

The Voice

The Newsletter of NAMI Southwestern Pennsylvania

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Letter From The President

This edition of The Voice features a discussion regarding certified peer specialists as well as other very important information-packed articles. The vision of recovery holds out the hope and expectation that people who experience mental illness can and should have the same lives that we all strive for — a quality place to live, employment that helps us have a sense of purpose and relationships that help us know that we are loved and cared about in our journey through life.

As the CEO of Torrance State Hospital, as well as a family member of several persons who have been diagnosed with serious and persistent mental illness, I am very aware of the power of people working together to increase knowledge, combat stigma and strive for recovery. Recovery can and does happen! Unfortunately barriers to recovery continue to exist. It is only by working together as individuals living with mental illnesses, family members and mental health professionals can we overcome these barriers and advocate for true recovery based treatments and supports.

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Recovery is a self-determined and holistic journey that people undertake to heal and grow. Recovery is facilitated by relationships and environments that provide hope, empowerment, choices and opportunities that promote people reaching their fullest potential as individuals and community members. ¹

An Essential Component of Recovery:

Certified Peer Specialists — Who are they and how can they enhance the transformation to a recovery based behavioral health system?

Certified Peer Specialists (CPS) are part of the shift that is taking place in the Mental Health System from one that focuses on an individual's illness to one that focuses on an individual's strengths. A natural outgrowth of the 1999 Surgeon General's Report on Mental Health and the 2001 President's New Freedom Commission recommendations citing Recovery as the goal of a transformed system; the realization of the value of peer-to-peer support in this quest for recovery has occurred. Research and outcomes have shown that Certified Peer Specialists have an opportunity to provide hope to every consumer they serve — by putting a face on recovery — moving the recovery concept from a philosophy to a reality.

Recovery is no longer only about what clinicians do to consumers — it has become, with the assistance of Certified Peer Specialists, what consumers do for themselves and each other. Thus, Certified Peer Specialists are trained to assist consumers in skills building, goal setting, problem solving, conducting Recovery Dialogues, setting up and sustaining mutual self-help groups, and in helping consumers build their own self-directed recovery tools, including Wellness Recovery Action Plans.

As the recovery definition above notes, recovery is facilitated by relationships. Peer Specialists possess skills unique to their shared journey towards their personal recovery from mental illness. As NAMI members know, the connection with folks who have been there, who have walked in our shoes, hastens the development of relationships that can provide hope. So it is with Peer Specialists and their connection with others who are consumers of behavioral health services.

A person who is or has been a recipient of mental health services and meets mental health professional qualifications may hold the position of a Peer Specialist. Because of their life experience with mental illness and mental health services, the peer specialists provide expertise that professional training alone cannot

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A Not-So-Unfamiliar Path: A Family's Journey Through Mental Illness

Deborah L. Ference, Director of Administration, NAMI Southwestern Pennsylvania

My first child was born 18 years ago, a healthy 8 pound 13 ounce son. I remember thinking at the time that here I was, 32 years old with three younger sisters, and I didn't have a clue how to raise a son. Little did I know at the time, that I didn't know how to raise a son with a mental illness.

Things started out great. Justin was very advanced for his age in regard to developmental milestones. He walked at 9 months, talked early and was very bright. He was also very difficult and demanding and prone to extreme tantrums. He didn't sleep well at night and occasionally had night terrors. Justin had a rough time with transition.

It used to take hours to prepare for a doctor's visit or even a visit to grandma. I chalked this behavior up to the terrible twos.

The doctors recommended my reading *The Difficult Child* to learn how to parent him better. Everyone always thinks it's the parent's fault. But as I said earlier, what did I know about raising a child, especially a boy? So I read all the books and tried all the typical parenting skills. Reward and sticker charts didn't mean a thing to Justin.

In preschool teachers noticed that Justin was "different". As he grew older, the teachers would say he couldn't get along with other kids and couldn't concentrate long enough to complete his assignments. Homework became a nightmare. It was difficult for Justin to focus and it would take us hours to complete one math assignment.

Justin would hold things together well enough at school until he came off the school bus, then he would let loose like a tornado. The psychiatrist diagnosed him as depressed and we started weekly child therapy sessions. Eventually, he was prescribed anti-depressive medication. That's when things really got out of control.

Something used to go off inside Justin's brain and a rage would gather. He was always extremely irritable. A simple "no" would trigger a nuclear explosion. The rages would go on for hours and the slightest thing would set him off. I would notice that in the midst of all the chaos, screaming,

throwing things, and punching holes in the walls, Justin would have a glazed look in his eyes as if he didn't know what he was doing. Talking to him was useless. When it was all over, he would be full of remorse, hug me and say he was sorry.

