



**SAMHSA's Resource Center to Promote
A D S
Acceptance, Dignity and Social Inclusion
Associated with Mental Health**

Peer-Driven Innovations: Changing Systems, Changing Lives

September 27, 2012



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
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Archive

This training teleconference will be recorded. The PowerPoint presentation, PDF version, audio recording of the teleconference, and written transcript will be posted to the Substance Abuse and Mental Health Services Administration (SAMHSA) ADS Center Web site at <http://www.promoteacceptance.samhsa.gov/teleconferences/archive/default.aspx>.



Disclaimer

The views expressed in this training event do not necessarily represent the views, policies, and positions of the Center for Mental Health Services, SAMHSA, or the U.S. Department of Health and Human Services.



Questions

At the end of the speaker presentations, you will be able to ask questions. You may submit your question by pressing “*1” on your telephone keypad. You will enter a queue and be allowed to ask your question in the order in which it is received. On hearing the conference operator announce your first name, you may proceed with your question.





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The Michigan Experience

Pam Werner, M.A., LLP
Manager, Office of Consumer Direction
Michigan Department of Community Health



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Historical Overview: The Foundation of Peer Services

- 1996 Michigan *Mental Health Code* requirement of person-centered planning for all individuals served by the public mental health system
- 2003 contract requirements for Self-Determination for Community Mental Health Services Programs
- 2006 Centers for Medicare & Medicaid Services (CMS) approval for Certified Peer Support Specialists (CPSS) as a Medicaid-covered service
- Medical necessity criteria and documentation requirements for peer services to be reimbursed



Michigan Medical Necessity Criteria

Designed to assist the beneficiary in attaining or maintaining a level of functioning sufficient to achieve his/her goals of community inclusion and participation, independence, recovery, or productivity

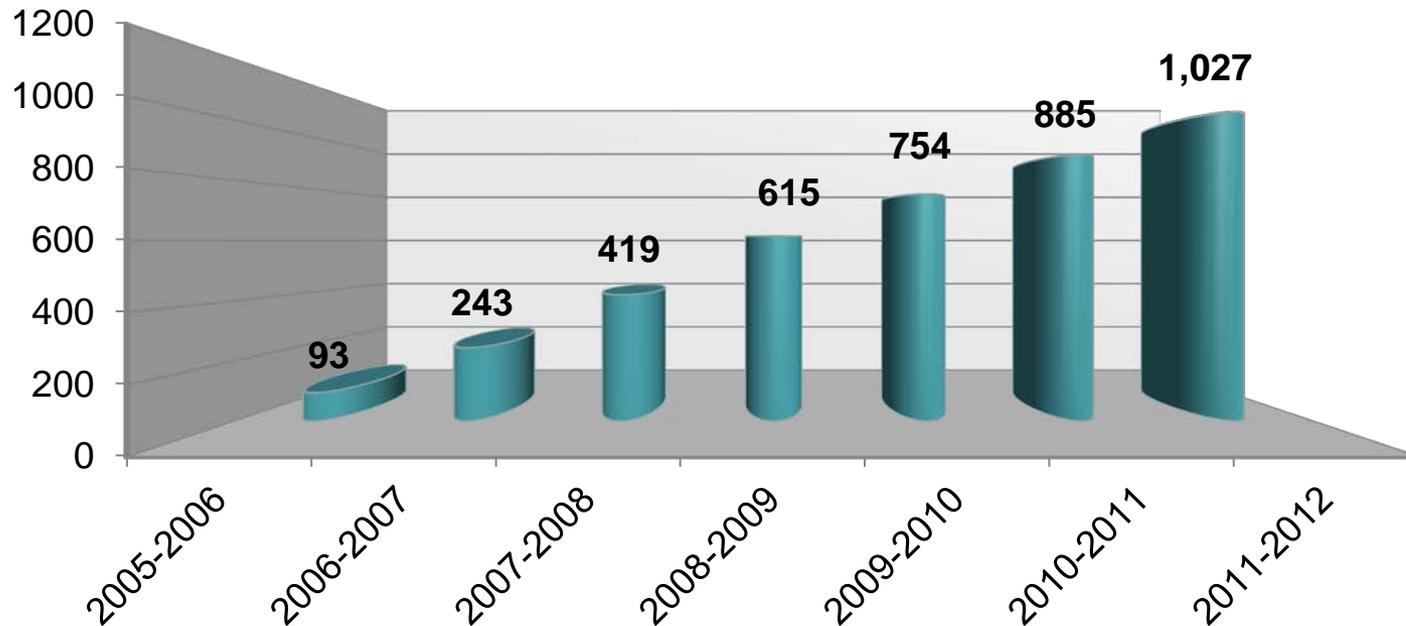


Requirements for Certification

- Defined roles and responsibilities outlined in the *Michigan Medicaid Provider Manual*
- Application process to meet State criteria for acceptance into the training
- Agency support that the individual is employed and will be paid to attend the training
- Peer-to-peer interviews completed to clarify written information
- Peer-delivered training based in recovery (56 hours)
- Certification exam (4 hours) at Lansing Community College



Michigan Certified Peer Support Specialists



* Each year shows number of Certified Peer Support Specialists trained to date.



