

Peer Support and Peer Providers: Redefining Mental Health Recovery

September 21, 2010



Archive

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

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



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.





Contact Us

SAMHSA ADS Center

Suite 1100

4350 East West Highway

Bethesda, MD 20814

Toll-free: **800-540-0320**

Fax: **240-744-7004**

Web: www.promoteacceptance.samhsa.gov

E-mail: promoteacceptance@samhsa.hhs.gov

The moderator for this call is **Jane Tobler**.



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

<http://www.promoteacceptance.samhsa.gov/>

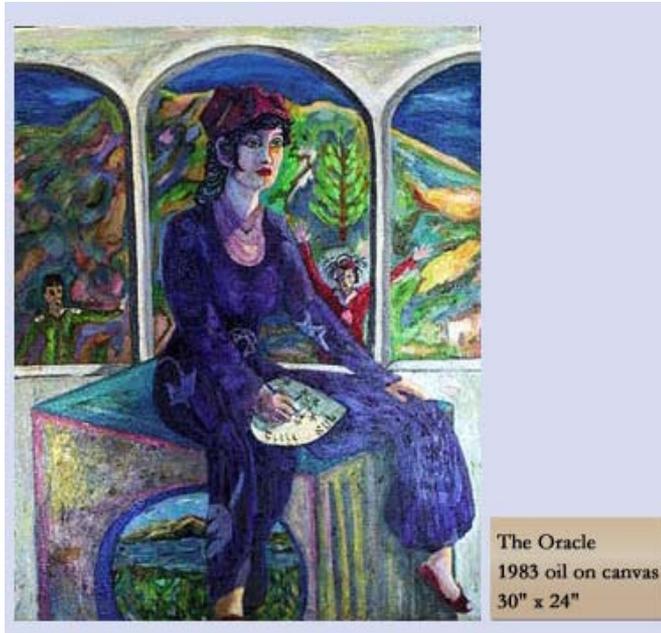
Disclaimer

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





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



Introduction to Consumer-Operated Service Programs

Jean Campbell, PhD

Director

Program in Consumer Studies & Training

Missouri Institute of Mental Health



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

<http://www.promoteacceptance.samhsa.gov/>

Recovery and the “Movement”

- To persons with mental illness, recovery has always implied having hope for the future:
 - living a self-determined life,
 - maintaining self-efficacy, and
 - achieving meaningful roles in society.
- This meaning of recovery is rooted in the rich history of the Mental Health Consumer/Survivor/Ex-Patient Movement and its development of organized peer support services.





SAMHSA's Resource Center to Promote
Accentance, Dignity and Social Inclusion
Associated with Mental Health

Organization of Self-help Groups



The Mental Hospital
1984 oil on canvas
36" x 36"

- In the early 1970s, large numbers of psychiatric patients were discharged from psychiatric hospitals to find themselves adrift in uncaring communities.
- In response, they began to organize small groups for mutual support through self-help approaches and to advocate for social justice.



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

<http://www.promoteacceptance.samhsa.gov/>

Development of Consumer-Operated Service Programs (COSP)

- By the 1990s, persons with mental illness began to more formally organize on a national level, championing the South African disability motto “Nothing About Us, Without Us.”
- Many self-help groups are bundled together as COSPs.
 - an umbrella term for programs that are administratively controlled and operated by persons with mental illness and that emphasize self help as their operational approach



Development of COSPs

- By the turn of the 21st century, the push for recovery and the use of peer support services accelerated across the United States as COSPs matured, diversified, and increased in numbers.



Primary COSP Models

- Today, a wide range of peer support services are available through six primary COSP service delivery models:
 - Self-help groups
 - Drop-in centers
 - Specialized peer services (crisis, unemployment, homelessness)
 - Multi-service agencies
 - Peer educator and advocacy programs
 - Peer phone services (warmlines)



COSP Common Ingredients

- While many of the details of these COSP service delivery models appear to be different, at the heart of the programs is a common set of peer structures, beliefs, and practices that are intended to recognize and nourish personal strengths and personhood and support a quality life for participating peers.
- The systematic identification of cross-cutting elements common to all COSPs produced a list of “common ingredients” and an objective rating system to measure program fidelity and conduct quality improvement (Holter, Mowbray, Bellamy, MacFarlane, & Dukarski, 2004; Johnsen, Teague & McDonel Herr, 2005).