When he wasn't depressed, his thoughts would race. He would do a hundred things at one time and never finish anything. He was talkative and easily distracted. He would be extremely silly and happy even when he got into trouble. And then he would come crashing down, and you would find him huddled in a corner crying hysterically and wanting to kill himself. He was only 10 years old.



After two hospitalizations, Justin was diagnosed with bipolar disorder II with rapid cycling. Within the course of one day, Justin would cycle from a depressed mood to a hypomanic state many times. For the past two years — after many years of myriad drug cocktails — Justin has found stability on the same medications.

In the back of my mind, I knew something was seriously wrong with my son. But hearing those words spoken for the first time devastated me. Then there was the shame. Our social life as a couple and a family came to a halt. We were afraid to have friends or relatives to the house for dinner because you never knew what would set Justin off. My daughter stopped having her girlfriends over because she was embarrassed by the way her brother would act. She often took the brunt of Justin's rage. When someone has a mental illness, it affects everyone in the family as well as the person who is ill.

Justin's psychiatrist recommended that I attend NAMI's Family-to-Family education program. Family-to-Family helped me learn that my parenting wasn't the cause for Justin's behavior. In addition to learning more about the illness, I also learned that I was not the only person who was dealing with mental illness in the family.

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Throughout the course of the illness, I felt the pain, the sadness, the shame. I became isolated from other people. I went through a grieving process. The support provided by NAMI and Family-to-Family was a lifeline for me. Because of this eye opening experience, I eventually became a Family-to-Family teacher myself.

Justin has been stable for almost two years now. He is 6'3" with a size 14 shoe. He is handsome and pleasant. He controls his emotions with medication and accepts his disorder and takes responsibility for it. We've had ups and downs through the years. But he takes his medications faithfully and when he is feeling out of sorts, asks for a medication adjustment. He will be graduating from high school this year and plans to attend Penn State in the fall.

Although he is not interested in girls at the moment, he has learned how to have long-term male friendships. The word "bipolar" used to dominate our family conversations, now I can't remember the last time it was mentioned at home.

I often wonder why my husband and I were chosen to parent a bipolar child. My husband works with emotionally disturbed and autistic children and he says it's so he could become a better therapist. I became a Family-to-Family teacher so I could help other families experiencing the same issues we went through. ☺

The Family-to-Family classes begin the first week of March. Space is limited. For information or to register, call NAMI at (412) 366-3788.

Resources for Parents and Caregivers of Children and Adolescents

NAMI Southwestern Pennsylvania is pleased to offer *Navigating the Mental Health and Education Systems: A Caregivers Guide*

Parents are often the first persons to suspect something may not be quite right with their child's behaviors. Perhaps they cannot pinpoint the specific cause of their concern, but they are concerned nonetheless. NAMI Southwestern Pennsylvania has developed this Caregiver's Guide as an introductory resource for parents and caregivers to use to assist them in navigating the seemingly complex and often still fragmented mental health and public education systems.

Early identification and treatment of mental illness or serious emotional disturbance is of vital importance; when children and adolescents can access the treatment they need early, research has shown that recovery is accelerated and the course of illness may be less severe.

Acquiring needed information and education is essential to a parent's ability to effectively advocate for their child's behavioral healthcare and required educational supports.

Please contact the NAMI Southwestern Pennsylvania office at (412) 366-3788/1-888-264-7972 or via email request at info@namiswpa.org for more information on supports and resources we make available to parents and caregivers of young children and adolescents.

*****Navigating the Mental Health and Education Systems: A Caregivers Guide* is available to download at our website: www.namiswpa.org.****

Newly Published Resource Available to Assist with Summer Camp Options

Although we are deep within the grasp of "old man winter," parents of children with special needs ought to be thinking of the "lazy hazy days of summer." Arrangements for summer camp options should be researched and need to be included within a child's Individualized Education Plan (IEP) calling for Extended School Year Services.

Summer Camp Directory for Children with Special Needs, published by the Homeless Children's Education Fund is available in print and on CD by calling (412) 562-0154 or online via www.homelessfund.org

For information on Extended School Year Services contact the Education Law Center-Pittsburgh office at (412) 391-5225. The organization's website has numerous fact sheets of value to parents and caregivers: www.elc-pa.org

New Regional Resource Center Available to Parents of Children with Special Needs

The Parent Education and Advocacy Leadership (PEAL) Center opened their 119 Penn Avenue location in downtown Pittsburgh in early January. The Center will attempt to ensure that children with disabilities receive the best education possible through providing training, information and technical assistance to aid parents in western and central Pennsylvania in becoming effective advocates on behalf of their children. The overall mission is to ensure that children, youth and adults with disabilities lead rich,

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Updates on Initiatives, Policy, and Legislation Impacting the Mental Health Community

Sharon A. Miller, Director of Education and Outreach, NAMI Southwestern Pennsylvania

How is the New Medicare Drug Benefit Working for You?

