

KENTUCKY ADULT PEER SUPPORT SPECIALIST TRAINING: DESCRIPTION, QUALIFICATIONS & RESPONSIBILITIES

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.

Kentucky Adult Peer Support Specialist 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 a state-approved adult peer support specialist training

Having a criminal record is not relevant to this 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 consumers
3. Encourage consumer voice and choice during development and implementation of plans
4. Support a consumer by:
 - a. Attending team meetings on behalf of or 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
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

INFORMATION ABOUT THE TRAINING:

Our next training will be held the week of Monday, February 24 - Friday, February 28, 2020 from 9:00am-4:30pm at SUN Behavioral Health:

820 Dolwick Dr.

Erlanger, KY 41018

The deadline for applications is Friday, February 14, 2020.

Mental Health America of Northern Kentucky and Southwest Ohio's Kentucky Adult Peer Support Specialist training is a 40-hour course provided over five consecutive days. In attending the training, participants will:

- Gain new knowledge and understanding of the stages and principles of the recovery process, the shift from maintenance to recovery, behavioral health, spiritual and cultural awareness, trauma-informed services, the Wellness Recovery Action Plan, self-care, and much more.
- Develop new skills to assist in effective listening and communication, problem solving, exploring dissatisfaction and fears, establishing goals, combating negative messages/self-talk, suicide prevention, developing and sticking to ethical boundaries, and more.
- Increase personal awareness
- Enhance personal recovery

Please note that **certification with the State of Kentucky does not carry over into Ohio**. Qualification for certification includes successfully completing both a written and oral exam upon completion of the course with an aggregate score of at least 70%. If you do not pass the exam, you may re-take it up to two times within a year from the training. Absences are required to be made-up in future trainings within six months. You will be unable to take the certification exam until you have made-up the hours of curriculum instruction that were missed.

Two letters of recommendation are required to be considered for the training. **These references should come from members of your treatment team** (i.e. healthcare provider, psychiatrist, therapist, group leader, employer if applicable). If you are recovering from a mental illness, a reference from a psychiatrist or therapist is recommended. If you are recovering from a substance use disorder, a reference from a sponsor is recommended. *You* are responsible for giving the attached personal reference forms to the individuals speaking on your behalf.

The cost of the training is \$350.00, which includes: registration, training manual, lunch for the week, written/oral exams, and certification with the State of Kentucky. A limited number of scholarships are available upon request (located on page 6) and are awarded based on need and class size.

**** The deadline for payments is Tuesday, February 18th. Late payments will not be accepted.****

**KENTUCKY ADULT PEER SUPPORT SPECIALIST TRAINING:
APPLICATION**

Educate, Advocate and Serve

Section 1: Applicant Information

Name: First Middle Last

Address: Street City State Zip Code

Date of Birth Phone Number Email Address

Employer (if applicable) Job Title

Employer's Address: City State Zip Code Phone Number

How did you hear about MHA's Peer Support Specialist Training? _____

Do you have any food allergies or physical disabilities that require accommodations? _____

Upon acceptance, who will be funding your attendance to the training? _____

Section 2: Qualifications

Please confirm the following information by initialing each qualification.

_____ I am eighteen (18) years of age or older.

_____ I can provide documentation of my high school diploma or GED Certificate.

_____ I have a current or past diagnosis of mental health, substance use, or co-occurring mental health and substance use disorders and I have received or am receiving treatment.

_____ I understand that Kentucky Peer Support Specialists work from the perspective of their own lived experience. I agree to be open about the fact that I have been diagnosed with a mental illness and/or have a history of substance use. I understand that in doing so I help educate others about the reality of recovery.

_____ I will be respectful to fellow trainees, instructors and to all personal experiences that are shared.

_____ I will actively participate in classroom learning, group discussion, and role-play activities while utilizing my personal experiences and sharing my recovery journey.

_____ I will be on time each morning, when returning from breaks, and attend the full length of the training.

_____ I understand that the Kentucky Peer Specialist training **is not** a job placement program. Completion of the training **does not** guarantee that I will be hired as a Peer Support Specialist.

Signature

Date

Section 3: Working in Recovery

While KPS training is not a job placement program, those completing the training often pursue employment in peer support positions. Please complete the following questions about your plans upon successful completion of KPS training.

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

Yes No

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

Yes No

b) Length of time employed:

Years: _____ Months: _____

2. If no to question 1, have you been offered a paid position in which you will use the information and skills gained through this peer support specialist training?

Yes No

3. If no to question 1, do you have plans to actively search for a position that requires a Kentucky Peer Support Specialist certification following the completion of this training?

Yes No

4. Upon completion of this training with a successful exam score, how would you like to use your Peer Support Specialist certification?

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



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The individual named below is completing an application to be trained as a Kentucky Certified Peer Support Specialist. Peer Specialists utilize their own personal experiences and knowledge gained through mental illness and/or substance use recovery to empower others, assist and advocate for consumers, and develop new skills while enhancing their own personal recovery. 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. After completing the reference form below, please place the completed form in an envelope, seal it, and place your signature across the seal. Reference forms can be mailed to the address listed below:

**Mental Health America of Northern Kentucky and Southwest Ohio
Attn: Kara Atwell
912 Scott Blvd.
Covington, KY 41011**

Name of the Applicant: _____

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

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

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

4. Do you believe this individual is well-equipped to share his/her recovery experiences in a manner that will empower and assist fellow consumers? Please explain.

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

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