COSP Common Ingredients

- **Structure**
 - COSPs are consumer operated, participant responsive, operate in informal settings, and maintain member safety from harm and coercion.
- **Beliefs**
 - COSPs embrace the principles of choice, hope, empowerment, recovery, diversity, spiritual growth, and self help.
- **Practices**
 - COSPs encourage participants to “tell their stories” of illness and recovery; engage in formal and informal peer support; mentor and become mentors; learn self-management and problem-solving strategies; express themselves creatively; and advocate for themselves and other peers.



COSPs and Positive Outcomes

- Until recently, mental health services research has focused primarily on the effectiveness of traditional mental health modalities and programs to treat mental illness. Mental health services research has neglected to consider COSPs as valued service programs that can produce positive outcomes that lead to recovery for persons with mental illness.



COSP Multi-site Research Initiative

- After a decade of research on eight consumer-operated service programs (COSPs) located across the United States (1998–2008), investigators for the COSP Multi-site Research Initiative report that, as an adjunct to traditional mental health services (TMHS), participation in COSPs by adults with serious mental illness had positive effects on participants' subjective well-being.



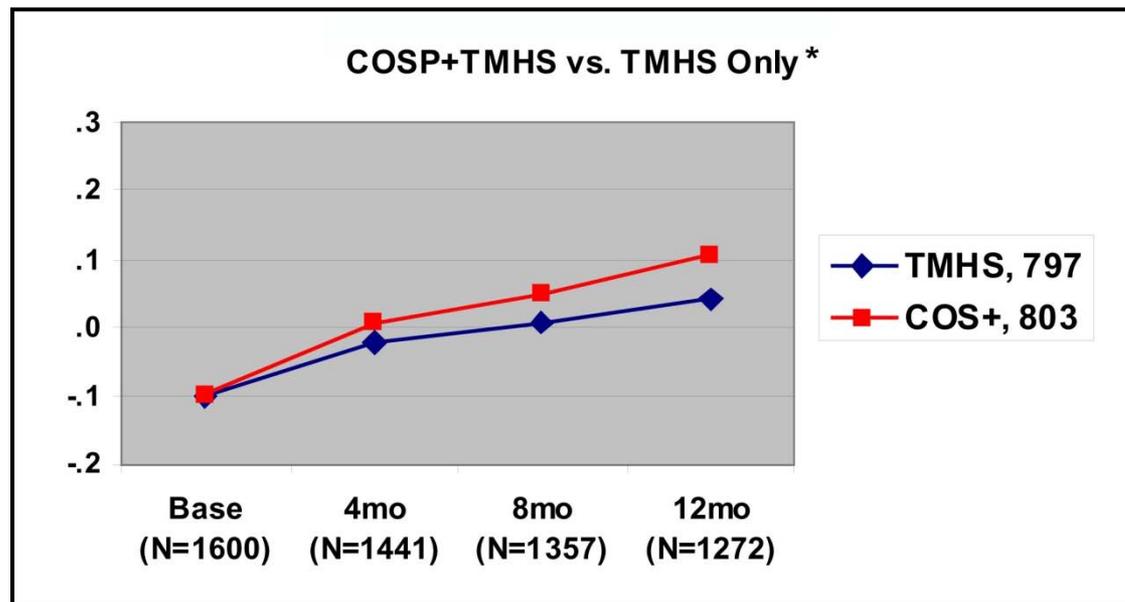
COSP Study Results

- Analysis of more than 1,800 participants in the randomized, controlled trial revealed that those offered consumer-operated services as an adjunct to their traditional mental health services showed significant gains in well-being—hope, self-efficacy, empowerment, goal attainment, and meaning of life—in comparison to those who were offered traditional mental health services *only*.





