



## Peer Action League (PAL) Handouts Listing

### **Southern Regional October 5 & 6, 2021 Peer Action League Online Forum**

#### **Forum Handouts Package A**

1. Forum Program Principles & Agenda (2 pages)
2. Advocate How Your County Implements SB 803 (2 pages)
3. Impact of County Policy & MediCAL PS Certif. on Stakeholders (2 pages)
4. Chart of Peer Values Positions (2 pages)
5. Evidence for Peer Positions (3 pages)
6. Who are WE CA peers (2 Pages)

#### **Reference Documents Package B**

1. CAMHPRO Public Policy Principles (2 Pages)
2. COVID Disparities & Social Determinants of Health (3 pages)
3. Vaccine Hesitancy (7 pages)
4. Cultural Health Equity Resource List (6 pages)

#### **Other Reference Documents Online**

1. MediCAL Code of Ethics for PSS in CA (Developed under CAMHPRO by Stakeholders)  
[https://www.dhcs.ca.gov/Documents/CSD\\_BL/MediCal-Code-of-Ethics-for-Peer-Support-Specialists-in-California.pdf](https://www.dhcs.ca.gov/Documents/CSD_BL/MediCal-Code-of-Ethics-for-Peer-Support-Specialists-in-California.pdf)
2. DHCS Peer Support Specialists - Frequently Asked Questions (8.16.21)  
[https://www.dhcs.ca.gov/Documents/CSD\\_BL/Peer-Support-Services/FAQ-Peer-Support-Specialists.pdf](https://www.dhcs.ca.gov/Documents/CSD_BL/Peer-Support-Services/FAQ-Peer-Support-Specialists.pdf)
3. BHIN-21-041 Final DHCS PSS Certification Standards (22 pages)  
[https://www.dhcs.ca.gov/Documents/CSD\\_BL/BHIN-21-041.pdf](https://www.dhcs.ca.gov/Documents/CSD_BL/BHIN-21-041.pdf)
4. Information and links to County Behavioral Health Advisory Board/Commission  
<https://camphro.files.wordpress.com/2019/04/county-bhb-dates-locations-feb-2019.pdf>



## **CAMHPRO's Peer Action League (PAL) Presents the Southern Regional Forum in Partnership with Peer Voices of Orange County and Orange County Health Care Agency**

**October 5 and 6, 2021 • 9:00 - 11:30 AM • VIA Zoom**

[SEE PROGRAM ON NEXT PAGE](#)

### **Peers Transforming Systems: Peers & Peer Support Leading the Way**

#### **Our VISION:**

Voluntary, community-based, prejudice-free behavioral health services, offering holistic social and rehabilitative support delivered with cultural humility and equity to all diverse communities.

#### **Our PRINCIPLES:**

- Value and expand mental health, peer-run organizations and programs, both as an integral part of — and an alternative to — existing mental health systems and the services provided;
- Support the unique role of peer support in achieving recovery, and support professional recognition of peer supporters on a state level;
- Support leadership and consequential involvement in all decision-making about behavioral health systems, policies and services by the people directly affected by them, on every level of policy making, program planning and implementation, and program/systems evaluation.
- Support voluntary choices, self-determination and dignity of people living with mental health conditions, including such persons' decisions as to all services, supports, and medications.
- Eliminate coercive practices, such as forced drugging, inpatient/outpatient commitment, and use of seclusion and restraints, as well as other actions which abridge rights or curtail liberties.
- Eliminate prejudice and discrimination targeting people with mental health conditions and ideas and practices that devalue human dignity and cognitive diversity.
- Support and advocate for social justice and equity for racially and culturally marginalized communities as they intersect with wellness and mental health and our mission of self determination and choice.

#### **Support and Advocacy**

For almost 50 years, consumers/survivors/peers – people with lived experience - have worked to provide consumer centered and recovery services and advocated for change in the behavioral health system. Consumer leadership in services and advocacy can transform systems.

