

Peer Support in the Treatment of Co-Occurring Disorders

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Peers play a vital role in the treatment of co-occurring and polysubstance use disorders by offering empathy, mentorship, and nonclinical support rooted in lived experience. These individuals help bridge the gap between patients and providers, especially for individuals managing both substance use and mental health conditions, which often require integrated and sustained care approaches (Substance Abuse and Mental Health Services Administration [SAMHSA], 2022). Peers promote engagement in services, reduce stigma, and support recovery by modeling positive behavior change and fostering a sense of hope (Bassuk et al., 2016). Their involvement is particularly impactful for individuals with polysubstance use, who may face higher relapse risks and more complex psychosocial needs (Lander et al., 2013). By helping clients develop recovery plans, navigate treatment systems, and access community resources, peers enhance treatment adherence and improve long-term outcomes (SAMHSA, 2022). This presentation will offer insight into the roles of peers, as well as real world examples of barriers to implementation and adoption and the strategies to overcome them. We will use data collected from dual diagnosis treatment centers across the US to define patient characteristics, identify treatment implications and the ways in which peers can support the treatment and recovery process.



1. Define characteristics of patients presenting for treatment and the implications on programming and treatment strategies.
2. Review the roles and the contributions of peer support specialists in the treatment of co-occurring and polysubstance use disorders.
3. Discuss examples of the barriers to the adoption of peers and strategies to overcome these barriers.

Define characteristics of patients presenting for treatment and the implications on programming and treatment strategies.

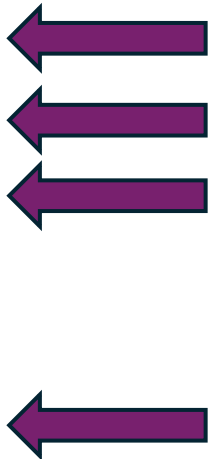
Diverse and Complex Needs

The opioid epidemic brought the disease of addiction into our homes, workplaces and communities. It highlighted the siloed system of care and has been unable to meet the complex needs of the diverse groups of people we serve.



Changes in the population admitting to treatment as the opioid epidemic progressed

	Early Cohort (n = 718)	Later Cohort (n = 695)	
	<i>n</i> (%)	<i>n</i> (%)	p-value
Depression *	490 (68.3)	515 (74.4)	.012
Anxiety *	601 (83.8)	609 (88.0)	.024
Hallucinations *	57 (7.9)	97 (14.0)	< .001
Cognitive difficulties	458 (63.9)	453 (65.6)	.510
Violence	119 (16.6)	139 (20.1)	.093
Suicidal ideation*	123 (17.2)	154 (22.3)	.015
Suicide attempt	31 (4.3)	35 (5.1)	.522
Prescribed psych meds	313 (43.8)	300 (43.5)	.929



High likelihood
and severity of
family and social
issues.

Greater co-
morbidity: aging
and length of
disease as factors.

Greater
polysubstance
use.

Higher likelihood
of trauma.

Severity of issues
related to social
determinants of
health.



Co-Occurring Stats

- 59.6M adults had any mental illness (AMI)
- 19.7M had SUD
- 56.2M used illicit drugs
- Among adults with SUD
 - 45.2% also had AMI
 - 12.4% had serious mental illness (SMI).
- 34.5% of adults with AMI had SUD
- 47.3% of adults with SMI had SUD

NSDUH 2023 and NSDUH 2024 blog

Knox County

In 2021, there were **452 deaths** related to drug overdose in Knox County, which is a 32% increase from the previous year.²⁰



19% of KCS high school students drank alcohol on one or more days during the past 30 days in 2022.⁵

17% of KCS high school students used some form of illicit drug (excluding alcohol or tobacco) during the past 30 days.

