CBHSQ Data Brief

Peer services supported through State Targeted Response to the Opioid Crisis grants

SAMHSA Substance Abuse and Mental Health Services Administration

Prepared for the Center for Behavioral Health Statistics and Quality (CBHSQ) at the Substance Abuse and Mental Health Services Administration (SAMHSA) under contract #HHSP233201500035I/HHSP23337020T

Key findings

- Most Opioid STR grantees used funds to newly implement, expand, or enhance peer services.
- Services that peers commonly provided to grant participants included coaching and mentoring people in recovery and providing information about and referrals to relevant services.
- Grantees reported success expanding access to peer services. Efforts to standardize peer training curricula and establish formal certification processes were cited as key facilitators of this expansion.
- Grantees noted challenges identifying qualified candidates, addressing the stigma of addiction peer providers faced from non-peer coworkers, and ensuring reimbursement for peer services.

In April 2017, SAMHSA awarded State Targeted Response to the Opioid Crisis (Opioid STR) grants to all 50 states, six territories, and the District of Columbia.[a] The initial funding period for the grants was May 1, 2017, to April 30, 2019. Opioid STR funding was provided to support treatment and recovery services, prevention activities, and infrastructure development. In May 2017, SAMHSA's Center for Behavioral Health Statistics and Quality issued a contract to conduct a national evaluation of the Opioid STR program, including (1) a national cross-site formative and process evaluation that describes Opioid STR-funded activities and services across states and territories and (2) a rapid cycle evaluation that focuses on selected community programs (subgrantees) across 10 U.S. Department of Health and Human Services regions. This brief summarizes findings from both components of the national evaluation, focusing on the use of Opioid STR funding to support peer services for people with or recovering from opioid use disorder (OUD).

a Section 1003 of the 21st Century Cures Act (Pub. L. 114-255, enacted December 13, 2016) authorized the use of up to $1 billion in funding over two years to support states' responses to the opioid abuse crisis. Funding was allocated to states and territories based on population and need.

Background on peer services

SAMHSA broadly defines peer support workers as people who have been successful in the recovery process and are now able to support others experiencing similar situations.[1] Peer recovery support workers help people with OUD achieve sustained, long-term recovery by extending the reach of treatment beyond the clinical setting and by modeling ongoing coping and recovery skills. In this role, peers typically provide some or all of the following services: (1) mentoring or coaching, (2) connecting people to recovery resources, (3) coordinating and leading recovery groups, and (4) building community.[2] Peer workers are employed in a range of settings, including hospitals, outpatient treatment facilities, recovery housing, criminal justice, and law enforcement, and they must complete state-approved training and become certified to bill Medicaid.[3,4] A 2007 letter from the Centers for Medicare & Medicaid Services (CMS) to state Medicaid directors provided guidance to states about reimbursement for peer support services, a factor in increasing the use of peer workers throughout the behavioral health treatment system.[3,5] Requirements for certification vary by state but typically include completing a minimum number of classroom training hours and hands-on field hours, a certification exam, and a minimum amount of time in recovery. In some cases, time in recovery is not a state requirement but is preferred by employers hiring for these positions. Studies on the effectiveness of peer recovery support for individuals with substance use disorders have found improved relationships with providers and social support, reduced rates of relapse, reductions in the percentage of patients using substances in the past 30 days, increased satisfaction with overall treatment, increased treatment retention, and increased rates of employment.[6,7] The Bureau of Labor Statistics categorizes peer support specialists under the umbrella of "health education specialists and community health workers" and in 2020 characterized the job growth in this area as "much faster than average."[8,9]

