DEPARTMENT OF MENTAL HEALTH

State of Mississippi

MEMORANDUM

TO: Peer Support Specialist Applicant

FROM: Mississippi Department of Mental Health

RE: Certified Peer Support Specialist Professional Application

Thank you for your interest in the Certified Peer Support Specialist Professional (CPSS) Training. The CPSS application is attached. As the information requested on the application is lengthy, please carefully review and submit the completed original application including all required attachments to:

Mississippi Department of Mental Health
ATTN: Anita Gipson
Certified Peer Support Specialist Program
239 North Lamar Street
1101 Robert E. Lee Building
Jackson, MS 39201
Email: anita.gipson@dmh.state.ms.us
601-359.6693

SCHOLARSHIP

Scholarships are limited and granted based on availability of funds. In order to apply for a scholarship, please submit a brief essay explaining why you want to attend the Certified Peer Support Specialist Training.

We look forward to receiving your application!

Supporting a Better Tomorrow...Today

DMH

Mississippi Department of Mental Health

Mississippi Department of Mental Health

CERTIFIED PEER SUPPORT SPECIALIST PROFESSIONAL APPLICATION

TABLE OF CONTENTS

This packet includes everything you will need to apply for the Mississippi Peer Support Specialist Training. There are several steps to this process which are clearly outlined. Please read all instructions carefully before you begin.

Instructions……..Page 4

Application Check-Off Sheet……Page 6

CPSS Discovery Guide……Page 7

CPSS Application……...Page 9

Reference Form……Page 14

Verification of Employment……Page 18

Professional Assurance and Release Form……Page 20

Principles of Ethical and Professional Conduct……..Page 21

Acknowledgment of Principles of Ethical and Professional Conduct……..Page 23

Scope of Activities……Page 24

Acknowledgement of Scope of Activities……Page 26

Information Gathering Form……...Page 27

INSTRUCTIONS

Please read all instructions carefully before you begin.

1. **Complete CPSS Discovery Guide.** The CPSS Discovery Guide will help you to decide if participating in the Peer Support Specialist Training makes sense for you at this time. ***The Assessment should not be submitted to the Department of Mental Health***. If based on the Guide you decide to continue with the process please complete the CPSS Application.

2. **Complete CPSS Application.** This form is to be completed by the Applicant. Type or print ALL INFORMATION. Fill in every blank and/or check the appropriate boxes. The application MUST BE properly notarized and signed by you or your legal representative, if applicable. The CPSS Application includes:

    - **Reference Form.** Applicant must submit two Reference Forms. The references must be able to attest to the individual's ability to perform the role of a Certified Peer Support Specialist. Reference letters may be written by: employers, teachers, supervisors, clergy, or staffs who has provided you services or treatment and can attest to your qualifications. *Note: A Professional Reference cannot be a family member.*

    - **Verification of Employment Form**. Verification of Employment Form does not have to be submitted prior to the CPSS Training, but must be submitted prior to receiving CPSS Professional Certification. The form must be completed by the Human Resource Director at the applicant's place of employment and placed in a signed/sealed envelope and returned to the Mississippi Department of Mental Health.

    - **Professional Assurance and Release Form**

    - **Principles of Ethical and Professional Conduct Form.**
      The Department has adopted a code of ethics for Certified Peer Specialists. Each Certified Peer Specialist is required to comply with the code of ethics and shall sign a copy of the code of ethics. The code of ethics is intended to guide Certified Peer Specialists in their various professional roles, relationships and levels of responsibility. Please review the Principles of Ethical and Professional Conduct and sign and return the Acknowledgment form.

    - **Scope of Activities Form.** The scope of activities outlines the range of peer support services that a certified peer support specialist can provide to assist others in living their lives based on

the principles of recovery and resiliency. Please review the Scope of Activities and sign and return the Acknowledgement form.

Peer Support Specialist Applicant Check-Off Sheet

Please use this as a final self-reminder regarding all the necessary documents and have fully completed all the requirements of the application. This will help you, as well as us, with a quicker review of your application.

