



Peer Support Specialists: A critical factor in integrating medical, behavioral, and substance use care for pregnant people

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Key Messages

- An earlier [brief](#) provided an overview of the Integrated Care for Women and Babies (ICWB) project. This brief focuses on one of the key success factors—the use of peer support specialists— and outlines several policy changes that can help ensure success of the program.
- The ICWB project has expanded to include nine more clinics (for a total of 15) to help meet the ever-growing need for integrated perinatal and substance use care.
- Peer support specialists are important to the program and can be hard to hire and retain.
- There are opportunities for sustainable funding to support peer support specialists, which can help end dependency on grant funding.

Introduction

Like much of the country, Colorado has seen a disturbing increase in substance use-related morbidity, mortality, and health care utilization. And like much of the country, reproductive-aged women are disproportionately affected.

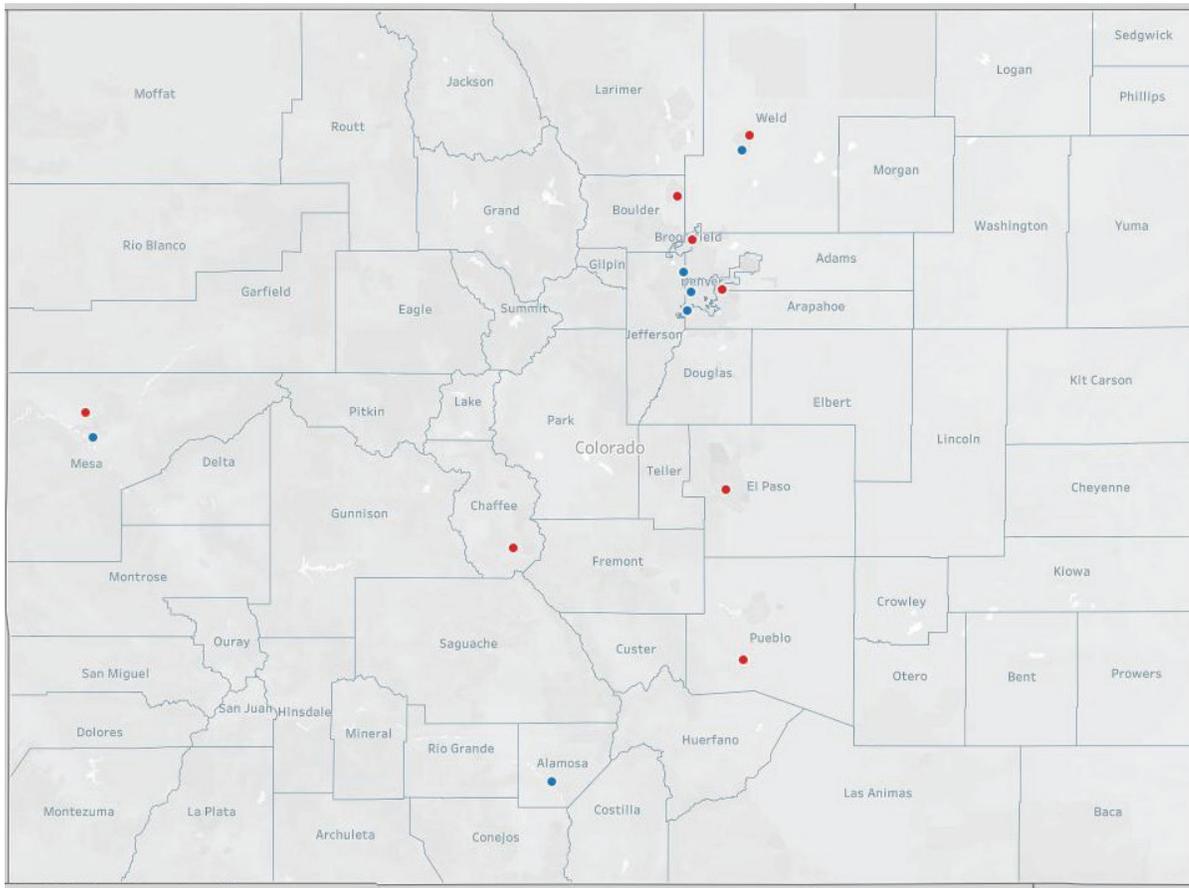
Pregnant people with a substance use disorder are at higher risk for poor outcomes, including maternal death, miscarriage, preterm labor, overdose, and delivery-related complications. Infants born to people who have misused substances during pregnancy also face negative outcomes and are more likely to have a low birth weight, be born early, need neonatal intensive care, and be in child protective services compared to unexposed infants.