Tennessee

In 2021, there were **3,814 deaths** related to drug overdose in Tennessee which is almost a 23% increase from the previous year.²⁰

Co-Morbidity Stats

Infectious disease:

- Injection Drug Use is the most common risk factor for acute hepatitis C.
- People who inject drugs accounted for ~7% of new U.S. HIV infections in 2022. [CDC HIV/HCV]

Chronic conditions & pain:

- Of 1893 patients admitted for MH and/or SUD,
 - 39% hypertension
 - 15% diabetes
 - 18% pain
 - 32% gastro-intestinal diagnosis
 - 22% asthma or other respiratory issue
 - 17% hyperlipidemia
 - 18% obesity



Aging of the SUD Population

Projections show the SUD burden is increasing significantly among older adults, and is often under-recognized, inadequately treated, and associated with high mortality.

(Milbank Memorial Fund, PMC, Alliance for Aging Research)

There are 384,726 adults in Knox County, of whom 78,379 (20%) are seniors.

<https://worldpopulationreview.com/us-counties/tennessee/knox-county#demographics>

A recent 2025 summary notes that 1 in 11 adults over age 60 had a SUD in 2022, reaffirming the upward trend. (American Psychological Association)

Review the roles and the contributions of peer support specialists in the treatment of co-occurring and polysubstance use disorders.

Differentiating the Verified Peer Role vs. Lived Experience

While lived experience is a foundational and indispensable element of peer support, it is necessary but not sufficient to fulfil the full role of a verified peer specialist. The following outlines key distinctions—grounded in research and published policy guidance—between someone who has lived experience alone versus someone functioning as a formally trained and certified peer worker.

- Formal Competencies and Training
- Supervision, Quality Assurance and Fidelity
- Defined Role Scope, Ethics and Integration into Systems
- Evidence-linked Outcomes from Structured Peer Roles

Lived Experience + Training + Structured Role = Verified Peer Specialist

Formal Competencies & Training

- The Substance Abuse and Mental Health Services Administration (SAMHSA) developed a set of Core Competencies for Peer Workers in Behavioral Health Services identifying knowledge, skills and attitudes that peer workers must demonstrate beyond simply sharing lived experience. These competencies guide training programs, certification standards, job descriptions and performance evaluations. Someone with lived experience may bring insight and authenticity—but unless they have been trained to operationalize these competencies (e.g., boundary management, documentation, structured support), they do not automatically fulfill the verified peer role.

Source:
https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/core-competencies_508_12_13_18.pdf

Supervision, Quality Assurance & Fidelity

- Research on the peer specialist role includes the development of fidelity measures (e.g., Chinman et al., 2016), which assess whether the peer role is being delivered as intended. A formal peer worker typically operates within a system of supervision, documentation and evaluation—unlike informal peer supporters.

Sources:
<https://pmc.ncbi.nlm.nih.gov/articles/PMC5642953/>
<https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-024-06081-8>

Defined Role Scope, Ethics & Integration into Systems

- The verified peer role is embedded in service systems, linked with referral networks, documentation, and reimbursement frameworks. SAMHSA's National Model Standards for Peer Support Certification outline expectations for peer specialists beyond lived experience.

Source: <https://library.samhsa.gov/sites/default/files/pep23-10-01-001.pdf>

Evidence-linked Outcomes from Structured Peer Roles

- Systematic reviews show that trained, certified, and supervised peers improve behavioral health outcomes, reduce inpatient use, and enhance recovery engagement—effects tied to structured peer roles.

Source: https://www.healthworkforceta.org/wp-content/uploads/2023/07/BHWRC_Peers-in-the-Behavioral-Health-Workforce.pdf

Lived experience brings authenticity and hope, but verified peer specialists add training, defined scope, supervision, and measurable fidelity. All verified peers have lived experience, but not all persons with lived experience are verified peers.

For organizations designing peer-led interventions, distinction matters: both the experience and the structure are essential for effective, sustainable peer support.

How does peer support help?

Peer support workers bring their own personal knowledge of what it is like to live and thrive with mental health conditions and substance use disorders.

The sense of mutuality created through thoughtful sharing of experience is influential in modeling recovery and offering hope.

<https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers>



What do peers support workers do?