## EVENT PROGRAM

<b>DAY 1: 10/5/21</b>				
<b>WELCOME</b>		<b>9:00 - 9:15</b>		
	Orlando Vera	MC, Cofounder	Peer Voices of Orange County	
	Dr. Jeffrey Nagel	BH Director	Orange County Behavioral Health	
	Sally Zinman	Executive Dir.	California Assn. of Mental Health Peer Run Organizations-CAMHPRO	
<b>KEYNOTE SPEAKERS</b>		<b>9:15 - 10:10</b>		
	Peers Transform the System: The Vision	Sally Zinman	Executive Director, CAMHPRO	
	Aligning the Vision with Social Justice Issues	Tony Delgado	Director, Mobile Response, Be Well OC	
	The Power of Diverse Peer Support	Lei Portugal Calloway	Peer Team Lead, Telecare, Orange County	
	Q & A	Orlando Vera	MC	
	BREAK 10 Minutes	or Who Are We?	Lyrics by Karin Lettau, CAMHPRO	
<b>DIVERSE NEEDS PANEL</b>		<b>10:20 - 11:20</b>		
 <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           QR Code Day 1 Evaluation or link:  <a href="https://www.surveymonkey.com/r/Oct-PAL-Forum-Day1-eval">https://www.surveymonkey.com/r/Oct-PAL-Forum-Day1-eval</a> </div>	Latinx/Hispanic	Brianna Castro	SD/Imperial County NAMI Peer Trainer	
	Black/African American	Dr. Douglas Haynes	Vice Chancellor, Equity Diversity, University of CA, Irvine	
	LGBTQ+	Gloria Garcia	Community Worker, CA Rural Legal Aid, Kern County	
	Native American	Aaron Saubel	Peer Advocate, Riverside & San Bernardino Indian Health Ctr	
	Q & A	Orlando	MC	
<b>DAY 2 PREVIEW</b>		<b>11:20 - 11:30</b>		
	Orlando	MC	MC	
<b>DAY 2: 10/6/21 WELCOME REFRAME 9:00 - 9:25</b>				
	Johnice Williams	MC, Co-founder	Peer Voices of Orange County	
	What did we Learn?	Johnice Williams	Peer Voices of Orange County	
	Reframe & Align Vision	Tony Delgado	Director, Mobile Response, Be Well OC	
<b>MANIFESTING THE VISION</b>		<b>9:25 - 9:55</b>		
 <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           QR Code Day 2 Eval. or link:  <a href="https://www.surveymonkey.com/r/Oct-PAL-Forum-Day2-eval">https://www.surveymonkey.com/r/Oct-PAL-Forum-Day2-eval</a> </div>	9:25-9:40	San Diego County	Judi Holder Nilanie Ramos Betsy Knight	
	9:40-9:55	Riverside County	Shannon McCleerey-Hooper	Recovery Administrator, RI International Chief, Agency Operations & BH Program Coordinator, San Diego HHS PS Oversight & Accountability Admin. Riverside University Health
	9:55-10:00	Q & A + 5 Min BREAK	Stretch	PVOC leads stretching for all w/ music
<b>TRANSFORM THE SYSTEM 10:05 - 11:15</b>				
	10:05	Let's Transform	Karin Lettau Training Director, CAMHPRO	
	10:20-10:58	Action Breakouts Groups	Everyone	
	11-11:15	Manifesting the Vision	Dr. Clayton Chau Director, Health Officer, Orange County Health Care Agency	
	11:15	Group Reports-2 min ea.	Group Leads Karin, Lei, Orlando, Brianna	
<b>WRAP UP &amp; CLOSE</b>		<b>11:25 - 11:30</b>		
	Sally Zinman	Executive Director, CAMHPRO		

Thank you for your voice and participation!

**Please complete the evaluations--see above left for QR or links**

Special Thanks to Rashawn Morris, Gabby Garcia and Painted Brain for Technical Assistance!



