

Press Release

For Immediate Release

National Professional Organization of People in Recovery from Psychiatric Disabilities Is Created

PHILADELPHIA (7/27/06) – People in recovery from psychiatric disabilities, researchers and others from around the country gathered on July 16-17, 2006, at the Renaissance Philadelphia Airport Hotel to create a new national trade association – the National Alliance of Peer Specialists – that will promote the emerging profession of certified peer specialist.

The participants – representing a “who’s who” of national and regional mental health advocacy, service and research organizations – met to establish the organization in response to the growing influence of the new profession of peer specialist – that is, people in recovery from psychiatric disabilities who are employed to help their peers work toward their own recovery, often in places where credentialing requirements have traditionally excluded consumers from staff positions.

“Peer specialists offer hope because they are walking, talking examples of recovery,” said Joseph A. Rogers, president and CEO of the Mental Health Association of Southeastern Pennsylvania (MHASP), which organized the meeting and which is fostering the peer specialist initiative throughout Pennsylvania. MHASP’s Institute for Recovery and Community Integration teaches aspiring peer specialists the skills for providing peer support – such as how to help others with problem solving and goal setting – as well as serving as a model for recovery.

Georgia was the first state to make peer specialist services Medicaid-reimbursable. Larry Fricks, who helped make this happen when he headed the Georgia Division of Mental Health Office of Consumer Relations, noted that the federal Substance Abuse and Mental Health Services Administration is due to release a resource kit called “Building a Foundation for Recovery – How States Can Establish Medicaid-Funded Peer Support Services and a Trained Workforce of Peers.” “Hopefully, a federally funded kit is another indicator that this peer specialist workforce is essential to system transformation and that peer specialists are ready for a recognized association with nationwide membership,” said Fricks, who participated in the July 16-17 meeting and who now heads the Appalachian Consulting Group.

Other states with Medicaid-reimbursable peer specialist services include Arizona, Iowa, Michigan and Washington, as well as the District of Columbia. Pennsylvania expects its peer specialist services to be Medicaid-reimbursable beginning in October 2006.

“New York State was the first state to develop and hire peer specialists,” said Peter Ashenden, executive director of the Mental Health Empowerment Project and another

meeting participant. “We are proud of this fact but heartily support the work that has been developed in other states to much further expand upon this important initiative.”

Among other participants in the meeting was a representative of the Centers for Medicare & Medicaid Services. Additional representatives were from the National Mental Health Association and the NAMI STAR Center as well as several organizations run by people in recovery from psychiatric disabilities. Besides the Appalachian Consulting Group and the Mental Health Empowerment Project, the latter group included three federally funded consumer-run national technical assistance centers – CONTAC, the National Empowerment Center and the National Mental Health Consumers’ Self-Help Clearinghouse (an MHASP program) – as well as the Depression and Bipolar Support Alliance, the Copeland Center for Wellness and Recovery and Project Return of Los Angeles. Also attending were researchers from the University of Pennsylvania, the University of Massachusetts Medical School, and the Missouri Institute of Mental Health, as well as representatives of META Services in Phoenix, and the Mental Health Association in New Jersey, which started a statewide organization dedicated to the profession of peer specialist in 1999.

Plans are under way to incorporate the Alliance, whose board would comprise at least 75 percent peer specialists.

“Trained peers are powerful change agents and good fiscal investments for transformation to a strength-based recovery system,” Fricks said. For example, research shows that people who receive peer support services have fewer and shorter hospitalizations – which cuts costs – and an improved quality of life.

Montgomery County, Pa., is the first county in Pennsylvania to employ peer specialists. Nancy Wieman, the county’s deputy administrator for mental health services, is a cheerleader for the program. “It’s helped the entire system,” she says. “These peer specialists give everybody – consumers and staff and providers – a personal vision of hope. When this is funded through Medicaid, we’ll be able to have more consumers involved as part of the everyday work of an agency, and the culture of the agency will start to change. It will become a partnership where everyone will learn from one another, all the time. And that will enable us to grow and grow.”

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