- **Inspire hope** that people can and do recover
- **Walk with people** on their recovery journey
- **Dispel myths** about what it means to have a mental health condition and/or a substance use disorder
- **Provide self-help** education and link people to tools and resources
- **Support people** in identifying their goals, hopes, and dreams and creating a roadmap for getting there

PEER SUPPORT

"Because of peer support I am alive!"

—Melodie

"When I saw that other people recovered, it gave me hope that I could too."

—Corinna

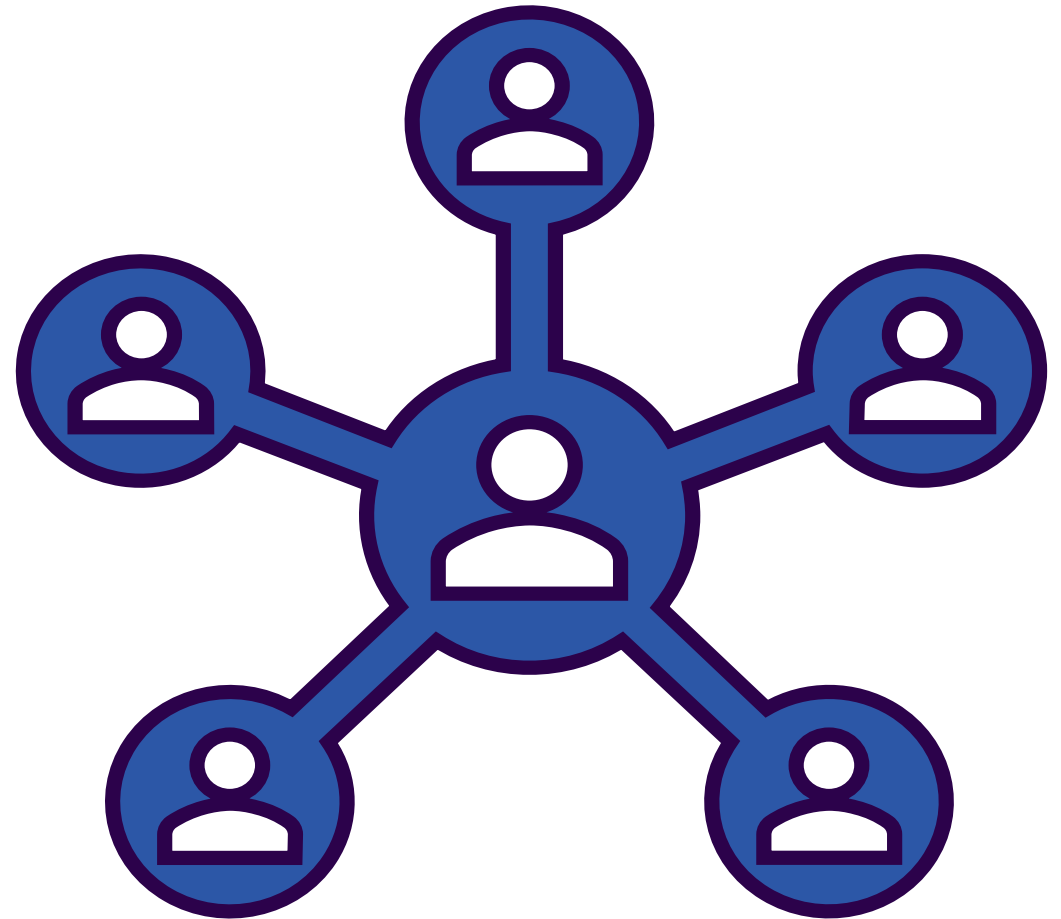
"Peer support allowed me to feel 'normal.'"