The new Medicare drug benefit went into effect on January 1st. During the initial days of this benefit, NAMI is hearing both positive and negative stories from across the country about the initial transition period to the new benefit — especially among low-income individuals with severe mental illness who are “dually eligible” for both Medicare and Medicaid. While some “dual eligibles are getting their prescriptions consistent with the new law — uninterrupted refills at only \$1 for a generic medication and \$3 for brand name medication, others have experienced severe problems at the pharmacy counter.

These problems include: *No electronic record of enrollment in a Medicare drug plan; *Pharmacies charging cost sharing above \$1 for a generic drug/\$3 for a brand name drug; *Attempts to impose deductibles; *Prescriptions being denied because of exclusion from a plan’s formulary; and *Prescriptions being denied because of “prior authorization” and “step therapy” requirements.

In most cases, these problems are the result of Medicare prescription drug plans and pharmacies NOT abiding by the rules set forth by the Centers for Medicare and Medicaid Services (CMS), the federal agency that administers Medicare.

NAMI is working aggressively to address these problems. As part of this effort, the NAMI National staff is compiling specific cases of problems being experienced by dual eligible beneficiaries with mental illness in order to press CMS to correct problems encountered during this initial transition period.

****Please Let NAMI Know About Your Experiences With Medicare Part D****

If you (or a family member) have personal experience with the new Medicare drug benefit (positive or negative) — particularly as with specific pharmacies and Medicare drug plans — please let NAMI National know. NAMI National staff will protect the confidentiality of all submissions, although the name(s) of the denied medication, Medicare drug plan, and pharmacy involved will be important (i.e., the name of the dual eligible beneficiary is not needed).

You can contact the NAMI National staff with your personal experiences under Medicare Part D at: partd@nami.org or call toll-free 1-888/999-6264 ext. 1228.

Obligations of the Medicare Drug Plans Serving Individuals who are Dual Eligible

The Medicare drug plans that dual eligibles have been enrolled in are required to meet the following standards:

- They must offer drug coverage to dual eligibles at no monthly premium, no annual deductible, and no gap in coverage
- They can NOT impose co-payments on dual eligibles that exceed \$1 for a generic drug, or \$3 for a brand name drug (cost sharing is waived for dual eligibles in nursing homes and public psychiatric hospitals)
- They must cover all the drugs prescribed for dual eligible individuals prior to January 1 (i.e., if a dual eligible was prescribed a medication prior to January 1, it must be immediately covered)
- They must cover “all or substantially all” of the medications commonly prescribed to treat mental illness, including “all or substantially all” anti-psychotics, antidepressants; and anticonvulsants;
- They can NOT cover medications known as benzodiazepines (e.g., klonopin, ativan, xanax), although nearly every state Medicaid program, (including Pennsylvania via the Access card,) has elected to cover these medications for dual eligibles
- They must allow a dual eligible to switch to a different drug plan at any time (so long as the plan is at, or below, the average “benchmark” plan in the region; and
- They must respond quickly (usually within 72 hours) to a request from a beneficiary and their doctor for an exception to any restriction in their coverage (e.g., to cover a medication that is not on the plan’s preferred drug list or to waive a prior authorization requirement).

Quick Reference Guide: Medicare Part D At the Pharmacy

If there is confusion about whether a person is enrolled in a Prescription Drug Plan (PDP) at the pharmacy, the individual can receive drugs through the Part D Point of Sale Protection Plan (POS). The pharmacist initiates the POS plan.

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How does the “Point of Sale” System Operate?

An individual who is dual eligible must present proof of eligibility in both programs. This can be their Medicare enrollment number and any proof that they are Medicaid eligible (Medicaid card, letter from Social Security declaring SSI eligibility, even asking the pharmacist to check on the computer to see that Medicaid paid for a prescription prior to January 1). Once the beneficiary demonstrates proof of eligibility for both programs, the pharmacy is required to fill the prescription and charge only \$1 for a generic drug and \$3 for a brand name drug.

The pharmacist is also required to initiate enrollment by alerting a national vendor, who will verify the individual’s dual eligibility status and auto-enroll them in a national plan. All of this is designed to take place at the pharmacy counter so that the dual eligible is able to get the prescriptions filled immediately and ensure rapid enrollment in a Medicare drug plan. If the pharmacist refuses to refill a prescription for any reason, the patient is entitled to a one-time 30-day refill. Remember that you are entitled to refills for drugs that you are already taking.

