2022 National Dialogues on Behavioral Health Conference

Session Title: 'Advocating for the Future System; How will we fund and sustain the future BH **(peer)** Workforce?

Session Date:
November 16th
@ 8:30-11:30am

Featuring: Amy Brinkley CRS/CHW, CAPRCII

Bio

Amy Brinkley served for (5) five years as the Director of Recovery Support Services in the state of Indiana working to expand peer/recovery support services across the state with the Indiana Division of Mental Health and Addiction. She most recently served for 2 years as the Chairperson for NASMHPD's Division of Recovery Support Services advocating for the professionalization of recovery supports across the country and currently Amy serves as NASMHPD's (National Association of State Mental Health Program Directors) Recovery Support Systems Coordinator. Amy has been author on several APA articles related to peer support through her work on the APA Policy Advisory Board and continues to serve in this capacity today.

Amy is a person with direct lived experience with Mental Health and Substance Use recovery and the criminal justice system. Her passion and expertise are driven from the loss of three brothers to suicide and her heart is to advocate for change across the country through effective recovery data collection and evaluation processes that drive recovery-oriented outcomes which will in turn improve the quality of life and recovery for people with substance use disorders and mental illness.

Amy Brinkley

Recovery Support Systems Coordinator

NASMHPD

Objectives

1) Participants will leave with an understanding of the current landscape of the peer workforce nationally.

2) Participants will understand current funding opportunities for employment and sustainability of peer support services nationally.

3) Participants will leave with access to national technical assistance opportunities and resources for funding peer support services.

AGENDA

I. National Association of State Mental Health Program Directors (NASMHPD) Overview/How NASMHPD fits within the **(Peer)** Recovery Community

II. Federal Initiatives currently in place to provide **funding** and support for BH **(Peer)** workforce initiatives.

III. Current (**Peer)** Initiatives at the National and State Level

IV. Emerging Trends for **Peers**

NASMHPD Overview

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NASMHPD

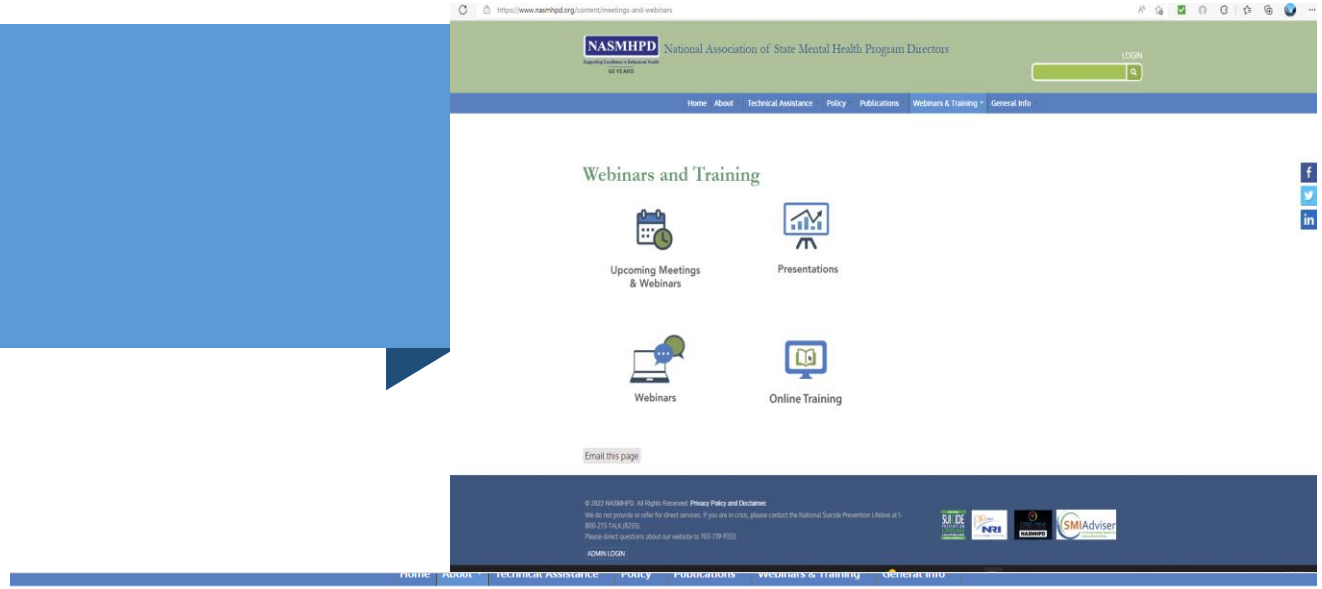
National Association of State Mental Health Program Directors (NASMHPD), home to the only member organization representing state executives responsible for the public mental health service delivery system serving millions of people annually in all 50 states, 6 territories and pacific jurisdictions, and the District of Columbia.

In addition to representing the viewpoint of State Mental Health Commissioners and Directors, NASMHPD has 7 divisions comprised of directors of special populations/services.