Change in Well-being Over Time



* COSP = Consumer-Operated Service Programs
TMHS = Traditional Mental Health Services

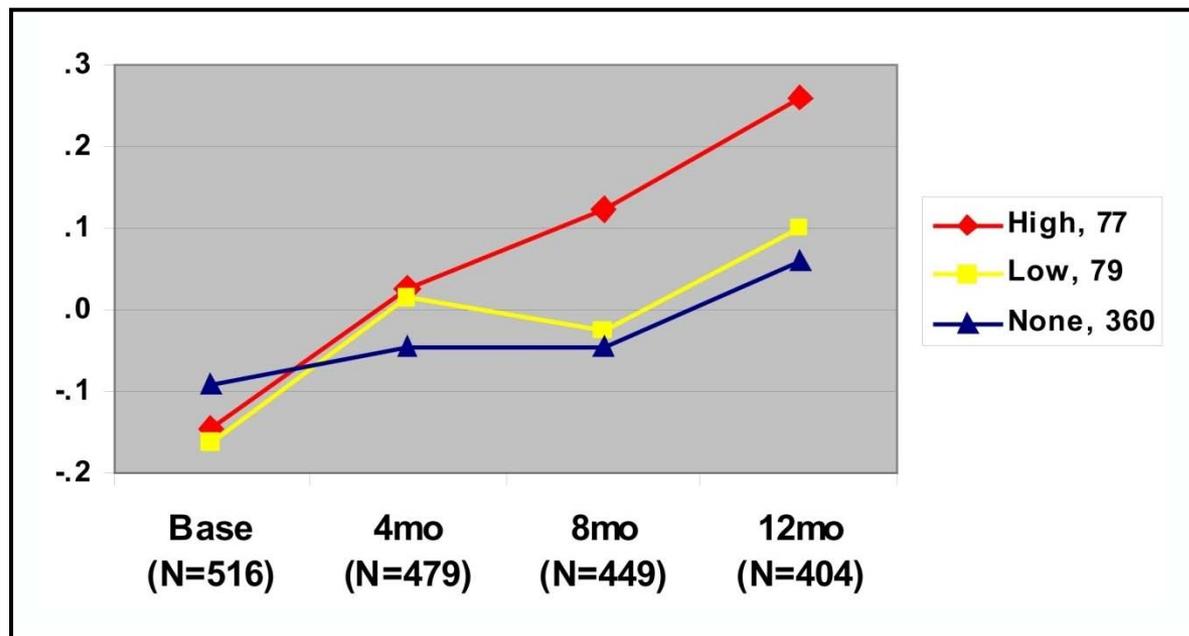


COSP Study Results

- The greatest gains in well-being were found for the participants who used the peer support services the most.
- Variations in well-being effects across sites were unrelated to formal COSP models of peer support service delivery.
- Most important, analyses of COSP common ingredients and outcome results established evidence of a strong relationship between key peer practices that support inclusion, peer beliefs, self-expression, and an increase in well-being outcomes.



Well-being Improved by Intensity of COSP* Use



* COSP = Consumer-Operated Service Programs



Peer Support Practices Are EBPs

- COSP study results confirmed a growing body of evidence that COSPs are evidence-based practices (EBPs):
 - Peer support services promote participant well-being. When offered as an adjunct to the treatment of mental illness, they promise mental health consumers recovery of a life in the community.
 - Study results have advanced the capacity of researchers, peer providers, and mental health administrators to promote evidence-based peer practices in developing COSPs and to guide quality improvements in mature COSPs.



Policy Efforts to Expand COSPs

- As the nation's mental health system adopts an integrated, recovery-based approach to providing mental health services and supports, evidence of the effectiveness of COSPs will encourage policy efforts to expand peer support services within the continuum of community care.



