



Office of Advocacy

Two Peachtree Street NW, Suite 24-495, Atlanta, Georgia 30303-3142 ~ 404-657-2252

Training Announcement
Peer Specialist Certification Training

To: Certified Peer Specialists
Regional Coordinators
Executive Directors of Community Service Boards and other MH & AD Providers

From: Mark Baker CPS, Director of Advocacy, DBHDD
Sherry Jenkins Tucker, CPS, Executive Director GMHCN
Bob R. Patterson, CPS - Project Director, CPS Project

CC: DBHDD Management Team

Date: 4/4/2012

Title: Peer Specialist Certification Training

Description: We are pleased to announce the upcoming May certification training for Peer Specialists at The Lodge at Simpsonwood in Norcross, GA May 14-24, 2012. The Georgia CPS Project is an initiative of DBHDD in partnership with the Georgia Mental Health Consumer Network. Please note the training schedule, cost, and application procedure below. Attached please also see the required application material for prospective participants.

The February training marks our 34th to date. There are approximately 677 Certified Peer Specialists from GA, including those who have joined us for training from 12 other states and 4 Canadian Provinces. Certified Peer Specialists (CPSs) work in a variety of settings both within and outside of the mental health system and are leaders in some of GA's newest initiatives: The Medical College of GA has hired a CPS to bring strengths based recovery and the concept of peer support to student physicians, psychologists and psychiatrists. CPSs in Milledgeville are supporting consumers currently transitioning from long-term hospitalization into the community under the Olmstead Law. A CPS in partnership with clinical providers in a traditional system has created The Peer Support Specialist Program of the Veteran's Administration in Augusta. The presence of one CPS in the lives of Georgia's consumers is a powerful statement of belief in the reality of recovery and the power of peer support to aid in recovery.

Georgia shines because of its consumer leadership. Carol Coussons de Reyes was the first CPS to serve as Director of the Consumer Relations and Recovery Section of the Department of Behavioral Health and Developmental Disabilities. The Georgia Mental Health Consumer Network continues under the leadership of Executive Director and CPS Sherry Jenkins Tucker. The partnership forged by these organizations has underscored Georgia's determination to be a leader in mental health system transformation.



The National Institute of Medicine promotes the GA CPS Project as a model for other states to emulate. The Annapolis Coalition on Behavioral Health Workforce has also identified the Project as an "innovative and exceptional practice". The Center for Mental Health Services (CMHS), part of the Substance Abuse and Mental Health Services Administration (SAMHSA), released a Resource Kit, BUILDING A FOUNDATION FOR RECOVERY: HOW STATES CAN BILL MEDICAID FOR PEER SUPPORT SERVICES AND TRAIN A WORKFORCE OF PEERS. The Centers for Medicare and Medicaid Services (CMS) recently endorsed peer support services, a milestone accomplishment that will allow other states to tap into a steady funding mechanism for peer support services.

Training graduates are eligible to sit for the certification exam given in Atlanta approximately one month after their training. Certified Peer Specialists are expected to attend continuing education held twice a year. Georgia's CPSs are prepared to meet Medicaid requirements for reimbursement in Peer Supports, ACT, and CPSs also serve in PSR, CSI, and wherever the power of consumer role models can and should be felt.

For more information, go to <http://www.gacps.org>

Presenters: Presenters from Appalachian Consulting, and the Georgia Mental Health Consumer Network, will conduct the training with guest presenters from APS Healthcare, Georgia Advocacy Office and other community partners.

Audience: This training is for current or former consumers of Mental Health services in Georgia, who have an interest in peer support for individuals who have been diagnosed with Mental Illness or a dual diagnosis of Mental Illness and Addictive Disease.

Date, Time & Location: (Both weeks are required)

Date	Time	Location
<p><u>Week One:</u></p> <p>May 14 - 18</p>	<p>Beginning at 1:00 PM on Monday May 14 and ending on Friday May 18 at 12:00 PM.</p>	<p>The Lodge at Simpsonwood 4511 Jones Bridge Circle Norcross, GA 30092 http://www.simpsonwood.org</p>
<p><u>Week Two:</u></p> <p>May 21-24</p>	<p>Beginning at 1:00 PM on Monday May 21 and ending on Thursday May 24 at 1:00 PM.</p>	

Registration

Fee: \$85.00 (Covers the cost of the Participant's Manual, along with the Wellness Recovery Action Plan by Mary Ellen Copeland, and other workbooks and materials. This Registration fee is only due when you are accepted to the training.

Cost: Hotel accommodations and meals are included for the dates of the training only. (Those participants wishing to stay over the weekend between the training weeks can do so at an additional cost and must make their own arrangements with Epworth By the Sea.