Support from SAMHSA to Develop and Sustain a Peer-Trained Workforce

- Working definition of recovery as an opportunity for expanding and supporting CPSS as a profession
- Adult Mental Health Block Grant funding for innovative practices
- Continuing education and opportunities for growth with webinars, publications, and technical assistance
- Consumer-Operated Services Evidence-Based Practices toolkit

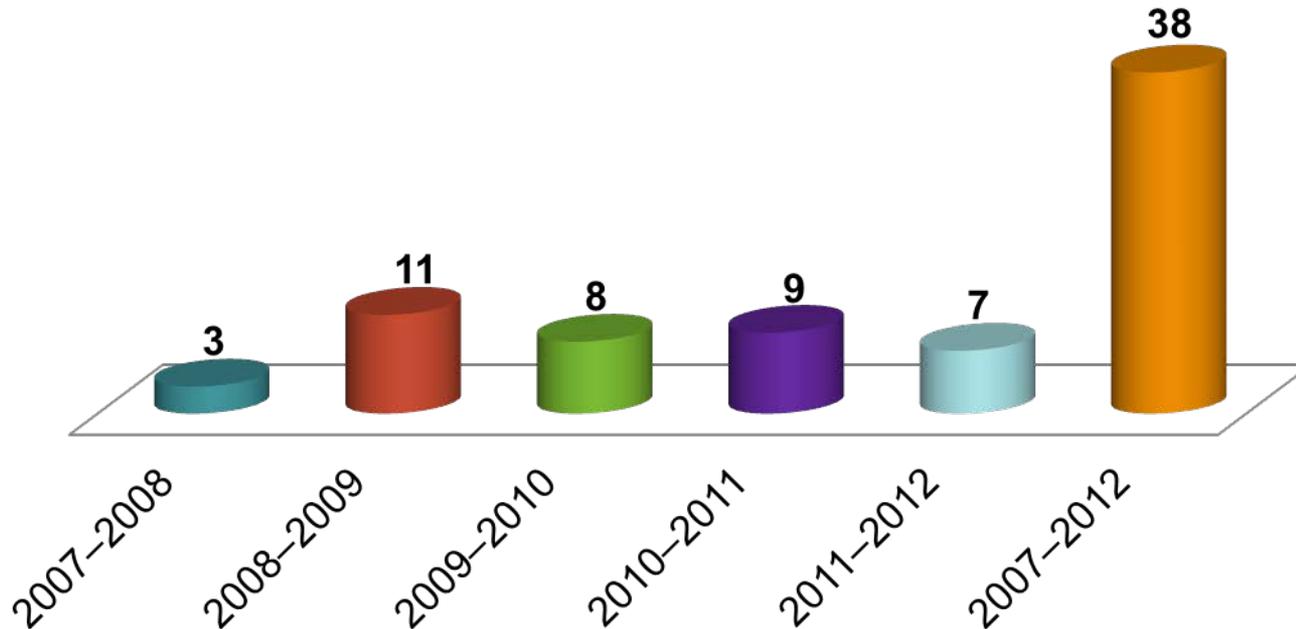


Partnerships in Creating, Sustaining, and Strengthening the Workforce

- Lansing Community College 3 elective credit hours
- Chronic Disease Self-Management Program research study with Stanford University
- National Association of State Mental Health Program Directors Transformation Transfer Initiative grants
- Placement of CPSS in Federally Qualified Health Centers (FQHCs) with Michigan Primary Care Association
- Statewide organization Michigan Peer Specialists United for networking and support
- CPSS support by the Veterans Administration to attend trainings



Michigan Veterans Trained and Certified as Peer Support Specialists



Opportunities for Networking and Continuing Education Advancement

- Wellness Recovery Action Planning
- Chronic Disease Self-Management Program
- Trauma-Informed Care
- Self-Determination
- Smoking Cessation
- Recovery Goal Writing
- Emotional CPR
- Michigan 4th Annual Peer Conference





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Supporting the Workforce

- Offering ongoing opportunities for continuing education and networking at overnight retreat centers
- Providing a career ladder with multiple opportunities for advancement
- Attaining employment at all levels and areas of the agency including homeless outreach, FQHCs, jail diversion, employment, hospitals, consumer-operated services, etc.
- Creating work environments with a foundation of recovery

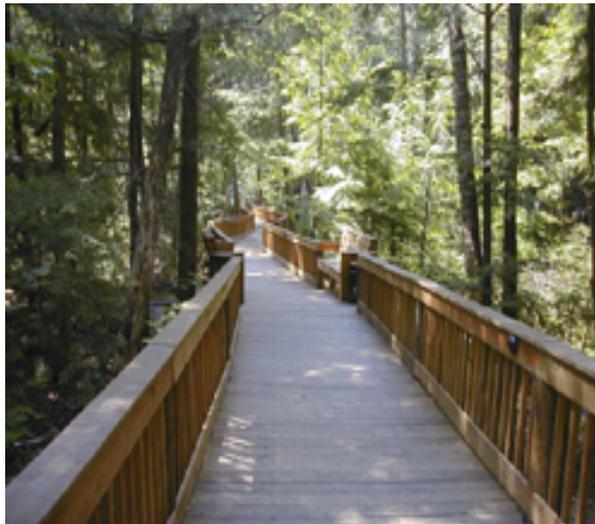


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Challenges and Opportunities for Change