- O CPSS Application (Notarized)
- O Reference Forms
- O Verification of Employment
- O Professional Assurance and Release Form
- O Acknowledgement of Principles of Ethical and Professional Conduct
- O Acknowledgement of Scope of Activities
- O Official Transcript or documentation of GED
- O Information Gathering Form
- O Non-refundable application fee ($30.00)
- O CPSS Training Fee ($50.00)

CERTIFIED PEER SUPPORT SPECIALIST DISCOVERY GUIDE

The job of peer support specialist is to help instill the hope of recovery, in part by being able to demonstrate or model recovery skills they have learned. In Mississippi a person wanting to become a peer specialist must complete a 4 day training program and pass a written exam, but the "expertise" a peer has comes not from a book or training program but from having "walked the walk".

A peer specialist must be aware of, able to publicly describe and role model to others the things that they learned that helped them to recovery

To help decide if you are ready for peer specialist training, please answer the YES/NO questions below. A "YES" answer means you are willing and prepared to give a detailed response.

		YES	NO
1	Are you willing to disclose to individuals receiving services, staff and the general public that you have been diagnosed with a mental illness, addition disorder or both?		
2	Can you describe in detail what has helped you to move from where you were to where you are now?		
3	Can you describe what you have had to overcome to get where you are today?		
4	Can you describe some of the things that you do daily to keep yourself on the right path?		
5	Can you describe what your diagnosis means, how it impacted your life and what things you did to change that?		
6	Can you describe the purpose of your medications, any side affects you experienced and plans you developed to deal with them? (If you do not take medication leave blank)		
7	Do you have any type of written wellness plan? Can you describe what it was like to put one together and how it has helped you		
8	Can you describe some of the beliefs and values you have or have developed that helps to strengthen your recovery and why do you believe they do?		
9	Do you believe that you could talk to a person to help them understand recovery or try to convince someone who did not believe in recovery that it is possible?		
10	Can you describe some of the things you have found helpful in combating negative self-talk?		
11	Do you have a Wellness Recovery Action Plan or other type of written wellness plan? Can you describe what it was like to put one together and how it has helped you?		
12	Do you believe that you could talk to a person to help them understand recovery and resiliency?		
13	Can you describe the role that a sense of hope and resiliency played in your life, your recovery?		
14	Can you describe some of the community supports you have and how they help you deal with your mental illness/addiction?		
15	Can you describe how you deal with crisis? With recurrence of your symptoms?		

		YES	NO
	With relapse?		
16	Have you ever led a support group? Can you describe what you liked about it?		
17	Do you have experience leading a community based support organizations like, NAMI-MS, Mental Health Association, Alcoholic Anonymous 12 Step Program? Can you discuss how they supported/helped your recovery efforts?		
18	Have you attended and/or spoke at any conferences on mental health and/or addictions in the last three years?		

If you answered no to eight (8) or more questions you may not be ready to participate in the peer specialist training at this time. We suggest that you check out the recovery programs available at your local mental health center, NAMI, Mental Health Association, The Arc of Mississippi, Mississippi Families As Allies, etc.

Being grounded in your own recovery is the best step you can take to help others become grounded in theirs.

APPLICATION FORM for
Certified Peer Support Specialist Professional (CPSS)

Directions: This form is to be completed by the Applicant. Type or print ALL INFORMATION; fill in every blank and/or check the appropriate boxes. The application MUST BE properly notarized and signed by the legal representative, if applicable.

Personal Information

1. a. Name: ❑Mr. ❑Ms. _____
(Type or Print name EXACTLY as it should appear on the certificate.)

b. Name(s) used on Records if different from above: _____

_____

2. Gender: ❑Male ❑Female ❑Transgender Male to Female ❑Transgender Female to Male

3. Race/Ethnicity: ❑African American ❑Hispanic ❑Asian ❑Caucasian/White

❑American Indian/Alaskan Native ❑Multiracial ❑Native American

❑ Chinese ❑Korean ❑Vietnamese ❑Japanese

❑Other (please specify)_____

4. Date of Birth: _____/_____/_____

5.

