



The Substance Abuse and Mental Health Services Administration (SAMHSA)

UIC NRTC Self-Determination Summit

APRIL 2009

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

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Right Time, Right Issue

"We must build a world free of unnecessary barriers, stereotypes, and discrimination.... policies must be developed, attitudes must be shaped, and buildings and organizations must be designed to ensure that everyone has a chance to get the education they need and live independently as full citizens in their communities."

- President Barack Obama, April 11, 2008



Context

- Department of Health & Human Services.
- Substance Abuse & Mental Health Services Administration (SAMHSA).
- Center for Mental Health Services (CMHS).
- The Community Support Programs Branch (CSPB) has co-funded Rehabilitation, Research and Training Centers (RRTCs) with the Department of Education, National Institute on Disability & Rehabilitation Research (NIDRR) for 30 years.

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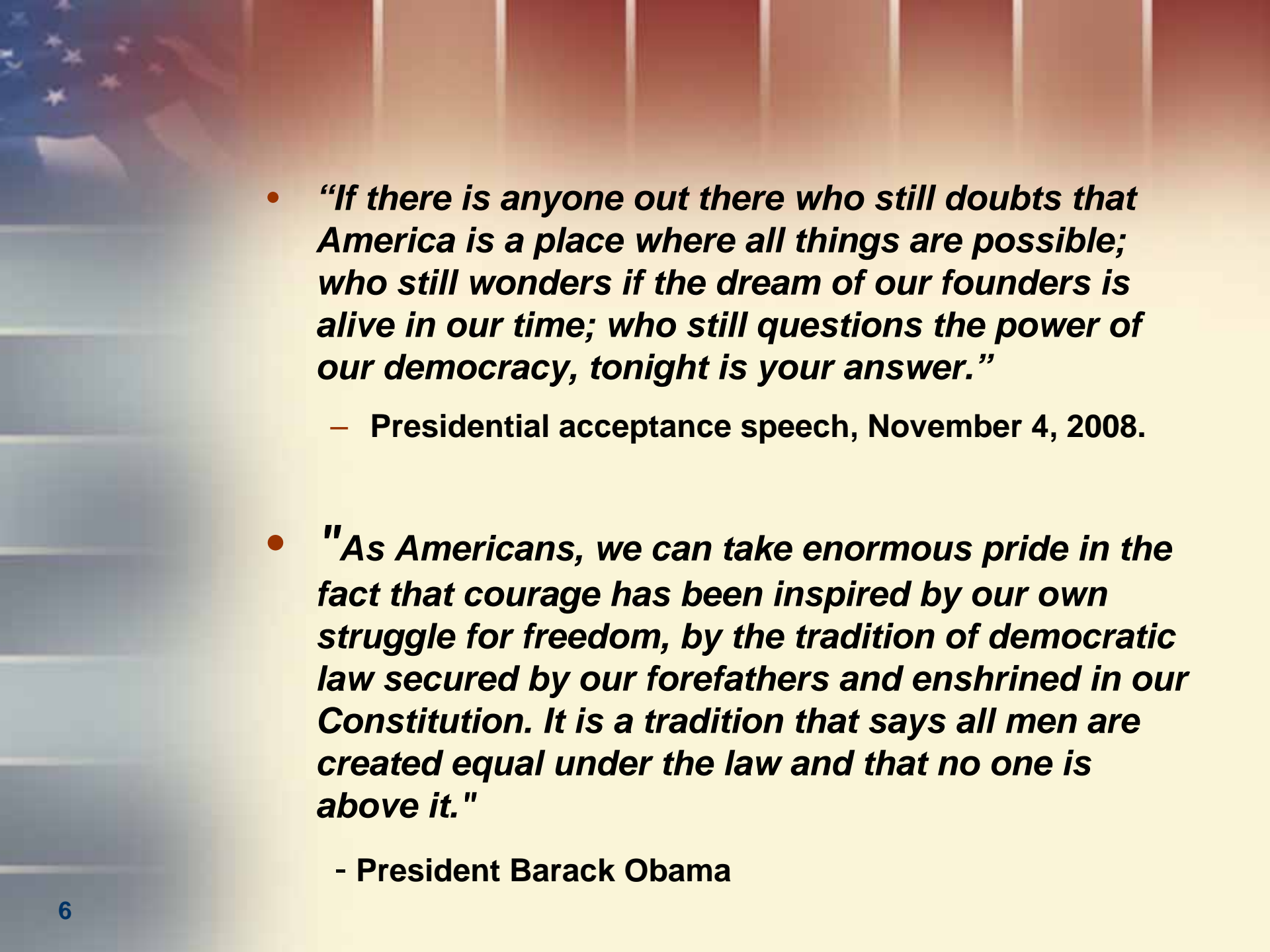
TAKING ACTION