- Providing wages, benefits, and both full- and part-time employment opportunities equal to other professions using current data on how wages are set and salary comparisons to other disciplines that are Medicaid-funded
- Supporting peers in attending regular and ongoing continuing education
- Instilling a foundation of recovery in agency practices to support peer support services
- Obtaining sustainable funding and prioritization of peer positions
- Encouraging choice by offering peer support specialist services during the person-centered planning process
- Conducting research and evaluation to strengthen peer support as an evidence-based practice



Michigan's Peer-Trained Workforce, 1,027 Strong!



Resources

- Emotional CPR (eCPR), <http://www.emotional-cpr.org>
- Fine, T. (2012). *Under the microscope. Peer support: A valued part of recovery, wellness and health reform*. Washington, DC: National Association of County Behavioral Health and Developmental Disability Directors. Retrieved from <http://nacbhdd.org/content/UNDER%20THE%20MICROSCOPE%202-1-12%20Peer%20Support.pdf>
- Healthy Programs in Michigan, <http://www.mihealthyprograms.org>
- Mauer, B. (2006, October). *Executive summary: Morbidity and mortality in people with serious mental illness*. Alexandria, VA: National Association of State Mental Health Program Directors Medical Directors Council. Retrieved from <http://www.nasmhpd.org/docs/publications/MDCdocs/Mortality%20and%20Morbidity%20Final%20Report%208.18.08.pdf>
- Mauer, B. (2008). *Measurement of health status for people with serious mental illnesses*. Alexandria, VA: National Association of State Mental Health Program Directors. Retrieved from <http://www.nasmhpd.org/docs/publications/MDCdocs/NASMHPD%20Medical%20Directors%20Health%20Indicators%20Report%2011-19-08.pdf>



Resources

- Michigan Department of Community Health, <http://www.michigan.gov/mdch>
- Michigan Disability Rights Coalition, <http://www.copower.org>
- National Association of State Mental Health Program Directors, <http://www.nasmhpd.org>
- National Empowerment Center, <http://www.power2u.org>
- National Wellness Institute, <http://www.nationalwellness.org>
- O'Brien, J., Parker, S., & Campbell, J. (2008). *First in a series of three policy briefs on peer supports in mental health delivery systems. Policy issues #1: Organizational models for peer support.* Houston, TX: Independent Living Research Utilization in Collaboration with Human Services Research Institute. Retrieved from <http://www.hcbs.org/files/147/7309/PeerSupportsPolicyBrief1.pdf>
- O'Brien, J., Parker, S., & Campbell, J. (2008). *Second in a series of three policy briefs on peer supports in mental health delivery systems. Policy issues #2: Introducing and supporting peer providers in traditional mental health provider networks.* Houston, TX: Independent Living Research Utilization in Collaboration with Human Services Research Institute. Retrieved from http://www.hcbs.org/files/147/7316/Peer_Supports_Policy_Brief2.pdf

Resources

- O'Brien, J., Parker, S., & Campbell, J. (2008). *Third in a series of three policy briefs on peer supports in mental health delivery systems. Policy issues #3: Financing peer provided services*. Houston, TX: Independent Living Research Utilization in Collaboration with Human Services Research Institute. Retrieved from <http://www.hcbs.org/files/147/7317/PeerSupportsPolicyBrief3FINAL.pdf>
- Pillars of Peer Support, <http://www.pillarsofpeersupport.org>
- Stanford University Chronic Disease Self-Management Program, <http://patienteducation.stanford.edu/programs/cdsmp.html>
- State Medicaid Director Letter. (2007). Baltimore, MD: Centers for Medicare & Medicaid Services. Retrieved from <http://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD081507A.pdf>
- Substance Abuse and Mental Health Services Administration. (2011). *Consumer-operated services: How to use the evidence-based practices KITs* (HHS Pub. No. SMA-11-4633). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. Retrieved from <http://store.samhsa.gov/product/Consumer-Operated-Services-Evidence-Based-Practices-EBP-KIT/SMA11-4633CD-DVD>
- Wellness Recovery Action Plan, <http://www.mentalhealthrecovery.com/wrap>



Delaware's Unfolding Story: Rapid Change, Creative Innovations



Gayle Bluebird, RN
Director, Peer Services
Mental Health Association (MHA)
Delaware Substance Abuse and Mental Health

Delaware State Hospital in Crisis

Delaware (2007–2008)

- Sensational Accusations Front-Page News
- The Delaware State Hospital was called a “warehouse.” It was accused of the following:
 - Client negligence
 - Inadequate services
 - Inadequate housing
 - Client death
 - Over 150 people ready for discharge (for years)
- Investigations by the U.S. Department of Justice led to a settlement agreement signed by the State in July 2011.