**ADVOCATE HOW YOUR COUNTY IMPLEMENTS MEDI-CAL PEER SPECIALIST CERT.**

- I. **SPEAK TO YOUR COUNTY BH DIRECTOR = MEMBER ON CALMHSA BOARD OF DIRECTORS (BOD)**  
 CalMHSA is developing details of Cert. program. Each county’s BH Director is on CalMHSA’s BOD & has a huge influence on how it is developed and implemented.  
 For policy positions please see CAMHPRO handout: *Impact of County Policy & MediCAL Peer Specialist Certification on Stakeholders*
- II. **PUBLIC COMMENT AT KEY COUNTY MEETINGS:**
  1. County Board of Supervisors (BOS) Meeting (google CA [name of] county Board of Supervisor meeting schedule). The BOS hold the county purse strings and watch the bottom line.
  2. County Behavioral Health (Advisory) Board/Commission (BHB) Meeting (go to <https://www.calbhbc.org/websites-county.html> or <https://camhpro.org/wp-content/uploads/2019/04/county-bhb-dates-locations-feb-2019.pdf>)
  3. County System of Care council/committee meeting (example Adult, Children, Youth & Family)

Note: Prepare and practice 2-3 minutes of comment at a county public meeting under GENERAL PUBLIC COMMENT, unless the topic (peer certification) is already on the agenda--then give PUBLIC COMMENT UNDER AGENDA TOPIC. Usually, BOS or BHB require you to fill in a small form listing your name and the agenda item you want to speak to. It must be submitted at the beginning of the meeting or before that public comment is called.

**Sample 3 Minute Public Comment Card**

<b>Agenda # Item: #3 General Public Comment OR #6 c. County Peer Certification Program Public Comment</b>
<b>1. Beginning Intro Self &amp; Topic:</b> My name is Maria Garcia from Serenity Peer Services and I wish to encourage the county to opt in to provide Medi-CAL Peer Support Specialist Certification Program, whether through CalMHSA’s work & representation, or on its own submit county program details to Dept. of Health Care Services (DHCS) by November of 2021
<b>2. Middle Support</b>
<b>Point A.</b> With this program the county and community-based agencies would receive Medi-CAL reimbursement for peer support services <b>freeing up other funds that are currently supporting peer services such as MHSA funds.</b> The county cannot afford to leave this money on the table.
<b>Point B.</b> This would enable the county to fund more standardized peer services, hiring more multicultural and diverse peer specialists to reflect the demographics of the people being served, which will improve outcomes and reduce the need for higher levels of care that are more costly.
<b>Point C.</b> Also, savings would enable the county to employ certified peer specialists in other promising settings like integrated healthcare, and PSS partnered with the police and sheriff’s departments to avert hospitalizations, institutionalization and incarceration. The Montana police + peers program shows a 5 to 1 savings.
<b>Human Factor</b> As a peer specialist myself, employment has been a huge part of my recovery allowing me to get off disability benefits and become self-sufficient over the last 5 years
<b>3. Ask, Thank, Close</b> In closing I ask that you do whatever it takes to maximize county funds and make a huge difference in many lives such as mine. Please have the county opt in to provide such a program that 48 other states are already doing. Thank you for your time and consideration.

Please find Public Comment Prompt Sheet on next page.



**ADVOCATE HOW YOUR COUNTY IMPLEMENTS MEDI-CAL PEER SPECIALIST CERT.**

**Public Comment Prompt Sheets**

**3 Minute Public Comment Card**

<b>Agenda Item:</b>
<b>4. Beginning Intro Self &amp; Topic</b>
<b>5. Middle Support</b>
<b>Point A</b>
<b>Point B</b>
<b>Point C</b>
<b>Human Factor</b>
<b>6. Ask, Thank, Close</b>

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**3 Minute Public Comment Card**

<b>Agenda Item:</b>
<b>1. Beginning Intro Self &amp; Topic</b>
<b>2. Middle Support</b>
<b>Point A</b>
<b>Point B</b>
<b>Point C</b>
<b>Human Factor</b>
<b>3. Ask, Thank, Close</b>

The Impact of MediCAL Peer Specialist Certification on Stakeholders depends on each individual county's policies.