Home Street Address		
City, State, Zip		
County of Residence		
Numbers	Home Number:	Cell Number:
Email Address		

The Division of PLACE will need to correspond with you regarding your application materials and/or related matters; **a functional email address or accurate mailing address is mandatory. The Division of PLACE must be notified of any address changes during the certification process**

Experience Information

Applicant must, within the last three years (not necessarily consecutively), have a minimum of 250 hours of paid or volunteer work or activities in a support or advisory role with adults diagnosed with a serious mental illness and/or substance abuse disorder or intellectual/developmental disability adults or transition age youth.

6.

Position	
Organization	
Street Address	
City, State, Zip	
Telephone Number	
Time Frame	From _____ to _____ # hours/week _____
Responsibilities	

Position	
Organization	
Street Address	
City, State, Zip	
Telephone Number	
Time Frame	From _____ to _____ # hours/week _____
Responsibilities	

Position	
Organization	
Street Address	
City, State, Zip	

Telephone Number	
Time Frame	From _____ to _____ # hours/week _____
Responsibilities	

Educational Information

The applicant must provide documentation of a minimum of a high school diploma, GED certificate or be at least sixteen (16) years of age and enrolled in a GED program or enrolled in school.

7.

My official transcript(s), high school diploma or GED is included in this application packet.	❑ YES	❑ NO
I am currently enrolled in school or a GED program and verification of enrollment is included in this application packet. **(Individuals seeking to work with transition age youth only.)**	❑ YES	❑ NO

Exam/Training Component

8. Applicant is responsible for submitting verification of successful completion of Peer Support Specialist Training to continue the certification process.

Verification of Employment

9. After successful completion of Certified Peer Support Specialist Professional Training and employment in Mississippi's "mental health system", applicant must submit Verification of Employment form to apply for Certification as a Certified Peer Support Specialist Professional.

Disclosures

10. I am comfortable and willing to self-disclose that I am a family member and/or a person who has or is currently receiving services for mental illness, substance abuse, and/or intellectual/developmental disabilities for the purpose of education, role modeling and providing hope to others about the reality of recovery and resiliency. ____ Yes ____ No

11. In the last year**,** I have demonstrated a minimum of six (6) consecutive months out of the last twelve (12) months in self-directed recovery and/or resiliency or supporting the recovery process of a family member living with mental illness, substance abuse, and/or intellectual and developmental disability. ____ Yes ____ No

My signature below affirms that all of the information contained in this application is true and correct to the best of my knowledge and has been completed by no other person. I understand that knowingly providing false information shall be grounds to deny or revoke my certification.

_____

Applicant's Signature **Date**

_____

Legal Representative's Signature **Date**
(If applicable, please provide documentation)

APPLICATION MUST BE NOTARIZED BELOW:

-AFFIDAVIT-

State of _____ **County of** _____

The undersigned, being sworn, deposes and says that he/she is the person who completed this application; that the statements contained herein are true in every respect; **that he/she has read the *DMH Peer Support Specialist Professional Standards & Requirements* document and the *DMH Peer Support Specialist Professional Principles of Ethical & Professional Conduc*t and will conform to these *Standards & Requirements* and *Principles*;** that DMH (and its representatives) has the right to contact any person/organization in reviewing this application and/or in maintenance of certification; that he/she authorizes the release of any information requested by DMH (and its representatives) in reviewing this application and/or in maintenance of certification; that he/she understands that upon certification, certain certification data are considered public information; that he/she releases DMH (and its representatives) from all liability and claims arising from any services (if any) rendered by the undersigned; that he/she has read and understood this affidavit; that he/she understands that all application materials become the property of DMH and will not be returned; and, that he/she understands that the application fee is nonrefundable/nontransferable.

_____

Applicant's Signature

_____

Legal Representative's Signature (if applicable)

Official Seal

Subscribed and sworn to before me this _____

Day of _____, 20_____.

_____

Signature of Notary Public

My commission expires on _____.

DMH CERTIFIED PEER SUPPORT SPECIALIST PROFESSIONAL REFERENCE FORM

Applicant Name: _____

Directions: Thank you for taking the time to provide a reference and recommendation for certification to this applicant as he or she applies for the Department of Mental Health Certified Peer Support Specialist Credential. Your feedback is a critical component of the application process and is greatly appreciated.