Moving Forward

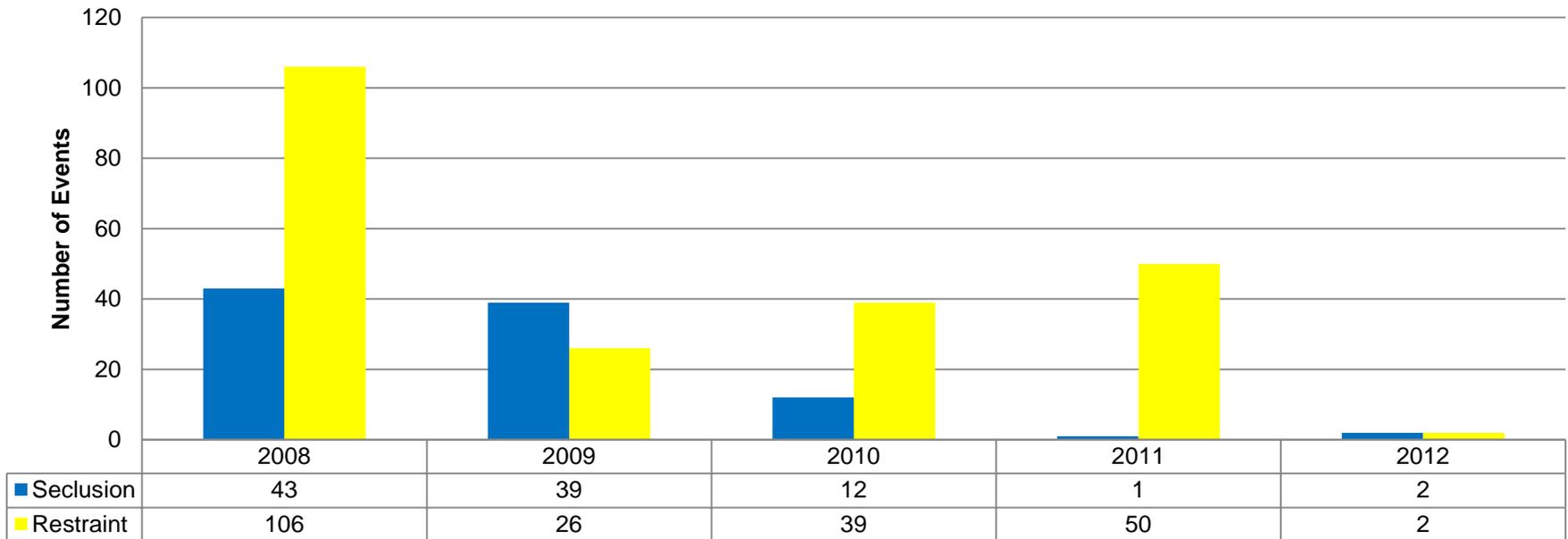
- Major changes in administration
- Hiring of Kevin Huckshorn as State Mental Health/Substance Abuse Commissioner—well known nationally for seclusion and restraint reduction training
- Peer services development
- Treatment teams focused on discharge
- New strategies implemented with staff to create housing, employment, and community services
- By 2012 six Assertive Community Treatment (ACT) teams in place to serve all discharged clients





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Delaware Psychiatric Center (DPC) Seclusion & Restraint Events 2008 - 2012



- Of the 39 total restraint events hospital-wide in 2010, client XX accounted for 34 of the 39 events.
- Of the 50 total restraint events hospital-wide in 2011, client XX accounted for 41 of 50 events.
- Client XX was an inappropriate admission for DPC and was discharged in 2011 to a facility that specialized in treating client XX's disorder.



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Peer Services Development

- Six inpatient peers hired in 2010
 - In 2011 additional peers hired as bridge peers
 - Bluebird assigned Director of Peer Services
 - Management positions created and placed with the MHA to ensure adequate salaries
 - Director hired in 2012 for our State organization, Delaware Community Resource Coalition
 - Peers hired for ACT teams in the community
- Total number of peers: approximately 30



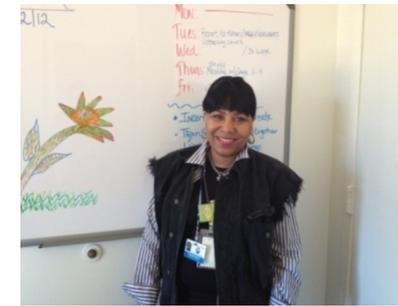
Peer Services Management Team



Gayle Bluebird, Director, Peer Services



Karen DiNardo, Inpatient Peer
Coordinator



Franzswa Watson, Peer Support Educator



Rhonda Elsey-Jones, Trauma
Education/Supervisor



Ashley Welton, Executive Assistant



Danielle Denney, Bridge Peer Team
Coach



How We Hire

Requirements:

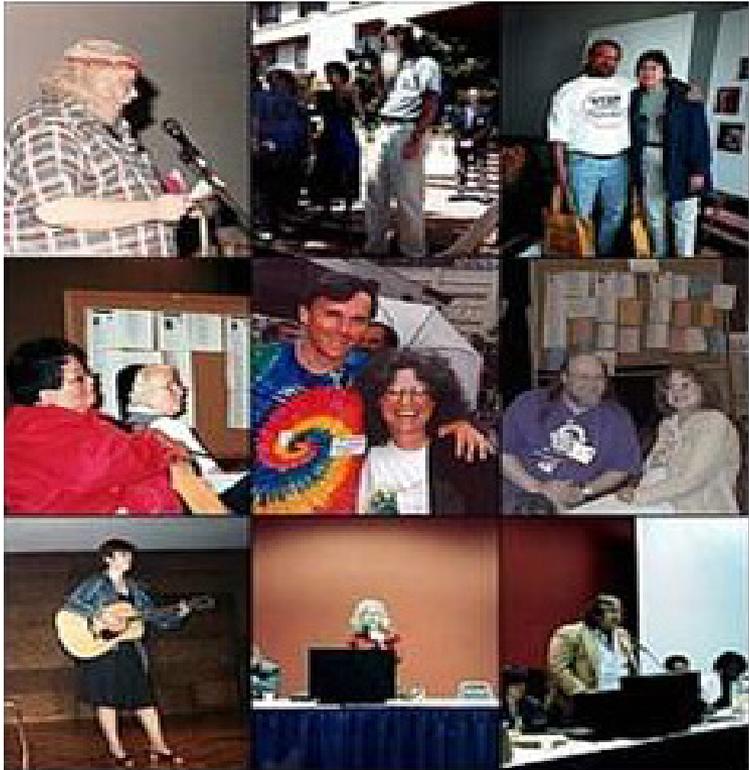
- Prior work history and/or college experience
- Self-disclosure
- Oral and written presentation
- Interview(s)
- Critical thinking questions
- Sparkling personality





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As Innovative Peers . . .



We know our history and honor the
Consumer/Survivor Movement.

Early Movement Activists:
(from top row, left to right)

Howie the Harp, Leonard Frank, George and
Mary Ann Ebert, Kinike Thompson and Gayle
Bluebird, Jay Mahler and Sally Zinman, Pat
Risser and Judy Chamberlin, Jeannie Matulis,
Su Budd, Paul Engels



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As Innovative Peers . . .

- We dress casually and make a statement about who we are as unique individuals.



Dara Hagans
Inpatient Peer Specialist



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As Innovative Peers . . .



We prioritize finding out about a person's interests and strengths so that he/she can use his or her own individualized approach to healing.



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As Innovative Peers . . .

We address people naturally with attention to their
culture and language.



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As Innovative Peers . . .

We are comforting
without words. We
learn how to touch in
simple ways, which
can often affect
people profoundly.



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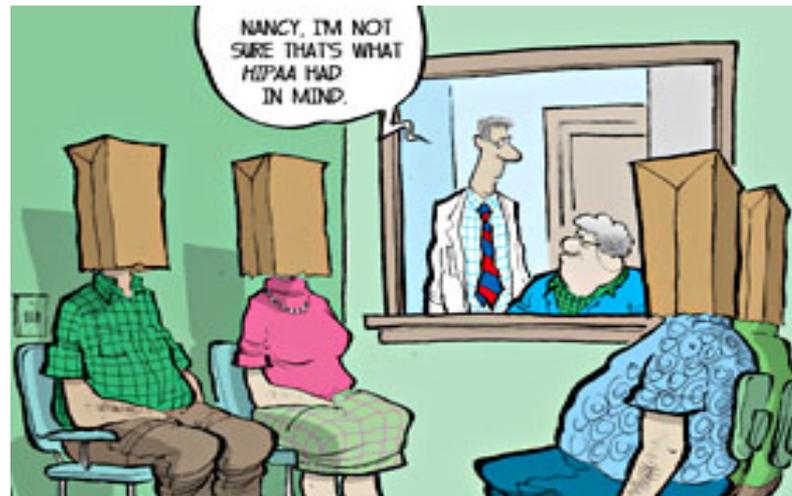
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As Innovative Peers . . .

We use a person's full name whenever possible and with his/her consent.



Health Insurance Portability and Accountability Act (HIPAA) laws are meant to protect confidentiality but often have an opposite effect. People often begin to think of themselves as non-persons. The key is to ask; the purpose is to honor.



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As Innovative Peers. . .

We introduce wellness techniques creatively.

Examples:

- Nail Painting
- Employment
- Healthy Snacks
- Walking
- Affirmation
- Drop Zone “Drop-In Center (DIC)/Resource Center”
- Creative Arts Projects
- Restaurant Outings
- Drum Circles



Words have meanings. Charts give us a direction.
But how we activate wellness is dependent on our approaching
things in new and different ways.