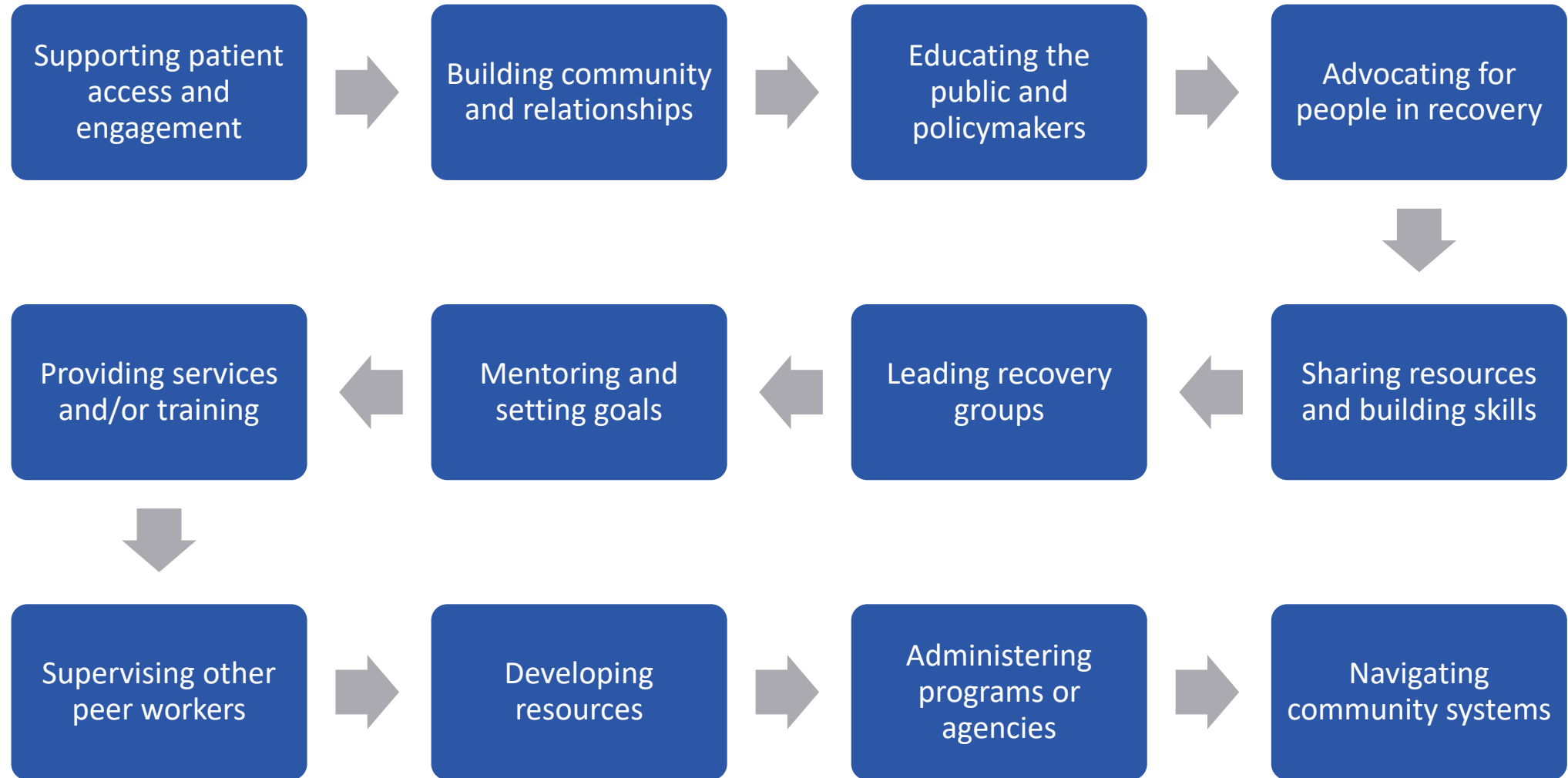
—Jean

Peer Support Workers can help break down barriers.

They ***practice*** in a wide range of settings.

They conduct a variety of outreach and engagement activities.