Resources

- Campbell, J. and Schraiber, R. (1989). *The Well-Being Project: Mental health clients speak for themselves*, Sacramento, CA: California Department of Mental Health.
- Campbell, J. (2005). The historical and philosophical development of peer-run programs. In Clay, S. (ed.) *On our own, together: Peer programs for people with mental illness*. Nashville, TN: Vanderbilt University Press, 17-66.
- Campbell, J., Lichtenstein, C., Teague, G., Johnsen, M., Yates, B., and Sonnefeld, J. et al. (2006). *The Consumer-Operated Service Programs (COSP) Multisite Research Initiative: Final Report*. Saint Louis, MO: Coordinating Center at the Missouri Institute of Mental Health.
- Goldstrom, I., Campbell, J., Rogers, J., Lambert, D., Blacklaw, B., Henderson, M., and Manderscheid, R. (2005, January). National estimates for mental health mutual support groups, self-help organizations, and consumer-operated services. *Administration and Policy in Mental Health and Mental Health Services Research*, 33/1, 92-103.
- Johnsen, M., Teague, G., and McDonel-Herr, E. (2005). Common ingredients as a measure for peer run programs. In S. Clay (Ed.), *On our Own Together: Peer Programs for People with Mental Illness*. Nashville, TN: Vanderbilt University Press, 213-238.
- Rogers, E. S., Teague, G., Lichtenstein, C., Campbell, J., Lyass, A., Chen, R., and Banks, S. (2007). Effects of participation in consumer operated service programs on both personal and organizationally mediated empowerment: Results of multisite study. *Journal of Rehabilitation Research and Development*, 44/6, 785-800.





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



Intentional Peer Support

Shery Mead
Managing Director
Shery Mead Consulting



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

<http://www.promoteacceptance.samhsa.gov/>

Vision

- Instead of more mental health services, the vision is that peer support becomes part of everyday culture and simply good community practice.



Three Unique Features of International Peer Support (IPS)

- Helping versus **Learning**
- Individual versus **Relationship**
- Fear-based versus **Hope-based**



Is it about help or learning?



- Help assumes there is a problem to be solved.
- Help tells the other person that you have some type of expertise creating a potential power imbalance.
- We give aid to other people/countries in the name of “help,” but what do we learn about them?





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

Learning



- Learning doesn't assume there's a problem.
- Learning doesn't assume a mental health context.
- Learning together doesn't assume one of you is an expert.
- Learning opens up possibilities that didn't exist.



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

<http://www.promoteacceptance.samhsa.gov/>



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

When it's about the individual...



- No one else has to change.
- We pre-determine outcomes.
- We lose sight of our own learning.
- We lose sight of the relational dynamic.



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

<http://www.promoteacceptance.samhsa.gov/>



SAMHSA's Resource Center to Promote
Accentance, Dignity and Social Inclusion
Associated with Mental Health

When it's about the relationship...



- Both people contribute to on-going mutual learning.
- We learn how to communicate with openness and honesty.
- We develop greater understanding of other perspectives.
- Our relationship becomes a model for other relationships.
- Outcomes are not predetermined.



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

<http://www.promoteacceptance.samhsa.gov/>

HOPE Versus FEAR RESPONSE

Fear Response

- Trying to calm things down: stabilization
- Taking care of: helper/helpee
- Predictability: things go back to the way they were

Hope Response

- Sitting with discomfort
- Staying in connection
- Unpredictability = Possibility



Connection



- Our connection begins with:
- Openness and comes from the heart.
 - Mutual vulnerability and willingness to be changed.
 - Courage.



Worldview



- Self Reflect
 - What are my assumptions/biases?
 - How have I learned to see things in this way?
- Ask questions
 - What are your assumptions/biases?
 - How have you learned to see things this way?
 - What is it that you want me to hear?
 - Curiosity and interest about the larger story.





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

Mutuality/Mutual Responsibility



- Connection + worldview + dialogue
- Lightbulb moments
- Larger perspective for both of us
- Leads to increased trust and depth



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

<http://www.promoteacceptance.samhsa.gov/>

Moving Towards



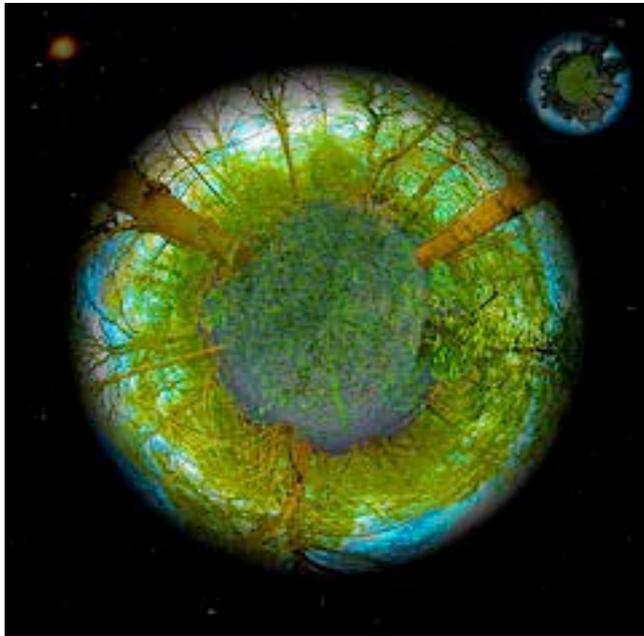
- What's possible with our new learning?
- Who else can we bring into the dialogue?





