



Institute@MHP

Application for Certified Peer Specialist Training Program (CPS 200)

April 2-6 & 16-20, 2018

9AM-5PM every day

7200 Chestnut Street, Upper Darby, PA (Delaware County)

Application Deadline Extended: January 26, 2018

Information about the Training

The Peer Specialist Certification Training is a ten day course. The curriculum focuses on education, skill building, and providing an experiential group process for training participants.

By participating in the training, participants will:

- Gain new knowledge and understanding of recovery, the peer support movement, trauma informed care, WRAP, WHAM, etc.;
- Develop new skills around engagement, outreach, ethics and boundaries, disclosure, documentation, etc.;
- Increase personal awareness;
- Enhance personal recovery.

Qualification for certification includes successfully completing a test at the end of each week, full engagement in classroom discussions and participating in class activities, including role plays and sharing of personal experiences. Attendance and punctuality are also part of the assessment for certification.

Trainees will receive an additional certificate of completion for the Wellness Recovery Action Plan (WRAP[®]), which is covered during the training for two days. Full attendance on both days is required.

Delaware County is committed to the growth and development of professional peer support. This course will provide you with the certification needed to become a Certified Peer Specialist. Taking the course is no guarantee of employment. In addition, some employers do not hire individuals who have had a felony conviction.

Once you have received your certification you will be eligible and expected to apply for positions that are available. You will also be expected to complete 18 hours of continuing education annually. Delaware County has developed a series of ongoing training opportunities and monthly Peer Support Learning Community meetings. During these learning opportunities, further technical assistance and employment leads are shared.

If you are accepted and complete the training, you may be asked to provide feedback regarding the training to assess program effectiveness, and to track information for outcomes measurement.

WHO SHOULD ATTEND /CRITERIA

The most recent Bulletin, OMHSAS-16-12 identifies the following criteria to be trained as CPS:

(a) Be self-identified individuals who have received or are receiving mental health services for a serious emotional disturbance or serious mental illness.

(b) Eighteen (18) years of age and older

(c) Have a high school diploma or general equivalency diploma and

(d) Within the last three (3) years, have either maintained at least 12 months of successful work or volunteer experience, or earned at least 24 credit hours at a college or post-secondary educational institution.

Definitions:

Serious Emotional Disturbance (SED) – A condition experienced by a person under 18 years of age who currently or at any time during the past year had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the current Diagnostic and Statistical Manual; and that resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities.

Serious Mental Illness (SMI) - A condition experienced by persons 18 years of age and older who, at any time during the past year, had a diagnosable mental, behavioral, or emotional disorder that met the diagnostic criteria within the current DSM and that has resulted in functional impairment and which substantially interferes with or limits one or more major life activities. Adults who would have met functional impairment criteria during the referenced year without the benefit of treatment or other support services are considered to have serious mental illness. Substance use disorders and developmental disorders are not included.

PLEASE TYPE/PRINT LEGIBLY

I. CONTACT INFORMATION

Name: _____

Address: _____

City/State/Zip code: _____

Email (strongly recommended): _____

Telephone Numbers (Home): _____

(Cell): _____

Date of birth: _____

II. EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Telephone Number: _____

III. DRIVER & MILITARY SERVICE IDENTIFICATION INFORMATION

Do you have a valid driver's license? Yes No

If no, do you have a PA identification card? Yes No

Are you willing to utilize public transportation, if necessary for work?

Yes No Maybe

Have you ever served in the U.S. military? Yes No

IV. ACCOMMODATIONS

Are there any accommodations that you might need in order to participate in the training?

Please explain:

V. KNOWLEDGE, EXPERIENCE, INTEREST & INVOLVEMENT

Did you participate in any of the following Apprentice Series Courses in 2017?

November 8 – Information Session
 December 6 - Introduction to Wellness Recovery Action Plan (WRAP)
 December 13 - Telling Your Recovery Story
December 20 –Intro to CPS Work and Workplace Practices
 I did not participate in any of these training courses

Have you applied for this training before? Yes No

If Yes, when? _____

NOTE: The information requested in the next three sections are set by Office of Mental Health and Substance Abuse Services (OMHSAS) and are mandated criteria for certification as a Certified Peer Specialist.

EDUCATIONAL HISTORY

Do you have a high school diploma or GED? Yes No

What is your highest level of education completed; licensure, credentials, etc.?

Have you completed 24 credit hours of post-secondary education in the past 3 years?

