

## KENTUCKY ADULT PEER SUPPORT SPECIALIST TRAINING: INFORMATION SHEET/CHECKLIST

*Educate, Advocate and Serve*

**Description (908 KAR 2:220):** Peer support is the social and emotional support provided by persons with a mental health condition to others sharing a similar mental health condition to bring about a desired social or personal change. A Peer Specialist guides clients toward the identification and achievement of specific goals defined by the client and specified in the treatment plan. The job of a Kentucky Peer Specialist (KPS) is not to replace current clinical mental health staff but to offer additional and/or alternative options to help people in their efforts to recover.

### Qualifications:

- Eighteen (18) years of age or older
- Have a current or past diagnosis of a mental health, substance use, or co-occurring mental health and substance use disorders
- Have received or been receiving treatment
- Have a minimum educational requirement of a high school diploma or General Equivalence Diploma (GED) certificate
- Demonstrate a pattern of recovery from a mental health, substance use, or co-occurring mental health and substance use disorders
- Successfully complete adult peer support specialist training

### Responsibilities: An adult peer support specialist shall:

1. Use relevant personal stories to assist other consumers through experience
2. Serve as a role model to a consumer
3. Encourage consumer voice and choice during development and implementation of plans
4. Support a consumer by:
  - a. Attending team meetings on behalf of the consumer at the request of the consumer or
  - b. Accompanying the consumer to meetings upon the consumer's request
5. Empower a consumer to have the confidence to be a self-advocate;
6. Help providers or other individuals understand the importance of integrating consumer voice and choice in services and support within a system of care
7. Promote socialization, recovery, self-advocacy preservation, and enhancement of community living skills for consumers and
8. Complete and maintain documentation of a minimum of six (6) hours of related training or education in each subsequent year after successful completion of the adult peer support specialist training





\_\_\_\_\_ I will attend and actively participate in the full length of the training.

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Signature

Date

### Section 3: Recovery Experience

1. Do you currently hold a position in which you will use the skills learned through this peer specialist training?

Yes                       No

a) If you are, do you receive pay for this position?

Yes                       No

b) Length of time employed:

Years \_\_\_\_\_ Months \_\_\_\_\_

2) If no to item 1, have you been offered a paid position requiring the skills gained through peer training?

Yes                       No

### Section 4: Short Essay

Please answer all questions. Your answers may be brief and answered on this form or you may attach a separate piece of paper. The short essays are intended to assess the basic skill set and experience of the applicant working with peers and navigating recovery.

1. Describe your recovery.

2. What does “recovery” mean to you?

3. Why do you want to become a Peer Support Specialist?

4. What makes you a good candidate to work with other peers with mental health/substance use challenges?

5. What specific experience have you had in assisting with a person’s mental health and/or substance use recovery?

6. If you are applying for a scholarship, please describe your circumstances and why you should be awarded financial aid.

*Thank you for your application!*

Please submit to:

Mental Health America of Northern Kentucky and Southwest Ohio

Attn: Kara Atwell

2400 Reading Rd., Ste. 139

Cincinnati, OH 45202

If you have any questions, please contact Kara Atwell at [katwell@mhankyswoh.org](mailto:katwell@mhankyswoh.org).

**KENTUCKY PEER SUPPORT SPECIALIST TRAINING:  
PERSONAL REFERENCE FORM**

*Educate, Advocate and Serve*

The individual named below is completing an application to be trained as a Kentucky Certified Peer Support Specialist. You have been chosen by the applicant to provide a reference for the purpose of verifying the individual's demonstrated recovery for at least the past year. Please complete the reference form below. Place the completed form in an envelope, seal it and place your signature across the seal. Please mail this reference form to the address listed below:

**Mental Health America of Northern Kentucky and Southwest Ohio  
Attn: Kara Atwell  
2400 Reading Rd., Ste. 139  
Cincinnati, OH 45202**

**Name of the Applicant:** \_\_\_\_\_

1. Please describe the nature of your relationship with the applicant.

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2. Describe your experience with the individual that indicates his/her demonstrated recovery for the last year.

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3. Please indicate any strengths or assets this individual may offer as a Peer Support Specialist.

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4. If you were in the role of hiring Peer Support Specialists/placing in a volunteer situation, would you consider this person to be a viable candidate, given what you know about their recovery?

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

**Date:** \_\_\_\_\_

**Contact information:**

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

**Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Thank you for your honest assessment of this individual as a Peer Support Specialist Candidate.**



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