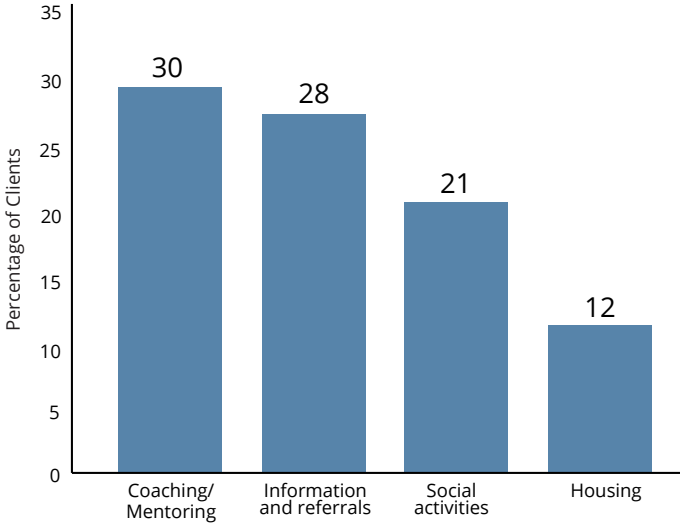
Peer services provided through the grant

Client-level data from the community programs in the 10 states that participated in the rapid cycle evaluation indicated that the most common peer-to-peer recovery support services that clients received were peer coaching and mentoring, information and referral, alcohol- and drug-free social activities, and housing support (Figure 1). Based on surveys of state Opioid STR directors following the first and the second years of the grant,

82 percent of states and territories used grant funding to newly implement (12 states/territories) or expand or enhance existing (35 states/territories) peer recovery support services.[10] Most states reported that clients were offered or received recovery coaching, peer coaching, or mentoring services funded through the grant (Figure 2). Of these 42 states, 31 reported that clients were also offered or received self-help or support groups through the grant; one state reported that clients were offered or received self-help or support groups through the grant but not recovery coaching, peer coaching, or mentoring.

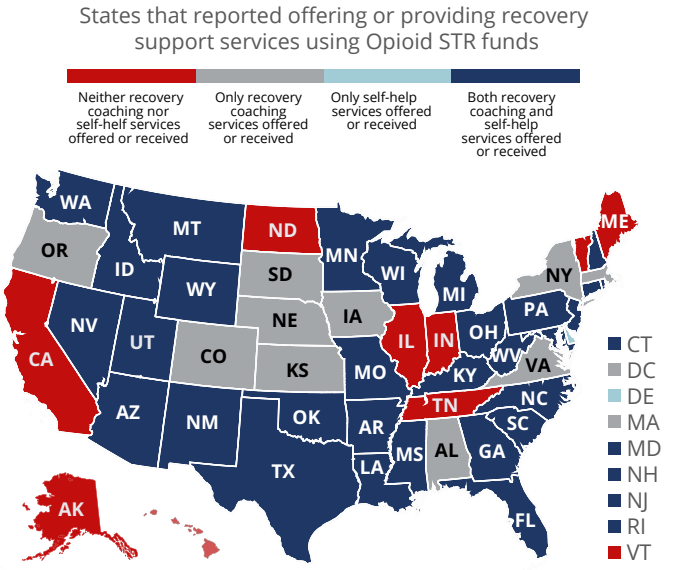
In interviews conducted during the first year of the grant, Opioid STR grantees and subgrantees further described their planned approaches to providing peer services. Some grantees aimed to expand availability of peer services by training individuals in recovery or developing new peer training curricula using feedback gathered through work groups and from peers, technical assistance, and existing training resources. Once trained, peer specialists were employed in a variety of settings. In some states and territories, peer specialists at substance use treatment facilities led group counseling sessions; provided emotional support and help navigating treatment services and connections to other supportive and wraparound services; and conducted community outreach at locations such as libraries, food pantries, churches, hospitals, and jails. Other states embedded peer support specialists in hospital emergency departments to facilitate "warm handoffs" to treatment services for individuals admitted after an overdose. In some states, peers received training on overdose education and naloxone distribution and on opioid prescribing guidelines.

Figure 1. Percentage of clients who received peer-to-peer recovery support services through Opioid STR grants



Source: SAMHSA analysis of data from the SAMHSA Performance Accountability and Reporting System for clients receiving services from the subset of community programs in 10 states that participated in the rapid cycle evaluation.