- 5 National Technical Assistance Centers on Consumer/Peer-Run Programs
- Consumer Statewide Networking Grantees – 20 States

5 National Technical Assistance Centers (TACs) on Consumer/Peer-Run Programs

- National Empowerment Center (NEC) TAC
- National Mental Health Consumers' Self-Help Clearinghouse
- NAMI Support, Technical Assistance & Resources (STAR) Center
- Mental Health America National Consumer Supporter Technical Assistance Center (NCSTAC)
- DBSA Peers Helping Peers TAC



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- The background of the slide features a stylized American flag. The top portion shows the stars and stripes, while the bottom portion is a solid blue field. The flag is slightly blurred and has a soft, glowing effect.
- ***"If there is anyone out there who still doubts that America is a place where all things are possible; who still wonders if the dream of our founders is alive in our time; who still questions the power of our democracy, tonight is your answer."***
 - Presidential acceptance speech, November 4, 2008.
 - ***"As Americans, we can take enormous pride in the fact that courage has been inspired by our own struggle for freedom, by the tradition of democratic law secured by our forefathers and enshrined in our Constitution. It is a tradition that says all men are created equal under the law and that no one is above it."***
 - President Barack Obama



FEDERAL FINANCING AT A GLANCE

\$ HHS:

- SAMHSA/CMHS
- NIMH
- CMS

\$ SSA

\$ Labor

\$ Education

- Veterans
- DOD
- DHUD



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Our Goals for Today

- Characterize the Problem
- Current Activities
- Moving Beyond: Our Vision for the Future

The Current Moment

Stephen Kiosk, M.Div., LPC
NAMI STAR Center

- Old saying: crisis is opportunity.
- Mistranslation from Chinese.
- More accurate understanding.
- Wider context: healthcare reform, economic upheaval, emotional stress magnified/importance of “working with” emotions.”
- Social inclusion: current presidency as symbol of larger, deeper social processes at play.

Questions For Your Consideration

Debbie Whittle, Director
National Empowerment Center TAC



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For Your Consideration

- How is a person's sense of self and the process of self-determination impacted by having to identify as "disabled" in order to get benefits?

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For Your Consideration

- For someone who has long been identified as SPMI (seriously and persistently mentally ill), what needs to happen internally and externally to build a person's confidence and sense of self, to be able to begin to even think about, dream about, and live into self-determination?

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For Your Consideration

- What would it be like if there were a larger framework from which to view and work with “mental illness?”
- What would it be like to view this as an experience rather than a “disorder” or “disease?”
- What would it be like to help a person define their experience in their own way and to help them find the meaning and purpose, strength and gifts in it?
- How would that larger context impact the process of self-determination?

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For Your Consideration

- What needs to change in power/service structures, role definitions and relationships to foster self-determination?



Characterizing the Problem

CMHS/CMS and the Consumer

- Daniel Fisher, M.D., Ph.D. –
 - National Empowerment Center TAC
- Joseph Rogers
 - National Mental Health Consumers' Self-Help Clearinghouse TAC
- Jim McNulty
 - Peers Helping Peers Technical Assistance Center TAC





Formal Avenues

- CMHS National Advisory Council's Subcommittee on Consumer/Survivor Issues
- Mental Health Block Grant
- Statewide Consumer Networking Grants
- Expanding number of TA centers

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Ways for CMHS/CMS to Help

- Expand self-directed care.
- Expand peer specialist and peer-support services.
- Use the Federal Executive Steering Committee and the Federal Partners Senior Workgroup to increase consumer interaction with different agencies of the federal government – SSA, CMS, et al.
- Disseminate emerging best practices: crisis alternatives, for one example.

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Views from the TACs

- CMS needs to buy into recovery
- The power of peer support
- State Networks
- Partnerships & Collaborations
- The need for self-determination

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A Wish List

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Wish List

- **Promote self-determination:**
 1. Achieve a world-view/model/attitudinal and policy/practice shift to a system of care that puts treatment planning squarely in the hands of service recipients, and that includes their meaningful involvement in mental health services policy, planning, training (including peer leadership training), design, implementation and evaluation.