1. Children, Youth, and Families Division
2. Forensic Division
3. Legal Division
4. Finance Policy Division
5. Medical Directors' Council
6. Older Person's
7. **Division of Recovery Support Services (DRSS)**

1.About Us | National Association of State Mental Health Program Directors (nasmhpd.org)

NASMHPD Website



Also on the website:

Presentations, Toolkits, Upcoming Meeting/Webinars, Recorded Webinars, and 988 Playbooks, TTI Funding Opportunities for States, and Peer Specific Resources

Division of Recovery Support Services

Offices of Consumer Affairs (OCAs) were first established in the late 1980s and early 1990s. Only two offices existed in 1990, but by 1993 there were 14. Today the vast majority of State Mental Health Authorities (SMHAs) have established an Office of Consumer Affairs or Recovery Services in various stages of development and with various titles. In 1995 the Center for Mental Health Services (CMHS) within the Substance Abuse Mental Health Services Administration (SAMHSA), established an Office of Consumer Affairs to promote and facilitate meaningful peer participation in all aspects of federal programs.

With the assistance of NASMHPD in 1993, directors of OCAs founded The National Association of Consumer/Survivor Mental Health Administrators (NAC/SMHA). The organization was made up of the then current directors who led the OCAs in their states. For over 25 years NAC/SMHA provided opportunities for directors to meet and discuss issues, plans, and practices, as well as opportunities for networking and peer support.

NAC/SMHA had a long history of providing expertise and guidance to NASMHPD on policies and publications such as the Mortality and Morbidity Medical Directors' Technical Report, the Smoking Cessation Toolkit, and various other Peer Support resources.

When NAC/SMHA was founded, there was general OCA consensus not to be a formal part of NASMHPD, but to remain a separate supporting organization through a MOU. In the past decade, the need for the OCA representatives to be a separate part of NASMHPD has diminished as the number of leaders with lived-experience within SMHAs nationwide has grown and their positions have become more integrated within executive leadership.

Following this new state of affairs, the members of NAC/SMHA reorganized to become the NASMHPD Division of Recovery Support Services in the late spring of 2019. NASMHPD's need for expertise and guidance from those with lived-experience remains the same. Through this new division, NASMHPD will be able to enhance and continue its long history of ensuring that the voices of those with lived-experience are promoted, heard, and considered in policy, planning and practice development.

Executive Committee (as of August, 2019)

Title	Term	Name	State
Officers			
Chairperson	1/1/22 – 12/31/23	Alexia Wolf	DE
Vice Chairperson	1/1/22 – 12/31/23	Mark Blackwell	VA
Secretary	1/1/22 – 12/31/23	Cheri Bragg	CT

[2. Division of Recovery Support Services | National Association of State Mental Health Program Directors (nasmhpd.org)]

National Division of Recovery Support Services (DRSS History)

Office of Consumer Affairs (OCA's)

- OCA's were first established in the late 1980s and early 1990s. Today the vast majority of State Mental Health Authorities (SMHAs) have established an Office of Consumer Affairs or Recovery Services in various stages of development and with various titles.
- With the assistance of NASMHPD in 1993, directors of OCAs founded The National Association of Consumer/Survivor Mental Health Administrators (NAC/SMHA). The organization was made up of the then current directors who led the OCAs in their states. For over 25 years NAC/SMHA provided opportunities for directors to meet and discuss issues, plans, and practices, as well as opportunities for networking and peer support.
- The members of NAC/SMHA reorganized to become the NASMHPD Division of Recovery Support Services (DRSS) in the late spring of 2019.

Quick Facts - Division of Recovery Support Services (DRSS)

- DRSS meets once a month on the first Friday of each month with an average attendance of 10-20 states regularly in attendance; two subgroups meet monthly focusing on recovery data collection and DEI issues (NRI State Profiles)
- DRSS completed a 1 pager on the Return on Investment for Peer Services
- DRSS completed a survey on the recovery support services in each state

