

**PHILADELPHIA DEPARTMENT OF BEHAVIORAL HEALTH AND
MENTAL RETARDATION SERVICES (DBH/MRS)**

PEER SPECIALIST CERTIFICATION TRAINING

What is a peer specialist? A certified peer specialist (CPS) is a paid staff person who is willing to self-identify as a person with a serious behavioral health disorder (mental illness, substance use disorder, or co-occurring disorder) who is in recovery. To be certified as a CPS the person must have received specific training in the role, functions and skills of the Certified Peer Specialist position. The purpose of this position is to aid, teach and support others in their recovery process. This relationship between peers is characterized by mutual trust and respect, sharing of experience and learning about the recovery process, supporting the peer in setting and achieving goals and in moving toward a more meaningful life in the community.

Who can become a peer specialist: A type of peer specialist services called “Certified” Peer Specialists will be reimbursed through HealthChoices so the requirements for this position are set based on the state guidelines for CPS qualifications. For the initial trainings for Certified Peer Specialist (positions that will be dedicated to the new Co-occurring Residential Programs and the Transforming Mental Health Day Programs), **DBH will utilize the OMHSAS definition of CPS and limit applicants to those who meet the criteria listed below:**

- A self identified current or former user of mental health or co-occurring services who can relate to others who are now using those services.
- High school diploma or GED
- Demonstrated proficiency in reading and writing
- Within the last three years has 12 months (not necessarily consecutive) full or part-time paid or volunteer work experience; one year of college or other educational experience (within the last three years) can be substituted for the work experience.
- Ability to establish trusting relationships with their peers.
- Commitment to recovery, choice, empowerment, and the ability of people with serious mental illness or co-occurring disorders to find meaningful lives in the community.

How do I apply? Complete the attached application and submit to Michelle Davis, Department of Behavioral Health, 1101 Market St, 7th fl, Phila, Pa 19107. There are a limited number of slots available for these classes so **this is a**

competitive process with no guarantee of employment after the training. The training is a total of two weeks long and will be from 9-5 each day.

**Institute for Recovery & Community Integration &
Department of Behavioral Health & Mental Retardation Services
(DBH/MRS)**

**Application for the Philadelphia Certified Peer Specialist (CPS)
Two Week Training Program**

**Application to be completed by applicant only*

**Deadline for application submission _____*

Name: _____

Street name _____

City/State/Zipcode: _____

Email (recommended):

Telephone Number: _____

Date of birth: _____

Gender: _____

What is your race/ethnicity? *(Optional, please check which best applies to you)*

Asian American _____ Latino/Hispanic _____

African American _____ Native American _____

Caucasian _____ Other _____ (please describe)

How did you hear about the CPS training program?

Alternative Contact Information:

Name: _____

Address: _____

Telephone Number: _____

Please check which one of the statements below best describes your current living situation:

- I live with friends
- I live in a boarding home
- I am currently without a stable living arrangement
- I live in a community mental health residential living arrangement
- Other
- I live alone
- I live with family

Do you rely upon public transportation to get around?

Yes

No

(CIRCLE ONE)

The following are questions that pertain to qualifications set by the state and are requirements for employment as a peer specialist.

- **Do you have any limitations with reading and writing**
(Note: Employers may ask you do provide a writing sample as a part of the interview process?)

Yes

No

(CIRCLE ONE)

- **Can you identify yourself as a person who has received or is receiving services for a serious mental illness (substance abuse only is not acceptable)?** *(Note: You may need to provide documentation of your*

psychiatric history prior to training or by an employer to meet State licensing criteria).

Yes

No

(CIRCLE ONE)

Briefly describe your experiences with mental illness and your experiences with recovery:

- Do you have a high school diploma or a GED?

Yes

No

(CIRCLE ONE)

Please provide the date of graduation or the date upon which you received your GED.

- Do you have a resume?

(Note: If yes please attach to application. Having a resume will improve your employment potential.)

Yes

No

(CIRCLE ONE)

- Within the last three years have you had at least 12 months total of successful full or part time paid or voluntary work experience?

Yes

No

(CIRCLE ONE)

Please give:

- a. the DATES of this employment or volunteer experience,
- b. the name(s) of the organizations.
- c. The number of hours volunteered or worked per week.
- d. What your responsibilities there were.

OR....

