



Georgia Department of Behavioral Health & Developmental Disabilities
Frank W. Berry, Commissioner

Office of the Commissioner

2 Peachtree St., NW, 24-290, Atlanta, Georgia 30303-3142 ~ 404.463.7945

Training Announcement
Peer Specialist Certification Training

To: Potential Training Participants
Certified Peer Specialists
Regional Coordinators
Executive Directors of Community Service Boards and other Behavioral Health Providers

From: Mark Baker, CPS, Director of the Office of Recovery Transformation, DBHDD
Sherry Jenkins Tucker, CPS, Executive Director, GMHCN
Samuel Rapier, CPS, CPS Training Coordinator, CPS Project, GMHCN

CC: DBHDD Management Team

Date: 4/21/2014

Title: Peer Specialist Certification Training

Description: We are pleased to announce the upcoming June certification training for Peer Specialists. The training will be held on June 16-26, 2014. The Georgia Certified Peer Specialist Project is an initiative of the Department of Behavioral Health and Developmental Disabilities (DBHDD) in partnership with the Georgia Mental Health Consumer Network (GMHCN). Please note the training schedule, cost, and application procedure below. The required application materials for prospective participants are attached.

The June 2014 training marks our 43rd to date. There are approximately 960 Certified Peer Specialists (CPSs) from Georgia, including those who have joined us for training from 12 other states and 4 Canadian Provinces. CPSs work in a variety of settings both within and outside of the behavioral health system and are leaders in some of GA's newest initiatives: The Medical College of Georgia has hired CPSs to bring strengths based recovery and the concept of peer support to student physicians, psychologists and psychiatrists. CPSs statewide are supporting peers who are currently transitioning from long-term hospitalization into the community under Olmstead. A CPS in partnership with clinical providers, in a traditional system, created The Peer Support Specialist Program of the Veteran's Administration in Augusta, it has now expanded nationwide. The presence of CPSs in the lives of Georgia's peers 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 Human Resources. Currently, Mark Baker, CPS, is the Director of the Office of Recovery Transformation at DBHDD. GMHCN 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 behavioral 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 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) endorsed peer support services, a milestone accomplishment that allows 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 Decatur, approximately one month after their training. CPSs are expected to attend continuing education, held throughout the year. Georgia’s CPSs are prepared to meet Medicaid requirements for reimbursement in Peer Supports, ACT, and CPSs also work in PSR, and wherever the power of peer role models can and should be felt.

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

Presenters: Presenters from Appalachian Consulting Group, and GMHCN, 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 Behavioral Health services in Georgia, who have an interest in providing peer support services for people who have been given behavioral health diagnoses.

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

Date	Time	Location
<p><u>Week One:</u> June 16-20, 2014</p>	<p>Beginning at 1:00 PM on Monday, June 16 and ending on Friday, June 20 at 12:00 PM.</p>	<p>Holiday Inn Augusta West 441 Park West Drive Augusta, GA 30813 Phone: 706-396-4600</p>
<p><u>Week Two:</u> June 23-26, 2014</p>	<p>Beginning at 1:00 PM on Monday, June 23 and ending on Thursday, June 26 at 1:00 PM.</p>	

Registration

Fee: \$85.00 (This Registration fee is due when you are accepted to the training.)

Hotel: Hotel accommodation costs are listed only **for the dates of the training**. (Those participants wishing to stay over the weekend before or after the training can do so at an additional cost.) You are not required to stay at the hotel to participate in the training. A block of rooms will be reserved but participants must make their own arrangements with the Holiday Inn Augusta West, 441 Park West Drive, Augusta, GA 30813. The hotel's phone number is: 706-396-4600.

Lodging Costs: \$815.36 per person for 7 nights (\$104.00 per night plus 12% Tax \$12.48)

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 19, 2014**.

(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 in recovery from a behavioral health diagnosis (current or former consumer of behavioral health services).
- Applicants must hold a GED or High School diploma and be at least 18 years of age. An applicant 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 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 the training.
- **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:
Samuel Rapier, CPS
CPS Training Coordinator, Georgia CPS Project
Phone: 404-687-9487
Email: cpsproject@gmhcn.org

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

GA PEER SPECIALIST CERTIFICATION TRAINING APPLICATION
June 16-20 and continuing June 23-26, 2014
Holiday Inn
441 Park West Drive
Augusta, GA 30813

I. Fax Application and Pretest to:

**The GA Certified Peer Specialist Project
(GA CPS Project)**

Fax: 404-687-0772

OR

Email Application and Pretest to
cpsproject@gmhcn.org

OR

Mail to

**Attn: Samuel Rapier, CPS
CPS Training Coordinator
246 Sycamore St, Suite 260
Decatur, GA, 30030**

Email Assistance:

**Samuel Rapier, CPS:
cpsproject@gmhcn.org**

Phone Assistance:

Samuel Rapier: 404-687-9487

**If you have any difficulties,
call Samuel Rapier, CPS at 404-687-9487**

Deadline for Applying:

May 19, 2014

If accepted to the training, you will be notified by telephone and a Welcome Packet will be emailed to you.