2. Division of Recovery Support Services | National Association of State Mental Health Program Directors (nasmhpd.org)

NASMHPD Division of Recovery Support Services (DRSS) 2021 Survey Overview

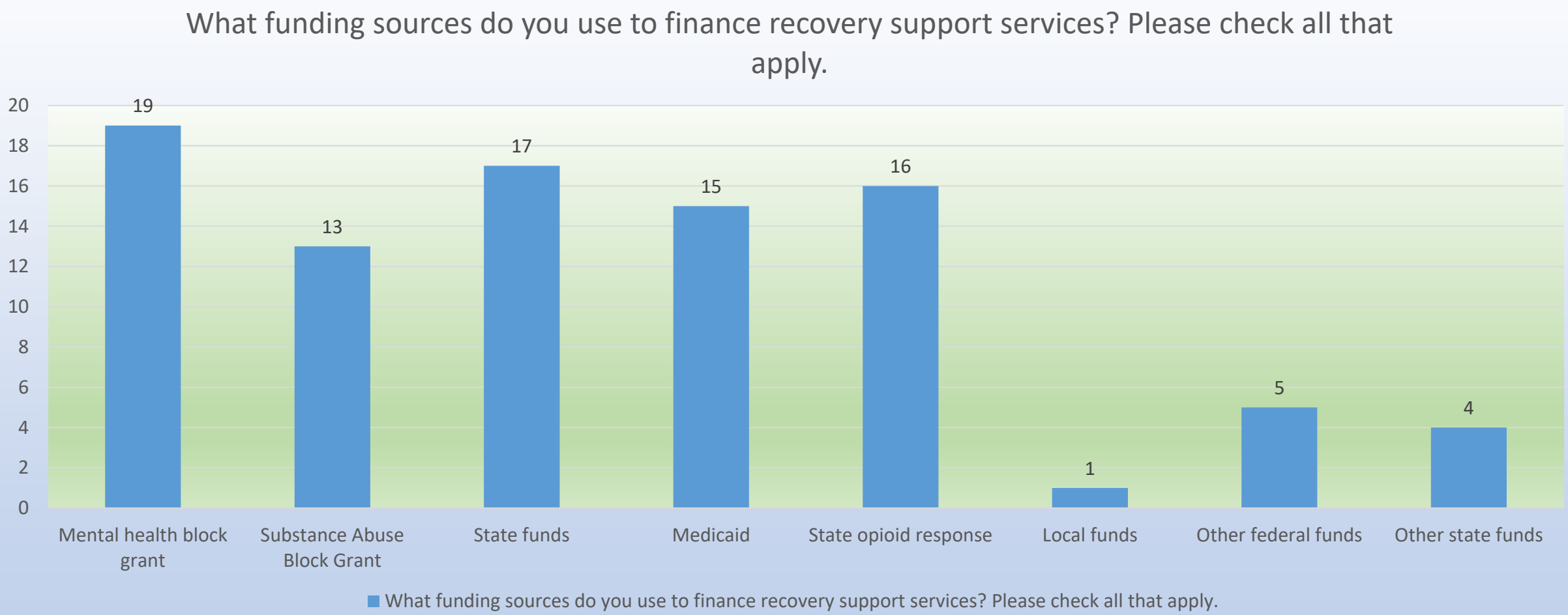
Key Takeaways

DRSS Members	• 44 States/Territories Received the Survey • 19 States/Territories Responded
Types of RSS Focus of RSS	• 20 Distinct RSS Types Reported • 12 Diverse Populations Targeted
RSS Partnerships RSS Funding	• 12 Diverse State Agencies/Systems Involved in RSS Implementation • 8 Diverse Funding Streams Used to Implement RSS

2. Division of Recovery Support Services | National Association of State Mental Health Program Directors (nasmhpd.org)

NASMHPD

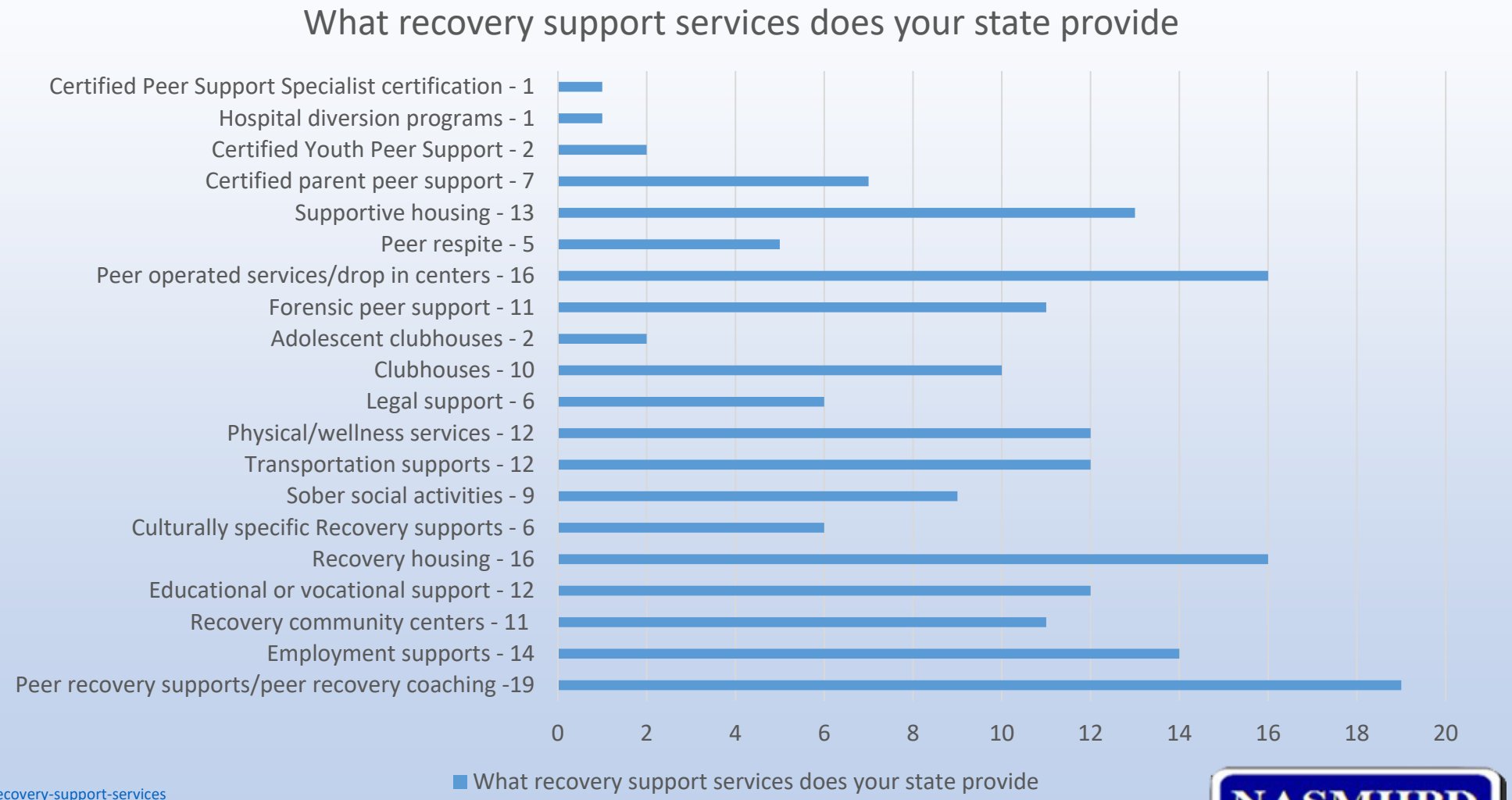
DRSS Survey 2021
Diverse RSS Funding Options