Are all pharmacies participating in the new Medicare drug benefit?

Yes. However, not every pharmacy — whether a chain drug store or an independent retailer — is part of every drug plan’s pharmacy network. The law requires every Medicare drug plan to have an adequate pharmacy network — based on geographic proximity to plan enrollees (including dual eligibles). Drug plans are also required to disclose to enrollees the pharmacies that are in their network. Dual eligibles can switch drug plans at any time if they wish to move to a plan that includes a specific pharmacy.

Medicare Part D: Useful Resources

What to do if...

You cannot get your prescriptions filled at the pharmacy right away and you believe that it is an emergency
Please call or have your pharmacist or the doctor who wrote you the prescription call 1-800-525-0674 and ask to speak with Aidan Altenor, Director of the Bureau of Hospital Operations, immediately.

You do not know what Prescription Drug Plan or Medicare Advantage Plan you’ve been assigned
Please call 1-800- Medicare (1-800-633-4227) to ask questions about your PDP or Medicare Advantage Plan.

You need assistance enrolling with a Prescription Drug Plan or Medicare Advantage Plan

- 1-800- Medicare (1-800-633-4227) or
- PA-Health Insurance Assistance (Apprise) Program 1-800-783-7067.

You want to apply for the Low-Income Subsidy

- Social Security Administration 1-800- 772-1213
- 1-800- Medicare (1-800-633-4227)
- PA Apprise Program 1-800-783-7067

You have general questions about Medicare Part D

- 1-800- Medicare (1-800-633-4227)
- PA- Apprise Program 1-800-783-7067

PA Department of Public Welfare

DPW has set up a call center for problems related to the transition of dual eligibles at 1-866-542-3015 or visit the website, www.dpw.state.pa.us.

Federal Budget Proposal for FY 2007: A Preliminary Overview

President Bush, on February 6, 2006, proposed a \$2.77 trillion budget plan for the fiscal year 2007 — (which begins October 1st) including major increases for defense and homeland security, but an overall 2.3% reduction for most domestic discretionary programs.

Among the highlights on items of interest within the proposed FY 2007 budget for those of us in the mental health community:

- Mental illness research - funding for NIMH cut by \$9 million, down to \$1.395 billion;
- Mental illness services - most programs at SAMHSA's Center for Mental Health Services will realize no funding increases, while funding for suicide prevention efforts would see an additional \$3 million, to \$34.7 million;
- Housing - a 50% cut in the HUD Section 811 program, with the reduction falling hardest on the production of new units within the program, funding for homeless programs however would increase;
- Veterans - mental illness treatment services in the VA would be increased by \$339 million;
- Medicaid- sees funding cuts through shifting some costs to the states, which in turn may reduce eligibility or benefits; and

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- Medicare - President Bush proposes a plan to slow the growth of Medicare, and payments to hospitals and other providers would be reduced by \$35.8 billion over the next five years.

Governor Rendell's Proposed State Budget: A Quick Glance

On February 8th, Governor Rendell proposed a \$25.4 billion state budget for fiscal year 2006-07, which begins July 1st. The proposal includes increased spending on education and health-care while calling for no new taxes. Overall, the budget would boost state spending by \$924 million, or about 3.8 percent. Two-thirds of the new dollars are targeted for education initiatives.

Budget Impact on Health Care:

- No changes in eligibility requirements for Medical Assistance recipients;
- Consolidate the state's PACE prescription-drug program for low-income seniors into the new federal Medicare benefit to cover 120,000 people in addition to the more than 300,000 already in the program. The consolidated program would be known as PACE Plus Medicare; and
- The "Cover All Kids" initiative would expand health care coverage to nearly 15,000 children whose families make too much for them to qualify under current income limits for existing programs.

Look for more extensive analysis of both the proposed Federal and State budgets in upcoming editions. Go to

Children's Resources continued from page 3

behalf of their children. The overall mission is to ensure that children, youth and adults with disabilities lead rich, active lives and participate as full members of the community.

Contact the PEAL Center at (412) 422-1040 or toll-free, (866) 950-1040.

New Internet Offering for Teenagers: MindZone at www.copecaredeal.org

Sponsored by the Annenberg Foundation Trust, this site designed to provide up-to-date recovery oriented mental health topics to teens in need of information.

Teens often turn to the Internet as the "go-to" source, especially when seeking information on sensitive subjects such as mental health. This web site provides some important information and is designed to be teen-friendly.

www.namiswpa.org for ongoing analysis, updates and possible Calls to Action.

