



Depression and Bipolar  
Support Alliance

March 20, 2023

Re: Senate Committee on HELP  
Health Workforce RFI  
The Honorable Bernard Sanders, Chair  
The Honorable Bill Cassidy, M.D., Ranking Member

On behalf of the Depression and Bipolar Support Alliance, we are writing to express our appreciation for the Senate HELP Committee's work to address mental health issues and the crisis facing the healthcare workforce. We want to share our views on the drivers of healthcare workforce shortages and share ideas on potential solutions. This letter will focus primarily on the role and need for the peer support specialist workforce across the country.

### **The Unique Role of Peer Support Specialists**

Peer support specialists are people with lived experience of a mental health condition or substance use disorder who have completed specialized training to deliver support services under appropriate state or national certification standards. Peer support specialists assist individuals in achieving their recovery goals by furnishing emotional, informational, and other support services. The individuals they serve have been diagnosed with a mental health condition (including dementia) or a substance use disorder. This legislation recognizes the unique role of peer support specialists. They complement therapists, case managers, and physicians as part of a coordinated team. Peer support promotes recovery by helping individuals better engage in services, manage physical and mental health conditions, build support systems, and, ultimately, live self-directed lives in their communities. Under this proposed legislation, peer support specialists may be included as part of an integrated behavioral health team of a primary care doctor, a consulting psychiatrist, a care manager, and others.

### **The Need for Peer Support Services in Behavioral Health**

The Substance Abuse and Mental Health Services Administration (SAMHSA) recognizes peer support as an effective, evidence-based practice. The proven benefits of peer support include reduced hospital admission rates, increased social support and social functioning, and decreased substance use and depression.<sup>1</sup> A 2018 analysis showed that providers with peer services had 2.9 fewer hospitalizations per year and saved an average of \$2,138 per Medicaid enrolled month in Medicaid expenditures.<sup>2</sup> As of January 2017, 43 states allow Medicaid to be billed for peer support services.

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<sup>1</sup> [Peers Supporting Recovery from Mental Health Conditions](#), Substance and Mental Health Services Administration, 2017.

<sup>2</sup> Bouchery, E., Barna, M., Babalola, E., Friend, D., Brown, J., Blyler, C., Ireys, H., The Effectiveness of a Peer-Staffed Crisis Respite Program as an Alternative to Hospitalization, *Psychiatric Services*, August 2018

### **Policy Solutions to Address the Mental Healthcare Workforce Crisis**

We request that you develop legislation that recognizes the unique role of peer support specialists as part of a coordinated care team. One key piece of legislation would immediately increase access to lifesaving mental health and substance use care for Medicare beneficiaries. The Promoting Effective and Empowering Recovery Services (PEERS) in Medicare Act allows peer support services in integrated behavioral health services to Medicare beneficiaries. This legislation will enable peer support specialists to work alongside Medicare mental and behavioral health providers to expand access to care. Additionally, the legislation provides a definition of peer support specialists in the Medicare program.

The COVID-19 crisis has exacerbated a pre-existing behavioral health workforce shortage that is particularly acute in rural areas and communities of color. These policy changes represent an opportunity to develop a peer workforce that reflects the communities served and understands their unique mental health needs by expanding access to recovery services virtually and in primary care.

We recommend several policy approaches that could be proposed by the Health Education and Labor and Pensions Committee as it works to address these concerns.

- Provide legislative authority that would make permanent the SAMSHA Office of Recovery and direct them to facilitate the building out of the peer support workforce.
- Request the Health Resources and Services Administration (HRSA) to collect data and assist in the documentation of the peer support services workforce.
- Provide HRSA with a dedicated funding stream that will support the training of peer support workforce members through small direct grants and loans, thus encouraging the development of a more diverse workforce and bringing them to the frontlines faster.
- Direct the Bureau of Labor Statistics to develop a Standard Occupational Code dedicated to the peer support workforce profession to better understand and track this workforce component.

DBSA thanks you for your leadership on these critical issues facing our society today. Addressing the behavioral health needs of Americans in crisis is vital and, with thoughtful implementation, provides much-needed relief.

Sincerely,



Michael Pollock  
Chief Executive Officer