[2. Division of Recovery Support Services | National Association of State Mental Health Program Directors (nasmhpd.org)]

DRSS 2021 Survey

Types of Recovery Support Services Offered

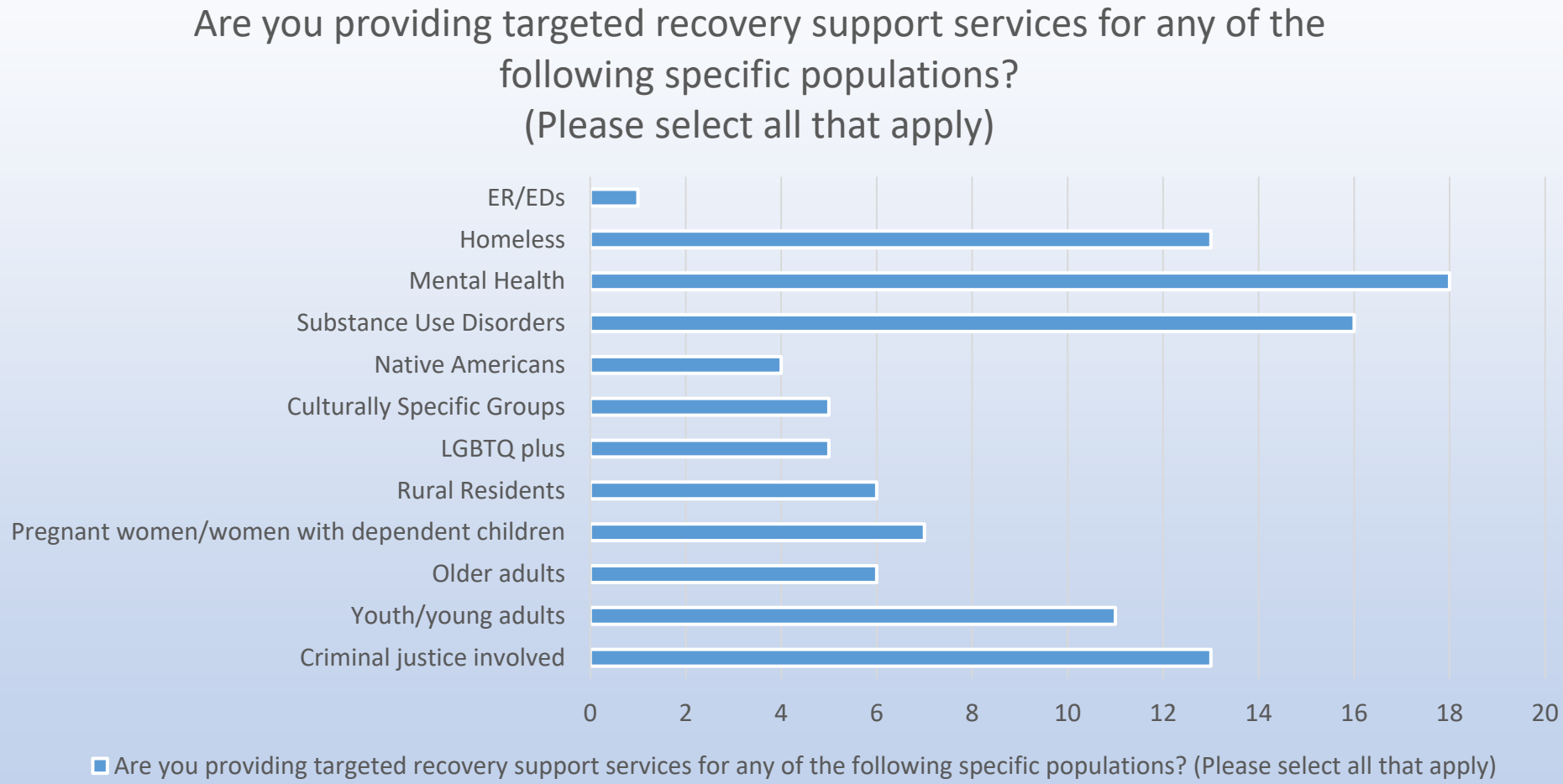


2. https://nasmhpd.org/content/division-recovery-support-services

DRSS 2021 Survey

Targeted Populations

Targeted Populations for RSS



2. https://nasmhpd.org/content/division-recovery-support-services

Current Federal Funding Opportunities for Peers

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Peer Support Workers

SAMHSA - Peer support workers are people who have been successful in the recovery process who help others experiencing similar situations.

Through shared understanding, respect, and mutual empowerment, peer support workers help people become and stay engaged in the recovery process and reduce the likelihood of relapse.

Peer support services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful, sustained recovery process.

SAMHSA's BH Workforce Report (December 2020) – Calculated the current workforce for SUD focused recovery coaches to be 23,507 and estimated a need for an additional 349,519 which is a (97% increase) to help meet the unmet need.

3. Peer Support Workers for those in Recovery | SAMHSA
4. behavioral-health-workforce-report.pdf (mamh.org)

CMS Guidance on Medicaid Coverage of Peer Support Services

Box 1. CMS Guidance on Medicaid Coverage of Peer Support Services

Peer support services can be offered to beneficiaries with either mental health conditions or substance use disorders (SUDs). States may choose to deliver peer support services through several Medicaid funding authorities including the state plan rehabilitative services option, and Section 1915(b) or 1915(c) waivers. State Medicaid agencies have the authority to determine the service delivery system, medical necessity criteria, and the scope of peer support services. However, certain minimum service requirements must be addressed when states seek federal financial participation for peer support services:

- **Supervision.** Peer support service providers must be supervised by a competent mental health professional, as defined by the state. The amount, duration and scope of supervision may range from direct oversight to periodic care consultation.
- **Care coordination.** Peer support services must be coordinated within the context of an individualized plan of care for the beneficiary. States should use a person-centered planning process that helps promote beneficiary ownership of the plan of care. Plans of care must also include specific individualized goals that have measureable results.
- **Training and credentialing.** Peer support providers must obtain training and certification as defined by the state. Training must provide peer support providers with a basic set of competencies as defined by the state. The peer must demonstrate the ability to support the recovery of others from mental illness or SUDs. Ongoing continuing educational requirements for peer support providers must also be in place.

