

The Innovation of Peer Support at MHASP

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For nearly three decades, the Mental Health Association of Southeastern Pennsylvania (MHASP) has been a leader in the creation, implementation, development and promotion of services run by and for individuals with mental health conditions, also called consumers or peers. In 1984, MHASP—founded in 1951 as a regional advocacy agency serving individuals with mental health conditions and their families—launched an initiative to create consumer self-help/advocacy groups to help these individuals empower themselves and work toward recovery. Today, MHASP has earned an international reputation for designing and implementing dozens of peer-to-peer services, for participating in rigorous research to demonstrate the effectiveness of peer-run services, for providing technical assistance and training to enable others to replicate these model peer-run programs around the United States and for leadership in promoting the burgeoning profession of certified peer specialist (CPS), whose practitioners, in recovery themselves, help their peers on their own recovery journeys.

For centuries, people have sought support for various challenges from peers who face similar challenges, acknowledging the transformative power of empathy and

shared experience. In the past few decades, mental health experts system have increasingly embraced the intuitive concept of peer support, and have found that peer support not only amplifies the consumer voice in our system but objectively gets results for people in recovery.

The effectiveness of peer support is highlighted in a Georgia study that found that compared with treatment as usual, peer support yielded better health outcomes, reduced costs and decreased hospitalizations and other emergency interventions. Other studies have shown this as well.

The MHASP is proud of its leadership in implementing many peer services in our region and in continuing to pilot leading-edge approaches that utilize peers in promoting whole health outcomes.

MHASP created the first peer-run drop-in center in Pennsylvania, where individuals with mental health conditions can overcome their isolation, get involved in advocacy or perhaps get assistance in finding employment. Then MHASP created other models, such as outreach, advocacy and training services (OATS), which served individuals with mental health conditions who were homeless (and which evolved into ACCESS-West Philly, a federally funded demonstration project); residential programs for homeless individuals with mental health conditions ; employment projects; a project "without walls" for individuals with co-occurring mental health and

substance use conditions; and others. Some MHASP projects have been studied to add to the evidence base for the effectiveness of peer-run services. Also, MHASP's Institute for Recovery and Community Integration, which trains and certifies peer specialists, and MHASP's participation in gaining CMS approval to make peer specialist services Medicaid-reimbursable, have led to a burgeoning of the peer specialist profession.

Since 1984, MHASP has led in creating and implementing peer-run services through numerous trainings and publications. After creating several model consumer-run programs, in 1986, MHASP's Joseph Rogers, a national leader of the consumer movement, saw the need for a consumer-run national technical assistance center to help the consumer movement grow, and established the National Mental Health Consumers' Self-Help Clearinghouse. (The federal government took notice: SAMHSA now funds three such centers—plus two more run by consumer supporters—through a competitive grant process.)

MHASP has also led through participation in several federally funded research projects (including the Consumer-Operated Services Program Multi-site Research Initiative) and demonstration projects (including the ACCESS demonstration program, which serves homeless individuals with mental health conditions and which MHASP still operates). MHASP's curriculum for training peer specialists has influenced the field, as has

MHASP's success in helping achieve CMS approval for Medicaid-reimbursed peer specialist services.

In 2007, MHASP's work with Pennsylvania's mental health authority to obtain CMS approval for Medicaid-reimbursed peer support services paid off. Now, Pennsylvania's 67 counties must provide peer specialists to Medicaid recipients who meet the "medical necessity" criteria. MHASP has joined with Philadelphia's government to promote CPS services, with the Office of Vocational Rehabilitation set to increase CPS positions and with the Community College of Philadelphia to provide college credits for CPS training.

With three partners, MHASP created a sustainable research project: a self-directed care program in Delaware County employing CPSs to help peers create their own budgets for recovery-supporting goods and services. The program is called Consumer Recovery Investment Funds Self-Directed Care (CRIF SDC). The CRIF SDC team supports individuals in developing individual wellness goals and controlling funds to implement their own self-directed behavioral health recovery plans. CRIF SDC is about choices: giving people with mental health conditions the decision-making power over their service dollars to enhance personal responsibility and self-determination and to engage in supports that facilitate their own recovery. Participants are supported by the certified peer specialists, who educate them about recovery, support the development of their recovery plans

and ensure that service funds are being utilized to facilitate attainment of participants' dreams and goals.

MHASP operates three other Medicaid fee-for-service peer teams and has SAMHSA support for two additional teams. MHASP also operates five peer-to-peer recovery and education centers that offer CPS services on-site and in the field. County governments are poised to offer additional fee-for-service opportunities from these centers in addition to the support they currently provide.

Peers are also powering one of MHASP's newest evidence-based programs: Beating the Blues (BtB). BtB is a Web-based, eight-week cognitive behavioral intervention for people experiencing mild to moderate anxiety, stress and depression. BtB has been launched collaboratively by MHASP and Philadelphia's Department of Behavioral Health and Intellectual Disability Services (DBHIDS). Our hope is that BtB will demonstrate that the human connection provided by peers can enhance the experience of people who are using Web-based interventions to aid their recovery. As our mental health system continues to develop technological tools to facilitate wellness, peers can use their unique engagement and motivational skills, informed by lived experience, to ensure that the remote use of these tools does not interfere with one of recovery's important aims: community inclusion.

MHASP also celebrates the role of peers in developing

and implementing public policy initiatives. MHASP's Take Five initiative mobilizes peers from across Pennsylvania to take five minutes each week to engage in an easy advocacy activity, like phoning a legislator or signing a petition. Through Take Five, over 400 peers, family members, and other stakeholders statewide have been educated about prominent policy issues that necessitate advocacy and have been given tools to engage with their legislators. In addition, in the past eight months, MHASP has trained dozens of individuals on how to engage in legislative advocacy and organized over 70 legislative visits in which peers can voice their concerns about, and illuminate the real-life impact of, specific policies directly to their elected officials and staff.

To help people sign up for insurance under the Affordable Care Act, MHASP has fielded a team of navigators, who provide unbiased information about health insurance, the health insurance marketplace, qualified health plans and public programs. Even since the deadline of March 31, 2014, the navigators are still actively helping people who need health care insurance.

MHASP works to ensure that both services and advocacy efforts reflect the mantra of the consumer movement: "Nothing about us without us." But using peers is not only about inclusion; using peers makes our mental health system more effective in facilitating opportunities for recovery.

As the system continues to evolve and as the various elements of the Affordable Care Act are put into place, MHASP will continue to work with stakeholders to ensure that peer-delivered services expand to create more opportunities for recovery and wellness for individuals across our region.

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