Wish List

- **Promote self-determination, continued:**
 2. Affirm the promise of the President's New Freedom Commission on Mental Health of a consumer-driven systems transformation by guaranteeing the **significant participation of consumers on the policy-making** advisory boards of all the major government agencies involved in community integration, such as the **Social Security Administration, the Centers for Medicare & Medicaid Services, the Substance Abuse and Mental Health Services Administration, the National Institute on Disability and Rehabilitation Research, the Department of Housing and Urban Development, and the National Institute of Mental Health**. Also, guarantee the fulfillment of the Commission's mission and goal by publishing the subcommittee reports on Consumer Issues and on Rights and Engagement.

Wish List

- **Promote self-determination, continued:**
 3. Create a system in which service recipients manage the dollars allocated to their care, either on their own or in consultation with a peer specialist trained in shared decision-making.
 4. Reform entitlement programs to allow more choice.

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Wish List

- **Create alternatives to the traditional mental health system:**
 1. Develop a comprehensive array of voluntary, effective and attractive alternatives, such as peer-run respite services and other peer-delivered services and supports. These alternatives to hospitalization and other traditional treatment models would allow the opportunity for positive disengagement from the formal treatment system.

Wish List

- **Create alternatives to the traditional mental health system, continued:**
 2. Fund a comprehensive, comparative economic analysis of the current mental health system that can be used by policymakers to justify implementing peer support services and programs that promote self-determination, and to ensure that such effective models are accepted as evidence-based practices.

Wish List

- **Create alternatives to the traditional mental health system, continued:**
 3. Fund consumer-run statewide organizations in every state and territory and six consumer-run regional technical assistance centers.

Wish List

- **Foster wellness and recovery instead of illness and maintenance:**
 1. Create a holistic and well-funded approach to health and mental health care that encourages personal responsibility and self-determination and that does not tell service recipients that they are damaged and incapable but instead builds on their strengths and wellness.
 2. Fund efforts to provide interested individuals with opportunities to more intensively experience recovery, healing, integration and wellness practices, such as occur at conferences and similar venues.

Wish List

- **Foster wellness and recovery instead of illness and maintenance, continued**
 3. Develop a national engagement campaign for peer recovery leaders to interact with leaders in such domains as medicine, social work, psychology and nursing in order to transform the medical/illness model into the recovery/wellness model.

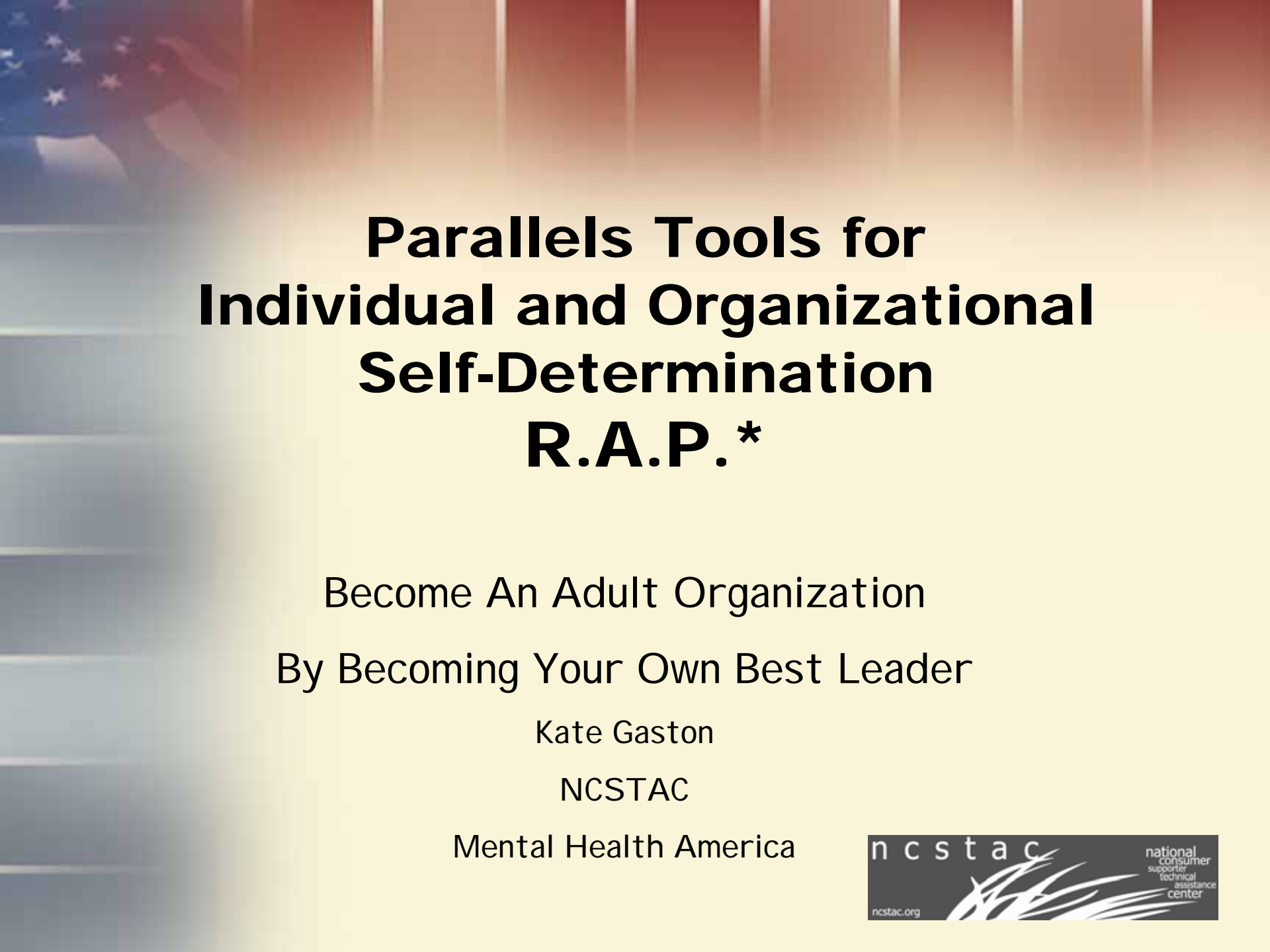
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Wish List