1. Please read the Scope of Activities which describes the role of the CPSSP. Based on your relationship and experiences with the applicant, carefully consider his or her appropriateness for the role. With this in mind, please complete the CPSSP Reference Form. By your signature at the bottom of the form, you are attesting that the applicant is someone you would recommend for certification.

2. Once the reference is completed, place the form in an envelope, seal the envelope, sign the seal of the envelope with your signature, and return the envelope to the applicant so it can be submitted with the application.

3. If you have any questions please contact our office at 601-359-6693.

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

2. How long have you known the applicant?

3. Please describe the strengths and any potential weaknesses of the applicant and his or her ability to provide services as a Certified Peer Support Specialist Professional.

4. Please comment on only the items listed below which you can personally respond and check off the most appropriate rating of the applicant's abilities.

	Strong	Moderately Strong	Limited
Academic Ability			
Written Communication			
Oral Communication			
Ability To Help Others			
Stress Management Abilities			

REFERENCE CONTACT INFORMATON: (Please print/type)

Name: _____

Agency: _____

Address: _____

City, State, Zip: _____

Email: _____

Work Phone: _____

My signature below affirms that all of the information contained in this document is true, and that I support this application without reservation.

_____ _____

Signature of Reference Date

DMH CERTIFIED PEER SUPPORT SPECIALIST PROFESSIONAL REFERENCE FORM

Applicant Name: _____

Directions: Thank you for taking the time to provide a reference and recommendation for certification to this applicant as he or she applies for the Department of Mental Health Certified Peer Support Specialist Credential. Your feedback is a critical component of the application process and is greatly appreciated.

1. Please read the Scope of Activities this describes the role of the CPSSP. Based on your relationship and experiences with the applicant, carefully consider his or her appropriateness for the role. With this in mind, please complete the CPSSP Reference Form. By your signature at the bottom of the form, you are attesting that the applicant is someone you would recommend for certification.

2 Once the reference is completed, place the form in an envelope, seal the envelope, sign the seal of the envelope with your signature, and return the envelope to the applicant so it can be submitted with the application.

3. If you have any questions please contact our office at 601-359-6693.

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

2. How long have you known the applicant?

3. Please describe the strengths and any potential weaknesses of the applicant and his or her ability to provide services as a Certified Peer Support Specialist Professional.

4. Please comment on only the items listed below which you can personally respond and check off the most appropriate rating of the applicant's abilities.

	Strong	Moderately Strong	Limited
Academic Ability			
Written Communication			
Oral Communication			
Ability To Help Others			
Stress Management Abilities			

REFERENCE CONTACT INFORMATON: (Please print/type)

Name: _____

Agency: _____

Address: _____

City, State, Zip: _____

Email: _____

Work Phone: _____

My signature below affirms that all of the information contained in this document is true, and that I support this application without reservation.

_____ _____

Signature of Reference Date

DMH CERTIFIED PEER SUPPORT SPECIALIST PROFESSIONAL VERIFICATION OF EMPLOYMENT

The Mississippi Certified Peer Support Specialist Professional who is employed must be under the general supervision of a mental health professional in accordance with acceptable guidelines and standards of practice as defined by the Mississippi Department of Mental Health.

Directions: This form is to be completed by the Supervisor at the Applicant's current place of employment. Please type or print ALL INFORMATION; fill in every blank or check the appropriate boxes. Upon completion, **the Peer Support Specialist Professional Supervisor should enclose the form in an envelope and sign his/her name across the envelope's seal.** The signature on the envelope should match the signature on the enclosed form. The Peer Support Specialist Professional Supervisor should then **return the sealed envelope to the Applicant** for submission to the Division of PLACE.