<b>IMPACT FACTORS</b> ↓	<b>BENEFITS TO</b> →	<b>County</b>	<b>Peer Run Agencies</b>	<b>People Engaged in Services</b>	<b>Peer Workers</b>
<i>County has opted in with CalMHSA by November, 2021</i>		Reimbursement = increased revenue & more services	Ability to bill, increased revenue	Standardized, competent services	Ability to become State-certified.
<i>County develops job class for PSS with career ladder, benefits, and union, part time &amp; full time, including Peer Supervisors with lived experience, and equal in standing to other job classes</i>		Professional, all-inclusive workforce using evidence-based best practices	Agency also has career ladder & can model a healthy	Happy, secure & protected providers do a better job	Secure career pathway with living wages, supervisors with lived exp
<i>County develops minimum living wage level that include benefits for both county-employed and contracted agency-employed PSS (prorated for part time)</i>		Equal & fair wages for all PSS	County contracts promote sustainable, secure agencies & workforce	Reduced or no wait times for some services	More jobs available Improved standard of living & health
<i>County partially mitigates clinical staff shortages by including at least 2 PSS (working w/in their scope) in each program throughout the system of care, to avoid the need for higher levels of care</i>		Better client outcomes, reduced stigma, savings from reduced levels of care	Possibly more peer run PSS work in system = sustainable agencies	Reduced need for higher levels of care, more successful transitions out of system	Reduced stigma, more jobs, more career opportunities
<i>County ramps up to employ a minimum % of PSS staff in relation to all other staff</i>		Better client outcomes, savings	See above	See above	More steady jobs available
<i>County: recruits and hires diverse PSS to reflect the county demographics and threshold languages.</i>		EBBP reduce % of underserved, reduced stigma	Agencies reflect diversity of community	More diverse peers engage in services	More diverse PSS are valued & employed
<i>County: mandatory education to all staff &amp; in community on the peer service roles, value and research</i>		Stigma buster; increase in natural supports	Agency may be contracted to provide education	Reduced stigma, PSS model inspire clients	Valued & supported
<i>County has forensic PSS staff with criminal justice backgrounds</i>		Less recidivism; Better outcomes	Agency may be source of forensic PSS staff	Diverse clients identify with diverse PSS	More diverse PSS jobs
<i>County creates partnership of peer run agency PSS w/police &amp; sheriffs for response to calls, reduces arrests &amp; hospitalizations. PSS engage most into recovery services.</i>		Potential 5:1 savings into lower levels of care; better outcomes, better use of officers	Agency has key role in preventing higher levels of care and reducing stigma	Incarcerations & hospitalizations drop, more engage in recovery services	More diverse PSS jobs
<i>County has at least one consumer Peer Run Agency that is certified and contracted to train all PSS.</i>		Demonstrates support of EBBP; stigma buster	Sustainable; Agency holds training expertise	Potential local source of employment pathway	PSS receive standardized training
<i>County contracts with peer run agency to provide full range of peer support services including peer respite, self-help support groups, housing &amp; employment services.</i>		Demonstrates support of EBBP; stigma buster; better outcomes; savings	Agency grows to provide full range of services	Have best EBBP options available in recovery	More available jobs; viable PSS career pathway



CAMHPRO Handout Impact Factors on Quality of Life Improvements

<b>IMPACT FACTORS</b>	<b>BENEFITS TO</b>	<b>County</b>	<b>Peer Run Agencies</b>	<b>People Engaged in Services</b>	<b>Peer Workers</b>
<i>County demonstrates an organizational culture of health equity, trauma informed care, wellness and inclusion; removes barriers; promotes universal accommodations and supports</i>		Improved county health & image; stigma buster; EBBP; better outcomes	Agency could be source of model	Welcomes and encourages clients to engage	Safe, welcoming workplace with supports
<i>Peer Run agency staff and board reflect the diverse demographics of the county including in threshold languages</i>		Peer agency is contract source of diverse PSS; better outcomes for underserved	Agency staff reflect diverse & underserved groups to meet their needs	More diverse clients engage in services at lower levels of care	Healthy, diverse inclusive workplace