- **Promote community integration:**
 1. Fund and develop peer leadership activities in underserved communities that resonate with various cultural/ethnic/community beliefs and values, and which may or may not use mental health/illness language.
 2. Involve individuals who “don’t use mental health services” in activities that promote wellness/health/resilience in their communities, such as faith communities, social networks, peer communities, and others.

Wish List

- **Promote the expansion of workforce development:**
 1. Identify and develop more employment opportunities for service recipients, both inside and outside of the mental health arena.
 2. Create a mandate for states to address the gaps in certifying peer specialists as a workforce investment priority.



Parallels Tools for Individual and Organizational Self-Determination R.A.P.*

Become An Adult Organization
By Becoming Your Own Best Leader

Kate Gaston

NCSTAC

Mental Health America



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Why Explore Becoming an Adult Leader?

Why change?

- Right now, and for a while, it has been hard to tell when you are successful - no roadmap exists to chart your progress.
- It is not apparent whether the current activities will take you where you need to go, because no one is quite sure where that is.
- You or your organization spend most of your time reacting to crisis.
- Many initiatives are underway, with much activity producing little results.
- Improvement initiatives seem to be unrelated, with each group doing their own thing.

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Why Invest in Becoming an Adult Leader?

- You have embarked on an effort to produce breakthrough results for your organization, and you are on the team or are the leader of the initiative.
- Your organization is performing poorly in critical areas for success (operating costs, customer satisfaction, quality of goods or services, etc.), and you have been asked to help resolve these issues.
- You have been asked to set short and long-term goals for your organization in key performance areas.
- You need to prioritize a limited amount of investment dollars between a variety of improvement initiatives (and the organization can't do everything).

Three keys to becoming an Adult Leader in Today's Climate



**HONESTY – CONDUCT YOUR OWN 360,
EXPAND YOUR PERSONAL GROWTH**



**FRAME ISSUES CLEANLY AND LOOK
FOR POSSIBILITIES AND SOLUTIONS**



**BECOME A LEARNER AND SHARE –
KNOWLEDGE OPENS DOORS**



Kate's
Pie Chart

Frameworks to Use Towards Solutions

- **Asset Assessment** – who is in the room and what and whom do they know?
- **Needs Assessment** – Know who to invite and where to get facts!
- **S.W.O.T. Analysis** (Strengths, Weaknesses, Opportunities, Threats)
- **Cost Benefit Analysis** – adding up the positive (benefits) and subtracting out the negative (costs) gives you a plus (+) or a minus (–) balance = and the answer.
- **360 Study** – Honesty about who and what you want to be.
- **Strategic Planning Workshops** – Matches needs with outcomes over time, and organizes short term activities.
- **Logic Models** – where you can determine if planned actions will lead to desired outcomes.





Become a Learner and Share Your Knowledge with Others

- Identify the problems and issues and build a data/information base.
- Find applicable and real world solutions to the problems and issues.
- Create public and individual will to support the mission, issues and strategies identified.
- To create a hook and buzz, we need to stay in the public's eye, mind and heart.
- Never, never miss the opportunity to connect and fundraise.
- Dare something bigger than yourself, but make sure your friends are ready to catch you.

