An Open Letter to the Peer Community

One of the leading criticisms about MHA creating a national peer credential is that many people feel this should be done by a peer-run organization. For many years I thought that this would be the case. Unfortunately no peer organization has accomplished this yet. MHA is not a peer-run organization at our national office even though many of our member affiliates are; MHA of Southeastern PA, MHA of San Francisco, MHA of Nebraska, MHA of Northern California, and others. Our national BOD typically runs around 30% peers and well over 50% of our staff self-identify as people with lived experience. All of our staff members who have worked on this certification are peers.

The MHA concept was initiated by me and I have directed it from the beginning. I have worked in peer support roles for 26 years and have been the ED of two fairly large peer-run organizations including the Florida Peer Network which was the statewide peer organization. I was the Director of one of the SAMHSA national TA centers for developing peer organizations across the country. I have been a trainer for over 20 years and have trained in national models and in dozens of trainings created by my staff and me. I was the chair for the expert committee creating the Florida Certified Peer Recovery Specialist credential. The day to day work on the new project has been done by my peer staff and by Amy Farrington at the Florida Certification Board and a peer.

The BOD of MHA has not dictated any of the parameters of this certification, nor has our CEO; rather they have had faith in the abilities of peers to create the best model. The lead person at our partner agency on this project, the Florida Certification Board, Amy Farrington, Director of Certifications is a consummate professional and a peer. She was a former board member of the Florida Peer Network and led the efforts along with Gayle Bluebird, Clint Rayner and me in Florida to create a peer certification in 2006.

Our panel of subject matter experts who helped us put together our role delineation study to establish core competencies and skillsets for the new certification was led by Larry Fricks, Joseph Rogers, Sue Bergeson, Tom Lane, and Janie Marsh, a working peer specialist and supervisor at MHA, Oregon (PeerLink) and Andrea Crook, another working peer specialist and supervisor at MHA of Northern California. In addition we had a psychologist, a psychiatrist, a social worker, and a primary care doctor. The clinicians were part of the panel to help us to understand how we can bring peer support into all aspects of health care. The panel was led by Amy Farrington and me, giving us a healthy majority of peer voices who made the critical decisions about the duties and responsibilities of peers in peer support.

We have never intended to move peers towards doing clinical work in any way. Our efforts are to give peers every tool they need to perform as true peer supporters in a wide variety of settings. Peers are never expected to cross the line into a clinical role or to promote any clinical practice. They are meant to assist people who are working towards the recovery goals of their choice. We feel it is important for a peer working in inpatient settings, emergency departments, or in a service available through referral from a primary care doctor or other professional to understand how to function in those spaces. I do not believe that additional knowledge compromises the integrity of peer support.

We have been careful to send out our materials to thousands of people for public comment and our validation study. We have had comments and responses from over 1000 peers and over 95% have been favorable and positive contributions. The comments provided by peers in the community have been incorporated into our blueprint for the certification. We are now asking working peers to help us develop our written examination because they are the experts. Our certification is not based on any specific training; rather it is based on knowledge and the ability to pass a rigorous examination. You can take your training through any path available as long as it gives you sufficient knowledge to pass the exam.

We are currently working with the Institute for Recovery and Community Integration at MHA of Southeastern PA, and Larry Fricks at Appalachian Consultants to modify their current trainings to prepare people for our examination. We have also invited iNAPS to become a preferred training organization and hope to begin to work more closely with them. We are completely open to working with any existing or new training group to give them the blueprint for our examination.

We started this project using the iNAPS National Standards, the SAMHSA Core Competencies and the Canadian standards as our starting place and we believe we have stayed true to those well-conceived documents.

Please feel free to contact me with any questions or comments and please attend our session at the iNAPS conference or visit our booth there or at Alternatives.

Sincerely,

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