

National Overview of Peer Support and the Future of Peer Services

October 28, 2025

National Dialogues on Behavioral Health Conference

Objectives

- ❑ Discuss the current and evolving landscape of peer support and funding for peer services.
- ❑ Explain the evolution of peer support across many landscapes.
- ❑ Discuss the future for peer services.

iNAPS (National Association of Peer Supporters) State of the Peer Workforce (2020)



NATIONAL ASSOCIATION OF PEER SUPPORTERS

- Trade association for the peer support profession
- Members include peer support specialists, supervisors, and allies
- Mission is to grow the peer support profession by promoting the inclusion of peer support specialists throughout healthcare and other community systems

<https://www.mhanational.org/wp-content/uploads/2025/04/6.23.20-Peer-Support-Workforce-Development.pdf>

iNAPS State of the Peer Workforce (2020)

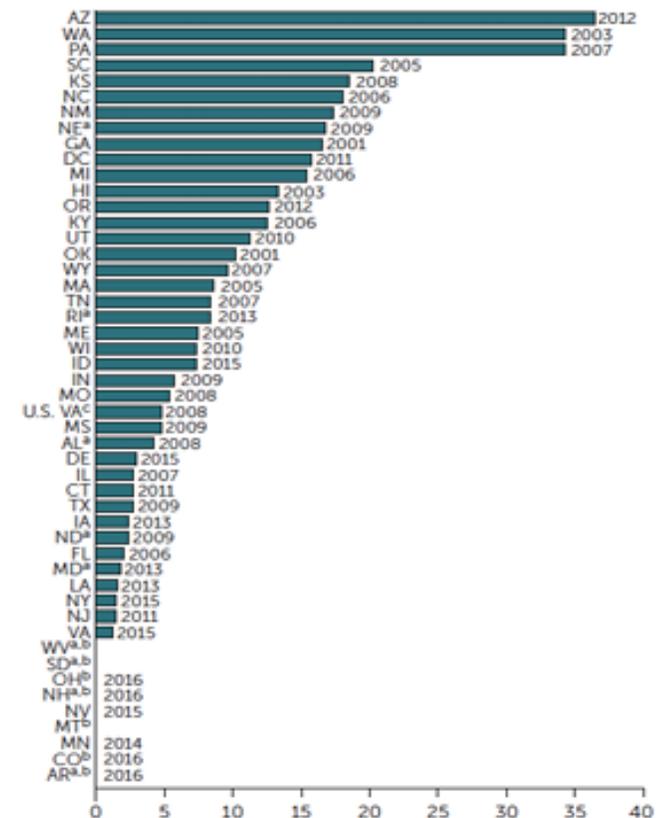
25,317 Mental Health Certified Peer Specialists

National Trends in Peer Specialist Certification

(Wolf, 2018)

Nationwide in 2016, 25,317 Mental health certified peer specialists

FIGURE 1. Certified peer specialists per 100,000 population, by year of program adoption and state



<https://www.mhanational.org/wp-content/uploads/2025/04/6.23.20-Peer-Support-Workforce-Development.pdf>

iNAPS State of the Peer Workforce (2020)

Peer Supporter Job Titles

665 responses with 219 unique job titles.

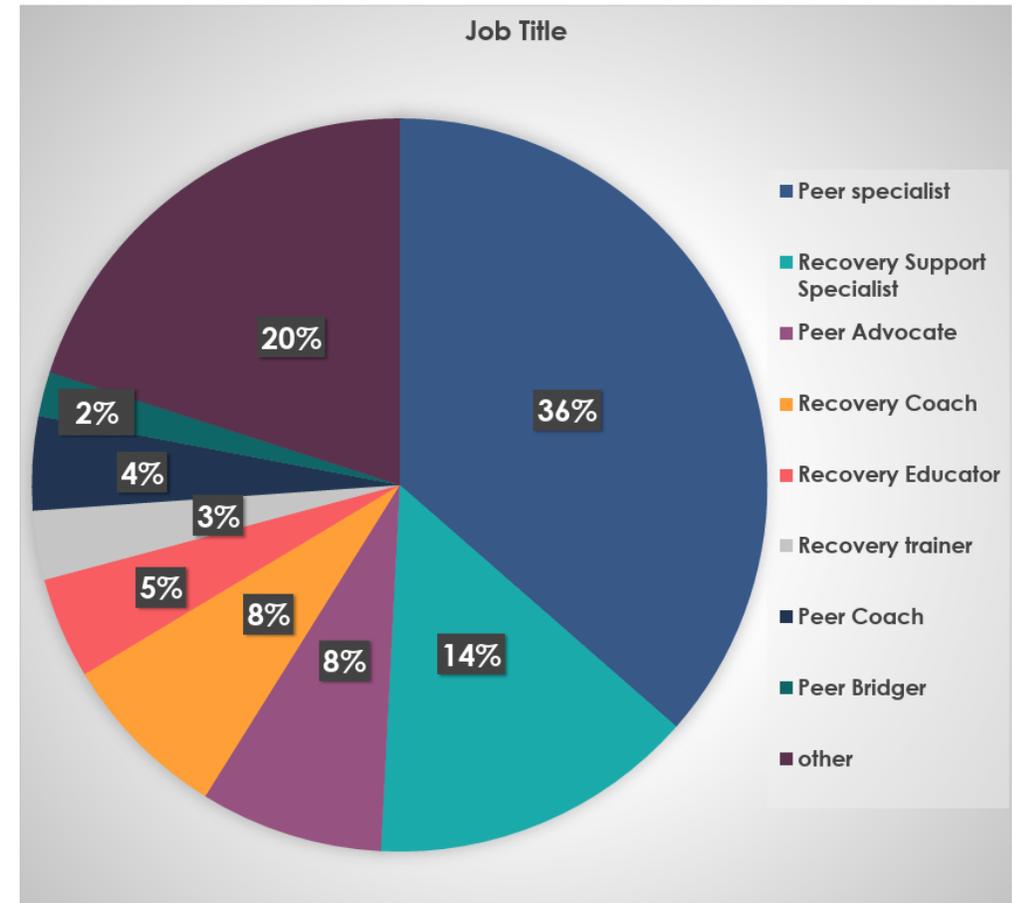
Top 3:

- 1) Peer Specialist
- 2) Recovery Support Specialist
- 3) Peer Advocate

Job Titles

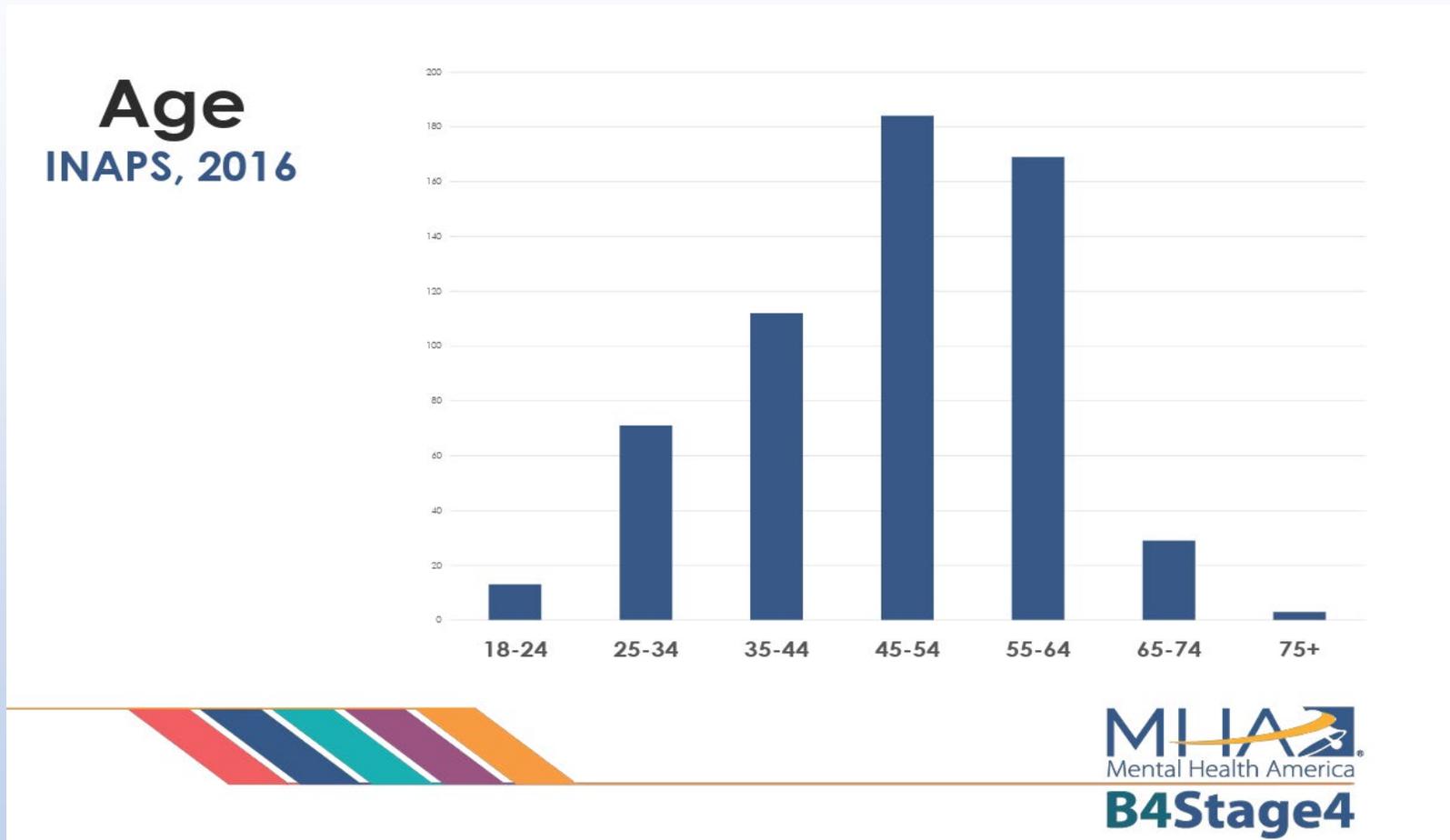
INAPS, 2016

- 665 Responses
- 219 unique job titles were provided to iNAPS in earlier surveys of over 800 peer specialists during the development of the National Practice Guidelines for peer support providers.



<https://www.mhanational.org/wp-content/uploads/2025/04/6.23.20-Peer-Support-Workforce-Development.pdf>

iNAPS State of the Peer Workforce (2020)



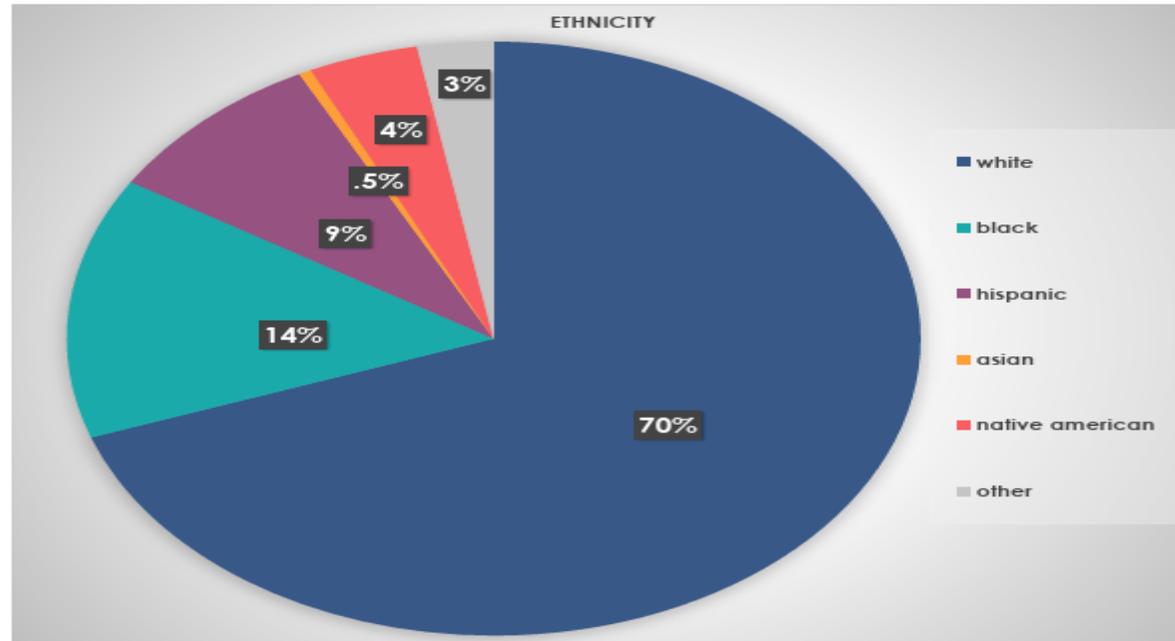
<https://www.mhanational.org/wp-content/uploads/2025/04/6.23.20-Peer-Support-Workforce-Development.pdf>

iNAPS State of the Peer Workforce (2020)