Free Advocacy Overview Workshops

The Resource Center for Disability Advocates is conducting free advocacy overview workshops across the state of Pennsylvania. According to the organization's website, "a top expert in the field of advocacy will provide you with the training and materials you need to start making a difference for those with disabilities."

Each workshop will cover four basic areas of advocacy:

- Putting a Plan Together
- Getting & Keeping Your Group Organized
- Networking — Getting a Louder Voice
- Deciding Which Advocacy Actions to Take

For information on these free workshops contact:

The Resource Center for Disability Advocates Provided by: Independent Living Consultant Services
Toll Free: (800) 323-6060/(800) 829-7404 (TTY)

News From the Affiliates

Specialized Support for Spouses/Partners Expanding

Our region's most recently formed support group; "Spouses Only", co-facilitated by Anne Handler and Mim Schwartz, continues to meet on the 1st Wednesday of each month in Churchill.

Beginning this February, these efforts to support spouses and partners of individuals living with mental illness will become more tailored with a "Male Partners Only" support group holding its first monthly meeting.

The primary purpose of both support groups is to provide education and needed coping skills specific to the specialized needs of partners of individuals with a mental illness.

Under typical circumstances, the intimate relationship of spouses is open, forgiving and full of hopes and dreams for the future. Marriages impacted by mental illness result in special challenges.

Getting together with others who have similar experiences will help each person to be able to say, "I am ok — I am not alone, I can gain hope and understanding from others."

For more information on the spouse/partner support groups contact Mim Schwartz at (412) 731-4855. ☎

Family-to-Family Education Program

Free Education for Families Who Have Adult Relatives with Serious Mental Illness

A *Free* 12-week course for families of adults with serious mental illnesses. The course has been designed and written by an experienced family member/mental health professional, and is taught by trained family members, who have lived with this experience. All course materials are furnished at no cost to you.

The course will focus on several serious psychiatric disorders such as:

- Bipolar Disorder
- Schizophrenia & Schizoaffective Disorder
- Clinical Depression
- Obsessive Compulsive Disorder
- Panic Disorder
- Borderline Personality Disorder
- Co-occurring Brain Disorders and Addictive Disorders

Families receive up-to-date information on medication and research, guidance on locating appropriate services and supports within their community, and acquire strategies for handling crisis and relapses. Graduates of the course gain a greater understanding of mental illness, cope much better, worry less, and feel newly empowered to advocate for better treatment and services for their relatives.

The course is designed for adult family members and significant others of individuals with these brain disorders, rather than the individuals themselves.

Family-to-Family is sponsored by NAMI Southwestern Pennsylvania and NAMI PA, grassroots organizations providing support, education and advocacy for families of children, adolescents and adults with serious mental illness.

"It was the most beneficial time I believe I have ever spent. I began to understand what might be going on inside our son, not just what I was feeling. I discovered ways to deal with stigma. I discovered how the medications worked and methods for advocating for loved ones who are afflicted ... Men, take the Family-to-Family Course. It will change your lives."

~ A Father's Perspective

"As the daughter of a parent with mental illness, and as a psychiatrist, the Family-to-Family course is much more valuable than I could have ever imagined. When I used some of the listening skills taught in the class with my mother, her joy and relief that someone actually understood how she felt was so overwhelming that it almost reduced me to tears."

~ Daughter /Mental Health Professional

Spring 2006 Schedule Pre-Registration Required

Locations and Starting Dates:

Ross Township starting on March 2, 7:00-9:30

Squirrel Hill starting on March 14, 6:30-9:00

Space is limited and classes fill quickly so call now! (412) 366-3788 or toll-free 1-888-264-7972.

Certified Peer Specialists *continued from page one*

replicate. Peer specialists are fully integrated team members who provide highly individualized services in the community and promote client self-determination and decision-making. Peer specialists also provide essential expertise and consultation to the entire team to promote a culture in which each consumer's point of view and preferences are recognized, understood, respected, and integrated into treatment, rehabilitation, and community self-help activities.

The programs themselves determine the professional qualifications required of Peer Specialists. Outcome studies have indicated it is beneficial for the peer specialist to have prior paid or volunteer work experience with adults living with mental illnesses. Well-established programs indicate that the successful Peer Specialist will have the self-knowledge to manage their personal recovery and be well along in the recovery journey. Having experienced a severe mental illness, the peer specialist has the unique ability to assist the other members of the treatment team to understand the consumer's perspective.

