide peer support to individuals with a substance use disorder. CCAR is currently working with a number of hospitals to use Recovery Coaches to engage people with substance use disorders when they present at the emergency room.
- A new national certificate program also allows peer specialists to gain additional credentials.

In CT, peer services are **reimbursed by Medicaid** through the 1915(c) Mental Health Waiver or are funded through **grants administered by DMHAS**. Because of the limited programs that fund peer services, an estimated **950 certified RSS's in CT** are unable to find employment in their field.

How Can Legislation Help?

The majority of **state residents cannot access peer support** since services are primarily available to those served through the DMHAS system. As noted at the 2016 iNAPS Conference, the reason that peer-delivered services are lacking in the private and primary care sectors is that private insurers and Medicare do not cover these services. **Making certified peer support a covered service would provide many CT residents experiencing an emotional or addiction-related crisis the opportunity to be supported in the community, thereby reducing hospitalization costs, improving outcomes, and employing people in recovery.**

¹<http://peersforprogress.org/science-behind-peer-support/>

²Fricks, L. (Presenter). (2007). PowerPoint presented at SAMHSA National Mental Health Block Grant and Data

^{3,4}New York Association of Psychiatric 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>

⁶Sledge, 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.