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

What's next?



- Be curious about your discomfort.
- Consider what we're learning rather than what we're providing.
- See things as possibilities rather than problems to be solved.
- See mental health more broadly to include health of the world/planet.



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

<http://www.promoteacceptance.samhsa.gov/>

Resources

- Mead, S. (2008), Intentional Peer Support. Self Published
- Mead S. and MacNeil C. (2006). Peer support: What makes it unique? *International Journal of Psychosocial Rehabilitation*, 10(2), 29-37.
- Mead, S. and MacNeil, C. (2005). Peer support: A systematic approach. *Family Therapy Magazine*, 4(5), 28-31.
- Mead, S., Hilton, D., & Curtis, L. (2001) Peer support: A theoretical perspective. *Psychiatric Rehabilitation Journal*, 25(2), 134-41.
- Mead, S. and Hilton, D. (2003). Crisis and connection. *Psychiatric Rehabilitation Journal*, 27, 87-94.
- Mead, S. and MacNeil, C. (2005). A Narrative Approach to Developing Standards for Trauma-Informed Peer Support. *American Journal of Evaluation*, 26, 231-244.



Peer Support: Challenges and Possibilities

Steve Harrington, MPA, JD
Executive Director
National Association of Peer Specialists



Peer Support in the Mental Health Workplace

- Peer support can be either volunteer or paid. If paid, supporters are usually called “peer specialists” or a derivative title.
- Numbers of paid supporters appear to be on the rise due to economics and outcomes.
- Duties are as widely variable as are positions.
- Compensation and hours worked are usually minimal.



Challenges

- Convincing incumbent staff to hire
- Low wages
- Inappropriate work tasks
- Conflicts with co-workers



Low Pay

- Many at or near minimum wage.
- Most work part time.
- Paternalistic attitude—benefit retention.
- Results?
 - Peer supporters continue to live in poverty
 - Contributes to low self-esteem
 - Lack of welcoming work environment



Inappropriate Work Tasks

- Parking lot security
- Transportation
- Secretarial work (mailings, making copies, shredding, etc.)
- Janitorial work
- Results?
 - No career development
 - Low self-esteem
 - Lack of opportunity to use recovery experience



Conflicts with Co-workers

- Conflicts are fear-generated.
 - Will they take my job?
 - Will they have a relapse?
 - Will they keep information confidential?
 - Will they respect professional and personal boundaries?
 - Will they change the way I work?
 - How am I expected to treat them? Do I socialize with them?



Conflicts lead to...

- Termination
- “Special” rules
- Close scrutiny
- Lack of respect—“I’m not heard”
- Staff turnover/low morale



Why Co-optation?

- For many, the role of peer supporter is the first responsible role (including income) a peer has had in a long time.
- There is a desire to “fit in.”
- There is loyalty to employers to “do the right thing.”
- They are immersed in traditional clinical styles.
- There is a lack of respect.



All challenges mean one thing:

Less effective services!



Possibilities

- Peer support organizations form to control wages/hours.
- More states obtain Medicaid reimbursement.
- Peer support for peer supporters is emphasized for sharing challenges and accomplishments, mutual problem solving, personal and professional growth and development, all of which assist in early identification of co-optation pressure points and thus are opportunities for teaching moments and systems change.
- Peer supporters learn to become more effective change agents through training, personal experience, and learning from the experiences of other peers.



Other Possibilities

- Education of co-workers, including supervisors and top administrators (including ways to avoid co-optation and conflicts).
- Persuasive outcome data is widely distributed.
- Parallel system develops.
- Greater, meaningful peer voice.
- Peer supporters find career development.
 - Within mental health
 - Outside of mental health





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

I do not fear storms
for I am learning
to sail a ship.