Single Occupancy: \$903.00 per person \$129.00 per night
Double Occupancy: \$626.50 per person \$89.50 per night

PLEASE NOTE THAT THE PROJECT DOES NOT ASSIGN ROOMMATES OR ASSIST WITH TRANSPORTATION. IT IS EXPECTED THAT PARTICIPANTS ARE ABLE TO MAKE THEIR OWN ARRANGEMENTS.

Deadline: The deadline for all application materials is **May 1, 2012**.
(Applications received after this date will be handled on a first come first serve basis as space permits.)

(Training class size is limited to 40 - 45 persons.)

Application: Those wishing to participate should complete and return the Application Form and Pre-Test below according to the following guidelines:

- Candidates must have a diagnosis of mental illness or a dual diagnosis of mental illness and addictive disease and a strong desire to identify themselves as a person with mental illness (current or former consumer of mental health services).
- Applicants must hold a GED or High School diploma and be at least 18 years of age. You may be requested to provide a copy of this document.
- In addition, applicants must demonstrate strong reading comprehension and written communication skills as indicated by their responses on the pre-test.
- Applicants must have demonstrated experience with leadership, advocacy, or governance, and be well grounded in your recovery (one year between diagnosis and application to the training).

Confirmation:

- If your application is accepted for this training you will be notified by telephone and provided additional information about lodging.
- **To facilitate contact regarding your participation, please include an email address, daytime phone number and fax number.**

Contact: For more information on this event, you may contact:

Bob R. Patterson, CPS
Project Director, GA CPS Project
Phone: 404-687-9487
Email: cpsproject@gmhcn.org

*** PLEASE CONTINUE TO THE NEXT PAGE ***

GA PEER SPECIALIST CERTIFICATION TRAINING APPLICATION
May 14-18 - continuing– May 21-24, 2012

I. Fax Application and Pretest to:
The GA Certified Peer Specialist Project
(GA CPS Project)
Fax: 404-687-0772
OR
Mail Application and Pretest to:
Attn: Bob R. Patterson, CPS
Project Director
246 Sycamore St, Suite 260
Decatur, GA 30030

Email Assistance:
Bob Patterson, CPS:
cpsproject@gmhc.org
Phone Assistance:
Bob R. Patterson 404-687-9487

If you have any difficulties,
call Katie Patterson at 404-687-9487
Deadline for Applying:
May 1, 2012
If accepted to the training, you will be
notified by telephone on or around
May 3, 2012

II. Once you have been notified that you have been accepted to the training,
Mail your \$85 Training Registration Fee to:
 Georgia Mental Health Consumer Network
 Attn. Lynn Thogerson, Financial Manager
 246 Sycamore Street/Suite 260
 Decatur, GA 30030

Please specify name of applicant on your check or money order. For refund of the registration fee of \$85.00, notify the CPS project at least five business days prior to the start of the training that you will not be attending.

Please do not attempt to reserve a room until you receive notification that you have been accepted. Your Welcome Packet will contain your room reservation form for Simpsonwood.

For Internal Use Only:
 Date Rcvd _____ Confirmation of Receipt Mailed out: Yes _____ No _____
 Notes _____

Applicants full Name _____ Date _____

Name you prefer to be called: _____

Please let us know if you require special accommodations and tell us what accommodations you need:
 (Accommodations are not based on preferences.)

1) I am currently working as a Peer Specialist.	Yes	No
2) I am required by my agency to be certified.	Yes	No
3) I have been told by a mental health agency that I will be hired as a CPS once I pass the certification exam.	Yes	No
4) I am currently receiving services from the agency that is paying for my training	Yes	No
5) Name of agency paying for my training:		
6) Voc Rehab is paying for my training	Yes	No
Name and Phone Number of Voc Rehab counselor		
7) I am a self-pay participant	Yes	No
8) I am an out of state applicant.	Yes	No

If none of the above, please give us a brief description of your current situation:

Page 2. Fill out both columns. Leave blank any information you do not want us to use to contact you:

<p>Your Name: _____</p> <p>Name you prefer to be called: _____</p> <p>County in which you work /volunteer/or receive services: _____</p> <p>Current status: (Check all that apply) <input type="checkbox"/> I work here. <input type="checkbox"/> I volunteer here. <input type="checkbox"/> Other</p> <p>Agency name: _____</p> <p>Current job title: _____</p> <p>Work telephone: _____</p> <p>Work/volunteer address: _____</p> <p>_____</p> <p>_____</p> <p>Work e-mail: _____</p> <p>Country if other than US: _____</p>	<p>Home Telephone No.: _____</p> <p>Home Address: _____</p> <p>_____</p> <p>_____</p> <p>Home Email: _____</p> <p>Cell Phone: _____</p> <p>Street Address (if your home address is a P.O. Box): _____ _____ _____</p> <p>May we leave information regarding the status of your application with someone other than you? If yes, complete:</p> <p>Name: _____</p> <p>Phone: _____</p> <p>Best Time to Try: _____</p>
--	--

Optional & Confidential/ for statistical purposes only: Please feel free to send this information separately if you wish to remain anonymous. Completing this information is optional. Your responses help us answer questions about some of the lived experience of GA CPSs and the diversity we represent. Thank you for your time.