Yes No

If yes, what kind and where? _____

Within the last three years have you had at least 12 months total of full or part-time paid or volunteer work experience? Yes No

EMPLOYMENT/VOLUNTEER HISTORY

Please detail your work/volunteer history information (a resume is strongly recommended). Be sure to include:

- a. the name(s) of the organizations or workplace, identify if paid or volunteer
- b. the dates of this employment or volunteer experience,
- c. the number of hours volunteered or worked per week
- d. a description of your responsibilities

1. Where _____
Was it paid or volunteer (*check one*)

From (month/year) _____ to (month/year) _____

Number of hours worked/volunteered per week _____

Description of Responsibilities

2. Where _____

Was it paid or volunteer (check one)

From (month/year) _____ to (month/year) _____

Number of hours worked/volunteered per week _____

Description of Responsibilities

3. Where _____

Was it paid or volunteer (check one)

From (month/year) _____ to (month/year) _____

Number of hours worked/volunteered per week _____

Description of Responsibilities

4. Where _____

Was it paid or volunteer (check one)

From (month/year) _____ to (month/year) _____

Number of hours worked/volunteered per week _____

Description of Responsibilities

MENTAL HEALTH CONSUMER HISTORY*: Please select the response that reflects your lived experience.

**Lived experience of Substance Use Treatment by itself is not sufficient to meet the requirement for CPS Training.*

- I personally identify as someone who is a present or past recipient of mental health services for a serious mental illness or serious emotional disturbance.

OR
- I personally identify as someone who is a present or past recipient of mental health services for a serious mental illness or serious emotional disturbance AND substance use abuse

This Certified Peer Specialist Training is targeted for individuals who will be professionally working in Delaware County. After completion of this CPS training, on a scale of 1-10 (1 being the least interested) how willing are you to secure employment in Delaware County post-training:

Full Time	1	2	3	4	5	6	7	8	9	10
Part Time	1	2	3	4	5	6	7	8	9	10

VI. The following questions are about your life experiences, your recovery and how you feel about your ability to become a peer specialist. Please answer honestly and to the best of your ability.

1. What do you know about being a Certified Peer Specialist?

2. What does mental health recovery mean to you? What have you done to stay well in your own recovery? Please provide details about activities and interests you do to stay well.

3. Peer specialists are role models of mental health recovery for others. How do you feel you are living a full and meaningful life and being able to share those experiences to support your Peers in going through their recovery? Please explain some of the ways to gauge readiness to commit to being a CPS?

4. Tell us how you have developed and continued to utilize your natural supports (i.e. friends, neighbors, peers, family, and faith community) in your mental health recovery process.

5. Please share why you believe peer support services are an important resource for mental health recovery. Do you have any personal experience with peer support?

VII. Signature

I understand that my completed application will be shared with the Certified Peer Specialist Advisory Committee for review and selection.

I attest that I am completing this application independently, on my own and in my own words. Any assistance I have received associated with an ADA related issue will be noted accordingly. I understand all of the information provided to me in the application.

I understand that my SSI benefits may be affected when I become employed.

Finally, I understand that MHP/Institute for Recovery may share information with sponsoring agencies/organizations/entities.

Please print your name, sign, and date.

Printed name: _____

Signature: _____ Date: _____

Please submit your completed application with all documents by

5pm on JANUARY 26, 2018 to:

Ms. Faith D. Brown, M.ED.
Peer Support and Advocacy
Department of Behavioral Health
20 S. 69th Street, 3rd Floor
Upper Darby, PA 19082
brownf@delcohsa.org
Phone: 610-713-2365
Fax: 610-713-2378

Please be sure to submit the required documents with your application. Incomplete submissions will not be reviewed or processed:

- Completed Application (REQUIRED): Fully answer every question asked on this application.
- Signature (REQUIRED): Remember to sign the application
- Letter of References/ Recommendations (REQUIRED): The letter of recommendation should be from someone who knows your potential as a peer supporter. Ask the person to indicate their relationship to you and how they know you in the letter. Recommendation letters may be written by former or current employers, teachers, volunteer supervisors, clergy, or staff members who have provided services to you (ex. CPS, therapist, Primary Physician, Psychiatrist).
- Proof of Delaware County Residence (REQUIRED): Examples include Driver's License, State ID, Bills, etc.
- Resume (Strongly recommended)

Thank you for your application. Review of applications will begin in February 2017.

Final notification of acceptance will be sent out via email and/or U.S. Mail by March 30, 2018.

Training participants will be selected based upon meeting the program's selection criteria; their responses to application questions; and on timely submission of applications.