When electing to provide peer support services to Medicaid beneficiaries, state Medicaid agencies may choose to collaborate with state mental health departments (CMS 2007, CMS 2011).

5. Recovery-Support-Services-for-Medicaid-Beneficiaries-with-a-Substance-Use-Disorder.pdf (macpac.gov)

State Funding (Options)for Peer Recovery Support Services Include:

- **State Plan Rehabilitation Service Option** – Authorized under section 1905 (a) of the Social Security Act, the rehabilitative services option allows for states to pay for discrete rehabilitative services for beneficiaries, such as supported employment or skills training and development. Most states use this option to provide recovery support services (particularly peer support.)
- **Health Home State Plan Option** – States may choose to establish health homes as a state plan option under Section 2703 of the ACA. Health home providers integrate and coordinate all primary, acute, behavioral health care, and long-term services and supports to treat the whole person. States use this approach to pay for recovery support services via bundled rates to health homes that coordinate care for beneficiaries with chronic conditions. As of September 2018 (22 states total) had active health homes, of which 13 targeted beneficiaries with SUD's.
- **Section 1915(i)** – The 1915(i) state plan amendment (SPA) allows states to provide HCBS services under the Medicaid state plans without obtaining a waiver from CMS. Like the Section 1915© waiver, the 1915(i) SPA allows states to design service packages targeted to people with specific needs, including special services for those who have developmental disabilities, physical disabilities, mental illness, or SUD's. States may offer benefits to a specific age group without regard to comparability of services, although they must abide by the state wideness rule, dictating that state Medicaid programs cannot exclude enrollees or providers because of where they live or work in the state. Unlike Section 1915 © waivers, the 1915 (i) SPA allows states to set the qualifying level for HCBS at an institutional level of care or lower (MACPAC 2016)
- **Section 1115 Demonstrations** – Beginning in 2016 most states began to pay for SUD treatment services through section 1115 SUD demonstrations. In the Commissions June 2018 report to Congress, MACPAC discussed how states are using these waivers to reduce gaps in the clinical SUD continuum of care, particularly for residential and inpatient treatment. States are also using these demonstrations to pay for both recovery support services and SUD case management. (MACPAC 2018) 28 states and the District of Columbia have sought Section 1115 waivers related to SUD treatment. As of June 2019, 24 states have approved demonstrations and another 4 states, and the District of Columbia have waiver applications pending CMS review. Of the approved demonstrations, eight states have incorporated one or more recovery support services into their Section 1115 demonstration state terms and conditions.