II. Once you have been notified that you have been accepted to the training,
Mail your \$85 Registration Fee to:

Georgia Mental Health Consumer Network
Attn. Lynn Thogersen, Financial Manager,
246 Sycamore Street, Suite 260
Decatur, GA 30030

Please specify name of applicant on your check or money order.

If you plan to stay at the hotel please reserve a room as soon as you receive notification that you have been accepted.

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> <hr/> <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>_____</p> <p>_____</p> <p>_____</p>	<p>County in which you work /volunteer/or receive services:</p> <p>_____</p> <p>Current status: (Check all that apply)</p> <p>___I work here. ___I volunteer here. ___Other</p> <p>Agency name: _____</p> <p>Current job title:</p> <p>_____</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>
--	---

I am currently working as a Peer Specialist.	Yes	No
I am required by my agency to be certified.	Yes	No
* 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
* Name of agency paying for my training:		
Voc Rehab is paying for my training.	Yes	No
Name and Phone Number of Voc Rehab counselor		
I am a self-pay participant.	Yes	No
I am interested in a scholarship.	Yes	No
I am an out of state applicant.	Yes	No

*** A letter of commitment from your agency is required to accompany your application. The letter should be on the agency's letterhead; it must detail your employment circumstances and their financial commitment to your training, and be signed by a representative from the agency.**

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

Please let us know if you require special accommodations and tell us what accommodations you need with the training:

GA PEER SPECIALIST CERTIFICATION TRAINING APPLICATION
June 16-20 and continuing June 23-26, 2014
Holiday Inn Augusta West
441 Park West Drive
Augusta, GA 30813

Deadline May 19, 2014
PRE-TEST

Full Name: _____

Date: _____

Answer all questions on your own. Your answers can be brief but please use complete sentences. If your application is handwritten, it must be legible. This is a brief examination of your reading and writing skills as well as your understanding of what it takes to become a Certified Peer Specialist including your lived experience with recovery. Certified Peer Specialists assist peers they work with in many activities requiring these skills.

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

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

3. What does recovery mean to you?

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

5. What types of experiences have you had in working with consumers of behavioral 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 i.e. advocating, self-help groups, community activities.

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 the Certified Peer Specialist 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 Certified Peer Specialist training?

PROCEED TO THE NEXT PAGE TO COMPLETE YOUR PRE-TEST

Place your ***INITIALS*** next to the statements apply.
Do NOT use a checkmark or an X. Please fill out this page in your own handwriting.

I understand that Georgia Certified Peer Specialists work from *the perspective of their lived experience with recovery from a mental illness*. 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.

- _____ **I am in recovery from Mental Illness or Dual Diagnosis (Mental Illness and Addictive Disease).**
- _____ **It has been at least one year since I was diagnosed with a Mental Illness.**
- _____ **I agree to disclose my history with mental illness and recovery in keeping with the values of the Georgia Certified Peer Specialist Project.**
- _____ **I completed High School and hold a High School Diploma or have a GED Certificate.**
- _____ **I can supply documentation of my High School Diploma or GED Certificate.**
- _____ **I completed this pre-test on my own.**
- _____ **I understand that I must make all hotel and travel arrangements to attend the CPS training.**
- _____ **I understand that completion of the CPS training does not guarantee a job.**

Your signature: _____

Please also **print your** name: _____

If you have additional questions, please call Samuel Rapier, CPS Training Coordinator at 404-687-9487. Be sure to leave your name and 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 Application and Pre-test. If you do not, please contact the Project immediately. It may mean we did not receive all or part of your application packet and may be unable to contact you. Thank you for your interest!

Email – cpsproject@gmhcn.org
Fax #: 404-687-0772
Mail to: GA CPS PROJECT – 246 SYCAMORE ST, SUITE 260, DECATUR, GA 30030
Attn: June 2014 CPS TRAINING APPLICATION

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