## DEPARTMENT OF HUMAN SERVICES

## **Behavioral Health Peer Supports**

Behavioral health care policy has the power to reshape communities to create and facilitate social connections and strengthen people's sense of belonging, leading to better health and wellbeing outcomes. Behavioral health experts, including the Substance Abuse and Mental Health Services Administration (SAMHSA), the Centers for Medicare and Medicaid Services (CMS), and the American Society of Addiction Medicine (ASAM) have consistently supported the use and expansion of what are known as "peer supports."

Peer support workers are people in with lived experience in mental health or substance use disorder (SUD). They help others experiencing similar situations to become and stay engaged treatment and other supportive, nonclinical activities and to reduce the likelihood of relapse through shared understanding, respect, and mutual empowerment. Peer support services extend the reach of treatment beyond the clinical setting into the everyday environment to support sustained recovery.

Peer services may be provided informally through natural communal and social networks. They may also be provided by organizations, such as recovery community organizations (RCOs), that specialize in grassroots peer services. RCOs may utilize grant funding or MA funding to provide peer services. Minnesota has three Medical Assistance (MA) peer services: mental health peer specialists, recovery peers, and family peers.

## **Reforming Behavioral Health Peer Supports**

DHS and the Walz/Flanagan Administration support investments to increase access to Medical Assistance (MA) peer services and to preserve the integrity of recovery community organization (RCO) services. The Governor recommends investing \$7.017 million in fiscal years 2024-2025 and \$8.929 million in fiscal years 2026-2027.

- Require accreditation through a state-based credentialing entity, the Association for Recovery Community Organizations (ARCO), or the Council on Accreditation of Peer Recovery Support (CAPRSS) in order for an RCO to become and MA eligible vendor of peer recovery services;
- Integrate standards and training for recovery peers and mental health peers;
- Establish ongoing funding for peer training and allow for a train the trainer model;
- Expand MA vendor eligibility for peer recovery services to counties;
- Add base funding for RCO grants to pay for community-based recovery services that are not MA eligible; and
- Provide start-up grants for culturally-specific Recovery Community Organizations.

See <u>Reforming Behavioral Health Peer Support budget change item</u>, page 312.