--*Louisa May Alcott*



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

<http://www.promoteacceptance.samhsa.gov/>

Initiatives

- National association shifts exclusive focus on promotion to include professional development.
 - New and different information distributed on Web sites, newsletters, and special mailings.
 - Outcome data/reports shared with peer supporters, supervisors, and administrators.



Recovery to Practice Project

Five professions (psychiatrists, psychiatric nurses, social workers, psychologists, and peer supporters) work together to infuse system with recovery practice and policy training.



Networking

(opportunities to learn from and support others)

- Annual, national conference for peer supporters
- State and local peer supporter organizations
- Social media (Google groups, Facebook, etc.)



Many challenges, but...

- We are making progress.
- We have great people working together.
 - Researchers
 - Association leaders
 - Advocates
 - Peer supporters themselves!
 - Leadership development through mentoring



The future?

The future holds many challenges but also much promise.

The skills we've learned in our recovery journeys will serve us well.



Reach high,
for stars are
hidden in your
soul.



Resources

- Chinman, M., Hamilton, A., Butler, B., Knight, E., Murray, S., and Young, A. (2008). Mental health consumer providers: A guide for clinical staff. A RAND Health Technical Report (tr584). <http://www.rand.org>.
- Mowbray, C. T., Moxley, D. P., Jasper, C. A., and Howell, L. L. (eds) (1997). Consumers as providers in psychiatric rehabilitation. Columbia, MD.: International Association of Psychosocial Rehabilitation Services.
- Townsend, W. & Griffin, G. (2006). Consumers in the mental health workforce: A handbook for practitioners. Rockville, MD.: National Council for Community Behavioral Health Care.



What is your vision?





SAMHSA's Resource Center to Promote
Accentance, Dignity and Social Inclusion
Associated with Mental Health

Jean's Vision

- The future will bring treatment and services that are empowering, hopeful, and end all forced interventions.
- Peer support services will be a vital force for well-being and will carry a message of recovery across the globe.



The Dome
1979 oil on canvas
60" x 50"



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

<http://www.promoteacceptance.samhsa.gov/>

Shery's Vision



- Peer support relationships influence other relationships.
 - Spreading the practice more widely
- More openness to diverse views (holding multiple truths).
 - Tolerance of discomfort and interest in dialogue
- Begins a process of “thinking globally.”
 - Tackle poverty, international conflict, global warming, etc.

Steve's Vision

- Peers find themselves valued well beyond mental health.
- The values of peer support—kindness, encouragement, hope, respect, and diversity embracement—are adopted by everyone.
- Life challenges are seen as learning opportunities by everyone.



Peers are not just accepted.
Peers are not just tolerated.
Peers are **EMBRACED** and
VALUED for the special skills,
talents, and gifts they bring to our
society.



*It costs a
candle nothing
to light
another
candle.*



Additional Resources

- “Certified Peer Specialist Roles and Activities: Results From a National Survey.”
<http://psychservices.psychiatryonline.org/cgi/content/abstract/61/5/520>.
- “Certified Peer Specialist Training Program Descriptions.”
<http://www.upennrrtc.org/var/tool/file/33-Certified%20Peer%20Specialist%20Training%20-%20PDF.pdf>.
- Chamberlin, J. (1979). On our Own: Patient-Controlled Alternatives to the Mental Health System. New York: McGraw-Hill.
- “Consumer-Delivered Services as a Best Practice in Mental Health Care Delivery and The Development of Practice Guidelines.”
<http://www.informaworld.com/smpp/content~db=all~content=a789766707>.
- Daniels, A., Grant, E., Filson, B., Powell, I., Fricks, L., and Goodale, L. (eds). Pillars of peer support: Transforming mental health systems of care through peer support services. January 2010, <http://www.pillarsofpeersupport.org>.
- Key Assistance Report on Certified Peer Specialists.
http://www.mhselfhelp.org/pubs/view.php?publication_id=195.



