

Focus 2.0

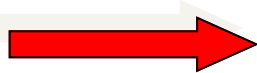
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What is the Focus 2.0?

The *Focus 2.0* newsletter highlights important issues in mental health, providing timely information on recovery, peer support, and the value of including people with lived experience in the mental health system of care.

Have a suggestion for a topic? Let us know!



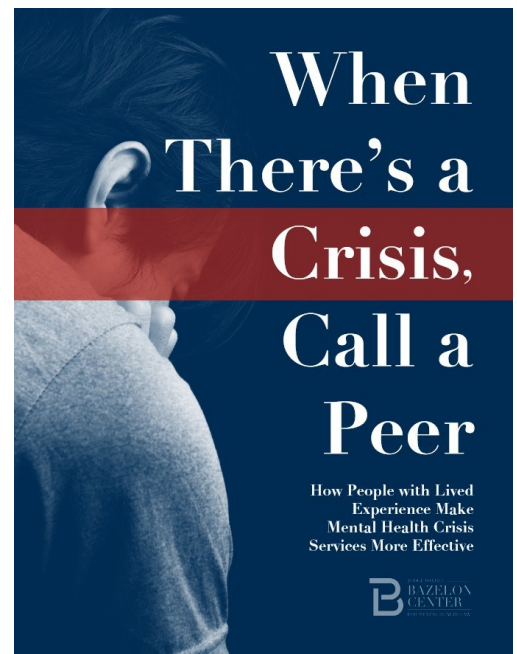
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Peer Support and Crisis Services: A New Report Makes the Case

It's no secret within the recovery and peer support community that peer support can be an incredibly useful response tool when people in the community experience a mental health crisis. It's also well known within policy making circles and the general public that communities across the nation face a significant challenge in responding to people in crisis, with elected leaders and the agencies they oversee searching out ways to better respond to acute mental health emergencies.

For many, the default choice has been to rely on law enforcement to respond to mental health crises. Although some law enforcement agencies have officers trained in approaches like [Crisis Intervention Team \(CIT\)](https://www.citinternational.org/What-is-CIT) training (see <https://www.citinternational.org/What-is-CIT>) that provide them with strategies to de-escalate crises, the availability of trained officers is uneven across the nation, and the news still regularly features stories of mental health crisis situations in which law enforcement meets a mental health call with force, leading to further trauma and tragic outcomes.

For peers and advocates calling for an entirely different approach to crisis that relies on alternatives to law enforcement involvement, a new report from the Bazelon Center for Mental Health offers essential evidence to make the case that deploying peer support instead of policing can result in better outcomes for all. This report, [“When There’s a Crisis, Call a Peer: How People with Lived Experience](#)

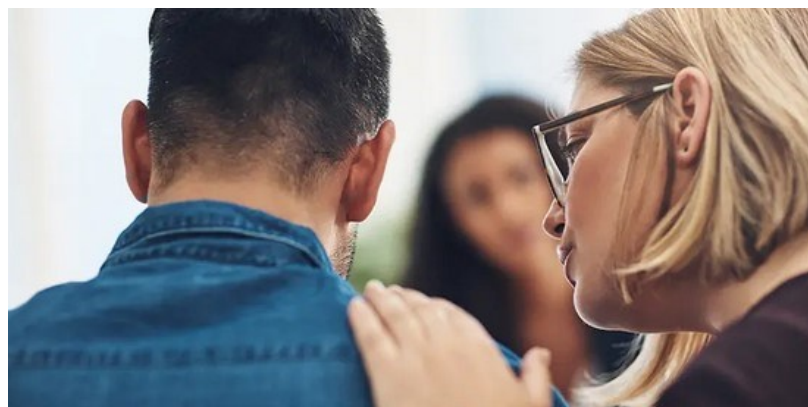


[Make Mental Health Crisis Services More Effective](https://www.bazelon.org/wp-content/uploads/2024/01/Bazelon-When-Theres-a-Crisis-Call-A-Peer-full-01-03-24.pdf)" (<https://www.bazelon.org/wp-content/uploads/2024/01/Bazelon-When-Theres-a-Crisis-Call-A-Peer-full-01-03-24.pdf>), provides a general overview of how peer support specialists offer a more effective, more cost effective means to respond to mental health crises, as well as specific examples of programs in multiple states across the country that can serve as models for peer-driven crisis response.