The goal of a Peer Specialist as defined by Beth Fillson, project manager-peer specialist project, within the Georgia Mental Health System, (a state that pioneered the provision of peer support): "To know the whole person in his or her whole context — to understand that sometimes the diagnosis cannot explain the pain. To make a clear distinction between services that cause us to linger and services that cause us to figure out how to do this thing called living."

Principle Duties and Responsibilities of a CPS

Typically Certified Peer Specialists carry out duties as a member of the treatment team, under the direction of the team leader and the team psychiatrist. Specific job responsibilities will vary depending on the education and experience of the individual peer specialist, and may include:

- Participate in comprehensive assessment of psychiatric history.
- Consult with community agencies and organizations, including consumer run programs such as self-help groups and consumer drop-in centers.
- Participate in daily staff organizational meetings and treatment planning review meetings.
- Contribute to the team's ongoing assessment of an individual's symptom management and response to treatment.
- Teach symptom-management techniques and promote personal growth and development.

- Provide work-related supportive services.
- Provide practical help and mentoring, advocacy, coordination, and side-by-side individualized support.

Pennsylvania Progress Update on the Peer Specialist Program

In Pennsylvania, the Certified Peer Specialist (CPS) Program was developed through a federal grant from The Center for Medicare and Medicaid Services (CMS). The Office of Mental Health and Substance Abuse Services of the Department of Public Welfare was awarded the grant in part based upon the results of a pilot program that occurred in Montgomery County. The grant is being utilized to expand the CPS Project. The grant runs through September 2007.

In July 2004, the Mental Health Association of Southeastern Pennsylvania in partnership with the Montgomery County Office of Mental Health/Mental Retardation/Drug and Alcohol Services, local providers, consumers, family members, and other stakeholders implemented a Certified Peer Specialist Program similar to those developed in other states. Through this program, current or former consumers of mental health services are being trained and certified to function as Peer Specialists. These training programs assist consumer trainees to better understand peer support, communication skills, cultural competency, outreach, engagement, conflict management, crisis intervention, setting up and sustaining mutual self-help groups, helping clients build their own self-directed recovery tools, and navigating the work place.

In Pennsylvania, Peer Specialist certification consists of an intensive 10 full day training program, covering topics such as recovery principles, communication skills and cultural diversity. As a result, 18 consumers are now certified and functioning as the State's first Certified Peer Specialists through the Montgomery pilot program. These Certified Peer Specialists are employed in various service settings, including Targeted Case Management, Community Treatment Teams, and Mobile Psychiatric Rehabilitation programs. Montgomery County celebrated their one-year anniversary in July 2005 and has since reported their Year One findings.

As of this date, Pennsylvania has three regional Certified Peer Specialist projects underway encompassing 13 counties through the CMS Grant. Additionally a Certified Peer Specialist project exists in four counties through the closing of Harrisburg State Hospital, while the original pilot in Montgomery County continues.

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According to OMHSAS reporting, all projects are on schedule and the Certified Peer Specialist Trainings will occur between March and July 2006. Technical assistance and peer support groups will be established for the projects once the training is completed. The technical assistance and support groups will be created for both providers and peer specialists. Established peer specialist programs throughout the country, most notably the Georgia project, indicates that providing ongoing education, networking opportunities and support for all involved with the project is critical to meeting outcomes and realizing success.

OMHSAS has submitted a State Plan Amendment to win CMS approval to support a continued and expanded program by seeking Medicaid reimbursement of peer specialist services through the Mental Health Rehabilitation Option. According to consistent OMHSAS reporting at stakeholder convenings, we may know as early as June 2006 if this proposed Medicaid plan amendment is approved.

NAMI members can support this proven vehicle for enhancing recovery by advocating for the ongoing provision of training and support to peer specialists, while urging for the expansion of peer specialist programs throughout the state. The Peer Specialist Program not only establishes competitive professional employment opportunities for

individuals in recovery from mental illness, but also addresses the attitudes and environments within the system; therefore, creating a systems change and new opportunity for a true recovery oriented Mental Health Service System.

Where to Turn for Further Information

For detailed information on the Georgia Certified Peer Specialist Program access: www.gacps.org/Home.html.

To stay current on the Pennsylvania CPS Program access: www.mhrecovery.com. This site also provides opportunities to participate in the forums for the project.

PA Department of Public Welfare, Office of Mental Health and Substance Abuse Services: Carol J. Ward-Colasante, CPS Project Director, email, ccolasante@state.pa.us or phone, 717-772-7913.

To access the 1 Year Outcomes Report of the Montgomery County CPS pilot contact: Pam Howard, Adult MH Services, Montgomery County MH/MR Program, (610) 278-3642.

