



## **Training Announcement** **Parent Peer Specialist Certification (CPS-P) Training**

TO: Potential Candidates for Certified Parent Peer Specialists (CPS-P)

FROM: Anita Hess, GPSN

DATE: **April 16, 2024**

SUBJECT: **Training to Become a Certified Peer Specialist-Parent**

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Please read the entire application and be sure to answer all questions. We ask that this be done in a professional and neat manner. Before sending your application in be sure to attach Section A, and Section B of your story and a reference letter. If you have any questions, let us know and we will be glad to help.

Georgia Parent Support Network and the Georgia Department of Behavioral Health and Developmental Disabilities and consumer leadership have worked collaboratively over the past 20 years to build a lived experience workforce supporting Recovery for individuals living with a mental health condition and/or with a substance use disorder. This lived experience workforce of Certified Peer Specialists for mental health and addiction has not only changed thousands of lives, but it has also impacted the culture of the behavioral health system, infusing respect, recovery, wellness and empowerment throughout the system. GPSN and DBHDD is now invested in expanding this highly valued workforce to include Parents of youth living with Mental Health Conditions, Substance Use Disorder (SUD) or Co-Occurring Behavioral Health (BH) disorders. The goal is to similarly impact the youth-serving systems by supporting family journeys to recovery and wellness.

Georgia Parent Support Network is now accepting applications from parent or guardian enrollees who meet the *lived experience* expectations and meet the following criteria:

**Candidates must be the parent or legal guardian of a child or adult living with a mental illness, substance use and/or co-occurring diagnosis (*a mental health condition must be the primary diagnosis*) and one of the following:**

1. Currently employed doing Peer Parent Support; **or**
2. Currently employed in the public sector Behavioral Health system as a paraprofessional and have the desire to distinguish themselves as a Parent CPS-P; **or**

3. Have related experience serving youth and families through participation in *community volunteering, support groups, family organizations and/or advocacy*.
4. **Have access to a laptop or desktop computer (cell phones or tablets will not be accepted).** You will not be able to take the test at the end of each day on a phone or tablet. It is a requirement for cameras to be on at all times during the training with no exceptions.

Priority will be given to those who are currently providing parent peer support services and those who currently work in that role.

This training is scheduled for **May 15, 16, 17, 23, & 24, 2024, from 8:30 am – 4:30 pm on Zoom**. Space is limited. Please complete and submit the application form below by **Thursday, May 9, 2024, at 5 pm. Please include your personal email, phone & phone numbers, work addresses, or work emails.**

**Name:** \_\_\_\_\_

**Complete Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**County:** \_\_\_\_\_ **Home/Cell Phone Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Personal Email:** \_\_\_\_\_

**Referring Agency/Organization:** \_\_\_\_\_

**Emergency Contact and Phone Number:** \_\_\_\_\_

- A.** Provide a reference letter from your current employer describing your peer support work experience or experience which meets the criteria listed above. Please include your current title, and history working as a peer parent support provider **OR** related experience through participation in community volunteering, support groups, family organizations and any advocacy work that demonstrates your ability to promote wellness, resiliency, and family preservation.
- B.** Provide a short paragraph of your lived experience making sure you address these areas:
  1. Raising a child who has a Serious Emotional Disorder (SED), Substance Use Disorder (SUD) or Co-Occurring Disorder (**this excludes youth with Autism Spectrum Disorder, unless there is also a co-occurring SED, SUD diagnosis**).
  2. Experience navigating & accessing complex public health & child service systems.
  3. An attestation that you are serving in a parental role as either:
    - The biological parent and caregiver for a child living with a SED, SUD or co-occurring diagnosis.
    - The legal and permanent guardian for a child living with an SED, SUD or co-occurring diagnosis for at least 2 years (please provide documentation). \* This excludes foster parents.

C. If you are a Behavioral Health professional who does not intend to provide the service of Parent Peer Support (PPS), please provide details regarding how you intend to use the information gained from this training in your professional practice.

***Please include your ability to commit to attend all 5 days of the training. Please submit all documentation by Thursday, May 9, 2024, to CPS- P@GPSN.org.***

**Below you will find some guidelines and rules for the training, please initial beside each one to show you have read them. Thank you.**

\_\_\_\_\_Cameras must be on at all times.

\_\_\_\_\_No working at any time during the training.

\_\_\_\_\_No distractions during training.

\_\_\_\_\_No driving or riding will be allowed during the training. If something comes up, you will need to sign out and make up any time missed.

\_\_\_\_\_Be in a safe space to respect others when sharing during the training.

\_\_\_\_\_No Cell Phones or iPads will be allowed for the training.

\_\_\_\_\_You will need to be where you have a reliable internet connection.

\_\_\_\_\_If you are using a virtual background, make sure you are visible at all times.

\_\_\_\_\_You will be responsible for taking notes and marking important parts in your manual, be sure to have a pen and a highlighter available.

\_\_\_\_\_During stories we want everyone to be respected and have their safe space to tell their story, so we ask that you only ask clarifying questions and show love and support to each other through the chat. This is done to give each person telling their story an equal chance to do so.

***By signing below, I certify that I have completed this application on my own, and that the information provided is true and complete to the best of my knowledge.***

**Signature:** \_\_\_\_\_

**Name (print):** \_\_\_\_\_

**Referring Agency/Organization:** \_\_\_\_\_

**Please submit all documentation to: Email:** [CPS-P@gpsn.org](mailto:CPS-P@gpsn.org)

**All applications must be received by **Thursday, May 9, 2024, at 5:00 p.m.****

**Use this space to share a paragraph or two of your story.**