



APPLICATION for PEER RUN PROGRAM/AGENCY Peer Action League Membership (PALM)

Thank you for your interest in becoming a PEER RUN PROGRAM or PEER RUN PALM.

Please Note: *To complete this application you should have approval from your Executive Director.* This is a wonderful opportunity for your program or organization to be part of the Peer Action League (PAL) that could increase your program's sustainability and growth, focusing some of your program/agency efforts on State policies, that will contribute to changing the lives of many thousands of Californians with better, peer-driven behavioral health services.

CAMHPRO is looking for diverse peer programs and peer run organizations interested in supporting at least one staff member as a PALM Representative to become ACTIVE in promoting behavioral health services that are multi-cultural, peer-driven, recovery, resilience and wellness-based.

QUALIFICATIONS to become a Peer Program/PAL Member (PALM) are:

1. Any PAL representatives from your agency MUST self-identify as persons with LIVED EXPERIENCE of behavioral health challenges in recovery.
2. Your organization MUST be run by an Executive Director and at least half of your staff and 51% of the Board of Directors that have lived experience of behavioral health challenges. **Note:** If you are a peer-run program under the umbrella of a non-peer fiscal agency, your Program Manager, leadership and 51% of staff MUST have lived experience of behavioral health challenges.
3. Your program/agency and PAL representatives from your agency MUST agree to uphold CAMHPRO's Public Policy Principles. Please REVIEW this 1-page document before answering the questions, by clicking on this link:
<https://camphro.files.wordpress.com/2016/07/letterhead-public-policy-principles.pdf>
4. You support at least one PAL Representative from your agency to attend online or in-person (annual, regional) forums on evidence and value-based behavioral health services.
5. You support at least one PAL representative from your program to attend quarterly online trainings on infrastructure and sustainability of peer-run programs or agencies.
6. PAL representative(s) from your agency actively participate in one of three PAL Action Committees (1. Peer Workforce, 2. Cultural, Ethnic, Racial Equity or 3. Public Policy). Each Committee meets online seven times each year. There may be additional subcommittee workgroups as needed.

7. PAL representative(s) from your agency periodically attend Quarterly PAL meetings online to learn about PAL progress, challenges, strategies to overcome barriers and to give your valued input to our peer community.
8. Your program eventually supports at least one PAL representatives from your agency to become a **PALM Liaison**: as a member of a key State policy decision-making body.

Note Estimated time commitment: 3-8 hours per month.

- YOU CAN quickly complete this application in SurveyMonkey online at this link: <https://www.surveymonkey.com/r/PEER-RUN-PAL-APP> or use QR Code



OR complete the application that follows,

- Then scan it, attach it to email, and email to sallyzinman@gmail.com
 - OR drop it in the mail to the address below, attention to Sally Zinman.
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APPLICATION

*Questions with an ASTERISK require an answer.

Question 1

*1. NAME of peer-run organization, or NAME of peer-run program under a non-peer UMBRELLA fiscal organization do you represent (list both please) applying to become a LM.

Question 2

*2. Is the organization run by an Executive Director and at least half of your staff and 51% of the Board of Directors that have lived experience of behavioral health challenges. Or, if you are a peer-run program under a non-peer umbrella fiscal agency, do your Program Manager, supervisors and 51% of staff have lived experience of behavioral health challenges?

- YES
- NO-this disqualifies your program as PALM; please complete an INDIVIDUAL application.



Question 3

*3. Is/Are the PAL Representative(s) of your agency designated by the Executive Director to be in that role.

- YES
- NO--this disqualifies you as a PALM now; please get approval or complete an INDIVIDUAL application.

Question 4

*4. Do the PAL representatives from your agency self-identify as persons with LIVED EXPERIENCE of behavioral health challenges in recovery?

- YES
- NO--This disqualifies the person as a PAL representative.

Question 5

*5. Does your agency/program agree with CAMHPRO’s Public Policy Principles, and will your agency uphold these principles when representing PAL? (Link to 1-page Principles is above)

- YES
- NO-This disqualifies you

Question 6

*6. Program/Agency Executive Director or Program Manager NAME (Last, First)

Question 7

*7. EMAIL ADDRESS and PHONE of Program/Agency Executive Director or Program Manager

Question 8

*8. What COUNTY & CITY or TOWN is your program in?

Question 9

*9. Will a PAL representative from your agency attend PAL quarterly online trainings to grow peer-run organizational infrastructure and sustainability?

- YES
- NO

Question 10

*10. Will your agency SUPPORT at least 1 PAL Representative from your agency to participate in monthly or quarterly PAL online meetings, and SUPPORT at least 1 as a **PALM Liaison**: member of a key State policy decision-making body? (note many state bodies pay travel etc. for their members)

- YES
- NO
- NOT SURE

Question 11

*11. On which Committee(s) is your agency/program WILLING to ACTIVELY work?

- PAL Peer Workforce Committee
- PAL Cultural, Ethnic, Racial Equity Committee
- PAL Public Policy Committee
- Other: PALM Liaison as member of Key State Policy Body
- Not sure yet

Question 12

*12. Will program PAL representatives attend some PAL online trainings and annual regional onsite forums?

- YES
- NO
- UNSURE

Question 13

*13. Does your organization have SUBJECT MATTER EXPERTISE? If so, what?

Question 14

*14. Name, Job Title and Email of Person Completing this Application

Question 15

*15. What is the best phone number to reach you and what is the program phone number?

Question 16

16. Do you have any comments?

Thank you!