# Peer Values to Peer Policy

## Choice, Self-Determination, Independence, Dignity, Respect

PEER POLICY	PEERS SUPPORT	PEERS OPPOSE	& WHY
<ul style="list-style-type: none"> <li>• Uphold civil, legal, privacy &amp; confidentiality rights</li> <li>• Eliminate coercive, forced practices</li> <li>• Uphold voluntary, person-centered choices on services, meds &amp; supports determined by those served</li> </ul>	<ul style="list-style-type: none"> <li>• Voluntary, community based, prejudice-free services with cultural competence to meet diverse &amp; expressed needs, including affordable housing, meaningful employment &amp; holistic care.</li> <li>• Peer Run Organizations and programs</li> <li>• Person-1st recovery language</li> </ul>	<ul style="list-style-type: none"> <li>• “Assisted”, involuntary, forced treatment (inpatient &amp; outpatient)</li> <li>• Coercive or forced drugging or commitment</li> <li>• Seclusion &amp; restraints</li> <li>• Institutionalization</li> </ul>	<ul style="list-style-type: none"> <li>• Forced treatment has poor results, higher costs &amp; discourages many from accessing services compared to voluntary community-based services</li> </ul>

## Peer Support, Hope, Mutuality, Social connections, Empowerment, Wellness, Recovery Resiliency, Inclusion, Advocacy

PEER POLICY	PEERS SUPPORT	PEERS OPPOSE	& WHY
<ul style="list-style-type: none"> <li>• Peer support services are an integral part of, and as an alternative to, traditional BH services in all counties</li> </ul>	<ul style="list-style-type: none"> <li>• Peer Support &amp; Self-Help Groups, Peer Respite, alternative crisis services &amp; holistic care</li> </ul>	<ul style="list-style-type: none"> <li>• Medical model services without peer support</li> <li>• De-funding of peer services</li> </ul>	<ul style="list-style-type: none"> <li>• U.S. Ctr. for Medicaid &amp; Medicare Svcs (CMS) recognizes Peer Support as an evidenced based model of care</li> <li>• Peer-run agencies best implement peer Evidence Based services</li> <li>• MHSA doesn't allow its funds to supplant funding for services in existence and paid by other sources.</li> </ul>
<ul style="list-style-type: none"> <li>• Peers have meaningful &amp; consequential role in all decision-making about BH systems, policies &amp; services</li> </ul>	<ul style="list-style-type: none"> <li>• Peer-driven policies &amp; services</li> <li>• Nothing About Us Without Us!</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing About Us Without Us!</li> </ul>	<ul style="list-style-type: none"> <li>• Meaningful consumer participation in policy planning is required by State Law</li> </ul>



# Peer Values to Peer Policy

## Self-determination, Self-responsibility, Wellness, Recovery, Resilience, Independence

PEER POLICY	PEERS SUPPORT	PEERS OPPOSE	& WHY
<ul style="list-style-type: none"> <li>• Employment is a powerful component of the recovery journey</li> <li>• State standardized peer support workforce</li> <li>• Living wages and career pathways for all</li> <li>• Evidence-based peer employment preparation, placement, supports, retention &amp; advancement for all professions</li> </ul>	<ul style="list-style-type: none"> <li>• State recognition of the value &amp; unique role of the peer workforce</li> <li>• Policies enabling Peer Run Agencies to bill, if desired</li> <li>• Ongoing active inclusion &amp; involvement of Peers &amp; Peer Run Agencies on SB803 implementation</li> <li>• Evidence-Based Supported Employment Programs requiring Peer Employment Specialists</li> </ul>	<ul style="list-style-type: none"> <li>• Peer training programs that do not include qualified, disclosed consumer trainers</li> <li>• Nothing About Us, Without Us</li> </ul>	<ul style="list-style-type: none"> <li>• Peer Support &amp; Peer Run Agencies reduce the overall cost of services &amp; improve whole health and quality of life over traditional services alone.</li> </ul>