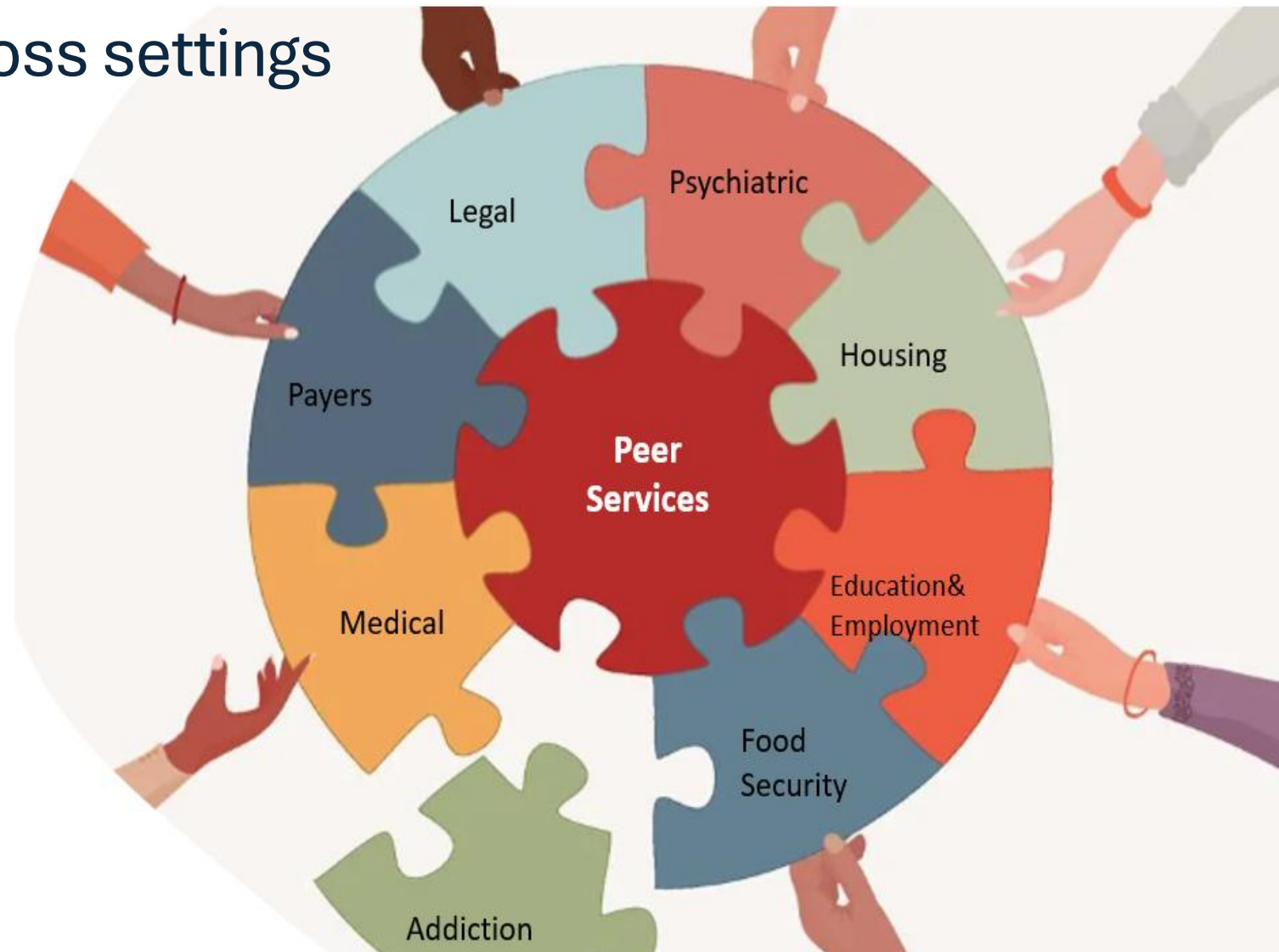




Peers as navigators across settings

Peers can support engagement across the many services and settings needed in early recovery:

- Referral sources
- Linkage and tracking
- Rapid & higher engagement
- Motivational support
- Accompanying or supporting transport
- Benefits navigation
- Basic care coordination and communication between providers



Discuss examples of the barriers to the adoption of peers and strategies to overcome these barriers.