RACE/ETHNICITY

577 Responses

- Asian 0%
- Black 14%
- Hispanic 9%
- Native American 4%
- Other 3%
- Included, two or more races, black and white, Chicano, Mexican American
- White 70%



MIHA
Mental Health America
B4Stage4

<https://www.mhanational.org/wp-content/uploads/2025/04/6.23.20-Peer-Support-Workforce-Development.pdf>

iNAPS State of the Peer Workforce (2020)

Average Compensation Rates for Peer Supporters

- 2007 - \$12.13
- 2014 - \$13.53

A Report on U.S. Peer Support Provider Levels of Education, Compensation, and Satisfaction, 2014, iNAPS

Year of Survey	Average Hourly Wage	Average Weekly Hours	Average Years on the Job	Average # of Peers Served per Week	Percent Received job training
2007 n=173	\$12.13	29.5	2.8	16.7	82.7%
2014 n=288	\$13.53	32.2 n=570	3.8 n=515	19.75 n=523	93.3% n=524

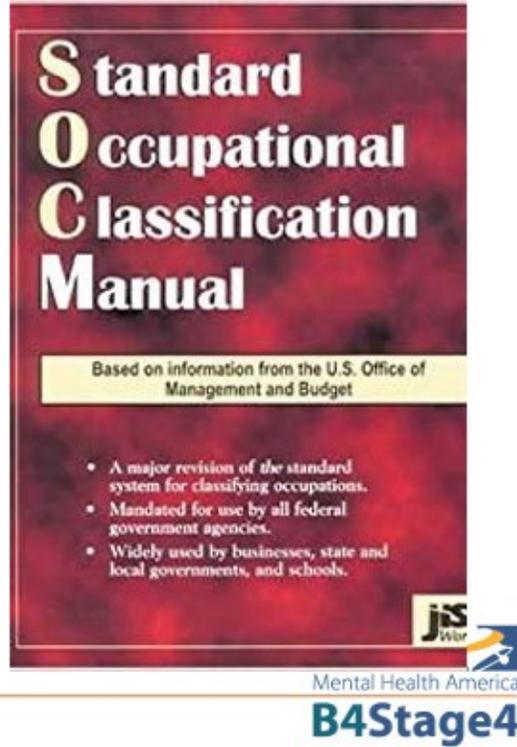


<https://www.mhanational.org/wp-content/uploads/2025/04/6.23.20-Peer-Support-Workforce-Development.pdf>

Department of Labor – (SOC Code) Standard Occupational Classification Designation

Development of a Standard Occupational Classification (SOC) for Peer Support Specialists

- What is an SOC? Used by federal agencies to classify workers into occupational categories for the purpose of collecting, calculating, or disseminating data. Can result in increased funding and also to advocate for higher wages, training, etc.
- Currently, peer support specialists are likely classified with Community Health Workers - examples: lay health advocate, peer health promoter, promotor
- Process to add a new SOC definition takes several years



- Recent push from peers for a peer SOC code
- Legislation introduced in 2023 was shot down
- This would help capture the workforce data needed for peer supporters
- Believed that peers is buried under community health workers

SAMHSA's Office of Recovery

The Office of Recovery's role was established to evaluate and initiate policy, programs, and services with a recovery focus and ensure the voices of individuals in recovery are represented.

The Office of Recovery will serve as a national clearing house for recovery-oriented care across mental health, substance use, and co-occurring domains.

Objectives:

- Expand peer provided services within every community
- Support implementation of any dedicated recovery resources to states for recovery support services
- Address key social determinants that support recovery including access to housing, education, social support, and employment
- Promote training and public education opportunities on recovery
- Etc..

<https://www.samhsa.gov/about-us/who-we-are/offices-centers/or>





SAMHSA

Peer Support Workers

SAMHSA - Peer support workers are people who have been successful in the recovery process who help others experiencing similar situations.

Through shared understanding, respect, and mutual empowerment, peer support workers help people become and stay engaged in the recovery process and reduce the likelihood of relapse.

Peer support services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful, sustained recovery process.

SAMHSA's BH Workforce Report (December 2020) – Calculated the current workforce for SUD focused recovery coaches to be 23,507 and estimated a need for an additional 349,519 which is a (97% increase) to help meet the unmet need.

1,000,000 Certified Peers Still Needed Total

[3. Peer Support Workers for those in Recovery | SAMHSA](#)

[4. behavioral-health-workforce-report.pdf \(mamh.org\)](#)

Select Milestones of Federal Support for Formalized Peer Recovery Support Services (1998–2022)

- **1998** - SAMHSA initiates the *Recovery Community Support Program (RCSP)* to empower the recovery community to organize, participate in policy discussions, and address stigma.
- **2003** - SAMHSA funds a new cohort of RCSP grantees to provide direct *Peer Recovery Support Services (PRSS)* in community settings.
- **2004** - SAMHSA launches *Targeted Capacity Expansion Peer-to-Peer (TCE-PTP)* grants to expand PRSS capacity for individuals with SUDs and their families.
- **2007** - SAMHSA funds *Access to Recovery (ATR)* grants to expand client choice via vouchers for treatment and PRSS. CMS releases guidance allowing peer services as a reimbursable, evidence-based service under supervision of a qualified mental health professional.
- **2010** - SAMHSA incorporates PRSS into the *Substance Abuse Prevention and Treatment Block Grant* (now SUPTRS), integrating recovery supports into national funding streams.
- **2012** - SAMHSA creates the *Recovery Community Services Program–Statewide Network (RCSP-SN)* to strengthen state-level recovery community organizations and elevate recovery voices in health systems.