Don't Forget to R.A.P. Your Way to Adulthood

Research -- build values, mission and goals
through honesty, knowledge, data and logic.

Aspire – build dreams, back them up with
strategies and resolution.

Promote – be the cheer—"leader" for
yourself and for your organization.



When you know it, you're going to show it!



Current Activities

Working With
Consumer Statewide
Networks: Efforts Supporting
Individual and Organizational
Self-Determination



National Empowerment Center TAC

Daniel B. Fisher, M.D., Ph.D, Executive Director

Debbie L. Whittle, Director

National Empowerment Center

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Lawrence, MA 01840

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*Funded by the Substance Abuse and Mental Health Services
Administration*

National Empowerment Center TAC

800-power2u www.power2u.org

Recovery is promoted and supported when individuals:

- **grow in self-reliance**
- **take an active role in their own care, and**
- **participate in shaping services and policies for greater choice, and informed decision making.**

Effective and valued consumer participation provides an environment where mental health consumers may begin to feel empowered and experience self-determination.

Through meaningful participation individuals begin to:

- **shed the identity of “mental patient”**
- **experience the feeling of community and citizenship, and**
- **decrease dependence on formal social services and psychiatric hospitalizations.**



- The building and strengthening of statewide consumer groups facilitate this transformation to a recovery-based system.
- In order for consumers to be transformative agents they need to build their capacity, skills, and confidence.
- This process gives consumers a voice in the planning and development of policies at a state level.
- A statewide group can also advocate for the funding of recovery-based services such peer support and consumer-run organizations.



Mission for Iowa Advocates for Mental Health Recovery

Create opportunities for advancing hope and recovery for all by transforming our community and the mental health system it reflects to one of respect and trust by educating, advocating and empowering.



Accomplishments by Iowa Advocates for MH Recovery

1. Formed representative board and became a 501(c)(3) in 2008.
2. Carried out a legislative breakfast on their priorities.
3. Gained funding from Magellan for conducting three Co-occurring Disorders conferences, 2007-09.
4. Obtained SAMHSA funding for two anti-stigma programs, *Healing Voices*, a speaker's bureau and writing up recovery stories, 2007-09.
5. Formed a bridge with the existing consumer leaders who conduct the annual Empowerment Conference.
6. Created and maintain their own Web site:
www.iarecovery.org



SOUTH DAKOTA UNITED FOR HOPE & RECOVERY

mission statement:

We are working together with dignity and respect as able human beings, to recover an equal place as full citizens in society, setting an example for others of empowerment and hope.



- Formed a 13-member steering committee.
- Collaborated to develop vision and mission statements and yearly action plan.
- Hold monthly teleconferences sharing responsibility for moderating, taking minutes and timekeeping.
- Networked with community stakeholders to build support for statewide consumer-run organization.
- Obtained buy-in from state MH commissioner to support consumer/provider training.
- Emerging leaders have been supported to build skills by attending Alternatives Conference, Business and Leadership conference, and Danya institute Business leadership course.
- Conducted outreach to consumers in rural areas of the state.



Challenges faced in statewide work

- Lack of funding and support for statewide consumer-run organization.
- Finding appropriate leadership.
- Outreach in rural areas.



Lessons Learned

Be persistent and creative in obtaining buy-in and support.

Piggy-back on-site trips with other speaking engagements.

Look for and cultivate leadership from the not-so-obvious people.



Developing and Maintaining a Recovery-Based Statewide Consumer Organization

by the Recovery Consortium and the
National Empowerment Center

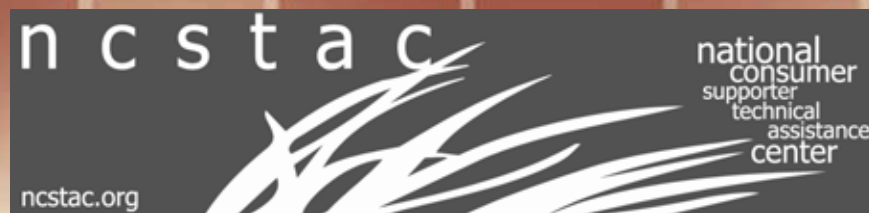


U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov



The **goals** of the training are to build awareness and increase capacity of participants to take an active role in their own personal recovery and in helping to shift the mental health system toward a recovery-focused, consumer-driven system. This is done through a series of activities that help participants *find their individual voice*, learn to *use their voice* by transforming anger into passion, and finally to *amplify their voice* by developing their ability to work with others to make a difference in their local, and state community mental health programs.