Common Barriers

- 1. Role Confusion:** Unclear role definitions can lead to misunderstandings, resulting in inappropriate task assignments or underutilization of peer supporters (Chinman et al., 2021).
- 2. Stigma and Cultural Resistance:** Individuals with lived experiences in mental health, SUD recovery, or the criminal justice system often face stigma, impacting their acceptance in professional settings (Davidson et al., 2012; PsychiatryOnline, 2019).
- 3. Systemic Barriers:** Policies restricting individuals with criminal histories or prior SUDs from employment in peer roles can limit recruitment opportunities (Legislative Analysis, 2023).
- 4. Inadequate Administrative Support:** Lack of funding, training resources, and supervisory support can undermine the effectiveness of peer programs (Chinman et al., 2021).
- 5. Poor Program Functioning:** Technical issues, inefficient referral systems, and inadequate data tracking can hinder the success of peer support programs (Repper & Carter, 2011).
- 6. Lack of Stakeholder Buy-In:** Without strong support from leadership and community stakeholders, programs may struggle to gain necessary resources (Walker & Bryant, 2013).

Potential Solutions

- 1. Clarify Peer Roles:** Develop detailed job descriptions and provide training to ensure clear role expectations (Chinman et al., 2021).
- 2. Foster Positive Attitudes:** Education and awareness campaigns can reduce stigma and enhance peer worker integration (Davidson et al., 2012).
- 3. Address Systemic Barriers:** Policy advocacy for employment opportunities for justice-involved individuals and those in SUD recovery can expand the hiring pool (Legislative Analysis, 2023).
- 4. Enhance Administrative Support:** Securing funding, allocating resources, and providing ongoing training improves program stability (Chinman et al., 2021).
- 5. Strengthen Program Functioning:** Implementing robust data tracking, improving referral systems, and ensuring technical support can optimize program efficiency (Repper & Carter, 2011).
- 6. Increase Stakeholder Engagement:** Early involvement of leadership and community partners can generate buy-in and financial support (Walker & Bryant, 2013).

HR Considerations

1. Recruitment and Hiring

- Expanding outreach efforts to SUD recovery networks and reentry programs can improve recruitment.
- Reforming hiring policies to accommodate individuals with lived experience is critical (Legislative Analysis, 2023).

2. Training and Certification

- Specialized training for criminal justice and healthcare environments enhances peer effectiveness.
- Ethical and legal considerations must be incorporated into training programs (SAMHSA, 2024).

3. Supervision and Support

- Regular check-ins, peer support groups, and wellness initiatives reduce burnout (SAMHSA, 2024).

Funding the Peer Role

1. Billing Codes for Peer Support Services

- **HCPCS Code H0038:** Individual peer support services (CareSource, 2023).
- **HCPCS Code H0025:** Group peer support services (Orange County Health Info, 2023).

2. Medicaid and Private Insurance

- Medicaid coverage for peer support varies by state (SAMHSA, 2023).
- Private insurers may reimburse services, but policies differ (Nat. Academy for State Health Policy, 2023).

3. Federal and State Grants

- **SAMHSA Grants:** Funds peer integration into healthcare and justice programs (SAMHSA, 2023).
- **Justice System Grants:** Supports reentry peer initiatives (CHESS Health, 2024).

4. Community Partnerships

- Collaborations with advocacy groups and businesses can provide alternative funding sources (Council of State Governments, 2024).

Funding the Peer Role

Medicare's Principal Illness Navigation (PIN) Services

The **Centers for Medicare & Medicaid Services (CMS)** has introduced **PIN services** to assist patients with serious, high-risk conditions in navigating the healthcare system. These services can be provided by trained personnel, including patient navigators and certified peer specialists, under the direction of a physician or qualified healthcare provider. The relevant billing codes include:

- **HCPCS Code G0023:** Covers 60 minutes per calendar month of PIN services by certified or trained auxiliary personnel.
- **HCPCS Code G0024:** An add-on code for each additional 30 minutes of PIN services within the same month.
- **HCPCS Code G0140:** Specifically for peer support in behavioral health, this code covers 60 minutes per calendar month of PIN services by certified peer specialists.
- **HCPCS Code G0146:** An add-on code for each additional 30 minutes of peer support services within the same month (Medicare.gov, 2024).