<https://library.samhsa.gov/sites/default/files/financing-peer-recovery-report-pep23-06-07-003.pdf>

Select Milestones of Federal Support for Formalized Peer Recovery Support Services (1998–2022)

- **2013–2015** - SAMHSA continues PRSS expansion; in *2015*, CMS clarifies PRSS coverage for individuals with SUDs and parents/guardians of minors.
- **2017** - SAMHSA issues *Building Communities of Recovery (BCOR)* and *State Targeted Response (STR)* grants, followed by *State Opioid Response (SOR)* grants, all allowing state PRSS funding.
- **2021** - HRSA launches the *Rural Communities Opioid Response Program*, incorporating PRSS to address rural access barriers. SAMHSA establishes the *Peer Recovery Center of Excellence*, a peer-led national training and technical assistance hub.
- **2022** - The *Bureau of Justice Assistance (BJA)* introduces the *Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)*, integrating PRSS in local, tribal, and state initiatives. SAMHSA includes PRSS in *Treatment Drug Court* grants, marking the first integration of peer recovery services within the criminal justice system.

****Summary:****

From early community grants in 1998 to integrated justice and health system models by 2022, federal leadership through SAMHSA, CMS, HRSA, and BJA has transformed PRSS from grassroots recovery advocacy into a professionalized, evidence-based component of behavioral health and reentry systems nationwide.

<https://library.samhsa.gov/sites/default/files/financing-peer-recovery-report-pep23-06-07-003.pdf>

CFRI – Table 1 – State’s Medicaid Reimbursement Rates (CFRI 2024 Report)

First time historically speaking that every state’s peer Medicaid rates have been publically published.

Table 1. 2023 State Medicaid rates, SUD certification, and supervisor credential requirements

State	15-Minute FFS Rates		Certification Requirements					Supervisor	
	MH	SUD	Lived Experience/ Recovery	Work Experience Hours	Training Work Hours	Supervised Work Hours	Pass Exam	Clinical	Peer
Alabama	\$23.10	\$9.00	Yes		40		Yes	X	
Alaska	\$23.09	\$23.09	Yes	1,000	50–65	25			X
Arizona	\$21.86	\$21.86	Yes		Varies		Yes	X	
Arkansas	\$16.77	\$16.77	Yes	500	46	25	Yes	X	
California	\$20.38	\$20.38	Yes		80+		Yes		X
Colorado	\$7.34	\$7.34	Yes	500	60	25	Yes	X	
Connecticut	\$13.02	\$13.02	Yes	500	80		Yes		
Delaware	\$14.75	\$14.75	Yes	500	46	25	Yes		
District of Columbia	\$23.33–25.77		Yes		70	80	Yes	X	
Florida	*	\$9.75	Yes	500	40	16	Yes		
Georgia	\$15.13–24.36	\$15.13–24.36	Yes		40		Yes	X	
Hawaii	\$15.19	\$15.19	Yes		Varies		Yes	X	
Idaho	\$13.63		Yes	500	46	25	Yes		X

* Reimbursement rate not listed in Florida 2023 Medicaid Fee Schedule.

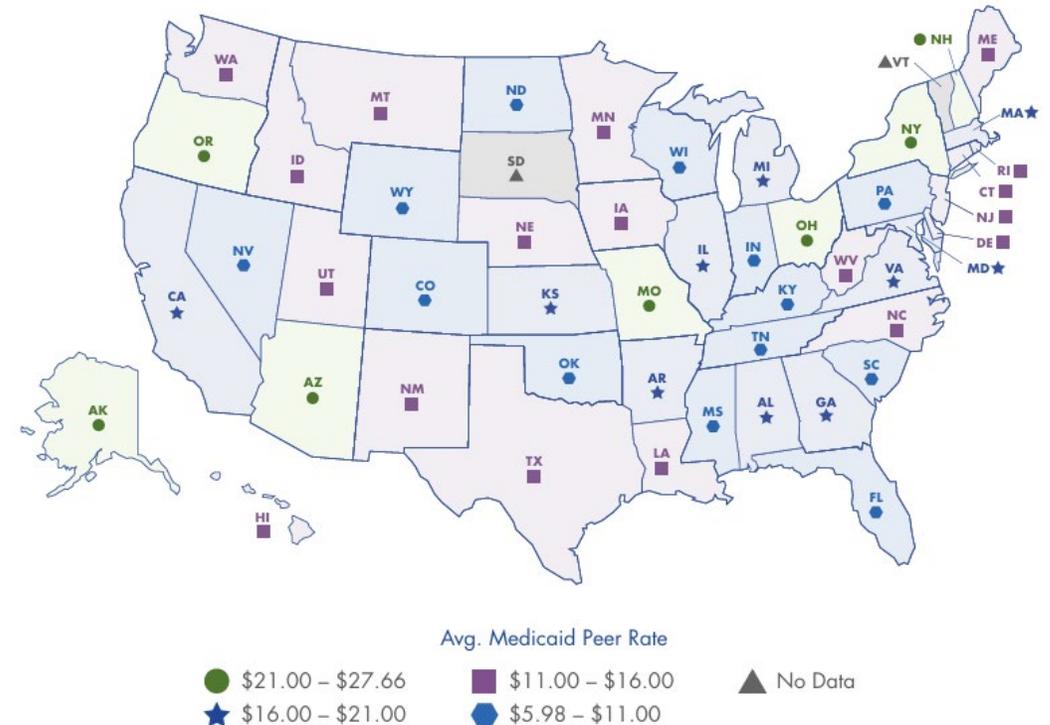
<https://library.samhsa.gov/sites/default/files/financing-peer-recovery-report-pep23-06-07-003.pdf>

CFRI – Medicaid Reimburse role for PRSS by State (CFRI 2024 Report)

Average Medicaid Peer Rate Range:

- **Lowest:** \$5.98 per 15 minutes (South Carolina)
- **Highest:** \$27.66 per 15 minutes (New York)
- **Average Rate:** \$14.75 (Standard Deviation = \$5.35)

Exhibit 1. U.S. Medicaid reimbursement rate for PRSS, by state



Medicaid as a Payer of Peer Recovery Support Services (CFRI 2024 Report)

Since the early 2000s, Medicaid has become the primary payer for Peer Recovery Support Services (PRSS), enabling states to integrate peer roles into behavioral health systems.