National Consumer Supporter Technical Assistance Center

Kate Gaston

Mental Health America

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Alexandria, VA 22311

Phone (800) 969-6642

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E-mail: kgaston@mha.org

Web: www.ncstac.org

*Funded by the Substance Abuse and Mental
Health Services Administration*

Situations and Challenges



- Huge, frontier states 2,500 miles from NCSTAC.
- Scattered populations – no metropolis.
- Small state capitals, bi-annual or short-term legislatures.
- Funding for health is low as folks take care of their own.
- Lack of communication infrastructure, computer and Internet savvy or access.
- “Behind the times” state government as to inclusion and participation of consumers.
- Idea that consumers are “users” still may pervade culture.

Situations and Challenges

- Distance between “cities” increases competitiveness at state, lowers collaboration among participants.
- Frontier culture – “mind your own business and I’ll mind mine”; “we can live through a blizzard, we’ll get by.”
- Rumors, bad histories, hard feelings, distrust.
- Are the people or the person who has been identified to be the “leader” of a new consumer network really ready or the best option? Will this slow down or end growth?
- Establishment of financial and management practices.

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Lesson One –
Focus on Healthy Leadership by
the Consumer Team

Lesson Two –
From the beginning, hold people
accountable

Lesson One: How Montana is continuing to meet their stated strategies and outcomes

- From day one share what is possible and focus on two to three objectives to reach in first 2 yrs.
- Support the “folks in the room” in becoming their own team/leaders on how they will work and what they will accept from each other – in Montana the group confronted and changed the health of the leadership.
- TAC acts as consultant, not a member of the team, avoiding dependence or being seen as the leader or that the TAC’s opinion matters most.

Lesson Two: From the beginning, hold people accountable

- In another state no one wanted to address the health of the leadership until outside sources did it for them, unraveling the initiative.
- Relationships can cause participants to not speak up, to not confront, because of past roles, even in the worst of times.
- TAC needs tools to assess and respond quickly even from thousands of miles away.

Products/Service Highlights

Building Outreach and Impact through the WWW:

Montana's team, CALM4us, conducted a technology retreat with their membership and a Web-designer for 2 days, and are now developing a new platform with multiple applications which will also be a tool for the organization to communicate, conduct business, manage money, schedule trainings, hold conferences and provide 24-hour e-mail support.

Developing Strategic Planning Tools and Implementation:

NCSTAC facilitators were able to refine the process of strategic planning with new participants, providing multiple tools and models, using technology and partnership, leading CALM4us members to become their own strategic planning facilitators.

Products/Service Highlights

Creating Profile and Sustainability through Service to Community:

Fueled by attendance at Alternatives, CALM4us met Stephen Pocklington, and worked with the Copeland Center to bring him to Helena for an all-day workshop on the value and impact of WRAP (Wellness Recovery Action Plan), attended by 76 consumers and providers. Three CALM4us members have now taken advanced WRAP facilitator training, and held the first of a series of WRAP workshops for consumers from all over the state in Helena April 1-4, 2009.

Four state offices have requested CALM4us WRAP training proposals, and are now in negotiation to fund training for multiple sites through CALM4us.



Peers Helping Peers Consumer National Technical Assistance Center

Jim McNulty, Director

Depression & Bipolar Support Alliance

730 N. Franklin Street, Suite 501

Chicago, IL 60654

Phone: (866) 466-9330

Web: www.peershelpingpeers.org

*Funded by the Substance Abuse and
Mental Health Services Administration*

Focus States



- Wisconsin – existing statewide consumer group, moderately developed understanding of recovery and self-determination – highly variable throughout state.



- Arkansas – no existing statewide consumer organization, best described as fallow ground.



Approach to states

- Wisconsin - Focus group approach, developed questions with consumer organization, held in cooperation with Independent Living Centers.
- Arkansas – modified listening session approach, heavily dependent on providers helping with transportation.



Assessing the need - Arkansas

- Series of 6 listening sessions across Arkansas, 9 more to follow in May.
- Initially, cool response from providers.
- State welcomed initiative, providers lukewarm.
- Results, next steps: survey the rest of the state, plan to engage providers, state MH authority.



Assessing the Need: Wisconsin

- 9 Focus Groups across Wisconsin.
- State MH Authority welcomed process.
- Outcomes, results.
- Next steps: conference, strategic plan.