To help address this stark reality, the Integrated Care for Women and Babies (ICWB) project was established by the Colorado Department of Human Services, Office of Behavioral Health (now the Behavioral Health Administration [BHA]) in partnership with the Practice Innovation Program at the University of Colorado (PIP@CU). The project aims to measurably improve outcomes for pregnant and parenting people and their children by integrating perinatal medical care, behavioral health (BH), and substance use disorder (SUD) treatment services.

The first cohort included four medical clinics that offer perinatal medical care and two opioid treatment programs (OTP). In the first two years of participating in the project, these clinics served over 1,000 women. On July 1, 2022, a second cohort of practices began work. This cohort consists of nine clinics, including seven medical clinics and two more OTPs that began receiving financial support and technical assistance from a practice facilitator and a clinical health information technology advisor.¹

¹ Eight Cohort 2 clinics have started. As of the time this brief was published, PIP@CU was still recruiting the ninth practice.

ICWB PRACTICES BY COHORT



- Cohort 1**
- Addiction Research and Treatment Services (ART)
 - Denver Health - Women's Care Clinic (Pav C)
 - Mind Springs Health - Women's Recovery Center
 - Sheridan Health Services
 - Sunrise Community Health - Monfort Family Clinic
 - Women's Health

- Cohort 2**
- Bloom House Residential Treatment Center (BHRTC)
 - Canyon View Womens Health
 - CU College of Nursing Midwifery - Aurora
 - CU College of Nursing Midwifery - Longmont
 - North Range Behavioral Health
 - Salida Health Center
 - Southern Colorado Family Medicine
 - St Anthony North Family Medicine

“The secret sauce” for success

The first cohort of practices have identified several drivers of their success, including having strong, committed champions, pre-existing relationships with community partners, non-judgmental providers, and the value of contingency management to help patients stay engaged. While these are all important, including peer support specialists has been called the “secret sauce.” Their importance is also recognized by state leaders:

- The Behavioral Health Administration’s recently released [workforce plan](#) calls out “Expanding Peer Support” as a prioritized project; and
- The [Colorado Department of Health Care Policy and Financing](#) is also committed to supporting the work of peers across many settings.

A peer support specialist is someone who uses their lived experience of recovery from mental illness and/or addiction, plus skills learned in formal training, to deliver services in behavioral health settings to promote mind-body recovery and resiliency in the treatment team. Peers say they bring value by:

- Relating to their clients in a way that clinical staff don’t
- Providing resources, linkages, and supports in the community
- Maintaining consistent engagement during pregnancy and post-partum

- Being more readily available without requiring a scheduled appointment
- Helping people make and keep their appointments
- Serving as a mentor who can demonstrate the ability to develop skills and “come out the other side of addiction” based on their own lived experiences
- Helping patients feel less judged
- Advocating on behalf of patients and families

Tips for hiring and retaining peer support specialists

It can, however, be difficult to both hire and retain peer specialists. Another challenge is that many clinics don't know how to integrate peer specialists fully into the treatment teams. ICWB practices have identified the following best practices:

- Engender a culture that recognizes and values the contributions of peers and includes them fully in the treatment teams.
- Ensure that supervisors have established clear roles and responsibilities and that they strive to truly integrate peers into the treatment setting. The [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) has created technical assistance guidance.
- Educate the care team on the peer support specialists' roles and schedules (which may include non-traditional hours and work outside the clinic).
- Offer competitive salaries and benefit packages that provide a living wage at minimum.
- Be flexible with hiring requirements to ensure traditional practices don't exclude people who could be effective. Peers are atypical hires and have a greater likelihood of being unable to pass a background check than traditional health care professionals.
- Intentionally support peer specialists with their own recovery.
- Consider opportunities and resources to cover the training and certification required of peers.

Avenues for Sustainable Funding

While the steps above can help with hiring and supporting peers, they do not solve the challenges clinics have faced related to achieving sustainable funding. ICWB dollars and other grants provide intermittent support, but the funding has not been sustainable which has created longer-term challenges and can have a negative impact on peer retention. Both the BHA and HCPF are committed to expanding the availability of and ensuring reimbursement for services provided by peers. Practices can pursue and consider:

- Partnerships with [Recovery Support Services Organizations](#). These entities can bill [Health First Colorado](#) (many people receiving care through the ICWB program are enrolled in Health First Colorado) for services provided by a peer specialist.
- Partnerships with local [community mental health centers](#) that often hire peers and bill for services provided by them. The peer support specialists could be employed by an external entity and embedded in the clinic. The partnerships can also help practices that do not need a full-time peer specialist as the practice can contract for part-time support.
- Contracting with the [Regional Accountable Entities \(RAEs\)](#) to receive reimbursement for services provided by peers.
- [Billing Medicaid](#) directly using billing code H0038 self-help/peer services.