- **2007 CMS Guidance:** Recognized peer services as evidence-based and Medicaid-reimbursable, allowing states to finance PRSS through their Medicaid programs.
- **Recent Expansion (2023):** The *Consolidated Appropriations Act, 2023* authorized Medicare to reimburse peer specialists for mental health and substance use disorder (SUD) services for the first time.
- **Core Medicaid PRSS Requirements:**
 - **Supervision:** Must be overseen by a competent mental health professional, as defined by the state.
 - **Care Coordination:** Services must align with an individualized, goal-oriented plan of care.
 - **Training & Credentialing:** Peer specialists must complete state-defined certification, demonstrate lived recovery experience, and maintain ongoing continuing education.

These policies formally established peer services as a billable, professional workforce within both Medicaid and Medicare behavioral health systems.

<https://library.samhsa.gov/sites/default/files/financing-peer-recovery-report-pep23-06-07-003.pdf>

Overview of Medicaid Peer Support Findings (CFRI 2024 Report)

Medicaid reimbursement for Peer Recovery Support Services (PRSS) shows significant variability across the U.S.:

- **Reimbursement Rates:** States differ widely, with the lowest-paying states reimbursing less than 25% of what the highest-paying states provide for the same 15-minute peer support service.
- **Medicaid Expansion Impact:** States that expanded Medicaid generally offer higher reimbursement rates for PRSS than non-expansion states.
- **Utilization Trends:**
 - Peer support availability has expanded across nearly all states.
 - From 2017 to 2020, states increased use of peer services within Medicaid SUD treatment.
 - However, overall deployment remains low, with only five states providing PRSS to more than 5% of Medicaid beneficiaries with SUD.
- **Reimbursement vs. Utilization:** Higher payment rates do not consistently correlate with higher utilization levels.
- **Billing Limitations:** Some peer services may be bundled into other treatment codes, leading to underreported utilization in Medicaid data.

<https://library.samhsa.gov/sites/default/files/financing-peer-recovery-report-pep23-06-07-003.pdf>

Medicaid Reimbursement for Peer Support Services Varies by State (CFRI 2024 Report)

Medicaid reimbursement rates for Peer Recovery Support Services (PRSS) differ substantially across states:

- **Rate Range:**
 - Lowest: \$5.98 per 15 minutes (South Carolina)
 - Highest: \$27.66 per 15 minutes (New York)
 - Average Rate: \$14.75 (Standard Deviation = \$5.35)
- **State Coverage:**
 - 48 states have published rates for PRSS.
 - South Dakota and Vermont do not have identifiable Medicaid peer support reimbursement rates.
- **Service Scope:**
 - The standard Medicaid billing code (H0038) covers direct peer services delivered to a Medicaid beneficiary.
 - However, this code excludes outreach, engagement, and community-based recovery supports, leading to undercounting of total PRSS activity.

This variability highlights inconsistencies in how states value and fund peer recovery specialists—an issue that directly affects workforce sustainability and service reach across the U.S.

<https://library.samhsa.gov/sites/default/files/financing-peer-recovery-report-pep23-06-07-003.pdf>

Overview of Medicaid Peer Support Findings (CFRI Report 2024)

Medicaid reimbursement for Peer Recovery Support Services (PRSS) varies greatly across states, with significant gaps in consistency and access:

- 1) Wide Rate Disparities:**
States with the lowest reimbursement rates pay less than 25% of the rate paid by the highest states for the same 15-minute service unit.
- 2) Medicaid Expansion Impact:**
Expansion states generally reimburse at higher rates and demonstrate greater adoption of peer services than non-expansion states.
- 3) Low Utilization:**
While peer support is available in nearly every state, only five states provide PRSS to more than 5% of Medicaid beneficiaries with a substance use disorder (SUD).
- 4) Disconnect Between Rates and Use:**
There is no clear relationship between higher reimbursement rates and greater utilization—suggesting barriers beyond funding, such as workforce shortages or administrative complexity.
- 5) Underreported Data:**
Many PRSS encounters may be bundled within other Medicaid billing categories, meaning the true scale of peer service delivery is likely undercounted.

Few States Utilize Medicaid Broadly for Peer Recovery Support Services (PRSS) – CFRI 2024

According to 2020 Transformed Medicaid Statistical Information System (T-MSIS) data, only a small share of Medicaid beneficiaries with a substance use disorder (SUD) received peer support services:

- **Total PRSS Utilization:**
 - 84,532 Medicaid beneficiaries with SUDs received peer support — just 1.9% of all Medicaid SUD cases nationwide.
- **High-Utilization States:**
 - **Kentucky:** 17,542 cases (11.3%)
 - **Arizona:** 17,114 cases (11.2%)
 - **Michigan:** 8,189 cases (4.4%)
 - **Ohio:** 7,805 cases (2.2%)
- **High Percentage but Small Total States:**
 - **Delaware:** 2,029 (9.6%)
 - **West Virginia:** 4,169 (7.5%)
 - **Montana:** 1,806 (7.0%)
- **Low-Utilization States:**
 - 19 states reported fewer than 100 Medicaid SUD cases receiving peer support.
- **Key takeaway:** Even though nearly every state recognizes peer services in Medicaid, only a few—most notably **Kentucky and Arizona**—have scaled PRSS to reach more than 5,000 beneficiaries, demonstrating the need for stronger funding, infrastructure, and integration to expand access nationwide.