What works, what doesn't

- Uneven participation in Arkansas, hard to get needed cooperation from local providers.
- Despite initial enthusiasm from state, Wisconsin resources are not forthcoming.
- Wisconsin, great leadership base, high enthusiasm.
- Arkansas, consumers very interested in self-direction.



Future Steps:

- Peer specialist training in both states.
- Grassroots Leadership development conferences in Wisconsin (2009), Arkansas (2010).
- Bring organization-building, expansion capacity to Wisconsin.
- Build leadership cadre in Arkansas.





National Mental Health Consumers' Self-Help Clearinghouse

Joseph Rogers, Executive Director

National Mental Health Consumers' Self-Help
Clearinghouse

1211 Chestnut St., 11th Floor, Philadelphia, PA 19107

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Web: <http://www.mhselfhelp.org>

*Funded by the Substance Abuse and Mental Health Services
Administration*

Situations and Challenges in Statewide Networks: North Carolina

- Two organizations:

- North Carolina Mental Health Consumers' Organization

- 20-year-old statewide consumer network
- Focuses on mutual support

<http://www.ncmhcosupport.org>



- North Carolina Consumer Advocacy, Networking, and Support Organization (NC-CANSO)

. . . New cross-disability organization (mental health, developmental disability and/or substance abuse) that focuses on advocacy

<http://www.nc-canso.org/>



Situations and Challenges in Statewide Networks: Delaware

Consumer Recovery Advocacy Coalition of Delaware

- A steering committee originally convened by Delaware Office of Consumer Affairs.

Challenges:

- Only a small core group of interested individuals
- Recruitment
- Transportation



What works, what doesn't: NC and DE

- Leadership development a complex process
 - Need to help groups develop problem-solving and decision-making skills.
 - Increase leadership training activities.
 - Identify individuals with innate leadership ability.
- Ensuring diversity is difficult
 - Accommodate regional differences and multiple interests.



What works, what doesn't (continued)

- Operating from the state capital outward doesn't work
 - Need to develop grassroots base.
 - DE: Developing town meetings in each of the three counties, and monthly statewide teleconferences (with quarterly in-person meetings).
 - NC: Doing brainstorming sessions in different areas of the state.
- Competing interests
 - NC: two organizations need to coalesce.



Two Clearinghouse Products

- Freedom Self-Advocacy Curriculum
 - A tool to teach self-advocacy skills
 - Available for free download at http://www.mhselfhelp.org/training/view.php?training_id=7
- Key Assistance Reports
 - Concise toolkits on specific topics, including sustainability, wellness, spirituality, violence, volunteerism, smoking cessation, youth suicide, empowerment in the boardroom, and others
 - Available for free download at http://www.mhselfhelp.org/pubs/list.php?publication_publicationcategory=1





Alternatives 2009

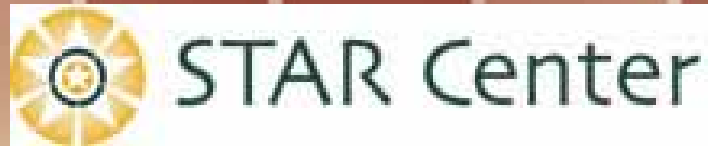
"Uniting Our Movement For Change"

Hilton Omaha . . . Omaha, Nebraska

October 28, 2009 – November 1, 2009

More information:

http://www.mhselfhelp.org/news/view.php?news_id=517



STAR (Support, Technical Assistance, and Resources) Center

Stephen Kiosk, M.Div., LPC, Director

NAMI – National Alliance on Mental Illness

2107 Wilson Blvd., Suite 300

Arlington, VA 22201

Phone: (703) 600-1113;

(866) 537-STAR (7827)

Email: stephenk2@nami.org

Web: www.consumerstar.org

Funded by the Substance Abuse and Mental Health Services Administration

Situation and challenges: Rhode Island

- Population: 1,076,189*
- White: 85.0%*
- Black: 4.5%*
- American Indian: 0.5%*
- Asian: 2.3%*
- Latino: 8.7%*
- Under 18 years-old: 23.6%*
- 65 and over: 14.5%*
- Median age: 36.7*
- **Number of consumer-run programs in state: 1****



Mental Health Consumer
Advocates of Rhode Island,
OASIS Center

<http://www.mhca-ri.org/providence/index.htm>

Drop-in center, peer support groups, mental health workshops, recovery through the arts, clothing, homeless shelters

RI has a highly developed provider system; facing challenges. Consumer-run organizations are not seen as essential to systems of care. “Self-empowerment” is not widely perceived as a recovery goal. Multiple demands/needs, diminishing funding: fewer psych hospital services, Medicaid funding cap waiver.