## Cultural Humility & Sensitivity, Empowerment, Education, Inclusion, Social connections, Responsibility

PEER POLICY	PEERS SUPPORT	PEERS OPPOSE
<ul style="list-style-type: none"> <li>• Health Equity for all!</li> <li>• Social Justice for all!</li> <li>• Holistic care</li> <li>• Cultural &amp; Alternative care</li> <li>• Trauma-informed care and organizational structure</li> </ul>	<ul style="list-style-type: none"> <li>• Allyship, inclusion &amp; employment of under-represented, underserved, and diverse communities</li> <li>• Education to take responsibility for White privilege, take action for anti-racism</li> <li>• Anti-Stigma Campaigns</li> <li>• Closing the digital divide</li> <li>• Trauma-Informed Organizational Cultures for Inclusion &amp; Wellness</li> </ul>	<ul style="list-style-type: none"> <li>• Ethnocentric and institutionalized systems of care</li> <li>• Institutionalized Racism and White privilege</li> <li>• Stigma &amp; discrimination</li> <li>• Microaggressive discriminatory environments &amp; hierarchical organizational cultures</li> </ul>

## Research & Evidence for Peer Positions

**① Forced treatment** is coercive, has poorer results, higher costs and drives some consumers away from the MH system compared to voluntary community-based services.

**1. National Coalition for MH Recovery** <https://www.ncmhr.org/>

on Forced Treatment: <https://www.ncmhr.org/forced-treatment.htm>

Citation & Abstracts document: <https://www.ncmhr.org/downloads/Involuntary-Outpatient-Commitment-citations-and-abstracts-April-2014%20NCMHR%20%204-16-2014.pdf>

**2. The Bazelon Center for Mental Health Law** <http://www.bazelon.org/>

On forced treatment and involuntary outpatient commitment. <http://www.bazelon.org/our-work/mental-health-systems/forced-treatment/>

**3. National Empowerment Center** <https://power2u.org/>

Lots of reports and research with abstracts: <https://power2u.org/research-evidence/>

**4. A Randomized Trial of a Mental Health Consumer-Managed Alternative to Civil**

**Commitment for Acute Psychiatric Crisis.** Greenfield, TK, Stoneking, BC, Humphreys, K, Sundby, E, and Bond, J (2008). *American Journal of Community Psychology* 42 (1/2):135-144.

Retrieved 1.22.20 from <https://onlinelibrary.wiley.com/doi/abs/10.1007/s10464-008-9180-1>

**② Peer Support** is recognized by the U.S. Center for Medicaid & Medicare Services (CMS) as an evidenced based model of care.<sup>1</sup>

**1. National Coalition for MH Recovery** <https://www.ncmhr.org/>

On Peer Support: Why it Works : <http://ncmhr.org/downloads/References-on-why-peer-support-works-4.16.2014.pdf>

**2. Mental Health America** <https://mhanational.org/>

Huge compilation of recent research & reports supporting various Peer Support Services and workforce integration: <https://www.mhanational.org/peer-support-research-and-reports>

**3. Live & Learn, Inc.** <https://www.livelearninc.net/> Laysha Ostrow Ph.D

Huge number of reports and peer-reviewed articles peer support and peer run programs: <https://www.livelearninc.net/dissemination>

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<sup>1</sup> <https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD081507A.pdf>

#### 4. Center On Integrated Health Care & Self-directed Recovery:

<https://www.center4healthandsdc.org/>

Super resource for peers. Check out the Science Showcase, Completed Research and Solutions Suite.

**Wellness Recovery Action Plan (WRAP)** participants experience significant improvements over time in self-reported depression and anxiety symptoms, recovery, personal confidence, and goal orientation. Article: A Randomized Controlled Trial of Effects of Wellness Recovery Action Planning on Depression, Anxiety, and Recovery (2012). Cook, J. A. et al. *Psychiatric Services* 63 (6): 541-547. Retrieved 1/22/20 at [https://www.center4healthandsdc.org/uploads/7/1/1/4/71142589/cook\\_et\\_al\\_2012\\_effects\\_of\\_wrap\\_on\\_depression\\_and\\_anxiety\\_appi.ps.pdf](https://www.center4healthandsdc.org/uploads/7/1/1/4/71142589/cook_et_al_2012_effects_of_wrap_on_depression_and_anxiety_appi.ps.pdf)

#### 5. Self Help and Recovery Exchange SHARE! <https://shareselfhelp.org/>

On Self-Help Support Groups targeting behavioral health issues. Please reference the link for the list of research sources to all the benefits listed below: <https://shareselfhelp.org/about-share-the-self-help-and-recovery-exchange/research-shows-self-help-works/>