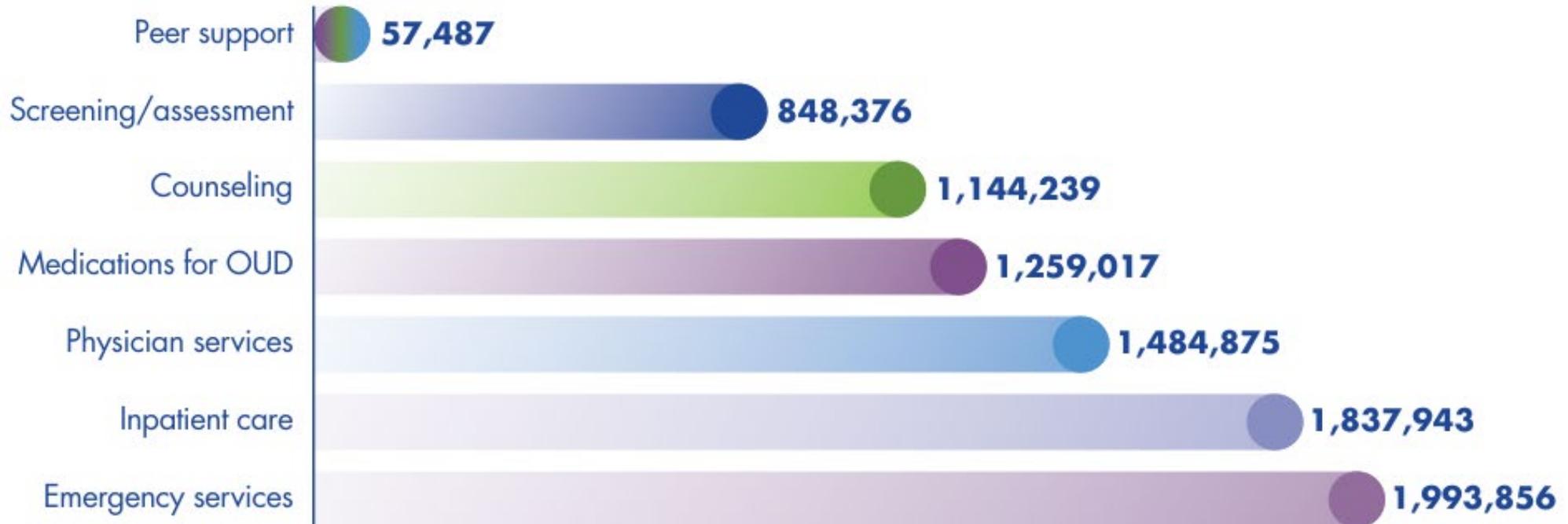
Most States Are Expanding Peer Support Services for SUD Under Medicaid (CFRI 2024)

Between 2017 and 2020, states have shown steady progress in integrating Peer Recovery Support Services (PRSS) into Medicaid-covered substance use disorder (SUD) treatment:

- **National Growth:**
 - The share of Medicaid beneficiaries with SUDs receiving PRSS more than doubled, rising from 0.8% in 2017 to 1.9% in 2020 — a 1.1 percentage point increase.
- **State-Level Trends:**
 - 27 states increased their use of Medicaid-funded peer support.
 - 1 state showed no change.
 - 4 states reported a decline.
 - 15 states had negligible peer service use (<0.1%).
 - 3 states lacked sufficient data for comparison.
- **Largest Increases:**
 - **Kentucky:** +8.7 percentage points
 - **West Virginia:** +7.5 percentage points
 - **Delaware:** +6 percentage points
 - **Idaho:** growth linked to Medicaid expansion (+3.1%).
- **Key takeaway:** Most states are gradually expanding PRSS integration into Medicaid systems, with the most progress occurring in states that added peer support as a covered service or expanded Medicaid eligibility, demonstrating the growing recognition of peer services as an essential component of SUD care.

Average Medicaid Beneficiaries Treated for SUD by Service Type 2017-2020 (CFRI 2024)

Exhibit 5. Average Medicaid beneficiaries treated for SUD by service type, 2017-2020



Peer Recovery Support Services Are Provided in Many Settings (CFRI 2024 Report)

Peer Recovery Support Services (PRSS) are integrated across diverse environments to promote sustained recovery and engagement:

- **Substance Use Disorder (SUD) Treatment Programs:** Peers offer individual, family, or group support, and serve vital roles in mobile crisis intervention.
- **Hospitals:** Peer specialists work in emergency and inpatient settings to provide emotional support and linkage to treatment and recovery resources.
- **Peer-Operated Community-Based Organizations:** Recovery Community Organizations (RCOs) employ peers to provide coaching, support groups, and outreach to help individuals reintegrate into their communities.
- **Recovery Housing:** Peer-managed, substance-free environments that promote stability and accountability; guided by the National Alliance for Recovery Residences (NARR) standards.
- **Criminal Justice Settings:** Peers support individuals in jails, prisons, and drug courts, facilitating reentry and connection to community recovery services.
- **Workplace & Educational Settings:** PRSS are increasingly incorporated into employee and student wellness programs.
- **Digital Platforms:** Telehealth and online peer groups expand access to recovery supports for individuals preferring remote or anonymous engagement.

<https://library.samhsa.gov/sites/default/files/financing-peer-recovery-report-pep23-06-07-003.pdf>

Challenges and Opportunities in Financing Peer Recovery Support Services (PRSS) – CFRI 2024

Although Peer Recovery Support Services (PRSS) have expanded in prevalence and utilization nationwide, the field faces major structural and financial barriers that limit its sustainability and scalability:

- **Fragmented and Unsustainable Financing:**
Inconsistent and underdeveloped funding models—especially Medicaid fee-for-service reimbursement—are the primary barrier to scaling the peer workforce.
- **Key Barriers:**
 - Low and inconsistent reimbursement rates.
 - Limited infrastructure to support workforce growth.
 - Low compensation and lack of career advancement.
 - Minimal use of innovative payment methodologies (e.g., bundled payments, value-based care).
- **Emerging Opportunities:**
 - The ongoing overdose crisis, growing research evidence on PRSS effectiveness, and the increasing number of people in recovery present critical opportunities to expand and stabilize the peer workforce.
 - Coordinated action and updated federal guidance from SAMHSA, CMS, and other agencies can help modernize funding structures, strengthen infrastructure, and sustain the PRSS field.
- **Key takeaway:** Scaling the peer recovery workforce requires a unified national strategy that modernizes Medicaid reimbursement, invests in infrastructure, and leverages federal-state collaboration to build long-term sustainability.