Figure 2. Geographic variability of states' use of Opioid STR funding to provide peer-related recovery support services



Source: Mathematica analysis of data state Opioid STR grantees submitted through SAMHSA's web-based Block Grant Application System, 2018 and 2019.

Early successes and key facilitators

Grantees interviewed in the second funding year asserted that peer specialists increased the success of treatment efforts by providing wraparound services and supports frequently unavailable in traditional treatment programs. These included providing navigation and "warm handoffs," providing transportation, creating more culturally appropriate services, and providing emotional support. Peers helped keep people in recovery; created communities for people in long-term recovery, contradicting negative stereotypes by "putting a face" to the crisis; improved the quality of the peer recovery workforce; and played a key role in addressing unmet needs in the treatment and recovery workforce through the wraparound services and supports they provide. Peer specialists were also instrumental in connecting people with OUD to treatment services: Over the two-year Opioid STR funding period, an estimated 26,799 new enrollments into medication-assisted treatment (MAT) were facilitated by peer recovery support specialists.

"When you have [underwhelmed] or overwhelmed treatment providers and people on [waiting lists] or people who are unable to access care, peers are a huge piece of keeping people engaged and eventually admitted into treatment. And they proved to be very effective in getting people into treatment, retaining people in treatment, and providing wraparound care after treatment. So, we invested early in peers, and they continue to prove their worth."
—State grant director

Grantees reported success recruiting, hiring, and retaining more qualified peer recovery specialists than they had before receiving Opioid STR funding. Efforts to standardize curricula

and establish formal certification processes for peer specialists helped facilitate this work. In some cases, grantees were also able to make peer certification requirements more inclusive—for example, by reducing the number of years an individual is required to be in recovery to receive certification. Grantees found that training and credentialing peer specialists helped these positions become better defined, legitimized, and valued by other providers. In turn, this helped improve the integration and effectiveness of the peer specialists in the settings in which they worked. With greater buy-in and demand for these positions, programs could shift their focus to providing more support to peer specialists. Grantees hoped this support would prevent burnout, promote growth into supervisory positions, and ensure adequate compensation for peers, thus reducing turnover and sustaining the peer workforce. Grantees in states that offered Medicaid reimbursement for peer services also credited reimbursement as a facilitator in the certified peer recovery workforce and expanded access to these services using Opioid STR funding.

Challenges to providing peer services

Grantees cited hiring individuals with the right qualifications and experience as a significant challenge to providing peer services. In particular, grantees struggled to identify individuals with lived experience with OUD, rather than other types of substance use disorders or mental health conditions. They also struggled to find people who had received MAT and thus could support others seeking or receiving this form of treatment. Grantees in states that required a certain duration of sobriety for peer specialist certification; barred individuals with a criminal history; or did not have standardized credentialing programs or requirements faced additional challenges to training and hiring for peer support positions. Grantees also noted challenges addressing the stigma of addiction or prejudice toward people with a history of addiction, especially those involved in the criminal justice system due to drug-related offenses. Finally, obtaining reimbursement for peer services was a common challenge, particularly in states with Medicaid plans that did not include peer services. Even in states where Medicaid reimbursed for peer services, it did not cover peer services in all settings; for example, one state's Medicaid 1115 waiver covered peer support services in licensed behavioral health centers but not in other settings, such as Federally Qualified Health Centers.

Conclusions

The Opioid STR funding enabled most grantee states and territories to expand the availability of peer support services for people with OUD. Grantees believed that the coaching, mentoring, information, and referrals that peers provided helped connect people with OUD to treatment services and keep them engaged in recovery. Grantees also reported success establishing formal certification processes for peers and standardizing training curricula, which is a key component of strengthening the workforce in this profession. This approach will address shortages in the behavioral health workforce and help people with OUD achieve sustained, long-term recovery.

Endnotes

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10 Blyler, C., K. Meyers, and R. Frazier. "State Targeted Response to the Opioid Crisis Grant Program (Opioid STR): Key Evaluation Findings Regarding Use of Opioid STR Funding." Report submitted to the Substance Abuse and Mental Health Services Administration. Washington, DC: Mathematica, April 21, 2020.