- Cut the re-hospitalization of mental health consumers by 50% (4) (7) (10) (12) (16) (19)
- Reduce the number of days spent in the hospital by one third (4) (10) (19)
- Reduce significantly the amount of medication needed to treat mental illness (4) (6) (19)
- Move large numbers of people out of the system into productive lives (4) (19)
- Empower participants to collaborate with clinical staff resulting in better adherence to medication regimes (12) (16)
- Effects are realized in weeks and sustained for years (4) (6) (16) (19) (22)
- Reduce drug and alcohol abuse (9) (11) (14) (18) (23)
- Reduce demands on clinicians' time (8) (16)
- Increase empowerment (4) (6) (16) (19) (20)
- Provide community support—the suspected reason that people in developing countries recover from schizophrenia at nearly twice the rate that they do in developed countries (16) (24)
- Provide mentoring opportunities that improve the outcomes of both the mentor and the person being mentored (5) (17) (21)
- Reduce criminal behavior (14) (23)
- Increase family resources and reduce family stress (3)
- Increase consumer satisfaction (8) (16)
- Are underutilized by clinicians because of incorrect preconceived ideas about self-help and the lack of professional training on self-help (16) (22)

<https://shareselfhelp.org/about-share-the-self-help-and-recovery-exchange/research-shows-self-help-works/>

#### 6. SAMHSA INFOGRAPHIC with research on benefits

[https://www.samhsa.gov/sites/default/files/programs\\_campaigns/brss\\_tac/peer-support-2017.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tac/peer-support-2017.pdf)

Powerpoint pdf:

[https://www.samhsa.gov/sites/default/files/programs\\_campaigns/brss\\_tac/value-of-peers-2017.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tac/value-of-peers-2017.pdf)

**③ Peer Respite** show statistically significant improvements in healing, empowerment, and satisfaction. Average psychiatric hospital costs were \$1,057 for respite-users compared with \$3,187 for non-users<sup>2</sup>.

A Peer Respite is a voluntary, short-term, overnight program that provides community-based, non-clinical crisis support to help people find new understanding and ways to move forward. It operates 24 hours per day in a homelike environment. They are 100% operated by people with lived experience of psychiatric histories or who have experienced trauma and/or extreme states.

**1. Live & Learn, Inc.** <https://www.livelearninc.net/> Laysha Ostrow Ph.D

Huge number of Reports and peer-reviewed articles regarding the value of peer support and specific services on <https://www.livelearninc.net/dissemination>

Peer Respites and Research on Peer Respites: <https://www.livelearninc.net/peer-respite>

**2. National Empowerment Center** <https://power2u.org/>

Evidence for Peer-Run Crisis Alternatives: <https://power2u.org/evidence-for-peer-run-crisis-alternatives/>

**3. Mental Health America** <https://mhanational.org/>

2019 research on Peer Respites: <https://www.mhanational.org/peer-support-research-and-reports>

**④ Individual Placement & Supports (IPS) Supported Employment with Peer Specialists**--Research from around the world, finds that overall IPS is more effective than other vocational rehabilitation services at providing competitive employment.

**1. Center On Integrated Health Care & Self-directed Recovery:**

<https://www.center4healthandsdc.org/>

On PEER Specialists as IPS specialists see <https://www.center4healthandsdc.org/peers-in-se.html>

**2. IPS Employment Center** <https://ipsworks.org/>

Under library filter by 'research' and upload great Gary Bond (1.5.20) powerpoint on Evidence for IPS for a Summary of Research: <https://ipsworks.org/index.php/library/> Under library filter by 'advocacy tools' or by 'peer specialists'.

