Brief History

- Peer support has philosophical roots in moral treatment period, 1840-1900.
- Shares 1960s civil rights principles of self-determination, dignity and choice of services
- In 1970s and 80s, peer support movement gains momentum as services shift to community care
- 1980 to present - Peer supporters become system change agents
- 2004 - National Association of Peer Specialists created
- 2007 - First national peer support conference held in Denver
- 1990 to present - Research shows peer support is a powerful recovery component

Outcomes

Peer Support Programs have:
- reduced hospitalizations
- reduced hospital stays
- helped peers establish supports and relationships in their communities
- increased personal empowerment
- introduced beneficial treatment alternatives to traditional services
- become Medicaid reimbursable services in a growing number of states
- resulted in peer-run service organizations in areas where legacy programs have been slow to change

Needs

Peer Support must:
- be expanded to employ more peers in meaningful ways
- be part of a national certification program instead of state-by-state control
- have a national registry and database
- lead to career development
- involve continuing education requirements
- enjoy the support of mental health administrators and co-workers
- have changes in Medicaid reimbursibility and financial stability
- be an integral and meaningful component in all mental health and substance abuse services including policy making and organizational leadership

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