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Arts and Creativity



By Franzswa Watson
Hands Project



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Arts and Creativity

Examples:

- “Creative Vision Factory”—Peer-Run Arts Center
- Art Exhibit in Administration Building Lobby
- Comfort Rooms
- Drumming Circle
- Art Postcard Project
- “Arts and Wellness” Carnivals



“Henrietta”

The Drop Zone

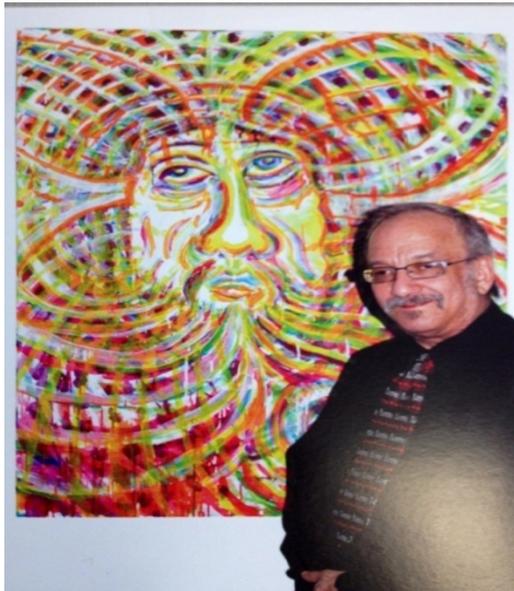


The Drop Zone Opening Ceremony

June Butler, Kevin Huckshorn, Gayle Bluebird, Greg Valentine, Pam Freeman



Art Postcards



Ken Segal, Talented Peer Artist



Segal's postcard is one of 12 postcards that will be taken to the National Governors Conference by Governor Markell. They will be used as a fundraiser for the arts center.

Hope Totes

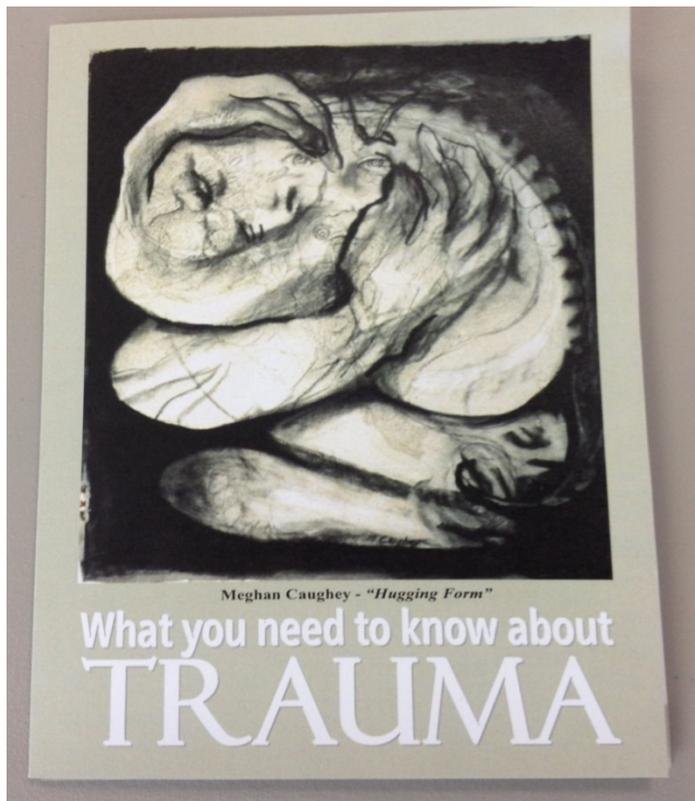


Admission Comfort Bags:

Given to all peers upon admission, these bags contain the following things:

- Rights Information
- Client Handbook
- Peer Support Information

“All items selected with safety in mind.”



"Hugging Form"

Meghan Caughey

Trauma Booklet

- Created in 2011
- Written and designed by peers in easy-to-understand language
- Illustrated with national artists' artwork
- Designed for persons receiving services . . . and others

Five Years from Now: OUR FUTURE

- Peers will make up 30 percent of the mental health workforce.
- All employed peers will be supervised by qualified peers.
- The State hospital will no longer serve long-term clients.
- Adequate housing will be in place with adequate supports.
- Peer support services will include 24-hour crisis and respite services.
- Peers and providers will work in collaboration to create a seamless system.
- Trauma services will be available to all clients.
- Peer specialist training curriculum will emphasize creativity.
- Peers in Delaware will be national consultants.
- Bluebird will be traveling in her RV with a driver, Driving Miss Bluebird, and stopping to say HI!





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Remember!

Peer support is a professional job . . .



Peers are treated like any other employee.



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And Not a *Pampered Role!*



However, taking care of yourself is the number one priority!



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Resources

- Altered States of the Arts: Promoting Recovery through the Arts, <http://www.alteredstatesofthearts.com>
Web site featuring a nationwide network of creative artists who are current or former recipients of psychiatric services.
- Bahati, W. (2008). *You don't know crazy: My life before, during, after, above and beyond mental illness*. Retrieved from <http://www.wambui-bahati.com/You-Dont-Know-Crazy.html>
An autobiography by a writer, actor, and healer.
- Wambui Bahati's Presentation Topics web page, <http://www.wambui-bahati.com/Wambui-Bahati-Presentation-Topics.html>
Includes *Get Crazy for Yourself* and other presentation topics.
- Meghan Caughey, Artist Portfolio, <http://www.meghancaughey.com>
Meghan's artwork tells a story of her personal healing and transformation. See *Hugging Form* as well as other powerful images.
- DePree, M. (1990). *Leadership is an art*. New York, NY: Dell Publishing.
Book highlights leadership that is focused on relationship building as an art!