Article: Justin D Metcalfe, Robert E Drake, Gary R Bond; Economic, Labor, and Regulatory Moderators of the Effect of Individual Placement and Support Among People With Severe Mental Illness: A Systematic Review and Meta-analysis (2017), *Schizophrenia Bulletin*, , sbx132, <https://doi.org/10.1093/schbul/sbx132>

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<sup>2</sup>Greenfield TK, Stoneking BC, Humphreys K, Sundby E, Bond J. A randomized trial of a mental health consumer-managed alternative to civil commitment for acute psychiatric crisis. *Am J Community Psychol*. 2008;42(1-2):135–144. doi:10.1007/s10464-008-9180-1. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2782949/>

# Who are WE, CA Peers? This is Who WE are!

written by Karin Lettau in July, 2019 (& updated in July, 2020) [needs music to go with lyrics]

Who are WE, CA Peers? This is Who WE are:

With trauma & behavioral health conditions, WE ARE... undiagnosed, diagnosed, co-diagnosed and misdiagnosed. We call ourselves people with lived experience, with mental health challenges & or substance use challenges, we call ourselves...peer, patient, ex-patient, consumer, psychiatric survivor, suicide-survivor, client, addict/alcoholic, trauma-survivor, or just 'person'. We are on meds, in between meds and off meds. We have used traditional services, peer support services, alternative healing services or no services.

**WE ARE HUMAN, WE DESERVE RESPECT & DIGNITY, WE HAVE CHOICES, WE CAN ALL RECOVER, WE STAND UP FOR EACH OTHER! WE ARE UNITED, WE ARE ONE!**

We are...people living in California; we live in houses, apartments, in Single Room Occupancy—that's SROs, we live on somebodies couch, on boats, in cars, in tents, in boxes, on the street, under bridges, in camps, in parks, on farms, on reservations, in tribes, in the woods, in jails and prisons, in hospitals, in sober livings, in rehabs, in Board & Cares, under conservatorship, in lock down units; we live in big counties, medium sized & small counties, we live in large, huge urban metro cities, in small towns, and in rural or frontier areas.

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We are...African American, Black, Latinx, Hispanic, East Asian, Native American, Asian, Pacific Islanders, Middle Eastern, East Indian, European/White and Mixed Race/Other Americans. We speak English, Spanish, Chinese, Sign-Language, Native American languages, Vietnamese and so many other languages from all over the globe, we are mono-lingual, bi-lingual and polyglots.

We are...Agnostic, Athiest, Born-again, Buddhist, Christian, Jewish, Muslim, Taoist, Wiccan, Spiritual, Religious, Secularists and Non-believers.

We are... children, young adults, adults and mature adults. We are in cages, separated from our family, we are orphans and foster children/youth, we are people with parents or other supporters in our lives. We are independent, dependent, and co-dependent.

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We are androgynous, female, male, transgender or questioning our gender. We are...bi-sexual/pansexual, gay, lesbian, queer, 'Two Spirits', straight or questioning our orientation.

We are people with no education, with grade school, with junior high, with HS or GED diplomas, with technical school, with some college, with a BA, a Masters or a PHD.

We are...people who identify as having a disability, as having a 'diff-ability', or as having no disability.

# Who are WE, CA Peers? This is Who WE are!

written by Karin Lettau in July, 2019 (& updated in July, 2020) [needs music to go with lyrics]

We are...unemployed, underemployed, employed, volunteering & on or off disability benefits. We are peer support specialists, teachers, advocates, bakers, doctors, artists, lawyers, waitresses, actresses, truck drivers, County Behavioral Health Directors, we are...street cleaners, managers, fast food workers, scientists, tree trimmers, painters, musicians, laborers and farm workers. We are active or retired veterans, reservists. We are people... with just the shirt on our back, with a small abode to call home, or with a huge estate to keep us going.

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We are now essential, non-essential workers, or laid off workers. We are the people of color who must commute via subway and public transportation to feed ourselves; the people disproportionately affected by COVID-19 infections and death, the people packed into tiny housing, the people without digital literacy, or the means for virtual connectivity & the people unable to access services. And we are the privileged educated, working from our safe, isolated ivory towers. We are in this together to help keep each other safe.

We have experienced trauma, police shootings, racist and fascist violence, stigma, disenfranchisement, discrimination, ostracization, and institutionalization and we have... experienced the benefits of white privilege.

We are...American citizens, Immigrants, Green card Holders, Asylum Seekers, and we are... Undocumented Immigrants!

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