6. Peer Support Workers for those in Recovery | SAMHSA
7. Recovery-Support-Services-for-Medicaid-Beneficiaries-with-a-Substance-Use-Disorder.pdf (macpac.gov)

State Funding (Options) for Peer Recovery Support Services cont..

- **Certified Community Behavioral Health Clinic Demonstrations** – Section 223 of the Protecting Access to Medicare Act of 2014, established a Medicaid demonstration program that allows participating states to certify and pay for certified community behavioral health clinics. These clinics serve individuals with serious mental illnesses and SUD's and provide intensive, multi-disciplinary, evidence-based screening, assessment, diagnostics, treatment, prevention, and wellness services. CCBHC' s are paid a daily or monthly prospective payment system rate that is clinic specific and covers the expected cost of demonstration services. All states participating in the CCBHC demonstration must target beneficiaries with sever mental illness, children with severe emotional disturbance, and those with an SUD. However, several states have identified subpopulations- including those with an opioid use disorder- as priority populations. Many of these states offer recovery support services, including supported employment, and peer supports (CMS2019)
- **State Funding –** Numerous short term grant programs such as Access to Recovery Grants, State Targeted Response Grants, Substance Abuse and Mental Health Block Grants and Bringing Recovery Supports to Scale grants offered through BRSS TACS and funded by SAMHSA.
- **Private Insurance –** In a 2019 report it was found that 71% of SUD facility centers accepted private health insurance as a payer, 56% of which offered peer services.
- **Medicaid** – Georgia was one of the first states to implement peer recovery support services (1999) and Medicaid eligible (2001)
  - **2007 CMS** published letter defining peer services as a reimbursable **'evidence based' service** and 2013 CMS letter expanded coverage to caregivers of an eligible child (family/parent)
  - **2018 (GAO) Government Accountability Office -** reported that 37 State Medicaid Programs reported coverage for peers with 23 of those states covering peer services through state plan authority and (9 states) covering Peers with 1115 demonstration waivers allowing greater flexibility to determine the population served and care delivery models.
  - **CMS Guidelines** - Regardless of authority, states must meet three minimum care requirements for peers (1. peers must be supervised by a competent mental health professional as defined by the state and can vary by scope and duration 2. Peers must be coordinated and integrated in the context of individualized care plan for a patient 3. peer support providers must obtain training and certification as directed by state)

6. Peer Support Workers for those in Recovery | SAMHSA
7. Recovery-Support-Services-for-Medicaid-Beneficiaries-with-a-Substance-Use-Disorder.pdf (macpac.gov)

Non-Medicaid Funding Strategies for Peer Recovery Support Services

- **SAMHSA Grants -**
  - SABG Block Grant - Substance Abuse Prevention & Treatment Block Grant (SABG) | SAMHSA
  - Mental Health Block Grant - Mental Health Services Block Grant (MHBG) | SAMHSA
  - SAMHSA 2022 Grant Overview - Grants Dashboard | SAMHSA
  - BCOR Grants - Building Communities of Recovery | SAMHSA
  - RCSP Grants - Recovery Community Services Program | SAMHSA
  - Statewide Family Network Grants - Statewide Family Network Program | SAMHSA
  - Statewide Consumer Network Grants - Statewide Consumer Network Grant Program | SAMHSA
  - Harm Reduction Grants - Harm Reduction Grant Program | SAMHSA
  - SOR *States Only - State Opioid Response (SOR) Grants | SAMHSA
  - Treatment, Recovery, and Workforce Grants (already awarded) - Treatment, Recovery, and Workforce Support Grant | SAMHSA
- **Bureau of Justice Affairs Grants (COSSAP)** - O-BJA-2022-171280 | Office of Justice Programs (usdoj.gov) - Peer Recovery Support Services Mentoring Initiative (cossapresources.org)
- **Human Resources and Services Administration (HRSA)** - HHS Announces $226.5 Million to Launch Community Health Worker Training Program | HHS.gov

MACPAC Recovery Support Services - **https://www.macpac.gov/wp-content/uploads/2019/07/Recovery-Support-Services-for-Medicaid-Beneficiaries-with-a-Substance-Use-Disorder.pdf**