1. Definition of recovery generated by the Pennsylvania Recovery Workgroup 2004, endorsed by PA Department of Public Welfare Office of Mental Health and Substance Abuse Services

Letter from the President continued from page one

My own family story illustrates how the barrier of stigma kept members of our family silent for too long. I had been employed at the state hospital for over 5 years when I was informed that an elderly family member of my husband's had died. My family, as well as the family of my husband are very close, therefore, I was surprised that I had never met this gentleman. It was after the funeral visitation that I learned that this great-uncle had spent his entire adult life at Torrance State Hospital due to a serious episode of depression. Following a stroke as an older adult, he became a resident of the Nursing Facility at Torrance and finally, at South Mountain, a state owned and operated nursing facility. I later learned of his sister, another relative I never had the pleasure of knowing, who also had received treatment at the state hospital as a young adult. I discovered that their siblings had faithfully visited them at the hospital but they never spoke of them nor discussed their illnesses.

I often think now of the positive impact NAMI Southwestern Pennsylvania could have had on my family members, if only they had availed themselves of NAMI support. I have come to know how the ability to share similar experiences with other NAMI families would have helped them give voice to counter the stigma. Their fear of stigma and the misconception that they were alone, kept them silent regarding their experiences as loving family members of two individuals diagnosed with mental illness.

There is a power in belonging. NAMI Southwestern PA enables us all to know that we are not alone. Through NAMI there are resources available to educate us; there are advocates to give voice to our collective concerns; and there is support for us as we face the challenges that await us. Please share with others the vision that no one should feel alone and encourage them to become members of NAMI Southwestern PA today. ☺

**NAMI-CAN (Child & Adolescent Network)
Support Group Meeting**

NAMI Southwestern Pennsylvania invites you to a monthly support group meeting of family members who are dealing with the same issues and problems. If your child or teen has been diagnosed with ADHD, Depression, Anxiety, Bipolar Disorder, or is experiencing emotional problems, you will benefit from meeting with other family members who are experiencing the same issues.

Location:

NAMI Southwestern Pennsylvania office
105 Braunlich Drive, McKnight Plaza, Suite 230

Contact:

Linda Ernhardt 412-931-9478 for more information for the date and time of the next meeting.

Allegheny County

NAMI-CAN Support Group (Child & Adolescent Network)

Contact: NAMI Southwestern Pennsylvania (412) 366-3788 or Linda Ernhardt (412) 931-9478

NAMI Pittsburgh South

South Hills
3rd Wed. each month
Contact: Donna Maher (412) 653-2476

NAMI Pittsburgh North

North Hills
1st Wed. each month
Contact: (Day) Dick and Sarah Focke (412) 367-3062 or (Eve) Pete and Candy Venezia (412) 361-8916

NAMI Pittsburgh East-FAMILIAS

Churchill
4th Wed. each month
Contact: Anne Handler (412) 421-3656

NAMI Spouse Support Group

Churchill
Contact: Mim Schwartz (412) 731-4855

NAMI Sewickley Family Connections

Sewickley
Contact: Kathy Monahan (412) 749-7418

NAMI McKeesport Area

McKeesport
2nd Thurs. each month
Contact: Cindy McHolme (412) 751-6706

NAMI Western PA Borderline/Personality Disorders Family Support Group

North Hills
Contact: Rose Schmitt (412) 487-2036

Minority Families of the Mentally Ill

Oakland
2nd Sat. each month
Contact: Wilma Simons (412) 327-4890

NAMI W.P.I.C. Family Support Group

Oakland
Contact: Merle Morgenstern (412) 246-5851

Armstrong County

NAMI PA, Armstrong County

Kitanning
Contact: Sharon Miller 1-888-264-7972 or Family Counseling Center (724) 545-6100

Beaver County

NAMI PA, Beaver County

Rochester
3rd Thurs. each month
Contact: Connie Roman (724) 843-1593

NAMI-CAN Beaver County

Beaver
3rd Tues. each month
Contact: Suzanne Vogel-Scibilia, M.D. (724) 775-9152

NAMI-C.A.R.E. (Consumers Advocating Recovery through Empowerment)

Beaver
2nd Tues. each month
Contact: Suzanne Vogel-Scibilia, M.D. (724) 775-9152

Butler County

NAMI PA Butler County

Butler
3rd Wed. each month
Contact: Butler NAMI Office (724) 431-0069 or Sandy Goetze (724) 452-4279