These codes facilitate reimbursement for services aimed at helping patients understand their medical conditions and navigate the healthcare system effectively.

Case Studies



Why won't this take?

Setting: Large University Hospital with grant funded peer program in the emergency room and in the hospital.

Challenges:

1. Low adoption or use of peers
2. High rate of emergency room use by SUD/OD/Overdose patients
3. Low use of MAT and MAT Bridges

Discussion: We had already created policies and procedures with the organization, but these were not being routinely followed. We had sister facility and community organizations supporting referrals but were inconsistent in processes. We were working on workflow and EMR support, but this was not routinely being used as peers were not routinely brought into the process. We had MD champions, but no real buy in from the day-to-day residents, ER docs or floor teams.

Even with the challenges, we've seen a significant increase in ED MAT starts, linkages to treatment and linkages to primary care as a result of adding peers.

Emergency Department - Solutions

Anti-Stigma Campaign

- Identified initial project champions.
- Created a “campaign” proposal which included a project name, objectives, slogan, image and outlined types of messaging and content ideas.
- Began educating ED and other staff on SUD/ODD and the role of peers.
- Created posters, cards, whiteboard with information and resources.

IT/Workflow

- Discovered that peers were not feeling part of the team.
- Developed EHR screens for peers.
- Redefined workflow to include peers.
- Invited peers to present to the ED staff and medical students on their experiences, role and how they can support the team.
- Co-located peers and included in routine meetings and staffing.

Outpatient Treatment Program

- How to pay for peers.
- Peers with criminal history.
- Staff acceptance of peers.
- Variation across states in rules and regs for payment, documenting, supervision, etc.
- Managing peers' self care and recovery.



The most interesting thing has been that even though a peer may not seem like the patients, the connection is there. It still works.

Outpatient Treatment Program Solutions

Criminal history

- State health department waivers, appeals process
- Add credentials for peer, CPR, CE and letters of support
- EEOC discourages blanket bans

Acceptance by team

- Tell the story; reframe the history as expertise
- Include in team meetings
- Documentation & visibility in E.H.R.

Peer Self Care

- Team supervision and support (eg, DBT).

Police, Treatment, and Community Collaborative (PTACC),
State LEaders Deflection (SLED) Policy Network, www.ptaccollaborative.org, 2025

Setting: Deflection Teams

Challenge:

Lack of mutual acceptance between peers and by local law enforcement (LE)

Discussion:

Peers, if they have criminal backgrounds and even possibly drug use (one or both), can take time to be accepted by local LE, especially if they are in the community/jurisdiction where they might have been encountered by LE up to and including being arrested by police. Likewise, peers can have various views of LE and police, especially if they are in the community/jurisdiction where they lived, which means they might not be willing to jump right in working alongside their potential new partners for a variety of reasons.

Both sides stigmatize each other. This statement is important as all life is about relationships. – Jac Charlier, TASC

Solutions to SLED Barriers: Intentional Onboarding and Team Building

Solution: Local PDs and Deflection Specialists (whichever organization(s) leads up this workforce), **focus on the correct pairing and teaming** of LE and police with peers (and vice versa). This is critical and has to be done through an intentional onboarding process that includes additional elements of education and socialization. They do not understand each other or why they do what they do.

Let them have time to work together and have downtime/debrief time to understand why they are each doing what they are doing, understand their roles (the roles must be very clear), understand their limitations and where they can be most helpful to each other are all part of the solution.

In the end, this intentional type of onboarding is not to create friends or even to have them like each other but it is to have them realize they can work together, it's possible, they can contribute to each other's mission, and of critical nature to both sides they can trust each other. What came before was before and what is going on now is now.

Trust is built by being honest and open, staying out of the way of areas they are not responsible for dealing with, and having each other's backs.