Resources

- Field, T. (2003). *Touch*. Cambridge, MA: MIT Press.
- Mary Rockwood Lane, Ph.D., RN, doing research on the benefits of healing and the arts, herself an artist who healed herself from depression, <http://www.maryrockwoodlane.com> or <http://www.artashealing.org/mary.htm>
- Panter, B, Virshup, E., & Virshup, B. (1995). *Creativity and madness: Psychological studies of art and artists*. Burbank, CA: AIMED Press.
Book portrays well-known artists as people with social histories rather than psychiatric diagnoses.
- Research on “simple touch” by researcher Matthew Hertenstein, Ph.D., <http://www.depauw.edu/site/learn/lab>
- Samuels, M. (1998). *Creative healing*. San Francisco, CA: Harper Collins Publishing.
Book discusses creative healing and is written by two of the founders of Arts and Medicine and the Society for the Arts in Healthcare.
- Society for the Arts in Healthcare, <http://www.thesah.org>



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What is Your Vision?



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Pam's Vision

Peer specialists as a respected evidence-based practice
will support individuals in leading self-determined lives
with a focus on health and wellness
to increase quality of life and life expectancy
for individuals in their pathway of recovery.



Gayle's Vision

Peers will have learned to embrace creativity,
to use humor, and to tell their stories to honor themselves.



Additional Resources

- Books, Articles, and Videos Page, Shery Mead Consulting – Peer Support and Peer-Run Crisis Alternatives in Mental Health, <http://www.mentalhealthpeers.com/booksarticles.html>
- Campbell, J. (2008). *Key ingredients of peer programs identified*. Retrieved from <http://www.power2u.org/downloads/COSP-CommonIngredients.pdf>
- Copeland, M. E., & Mead, S. (2004). *Wellness recovery action plan & peer support: Personal, group and program development*. Retrieved from <http://www.mentalhealthrecovery.com/store/wrapper.html>
- Evans, A. *Building sustainable consumer run organizations*. University of Washington and the Self Help Empowerment and Evaluation Alliance. Retrieved from <http://www.dshs.wa.gov/pdf/dbhr/mhtg/SustainableCROs.pdf>
- Georgia Mental Health Consumer Network, <http://www.gmhcn.org>
- Georgia Mental Health Consumer Network: Peer Support, Wellness, and Respite Centers of Georgia, <http://www.gmhcn.org/wellnesscenter/index.html>
- Mead, S., & Hilton, D. (n.d.). *Crisis and connection*. Retrieved from <http://www.mentalhealthpeers.com/pdfs/crisisandconnection.pdf>



Additional Resources (cont.)

- Mead, S. (2010). *Intentional peer support as social change*. Retrieved from the New York Association of Psychiatric Rehabilitation Services *E-News* online at <http://www.nyaprs.org/e-news-bulletins/2010/2010-10-14-Mead-Intentional-Peer-Support-as-Social-Change.cfm>
- Moll, S., Holmes, J., Geronimo, J., & Sherman, D. (2009). Work transitions for peer support providers in traditional mental health programs: Unique challenges and opportunities. *Work: A Journal of Prevention, Assessment and Rehabilitation*, 33(4), 449–458. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/19923667>
- National Alliance on Mental Illness (NAMI) Support, Technical Assistance and Resources (STAR) Center and the University of Illinois at Chicago, National Research and Training Center. (2010). *Cultural competency in mental health peer-run programs and self-help groups: A tool to enhance your services*. Retrieved from [http://www.consumerstar.org/pubs/SC-Cultural Competency in Mental Health Tool.pdf](http://www.consumerstar.org/pubs/SC-Cultural%20Competency%20in%20Mental%20Health%20Tool.pdf)
- National Association of Peer Specialists, <http://na4ps.wordpress.com>
- National Coalition for Mental Health Recovery, <http://ncmhr.org>



Additional Resources (cont.)

- National Mental Health Consumers' Self-Help Clearinghouse, <http://mhselfhelp.org>
- National Mental Health Consumers' Self-Help Clearinghouse. (2010). *The key assistance report: Focus on certified peer specialists*. Retrieved from http://www.mhselfhelp.org/pubs/view.php?publication_id=195
- New York Association of Psychiatric Rehabilitation Services—Peer Services, <http://www.nyaprs.org/peer-services>
- Peers Envisioning and Engaging in Recovery Services, <http://www.peersnet.org>
- Projects to Empower and Organize the Psychiatrically Labeled (PEOPLE), Inc., <http://www.projectstoempower.org>
- National Empowerment Center: *Personal Assistance in Community Existence (PACE)* Recovery Series, http://www.power2u.org/mm5/merchant.mvc?Screen=CTGY&Store_Code=NEC&Category_Code=pac
- Projects to Empower and Organize the Psychiatrically Labeled (PEOPLE), Inc. (2011). *Hospital diversion services: A manual on assisting in the development of a respite/diversion service in your area*. Retrieved from <http://login.npwebsiteservices.com/PEOPLE/DiversionRespiteManual.asp>

Additional Resources (cont.)