Fayette County

NAMI PA Fayette County

Uniontown
4th Tues. each month
Contact: Carmella Hardy (724) 277-8173

NAMI-C.A.R.E. Fayette County

Uniontown
2nd & 4th Tues.
Contact: Carol Warman (724) 439-1352

Greene County

NAMI PA, Greene County

Contact: Sharon Miller 1-888-264-7972

Indiana County

NAMI/NAMI-CAN PA, Indiana County

1st Tuesday each month
Contact: Deb Herman (724) 459-6898

Lawrence County

NAMI/NAMI-CAN Lawrence County

New Castle
Contact: Sandi Hause (724) 657-0226

Washington County

NAMI PA, Washington County

4th Thurs. each month
Contact: Tom Shade (724) 228-9847

NAMI-CAN South Hills

Contact: Debbie Solow (724) 941-6323

Westmoreland County

NAMI PA, Alle-Kiski

New Kensington
2nd Wed. each month
Contact: Mary K. Slater (724) 335-4593

NAMI PA, Mon Valley

Monessen
Contact: Harriett Hetrick (724) 872-2186



NAMI Southwestern Pennsylvania 2006 Regional Conference

Destination Recovery; A Travel Log

Saturday April 22, 2006 Pittsburgh Airport Marriott

We invite you to join us at our 6th annual regional conference as we celebrate the journey to recovery from mental illness.

The 2006 keynote address will be provided by author and mental health advocate, Lizzie Simon. Ms. Simon came to pursue this passionate advocacy through personal experiences when as a teenager she was first diagnosed with bipolar disorder. At the age of 23, she traveled across the country to interview others like herself-people in recovery who have successfully managed their illness. These conversations became the genesis of her book, "Detour: My Bipolar Road Trip in 4-D." Ms Simon has appeared on network and cable television news and is currently in collaboration with HBO to produce a film based upon her book.

Lizzie Simon is a contributing editor and columnist for BP magazine (the healthy living magazine for people with bipolar disorder). Additionally, she is a founding member of the Leadership 21 Advisory Committee of the Bazelon Center for Mental Health Law.

The full-day conference will also offer 24 workshops on topics of interest to consumers, family members, and providers on both a child/adolescent and adult focus. A sampling of workshop topics include: Telepsychiatry as Means to Enhance Psychiatric Services to Children in Rural Communities, Financial and Estate Planning for Individuals with Disabilities and Their Families, Recovery in Serious Mental Illness-A Clinician's Perspective and Fostering Effective Partnerships Between Consumers, Family Members and Treatment Teams.

The conference brochure is available on our website at www.namiswa.org. For registration information please contact Conference Planner, Kimberly Hall at (412) 244-1244.

March 3-4, 2006

Keystones for Collaboration and Leadership: Transforming Community Psychiatry

Sheraton Hotel at Station Square, Pittsburgh, PA

The conference will be useful to all persons involved in the treatment and prevention of mental health and substance abuse disorders and who have an interest in transforming behavioral healthcare systems. Tuition is free for consumers and family members. For a brochure and registration information call 412-605-1222 or visit the website www.wpic.pitt.edu/oerp.

Recovery In Action

March 21-Four Points Sheraton, Greensburg

March 22- Uniontown Holiday Inn

April 17-Four Points Sheraton Pittsburgh North

April 18- Pittsburgh Airport Marriott

1 day seminar for consumers, family members, and MH providers. Presented by Drexel University, PMHCA in sponsorship through PA OMHSAS. For additional locations and to register contact Drexel Behavioral Health Education at 1-877-243-3033.

April 6-7, 2006

Community Care Spring Conference 2006

"Recovery Can Happen",

Omni William Penn, Pittsburgh PA

This event is for consumers and their families, providers, and other stakeholders. The conference will focus on recovery principles

and how to use them. For more information please call, 412-454-2065 or visit www.ccbh.com.

Thursday, May 11, 2006

20th Anniversary STAR-Center Conference

William Pitt Student Union, Fifth Avenue, Pittsburgh PA

This program is appropriate for all clinical and educational personnel. For a brochure and additional conference locations, visit the STAR Center website at www.wpic.pitt.edu/research/star/.

May 31-June 2, 2006

15th Annual Case Management Conference: Showcasing Pennsylvania's Case Management Seven Springs Mountain Resort, Champion, PA

For more information, please contact Joanne Slappo, PhD at 412-605-1227 or via email at slappojm@upmc.edu.

June 6-9, 2006

18th Annual Conference of PMHCA "Elements" The Penn State Conference Center, State College PA

Contact the PMHCA for more information 800-887-6422 or visit the website at www.pmhca.org.

June 28 - Sunday, July 2

2006 NAMI Convention

Washington Hilton Hotel, Washington D.C.

Please visit www.nami.org for hotel and registration information.