Primary Care Settings

Challenges

- Peer turnover rates
- Technology issues: getting patients cell phones, supporting peers in downloading and using app
- 12-step and resistance to MAT
- Boundaries
- Peers' self care and supervision
- Paying for peers

Solutions

- Peer as an extension of the provider
- MUST be included in EMR workflow and patient care updates, staff meetings
- Consider supporting NPI if state allows
- 12 step alternatives (SMART, Refuge)
- See info on PIN and payer contracts for navigation
- Develop case studies with local patient data

Final Thoughts

Peer support plays a transformative role across healthcare, criminal justice, and community settings by fostering trust, reducing stigma, and enhancing outcomes for individuals navigating complex systems. In healthcare, peer support specialists improve patient engagement, promote recovery, and provide invaluable lived-experience insights that bridge gaps between providers and those receiving care. Within the criminal justice system, peers contribute to rehabilitation and reintegration by offering mentorship, advocacy, and real-world guidance to individuals transitioning from incarceration, reducing recidivism and promoting stability. In community settings, peer-led initiatives strengthen social connections, empower marginalized populations, and create networks of support that enhance overall well-being. By offering empathy, shared experience, and practical support, peers serve as catalysts for change, improving both individual lives and systemic outcomes.

Resources

Use the following resources to learn more about the role that peers play in recovery. Please read the [SAMHSA.gov Exit Disclaimer](#) for more information on resources from non-federal websites.

- Peer workers are emerging as important members of treatment teams. The “[Supervision of Peer Workers TA Resource](#)” (PDF | 702 KB) helps supervisors understand how to supervise peer workers in behavioral health services. The resource includes a [slide deck](#) (PDF | 9.1 MB), [slide deck with trainer notes](#) (PDF | 9.14 MB), [one-page self-assessment tool for supervisors](#) (PDF | 239 KB), and [resources](#) (PDF | 124 KB).
- [Value of Peers – 2017](#) (PDF | 2 MB) describes how peer supports advance recovery and add value to behavioral health systems:
- [Peer Support](#) (PDF | 2 MB); [Apoyo entre compañeros](#) (Spanish version) (PDF | 183 KB)
- [Family, Parent, and Caregiver Peer Support in Behavioral Health](#) (PDF | 846 KB); [Apoyo de compañeros para pares y otros cuidadores de niños y jóvenes](#) (Spanish version) (PDF | 202 KB)
- [Peers Supporting Recovery from Mental Health Conditions](#) (PDF | 2 MB); [Recuperación de problemas de salud mental](#) (Spanish version) (PDF | 196 KB)
- [Peers Supporting Recovery from Substance Use Disorders](#) (PDF | 2 MB); [Recuperación de trastornos de consume de sustancias con el apoyo de pares](#) (Spanish version) (PDF | 202 KB)
- [Getting Started With Evidence-Based Practices: Consumer-Operated Services – 2011](#) guides mental health authorities, agency staff, and others through the process of implementing evidence-based practices. It also highlights the importance of cultural competence.
- SAMHSA’s [Recovery and Recovery Support](#) topic explains how recovery-oriented care and recovery support systems help people with mental and/or substance use disorders manage their conditions successfully.
- [What Are Peer Recovery Support Services? – 2009](#) explains peer recovery support services designed and delivered by people in recovery from substance use disorders.
- Access [video trainings on peer support services](#), youth and young adults, and other topics.

Resources

- [Peer Recovery Support Services Mentoring Initiative - COSSUP Resource Center](#)
- [Monthly Peer Networking Hour Registration](#)
- [Making the Case for Engaging People with Lived Experience and Expertise in State Behavioral Health Reforms - Center for Health Care Strategies](#)
- [Opioid Settlement Expenditures Dashboard](#)
- [Examining the Use of Braided Funding for Substance Use Disorder Services](#)
- [The Center of Excellence on LGBTQ+ Behavioral Health Equity](#)
- [Law Enforcement Alliance for Peer Support](#)
- [Effective Integration of Peer Recovery Support Services Training Series: A Course for Program Administrators](#)

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Thank you!

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