Current Peer Initiatives (State/Local)

2022 National Dialogues on Behavioral Health Conference

Current Peer Initiatives (State/Local)

Various State Approaches and Using Diverse Funding Sources

- **Indiana Pilot Project –** Indiana State is using funding (General Revenue) for the Integrated Re-entry and Correctional Support Program **(IRACS) pilot program** to provide peer driven, Sequential Intercept Model support for inmates with mental health and substance use disorders with certified peer supporters and wraparound services. Peer support provided upon entry to the jails through a voucher-based system (Recovery Works). $500,000 per site for 5 sites to build the peer teams to support a full spectrum of re-entry supports. Now county governments pitching in, donating office space, funding, and additional support. **General funds are being used for this.**
- **Indiana Regional Recovery Hub Model –** Indiana's Division of Mental Health and Addiction **funded a regional model infrastructure consisting of peer run organizations** using **State Opioid Response and SABG/MHBG Block Grant dollars**. 20+ sites are providing peer services across 5 regions of the state spanning 92 counties and covering the state. Peers cover 211 call lines, 24-hour peer line, and provide transportation through a LYFT partnership along with provision of direct peer support services statewide.
- **Connecticut Recovery Oriented System of Care -** Connecticut's Division of Mental Health and Addiction serves 90,000 people annually and has an operating budget of $600 million. In 1999 a systematic effort to transform into a recovery-oriented system of care was underway.
  - Changed programs and the service structure to enhance certain types of program models (e.g., peer-run programs, programs operated by the recovery community.)
  - Re-align fiscal resources and review administrative policies to ensure that recovery concepts and program models are being supported.
  - Community Core Teams include follow up from providers, staff, and peers to provide aftercare. Pilot for Mental Health Peers in ED's using ARPA funding. Recovery Coaches already in all ED's. Department of Transportation Partnership unfolding due to concerns at the rails with people with SMI/SUD's using COVID mitigation funding for harm reduction through non-traditional methods (7am-1pm)

8. SAMHSA White Paper on The Role of Recovery Support Services.pdf (pacdaa.org)

Current Peer Initiatives (State/Local)

Various State Approaches and Using Diverse Funding Sources

- **Texas Statewide Peer Force TA (Technical Assistance) Hub for Peer Service Providers –** Texas Sate has **granted block grant funds** to fund a community-based organization (Clubhouse) to act as a statewide peer hub of technical assistance and peer support to providers and peer run organizations as well as employers. Form Communities based out of the San Antonio Clubhouse and operates as an umbrella agency with **diverse funding from the state** through Block Grants as well as **federal HRSA funds** to expand peer support education, scholarships, and workforce expansion of peer supports statewide.
- **New Hampshire Peer Respite Regional Model –** State of New Hampshire allocated $18,709,274 in contracts to four vendors to add Recovery Oriented Step Up - Step Down programs of 12 bed peer respite facilities regionally positioned to cover the whole state. Sites provide daily face to face and telephone support, discussion groups, skill building, and community supports using peer support providers.
- **Maine Crisis Peer Services** – Maine has incorporated the 'Alternatives to Suicide' into crisis peer certifications. 50% of crisis stabilization units incorporate peers into CSU's. Strategic partnership with Wildflower Alliance.

8. SAMHSA White Paper on The Role of Recovery Support Services.pdf (pacdaa.org)

National Academy for State Health Policy Report
Current Crisis Peer Initiatives (State/Local)

Call Centers

New **Mexico** - Call center staff – which can include peers – answer calls or texts from individuals in mental health crisis and provide telephonic intervention. Peers can serve as staff on these lines but can also serve as connectors via peer-run warmlines. In **New Mexico**, the state's peer-to-peer warmline works in conjunction with the New Mexico Crisis Access Line. Staff triages calls, offering an option to be connected to either a peer or a clinician, and connects them accordingly.

- **Funding** – CMHS Block Grant (24-hour crisis access line services, including warm handoffs to peer-to-peer warmline are Medicaid reimbursable.
- **Managed Care Billing Guidance** – contract requires that core services agencies have 24/7 crisis services agencies have 24/7 crisis services available. The state's Medicaid behavioral health provider manual also enumerates peer services, including safety planning as part of crisis response, and notes that crisis call encounters are billable.

Crisis Stabilization Units

Michigan - When an individual is assessed to need a higher level of care, crisis stabilization and receiving facilities are able to provide inpatient or 23-hour care. **Michigan** allows billing for peers serving Medicaid recipients as members of care teams within crisis stabilization units. Peers in these settings can provide supportive services, including necessary transition and recovery-oriented care.

- **Funding and Payment Authority** – State Plan Amendment (SPA)
- **Managed Care Billing Guidance** - Medicaid managed care organizations must include the choice of working with Certified Peer Support Specialists (CPSS) as an option for individuals throughout the service array.