The report makes the compelling argument that "When peers support those in crisis, individuals who need help are less likely to be admitted to emergency rooms and hospitals to receive inpatient care. They are more likely to participate in community-based services—which can help them avoid future crises and resulting institutionalization



or incarceration—and be more engaged in the services they receive. They experience less self-stigma and more self-empowerment and hope. They are less likely to need crisis services in the future. For these reasons, systems that provide peer support services to people in crisis see significant cost savings: individuals spend less time receiving costly inpatient services and more time receiving community-based services—which are more effective at reducing hospitalization rates and lengths of stay, reducing the frequency and intensity of future crises, reducing criminal system involvement, and promoting participation in community activities."



To those that live and breath recovery and peer support, these observations might be obvious; but for policymakers, these ideas are less familiar, and the notion of handing off what they perceive as a public safety issue to people with lived experience instead of law enforcement agencies may seem radical. That's why reports like this one are so critical. They provide well-

founded evidence that peers need when they engage in systems change and make the case for entrusting peers with crisis response.

We encourage you to check out this report, and consider how you, your circle of peers, or your peer-run organization can step forward to offer solutions in the mental health crisis space.

For more ideas about how peers can get involved in crisis response, you can also view CAFÉ TAC's webinar and learning community series "Peer-Run Crisis Alternatives: Warm Lines, Respite, Wellness Centers, Community Response Teams, and PAD's," which is online at <https://cafetacenter.net/a-webinar-and-learning-community-series-on-peer-run-crisis-alternatives/>.

California Takes New Approach to Mental Health with Prop 1

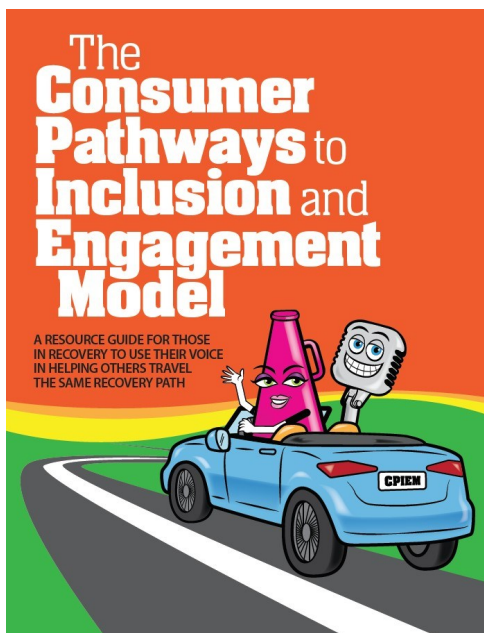
A new proposition that aims to reduce California's unhoused population by allocating funding toward housing and mental health narrowly passed this March. The state is unique in having a tax that dedicates proceeds specifically to mental health. Prop 1 will re-allocate how those proceeds are spent, with more of the funding being controlled by the state instead of local governments, and a shift toward more spending on housing and the construction of new facilities, and less on outreach.

While additional funding going toward mental health is generally positive, critics warn that Prop 1 will lead to coercion and involuntary treatment, and will undermine "upstream" services that help people stay in recovery and live in the community without having to access inpatient care.

How this approach unfolds, and the degree to which it addresses both mental health and the needs of unhoused people in California, is likely to have national implications for policymakers and the peer community alike.

For an overview of Prop 1 and the arguments on either side of the debate, check out this explainer from PBS: <https://www.pbs.org/newshour/nation/heres-how-prop-1-aims-to-address-homelessness-in-california-and-why-critics-say-it-falls-short>.

CAFÉ TAC Invites You to Take A Ride on the Path to Inclusion and Engagement with CPIEM



CAFÉ TAC recently released a new resource guide for peers, The Consumer Pathways to Inclusion and Engagement model, aka CPIEM. The CPIEM is a guidebook created by peers, for peers, to help them develop the skills they need to turn their lived mental health experience into meaningful change in the mental health system of care. It's designed to help people in recovery use their voice to help others walking the same path; enable them to better understand themselves and their recovery; and use that understanding to foster systems change and the growth of person-centered, strengths-based, recovery-focused approaches to the mental health system in their states and communities.