Additional Resources

- Mead, S., and Copeland, M. E. (2004). WRAP and peer support: Personal, program and group development. Peach Press: Dummerston, VT.
- Fisher, D. and Chamberlain, J. Recovery Through Peer Support Curriculum.
http://www.power2u.org/mm5/merchant.mvc?Screen=PROD&Store_Code=NEC&Product_Code=PACE-RecoveryPeerSupportCurriculum&Category_Code=pac
- Fisher, D. and Long, A. Recovery Through Peer Providers
http://www.power2u.org/mm5/merchant.mvc?Screen=PROD&Store_Code=NEC&Product_Code=PACE-RecoveryPeerProviders&Category_Code=pac
- Salzer, M. S. and Mental Health Association of Southeastern Pennsylvania Best Practices Team, etal. (2002). Consumer-delivered services as a best practice in mental health care delivery and the development of practice guidelines. *Psychiatric Rehabilitation Skills*, 6, 355-382.
- Solomon, P. (2004). Peer Support, Peer Provided Services Underlying Process, Benefits, and Critical Ingredients. *Psychiatric Rehabilitation Journal*, (27) 4, 392-401.



For More Information, contact:

Jean Campbell, Ph.D.

e-mail Jean.campbell@mimh.edu

phone 314-877-6457

Shery Mead

e-mail sherymead@gmail.com

phone 603-469-3577

Steve Harrington, J.D., M.P.A

e-mail steveh@naops.org

phone 616-773-8866





Speakers

Jean Campbell, Ph.D.

Jean Campbell, Ph.D., is a research associate professor in the Department of Psychiatry at the University of Missouri School of Medicine–Columbia and directs the Program in Consumer Studies and Training at the Missouri Institute of Mental Health. As an internationally known mental health consumer researcher, speaker, and consultant, she is a forerunner in the effort to define recovery and well-being of mental health service recipients in research and to promote multi-stakeholder approaches in evaluation and service delivery. Currently, she is working with the Missouri Department of Mental Health to promote consumer-operated service programs as an evidence-based practice and is a consultant to the new Missouri Heartland Consumer Network. She co-developed the COSP Evidence Based Practices KIT for SAMHSA, was the principal investigator of COSP multi-site study, and has written more than 40 articles and reports on the development and use of management information systems in service system improvement, shared decision-making, privacy of health records, and peer-support programs and is featured in the award-winning documentary, “People Say I’m Crazy.” She has received numerous awards for her work as a distinguished scholar and mental health consumer advocate





Speakers

Steve Harrington, J.D., M.P.A

Lawyer, mental health advocate, and mental health organizational and curriculum consultant, Harrington has worked as a senior policy consultant for a public policy think tank and is founder and current executive director of the National Association of Peer Specialists. As an educator, he has extensive experience as a public school teacher, a university instructor, and as an education administrator and curriculum evaluator for the Kellogg Foundation. He has conducted grand round lectures at several medical schools and large medical facilities. Most recently, he was a delegate and lecturer at the World Mental Health Congress in Athens, Greece.

Harrington, who has been diagnosed with two psychiatric disorders and receives mental health services, is the author of 12 books on a variety of topics, including *The Depression Handbook*, *You Can Recover!* and his newest book, *Trees of Hope*, which has drawn critical acclaim from leaders in business, government, and health care. He is a contributing writer and spokesperson for two international mental health publications and was executive producer of *Open Spaces*, an award-winning documentary on mental health issues that has enjoyed international acclaim.

He is the co-founder of *Recover Resources*, a consumer-owned-and-operated, Web site-based micro-enterprise that offers a variety of recovery materials. For more information, visit

<http://recoverresources.com/id31.html>.

<http://www.promoteacceptance.samhsa.gov/>



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

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 that 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 Substance Abuse and Mental Health Services Administration (SAMHSA) ADS Center via e-mail at promoteacceptance@samhsa.hhs.gov.



Archive

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

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





Contact Us

SAMHSA ADS Center

Suite 1100

4350 East West Highway

Bethesda, MD 20814

Toll-free: **800-540-0320**

Fax: **240-744-7004**

Web: <http://www.promoteacceptance.samhsa.gov>

E-mail: promoteacceptance@samhsa.hhs.gov

The moderator for this call was **Jane Tobler**.



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

<http://www.promoteacceptance.samhsa.gov/>