Mobile Crisis Teams

- Minnesota Peer Crisis Approach- In order to be eligible for the enhanced Medicaid match for crisis services in ARPA, mobile teams must be composed of at least one licensed clinician and one other mental health worker, ***which can be a peer.*** The enhanced match provides an incentive for states to expand these services, and peers as a workforce bring not only lived experience but are able to be trained and certified quickly. Peers are, in fact, noted in the enabling statutory language as an option for inclusion on these teams, and many states are already taking this approach. **Minnesota** Medicaid, for example, covers peers as members of mobile teams, allowing them to bill for services that help to stabilize individuals in crisis in the community.
  - **Funding** - State Plan Amendment (SPA)
  - **Managed Care Billing Guidance** – N/A

Post Crisis Follow Up

Virginia has also designed an additional community stabilization crisis benefit to ensure post-crisis follow up care, services that may include those delivered by peers.

- **Funding and Payment Authority** – State Plan Amendment (SPA)
- **Managed Care Billing Guidance** - Managed care contractors must include medically necessary peer services as a part of community mental health rehabilitation services.

9. States' Use of Peers in the Mental Health Crisis Continuum - The National Academy for State Health Policy (nashp.org)

Emerging Healthcare Opportunities

There are many emerging opportunities in which Peers can offer their unique skills in assisting others with their health and wellness:

1) 9-8-8 and Related Crisis Infrastructure, including Crisis Call Centers, Warmline Response, Mobile Crisis Models, Crisis Stabilization Unit Services, Living Room/Peer Respite Models, and Co-Responder Models
2) School-Based Mental Health X Certified Community Behavioral Health Clinic (CCBHC)

- **Private Insurance**
  - While slow to adopt this recovery-oriented practice, the private insurance industry is slowly releasing peer support coverage. While many benefit plans have their peer support anchor in Medicaid/Medicare plan within states, their adoption of global statements recognizing PSW's and Peer Support provide a foundation for future private health plan adoption. Varieties of Rate Modeling There are many varieties of rate modeling for Peer Support and PSW delivered work including traditional fee-for-service models, Prospective Payment Systems, Bundled Rates, and Value-Based Payments
- **Medicare**
  - Medicare does not currently recognize Peer Support through its general benefits plan; however, there are four encouraging trends to denote:
    - CMS has encouraged Medicare Advantage plans to cover Peer Support for substance use disorder treatment and support (CMS, 2019).
    - Congress continues to engage in dialogue regarding Medicare and Peer Supports through the introduction of health law (PEERS Act of 2020, Virtual Peer Support Act of 2021).
    - The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) required federal CMS to implement an incentive program which has named "peer-led support for self-management" and "condition-specific chronic disease or substance use disorder self-management programs" as parts of the activity description.
    - In July 2022, CMS has signaled proposed changes to the Medicare program to enable new practitioners including the use of PSWs (CMS, 2022)

10. PEER SUPPORT BILLING PATHWAYS (nasmhpd.org)

Government Accountability Office (GAO) Workforce Report (October 2022)

GAO was asked to review what is known about the behavioral health workforce, and barriers to and incentives for recruiting and retaining behavioral health providers.

This report describes:

1) Available information on the behavioral health workforce;
2) Key barriers to and incentives for recruiting and retaining behavioral health providers; and
3) HHS agencies' actions to support recruiting and retaining behavioral health providers.

Barriers to Recruiting and Retraining BH Providers

1) Financial – Reimbursement rates and compensation too low.
2) Educational – Many programs designed to recruit diverse BH providers but do not address the lack of a pipeline for underserved populations.
3) Workplace – Shortage of licensed supervisors and funded internship positions.

11. Behavioral Health: Available Workforce Information and Federal Actions to Help Recruit and Retain Providers | U.S. GAO

Resources

1. About Us | National Association of State Mental Health Program Directors (nasmhpd.org)
2. https://nasmhpd.org/content/division-recovery-support-services
3. Peer Support Workers for those in Recovery | SAMHSA
4. behavioral-health-workforce-report.pdf (mamh.org)
5. https://www.macpac.gov/wp-content/uploads/2019/07/Recovery-Support-Services-for-Medicaid-Beneficiaries-with-a-Substance-Use-Disorder.pdf
6. Peer Support Workers for those in Recovery | SAMHSA
7. Recovery-Support-Services-for-Medicaid-Beneficiaries-with-a-Substance-Use-Disorder.pdf (macpac.gov)
8. http://www.pacdaa.org/SiteCollectionDocuments/SAMHSA White Paper on The Role of Recovery Support Services.pdf
9. https://www.nashp.org/states-use-of-peers-in-the-mental-health-crisis-continuum/#tab-id-4
10. https://www.nasmhpd.org/sites/default/files/2022-10/HRSA_Peer_Support_Billing_Pathways_2022_08_FINAL.pdf
11. Behavioral Health: Available Workforce Information and Federal Actions to Help Recruit and Retain Providers | U.S. GAO

Contact

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Welcome | National Association of State Mental Health Program Directors (nasmhpd.org)