Policy & Innovation Recommendations

(CFRI 2024 Report)

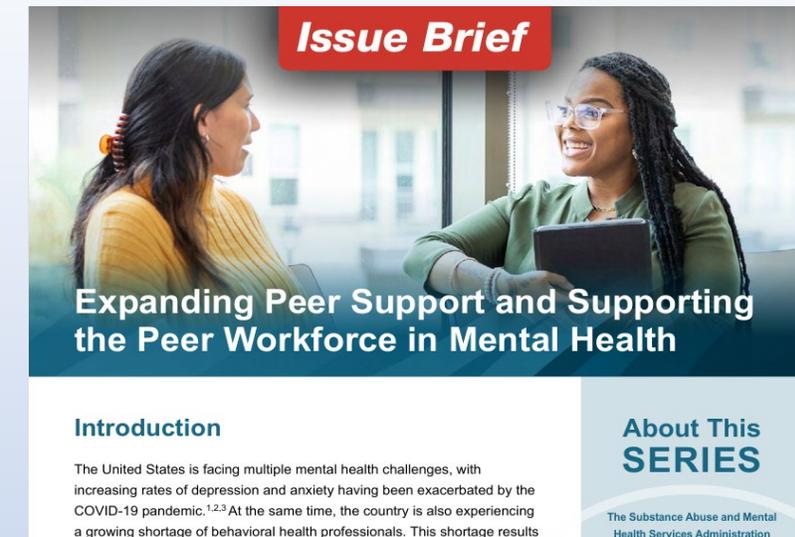
- Develop alternative payment models (APMs) such as bundled payments or case rates for peer services.
- Clarify CMS guidance to permit qualified peer supervision, reducing clinical oversight barriers.
- Promote adoption of SAMHSA's national peer certification standards for consistency.
- Expand training access, field placements, rural technical assistance, and peer career ladders.
- Publish and update state-by-state PRSS reimbursement comparisons to inform policy reform.

Source: <https://library.samhsa.gov/product/financing-peer-recovery-support-opportunities-enhance-substance-use-disorder-workforce/pep23-06-07-003>

SAMHSA Brief on Expanding Peer Support (2024)

Challenges to Expanding the Peer Workforce

- To fully leverage the potential of peer support, access to peer support workers along the behavioral healthcare continuum needs to be improved and expanded.
- While the peer support sector of the behavioral health workforce has grown rapidly in the last 25 years, this expansion has highlighted persistent problems.
- In addition, peers may face stigma and discrimination, low pay, unclear expectations and boundary challenges with their responsibilities, and limited opportunities for training and/or advancement.
- Many of these problems may be worsened when peer support workers are supervised by licensed clinicians or other non-peer staff.



<https://namiohio.org/wp-content/uploads/sites/396/2025/04/Expanding-Peer-Support-and-Supporting-the-Peer-Workforce-in-MH.pdf>

SAMHSA Brief on Expanding Peer Support (2024)

National Model Standards for Peer Certifications

- Authenticity
- Training
- Examinations
- Recovery
- Work Experience
- Background Checks
- Formal Education
- Ethics
- Costs/Fees
- Peer Supervision

SAMHSA'S RECOMMENDATIONS AND NATIONAL MODEL STANDARDS FOR PEER SUPPORT CERTIFICATION³⁸

Authenticity
Certification entities should include a self-attestation requirement that promotes statements of authenticity and lived experience across the peer workforce.

Training
Training requirements range from 40 to 60 hours for mental health, substance use, and family peer certifications.

Examinations
Examinations should relate directly to the peer role, focus on the competencies of peer support, and cover material from training resources.

Recovery
Recovery-pathway-specific requirements should be excluded from certification requirements and determined by the hiring organization and the needs of the population(s) served.

Work Experience
A maximum of 120 hours of supervised work experience should be required and any combination of paid, volunteer, virtual, and out-of-state hours should be accepted as a minimum.

Background Checks
Background checks should be the responsibility of the hiring organizations rather than part of the certification process.

Formal Education
Instead of meeting formal education requirements, prospective peer support workers should be able to demonstrate literacy and fluency in the language in which they will be providing services.

Diversity, Equity, and Inclusion
Diversity, equity, inclusion, and accessibility should be incorporated across peer certifications through training, education, and other general strategies.

Ethics
Certification entities should use an ethics committee to develop a code of ethics, implement a process for reporting and reviewing ethics violations, and provide annual education on ethics.

Costs and Fees
Certification entities should work with their state to offer scholarships or find resources to subsidize all costs for both certification and recertification and make associated reasonable accommodations.

Peer Supervision
Certification entities should consider developing and implementing a certification process for peer supervisors that requires direct experience, training and education, and diversity, equity, and inclusion.

Issue Brief: Expanding Peer Support and Supporting the Peer Workforce in Mental Health 2024 5

Shortly after SAMHSA released the National Model Standards for Peer Support Certification, Blue Cross Blue Shield (BCBS) of Minnesota announced that peer support would be a covered service for members enrolled in their commercial insurance plans beginning in 2024. In their announcement, BCBS noted that covered peer support workers would be those certified in accordance with the newly released standards.⁴⁰

<https://namiohio.org/wp-content/uploads/sites/396/2025/04/Expanding-Peer-Support-and-Supporting-the-Peer-Workforce-in-MH.pdf>

SAMHSA Brief on Expanding Peer Support (2024)

Workforce Development – Key Strategies



KEY STRATEGIES

- Promote the inclusion of peer support in general medical and specialized settings.
- Encourage organizations that include peer support to prepare themselves through training and other practices.
- Identify training practices for peer support workers and other organization staff that are essential to inclusion efforts.



KEY STRATEGIES

- Expand opportunities for peer support workers to support crisis systems.
- Promote the development of new roles for peer support workers and the use of novel technologies to deliver peer support.
- Include peer support workers in the development of innovative roles and practices.

<https://namiohio.org/wp-content/uploads/sites/396/2025/04/Expanding-Peer-Support-and-Supporting-the-Peer-Workforce-in-MH.pdf>

National Committee for Quality Assurance (NCQA) HEDIS (Healthcare Effectiveness Data and Information Set) Measures

Recognizing the importance of peer support, NCQA has added it as an option for follow-up care in four HEDIS[®] measures:

- Follow-Up After Emergency Department Visit for Substance Use (FUA).
- Follow-Up After Hospitalization for Mental Illness (FUH).
- Follow-Up After Emergency Department Visit for Mental Illness (FUM).
- Follow-Up After High-Intensity Care for Substance Use Disorder (FUI) (MY 2026).