Sources: * State by State, eds. Weiland & Wilsey;
**<http://www.cdsdirectory.org/index.html>



Situation and challenges: Arizona

- Population: 5,939,292*
- White: 75.5%*
- Black: 3.1%*
- American Indian: 5.0%*
- Asian: 1.8%*
- Latino: 24.37%*
- Under 18 years-old: 26.6%*
- 65 and over: 13.0%*
- Median age: 34.2*
- **Number of consumer-run programs: 19****



Recovery Empowerment Network of Maricopa County

<http://www.recoveryempowermentnetwork.net>

Recovery/drop-in centers, art activities, life skills development, grief and loss groups, relationships and boundaries discussions, self-esteem discussions, and more.

AZ has one of the highest number of consumer-run organizations in the country. REN facilities closely tied in with managed care; managed care companies fined; under court order. Various consumer-organizations seem to work separately. Immigration issues a challenge for trust and participation. Few MH services in rural and tribal areas.

Sources: * State by State, eds. Weiland & Wilsey;
**<http://www.cdirectory.org/index.html>

What works, what doesn't

- Having honest/direct conversations about what is needed and wanted in regard to TA support, and what is available; avoiding imposing “help;” discussing expectations regarding mutual accountability in defining the TA process/relationship and regarding agreed-upon follow-through.
- Consistency/regular contact through email and phone is important in addition to site visits; flexibility.
- Support the self-directed enhancement of skills and practices regarding organizational development (communication, problem-solving, social inclusion, sustainability, financial and administrative practices, etc.).
- “Neutral tools” (self-assessments) far more helpful than TAC “pointing out deficiencies.”

Lessons Learned

- Changing internal maps (approaches/"models"/identifications) is challenging and involves emotional "power lines." Patience, persistence, and creativity is required.
- Expressing different points of view/approaches is likely to surface perceived conflict/felt chaos; normalize as necessary/natural for growth and development.

On the Horizon

- Strategic planning for programmatic and funding sustainability and growth; board member training; recovery/empowerment emphasis.
- Expanded development of Web site as vital networking, educational, and self-help/self-determination tool.
- Efforts for network expansion/social inclusion.

Highlighted Products & Services

- Leadership Academy training events in Rhode Island and Arizona

Lesson 1 - *Consumer involvement*

Lesson 2 – *Social etiquette*

Lesson 3 – *Types of information*

Lesson 4 - *Sources of information*

Lesson 5 - *Identifying issues*

Lesson 6 - *Selecting relevant issues*

Lesson 7 – *Developing goals*

Lesson 8 – *Reporting issues*

Lesson 9 - *Organizing groups*

Lesson 10 - *Conducting effective meetings*

Lesson 11 - *Recording minutes and managing group records*

Lesson 12 – *Creating an agenda*

Lessons 13, 14, 15, 16 & 17 – *Conducting an effective meeting/in-depth*

Lesson 18 - *Working with culturally diverse populations , increasing cultural sensitivity*

Lesson 19 - *Legal responsibilities and standards for advocacy groups*

Highlighted Products & Services

STAR Center/UIC Cultural Competence Assessment Tool for Peer-Run Programs

Focus areas:


- Administration, policies, and guidelines.
- Peer providers and group leaders.
- Services and supports.
- Program or group environment.
- Communication and language capacity.

Activities:

- Review why the area is an important part of cultural competency in peer programs and self-help groups.
- Learn about where to look when conducting the assessment in that area.
- Rate the program on how well it meets the given criteria.
- Consider and act on ways to improve competency in that area.

Resources:

- Phone training sessions: information, discussion, group support, peer-generated ideas.
- Support from STAR Center and UIC.
- Referrals to online resources and consultants.



Wish List: Revisited

Moving Beyond - Our Vision for
the Future



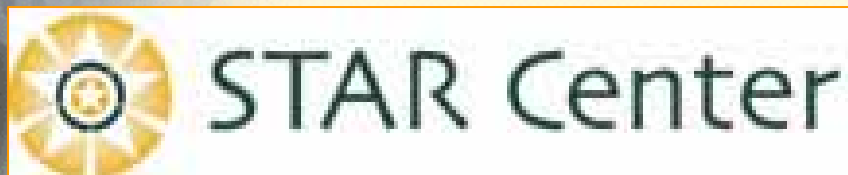
Discussion

- Reactions?
- Ideas?
- Recommendations?

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Thank you!



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