- Salzer, M. S., Schwenk, E., & Brusilovskiy, E. (2010). Certified peer specialist roles and activities: Results from a national survey. *Psychiatric Services*, 61(5), 520–523.
<http://ps.psychiatryonline.org/article.aspx?articleid=101379>
- Schutt, R. K., & Rogers, E. S. (2009). Empowerment and peer support: Structure and process of self-help in a consumer-run center for individuals with mental illness. *Journal of Community Psychology*, 37(6), 697–710. Retrieved from
<http://onlinelibrary.wiley.com/doi/10.1002/jcop.20325/abstract>
- Townsend, W., & Griffin, G. (n.d.). *Consumers in the mental health workforce: A handbook for providers*. Washington, DC: The National Council for Community Behavioral Healthcare. Available from
<https://store.thenationalcouncil.org/catalog/show/15>
- The Transformation Center, <http://transformation-center.org/index.shtml>
- What Recovery Means in Acute Care Webinar. (2010). SAMHSA Recovery to Practice: Resources Center for Behavioral Health Professionals.
<http://www.dsgonline.com/rtp/webinars/9.16.2010.html>

Questions

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For More Information, Contact

- Gayle Bluebird, gayle.bluebird@state.de.us, 302-255-2701
- Pam Werner, wernerp@michigan.gov, 517-335-4078





Speakers

Pam Werner M.A., LLP, is a Specialist in the Bureau of Community Mental Health Services. She is responsible for leadership and policy direction for the Certified Peer Support Specialist Initiative. In addition, she provides training and technical assistance in person-centered planning and self-determination. Ms. Werner is a member of both the Michigan Recovery Council and Recovery Oriented Systems of Care Transformation Steering Committee. She has received an award from the Governor for accomplishments in developing a peer-trained workforce as part of Michigan's systems transformation efforts. Ms. Werner was the primary author and responsible for the implementation of several mental health grant awards centered on systems transformation efforts for recovery. She received the Association of Territorial Health Officials Vision Award in 2010 in the area of creative and innovative approaches in addressing public health challenges. In addition, she has provided national presentations, technical assistance, and consultation to a variety of organizations including the Pillars of Peer Support Summit. She has over 20 years of clinical and administrative experience in providing services and supports for individuals with disabilities and has been an author and co-author of a text and several journal articles. She has a bachelor of science degree in occupational therapy and a master's degree in clinical psychology from Western Michigan University.



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Speakers

Gayle Bluebird, RN, has been in the consumer/survivor movement for almost 40 years. Her awakening came when, after leaving her family because of overwhelming sadness and a wish to withdraw from life, she spent time in residential treatment that she found to be abusive. Her work as a psychiatric nurse combined with her experience as a consumer gave her a unique perspective as an advocate. In 1991 she created an Office of Consumer Affairs in Broward County in Florida. There, she was recognized for producing “Pioneer Dialogues” conferences that brought peers and providers together. From 1998 to 2000 she worked as a Peer Advocate at South Florida State Hospital, where she developed “Comfort Rooms,” which she continues to replicate in hospitals throughout the country. From 2000 to 2003, Ms. Bluebird worked for the Florida Advocacy Center for Persons with Disabilities. She also wrote two SAMHSA-funded guidebooks, *Reaching Across with the Arts* and *Participatory Dialogues*. In addition, she has served as a consultant to the Center for Mental Health Services at SAMHSA and has produced a film, *Leaving the Door Open: Alternatives to Seclusion and Restraint*. In 2010 she was awarded a SAMHSA VOICE award for her advocacy work. Ms. Bluebird currently works as Peer Services Director in the State of Delaware. She continues to work nationally to promote networks for talented consumer artists and create peer roles in inpatient settings.



Survey

We value your suggestions. Within 24 hours of this teleconference, you will receive an e-mail request to participate in a short, anonymous online survey about today's training material which will take 5 minutes to complete. Survey results will be used to determine resources and topic areas to be addressed in future training events.

Survey participation requests will be sent to all registered event participants who provided e-mail addresses at the time of their registration. Each request message will contain a Web link to our survey tool. Please call **800-540-0320** if you have any difficulties filling out the survey online. Thank you for your feedback and cooperation.

Written comments may be sent to the SAMHSA ADS Center via e-mail at promoteacceptance@esi-dc.com.



Archive

This training teleconference was recorded. The PowerPoint presentation, PDF version, audio recording of the teleconference, and written transcript will be posted to the SAMHSA ADS Center Web site at

<http://www.promoteacceptance.samhsa.gov/teleconferences/archive/default.aspx>.



Also of Interest

If you enjoyed this training teleconference, we encourage you to:

Join the **ADS Center listserv** to receive further information on recovery and social inclusion activities and resources including information about future teleconferences.

<http://promoteacceptance.samhsa.gov/main/listserve.aspx>





Contact Us

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*The moderator for this call was **Maureen Madison.***



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