Why Peer Support in HEDIS Measures Matters

Enhances Quality and Accountability

- **HEDIS (Healthcare Effectiveness Data and Information Set)** is the national standard used by health plans, Medicaid, and Medicare to measure healthcare quality.
- When peer support services are integrated into HEDIS quality measures, they become part of what is tracked, reimbursed, and improved, ensuring peer roles are valued within formal healthcare systems.

Improves Engagement and Follow-Through

- HEDIS metrics often track follow-up after hospitalization for mental illness (FUH) or engagement in substance use treatment (IET).

Strengthens Value-Based Care

- As behavioral health systems move toward value-based reimbursement, integrating peer services into HEDIS measures ensures that peer-delivered care counts toward performance incentives, sustainability, and long-term funding.

Validates Peer Support as Essential, Not Optional

- Including peer support within HEDIS frameworks signals that peer services are evidence-based, measurable, and impactful—placing them on equal footing with clinical interventions and reinforcing the whole-person, recovery-oriented model of care.

Funding for Peer Support Services

What we know is that each state is funding peer support workers with a diversity of funding streams. States are using Block Grant dollars, General Revenue dollars, Medicaid dollars, Federal, State, and Local dollars to varying degrees.

Federal Funding Opportunities Available for Peer Services (not crisis specific necessarily)

- 1.Substance Abuse Block Grants
- 2.Mental Health Block Grants
- 3.SAMHSA Grants
- 4.Building Communities of Recovery Grants (BCOR) - SAMHSA
- 5.Recovery Community Services Program (RCSP) Grants
- 6.Statewide Family Network Grants (SAMHSA)
- 7.Statewide Consumer Network Grants (SAMHSA)
- 8.Harm Reduction Grants (SAMHSA)
- 9.State Opioid Response (SOR) Grants – States Only
- 10.Treatment, Recovery, and Workforce Grants
- 11.Bureau of Justice (BJA) COSSAP Grants
- 12.Human Resources and Services Administration (HRSA)

Medicaid Options for Funding Peer Support Workers

- 1) State Plan Rehabilitation Service Options
- 2) Health Home State Plan Option
- 3) Section 1915 (I)
- 4) Section 1115 Demonstration Waivers
- 5) Certified Community Behavioral Health Clinic Demonstrations

Summary of Current Affairs

- Over past decade peer workforce grew from 30,000 to 80,000 (100,000) – still need 900,000 more according to BH workforce report
- Over 10 million people released from jails/prisons annually and 50% or more have a mental illness/substance use – 60% are unemployed one year post incarceration
- 43% of MH facilities and 2/3rds of substance use facilities use peers with expansion still happening across health departments, criminal justice settings and peer organizations and beyond
- Average Medicaid Reimbursement Rate = \$14.75 (still no known average salary rates for peers) - Department of Labor – Standard Occupational Classification Needed to capture this information accurately

<https://library.samhsa.gov/sites/default/files/peer-support-mh-addictions-workforce-pep24-08-005.pdf>

<https://library.samhsa.gov/product/financing-peer-recovery-support-opportunities-enhance-substance-use-disorder-workforce-pep23-06-07-003>

Future of Peer Support

- **Settings**

- Peer Recovery Organizations
- CCBHC's
- Health Departments
- Jails/Prisons
- Emergency Rooms/Hospitals

- **Funding**

- Contracts with CMHC's, CCBHC's, Hospitals, Health Departments etc.
- Medicaid Reimbursement/Medicare Reimbursement
- Local, State, and Federal Grants
- Localities, Foundation Grants, and Opioid Settlement grants are funding peer/recovery services nationally

Potential Pathways for Sustainability of Peer Organizations (2025)

Financing Models and Federal Resources for Enhancing and Sustaining Peer-Run and Recovery Organizations

July 24, 2025

**Recovery
Community
Organizations
/Peer Run
Organizations**

Potential
Pathways for
Sustainability



Source: https://aahd.us/wp-content/uploads/2025/10/Peers-FinancingModelFedResourcess_Share-webinar-slides-07242025-C4Innv-for-SAMHSA-1.pdf

2/4/2026

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Funding Options for Peer Support Recovery Support Services Beyond Medicaid

- **SAMHSA Grants** -
 - **SABG Block Grant** - <https://www.samhsa.gov/grants/block-grants>
 - **Mental Health Block Grant** - <https://www.samhsa.gov/grants/block-grants/mhbg>
 - **SAMHSA 2022 Grant Overview** - <https://www.samhsa.gov/grants>
 - **BCOR Grants** - <https://www.samhsa.gov/grants/grant-announcements/ti-19-003>
 - **RCSP Grants** - <https://www.samhsa.gov/grants/grant-announcements/ti-17-006>
 - **Statewide Family Network Grants** - <https://www.samhsa.gov/grants/grant-announcements/sm-15-001>
 - **Statewide Consumer Network Grants** - <https://www.samhsa.gov/grants/grant-announcements/sm-15-002>
 - **Harm Reduction Grants** - <https://www.samhsa.gov/grants/grant-announcements/sp-22-001>
 - **SOR *States Only** - <https://www.samhsa.gov/grants/grant-announcements/ti-22-005>
 - **Treatment, Recovery, and Workforce Grants (already awarded)** - <https://www.samhsa.gov/grants/grant-announcements/ti-20-013>
- **Bureau of Justice Affairs Grants (COSSAP)** - [O-BJA-2022-171280 | Office of Justice Programs \(usdoj.gov\) - https://www.bja.ojp.gov/program/cossup/about](https://www.bja.ojp.gov/program/cossup/about)
- **Human Resources and Services Administration (HRSA)** - <https://www.hrsa.gov/grants/find-funding/HRSA-21-090>
- **MACPAC Recovery Support Services** - <https://www.medicaid.gov/medicaid/financial-management/section-223-demonstration-program-improve-community-mental-health-services/index.html>

Thank You

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