<p style="text-align: center;">I am (check one):</p> <p><input type="checkbox"/> African American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Multiracial</p> <p><input type="checkbox"/> Other (please specify) _____</p> <p style="text-align: center;">Ethnicity:</p> <p><input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic</p>	<p style="text-align: center;">I have:</p> <p><input type="checkbox"/> High School Grad/GED</p> <p><input type="checkbox"/> Some College</p> <p><input type="checkbox"/> College Graduate</p> <p><input type="checkbox"/> Post Graduate Education</p> <p><input type="checkbox"/> Certifications and Diplomas</p> <p>(Specify): _____</p>
---	--

GA Peer Specialist Certification Training
May 14-18 - continuing– May 21-24, 2012
Deadline May 1, 2012
PRE-TEST

Full Name: _____

Date: _____

Answer all questions on your own. Your answers can be brief but you must use complete sentences. Your handwriting must be legible. You may use a dictionary. ***This is not about right & wrong answers.*** It is a brief examination to assess your reading & writing skills as well as your understanding of the requirements to become a Certified Peer Specialist in the State of Georgia and your lived experience with recovery. Certified Peer Specialists assist consumers they serve in many activities requiring these skills. If you need additional space for your answers, attach a separate sheet of paper.

1. Why do you want to become a Certified Peer Specialist (CPS)?

2. What makes you a good candidate to work with other consumers in the mental health field?

3. What does recovery mean to you?

4. What were some of the important factors in your own recovery?

5. What types of experiences have you had in advocating for consumers of mental health services? Please describe in detail, listing efforts in letter-writing, personal advocacy, public testimony, programs you began, or the work you are doing now. Be specific.

6. Why do you think it is important for CPSs to tell their recovery stories?

7. What will be your most difficult challenge in attending this training? How will you deal with this challenge?

8. Describe your current employment situation (or volunteer situation). If neither applies, how do you spend your time?

9. Is there anything else you would like us to know in considering you for the Peer Specialist Certification training?

PROCEED TO THE NEXT PAGE TO COMPLETE YOUR PRE-TEST

INITIAL only those that apply. Do NOT use a checkmark or an X:

I understand that Georgia Certified Peer Specialists work from the perspective of their lived experience with mental illness & recovery. I agree to be open about the fact that I have been diagnosed with a mental illness. I understand that in doing so I help educate others about the reality of recovery.

My primary lived experience is with: (INITIAL ONLY ONE)

- a. _____ **Recovery from Mental Illness.**
- b. _____ **Recovery from Dual Diagnosis (Mental Illness & Addictive Disease).**

_____ **YES, I agree to disclose my history with mental illness & recovery in keeping with the values of the Georgia Certified Peer Specialist Project.**

_____ **I understand that the Georgia Certified Peer Specialist Project may have limited scholarships/reimbursements for accommodations, travel, meals, etc, & I understand that the Certified Peer Specialist Project is not a job placement program.**

_____ **I understand that I must make all travel arrangements & that the GA CPS Project will not be able to arrange transportation for me. I will receive directions to the training site once I have been officially accepted.**

_____ It has been at least one year since I was diagnosed with a Mental Illness.

_____ I completed this pre-test on my own.

_____ I completed High School & hold a High School Diploma.

_____ I completed my GED coursework & hold my GED Certificate.

_____ I can supply documentation of my High School Diploma or GED Certificate.

Your signature: _____

Please also **print** your name: _____

If you have additional questions, please call Bob R. Patterson, CPS at 404-687-9487. Be sure to leave your name, & phone number with your area code.

You will receive a Confirmation Letter within 6-10 business days on receipt of all or part of your Pre-test & Application. If you do not, please contact the Project immediately. It may mean we did not receive all or part of your application packet & may be unable to contact you. Thank you for your interest!

Fax #: 404-687-0772

Mail to: GA CPS PROJECT – 246 SYCAMORE ST, SUITE 260, DECATUR, GA 30030

Attn: May 2012 CPS TRAINING APPLICATION

*******END PRE-TEST*******