Find the entire CPIEM guidebook online at <https://cafetacenter.net/the-consumer-pathways-to-inclusion-and-engagement-model-cpiem/>, where you can also find a link to a recording of the recently-held CPIEM rollout webinar, "CAFÉ TAC and AMPSS Present: Mike and Meg Starring in The CPIEM."

Capacity Corner: A Column about Capacity-Building for Your Peer-Run Organization

CAFÉ TAC is pleased to share this feature, a column from CAFÉ TAC Training Coordinator John Ferrone on leadership challenges within peer-run organizations, where many advocates with lived experience direct their efforts to promote recovery and inspire change.

*This column's topic is **When Crisis Happens—Supporting Your Peer Supporters.***

Personal emergencies or crises happen to everyone. As peers, the odds of experiencing some type of emergency or crisis increase. Why? There's no scientific formula to explain this, but common sense would indicate that a person with a mental health challenge is living in the same difficult world as someone without a mental health challenge. That means that they're dealing with the same challenges as everyone else, but doing so while working to maintain their mental wellness and recovery.

A mental health challenge permeates a peer's entire life and can be very complicated, resulting in downstream permutations of life's variables that a person without a mental health challenge is less likely to experience. This is an important consideration for employers and managers, particularly with respect to peer supporters, who are not only managing their own mental health challenge, but also assisting other peers to sustain their recovery as well.

Managers should assume that personal emergencies and/or crises will happen in the lives of their peer support staff members. And that means that managers should strive to create a culture that supports the peer supporters. Following are some suggestions to consider that will help create the supportive culture:

1. Openly talk about this topic with peer supporters. They know the reality. There's no sense in avoiding the topic. So, why not establish a committee to explore the topic and to hear what peer supporters say they need in order to feel and be supported when they experience an emergency or crisis? You can tell them you can't promise anything, but that it's time to talk about it and see what can be done.
2. Does your organization offer a flexible time off program? Some organizations award vacation days and sick days separately. Some offer paid time off (PTO) that can be used however an employee desires. Revisiting your organization's approach and policies to time off and listening to the needs of peer supporters towards possibly making changes/refinements would be a good beginning to creating a supportive culture.
3. What role do you as a manager play in the moment when someone has an emergency or a crisis? It's quite likely that in the back of your mind you're counting how many times a crisis has occurred, how many days the peer supporter is unable to fulfill their role, etc. You have to do that as a manager—but in the moment, can you focus on being supportive? Save the judgment and potential corrective action if warranted for after the crisis passes. No one is suggesting that you allow your organization to be taken advantage of (and, yes, there are employees who do that

whether they have a mental health challenge or not!), but rather, consider the difference between managing in the moment, and managing over time. No one can accuse you of bias if you've always been supportive in the moment but need to make changes over time. Solid employees will respect your approach, and the boundaries you set.

4. Ultimately, every person in the organization should understand how various emergencies and crises can affect the entire organization. Discuss it often—place it on the monthly team meeting agenda as a topic and encourage team members to speak openly about it. For every 10 specific emergencies you can imagine and plan for, there are 100 more different situations that can happen. So keep in mind that it's both a *What* and a *How* solution to the topic. What do we need to do to support this person? And, how will we support this person? Discussing these two questions often, even if hypothetically during meetings, can lead to a new mindset and thus a culture shift in your organization towards being supportive when the peer supporter needs support for their own emergency or crisis.

Assuming you've facilitated open communication about the “not if, but when” crisis that will happen, you are well on your way to creating a culture of mutual support. When team members, especially peer supporters, understand that you're attempting to create this culture, they will embrace your efforts and participate. The very embracing of this topic will strengthen team solidarity, as well.

Finally, the open approach suggested above provides an opportunity for you as the manager to share your perspectives and responsibilities, and invite peer supporters to understand and appreciate your role. By making it a collaborative discussion among your team members, you will have created buy-in for the boundaries that you need to enforce. It takes both sides—the flexible supports, as well as the organizational boundaries—to form the right culture.

Is there a leadership challenge you're facing in your peer-run organization or advocacy efforts? We want to hear about it! Reach out to us at cafetacenter@gmail.com with your question or comment. We will be happy



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