Indicate that you have 24 credit hours of post secondary education in the past three years.

Please provide any additional information about your educational level, volunteer or work experience

PLEASE NOTE, THE ABOVE QUESTIONS MUST BE RESPONDED TO IN THE DETAIL REQUESTED IN ORDER FOR YOU TO MEET THE BASIC REQUIREMENTS FOR THE CERTIFIED PEER SPECIALIST TRAINING.

The Department of Behavioral Health and the Office of Vocational Rehabilitation may partner together in this training. These next two questions help in planning:

Have you received services from the Office of Vocational Rehabilitation within the past three years?

Yes

(CIRCLE ONE)

No

Do you receive SSI and/or SSDI benefits?

(note: If you receive SSI benefits the Department of Behavioral Health will arrange for you to meet with a benefits counselor to learn more about working and SSI benefits).

Yes (CIRCLE ONE) **No**

The questions below will help the review committee to choose between multiple applicants so please answer as well as you can.

- Please check which best describes your current employment status:

| | |
|---|---|
| <input type="checkbox"/> Working full time in the mental health field | <input type="checkbox"/> Working full time other |
| <input type="checkbox"/> Working part time in the mental health field | <input type="checkbox"/> Working part time other |
| <input type="checkbox"/> Volunteer in the mental health field | <input type="checkbox"/> Volunteer other |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Student |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Permanently Disabled |
| <input type="checkbox"/> Temporarily Disabled | <input type="checkbox"/> Other: <i>Please explain</i> |

- Are you committed to retaining or finding employment in Philadelphia County?

Yes (CIRCLE ONE) **No**

- What does recovery mean to you? What factors were important in your own recovery?

- One key to recovery is the use of natural supports in your life. Please describe your natural support system?

- Peer specialists are models of recovery for others. In what ways do you demonstrate recovery and its goal of a full and meaningful life in the community?
- Please share why you are interested in peer support services and the possibility of working as a Certified Peer Specialist. Also discuss where work fits in to your current plans. Is it something that you are looking to do right now, or are you interested in the training as an early step on your path into the workforce?
- Describe what strengths you would bring to the position and what skills you feel you need to develop.

- The CPS training is an intensive two-week training course built on interaction and sharing of behavioral health experiences. What will be your greatest challenge in attending the CPS training and how will you address this challenge?
- Are there any accommodations that you might need in order to participate in the training? i.e. seeing eye dog, note taker, sign language interpreter
- We strongly encourage you to provide at least one recommendation that you feel would be helpful. Please note your relationship to the person who wrote the letter. Such letters may be written by: former or present employers, teachers, volunteer supervisors, clergy, or staff who have provided your services or treatment who might testify to your qualifications.

The Peer Specialist Certification Program is a free 10-day training. *In order to receive the certification trainees need to be present and participate on all of the scheduled days.*

The training involves both lectures and group activities. The group activities are a place in which respect and support are very important. The trainers will utilize two tests, class participation, and involvement in group activity and general attendance to assess readiness to provide peer support services in a professional setting. In addition to providing education to participants there will be skill building through role playing, take home activities and sharing of personal experiences of recovery from mental health challenges.

When you are accepted into the training program you will need to participate in a follow up phone call from the Institute for Recovery and Community Integration and or the County Office of Behavioral Health. The purpose of this phone call is to obtain additional information that the department needs

to complete its required paperwork. This phone call is required both to confirm your participation in the class and to complete this required paperwork.

While we anticipate that there will be many positions opening up for certified peer specialists in the coming years and this course will provide you with the certification needed for those positions taking the course is no guarantee of employment. Once you have received your certification you will need to apply for positions that are available.

***Attendance is not a guarantee for certification. You must be present and actively participate in the Certified Peer Specialist Training Program.**

I agree to make arrangements in advance to be available for the full training.

By signing below you acknowledge that you meet, understand, and agree to the terms of this program and that your responses were not completed by another person.

Applicant's Signature: _____

Thank you for your application. Program participants will be chosen based upon meeting the program's selection criteria; their responses to application questions; and on timely submission of their applications.

Please submit your completed application by to:
The Department of Behavioral Health
Attention: Michelle Davis
1101 Market St, 7th Fl
Philadelphia, PA 19107

Deadline _____

Applicants who are selected will be notified by mail and telephone call.