1. Employment**:**

Applicant/Employee's Name	Applicant/Employee Name:
Applicant/Employee's Place of Employment	Agency/Organization/Facility Name:
	Applicant/Employee's **Specific Programmatic Area:**
Applicant/Employee's Date of Hire	❑ Part-time ❑ Full-time
Applicant/Employee's Job Title	
Is the applicant/employee responsible for providing or supervising Peer Support Services? If yes, please respond to the next question.	❑ YES ❑ NO (Provide explanation) Explanation:

What percentage of applicant's time is devoted to providing Peer Support Services?	
Is the applicant/employee under the supervision of a mental health professional in accordance with acceptable guidelines and standards of practices as defined by the Mississippi Department of Mental Health?	❑ YES ❑ NO (Provide explanation) Explanation:
Is the Applicant/employee performing duties specified in the DMH Scope of Activities	❑ YES ❑ NO (Provide explanation) Explanation:

2. **Background Check: (No one will be credentialed without proof of criminal background check).**

As appropriate to the Applicant's position and professional responsibilities, have background checks been conducted regarding this Applicant? ❑**YES** ❑**NO** (Provide explanation)

Explanation: _____

3. **State Mental Health System Qualification: (Check the appropriate qualification).**

   a) This applicant/employee currently works for an agency/organization and in a programmatic area which is funded and/or certified by the Mississippi Department of Mental Health. ❑ **YES** ❑ **NO**

   b) This applicant/employee currently works for a facility/organization which is operated by the Mississippi Department of Mental Health. ❑**YES** ❑ **NO**

4. **CPSS Supervisor's Name** _____

I verify that all of the information contained in this document is true and correct to the best of my knowledge and that the above named applicant is employed by this agency.

_____ _____

Signature Human Resources Director **Date**

DMH CERTIFIED PEER SUPPORT SPECIALIST PROFESSIONAL ASSURANCE AND RELEASE FORM

The Department of Mental Health, PLACE Review Board reserves the right to request further information from all employers and other persons listed on the application form. The Board and its review committees also reserve the option of requesting an oral interview with the applicant. This information will be used strictly to evaluate the professional competence of the applicant and will be kept confidential by the Board. Further information may also be requested to verify training, employment history, etc. This information is not available to others outside of the certification process without written consent from the applicant.

"I give my permission for the PLACE Review Board and its staff to investigate my background as it relates to statements contained in this application. I understand that intentionally false or misleading statements or intentional omissions shall result in the denial or revocation of certification."

"I consent to the release of information contained in my application, certification file or other pertinent data submitted to or collected by the PLACE Review Board to officers, members and staff of the aforementioned Board."

"I further agree to hold the PLACE Review Board, its officers, Board members, employees and examiners free from any civil liability for damages or complaints by reason of any action that is within the scope of the performance of their duties which they may take in connection with this application and subsequent examinations and/or failure of the PLACE Review Board to issue certification."

"I am publicly disclosing myself as a first degree family member or a current or former recipient of mental health and/or substance abuse or intellectual/developmental disability services. Upon award of certification, I understand that my name and my certification status will be included in a public-access database of Certified Peer Support Specialist Professionals."

"I hereby affirm that the information provided on this form is correct and that I believe that I am qualified for the level of certification for which I am applying."

_____

Print Full Name Date

_____

Signature

_____

Legal Representative (if Applicable)

DMH PEER SUPPORT SPECIALIST PROFESSIONAL PRINCIPLES OF ETHICAL AND PROFESSIONAL CONDUCT

Applicant shall comply with the Peer Support Specialist Professional Principles of Ethical and Professional Conduct and the Department of Mental Health Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Abuse Community Service Providers Part V, Section C – Ethical Conduct.

1) Are guided by the principle of self-determination for all. Peer Support Specialist Professionals have a primary responsibility to help peers achieve their own needs, wants and goals.

2) Advocate for the full integration of individuals into the communities of their choice and promote the inherent value of these individuals to those communities. Certified Peer Support Specialist Professionals will be directed by the knowledge that all individuals have the right to live in the least restrictive and least intrusive environment.

3) Advocate for those they serve so that individuals may make their own decisions in all matters when dealing with other professionals.

4) OPENLY share their stories of hope and recovery and are able to identify and describe the supports that promote recovery and resilience.

5) Conduct themselves in a manner that fosters their own recovery.

6) Keep current with emerging knowledge relevant to recovery, and openly share this knowledge with other Peer Support Specialist Professionals. Peer Support Specialist Professional will refrain from sharing advice or opinions outside their scope of practice with individuals receiving services.

7) Maintain high standards of personal and professional conduct.

8) Never intimidate, threaten, harass, use undue influence, physical force or verbal abuse, or make unwarranted promises of benefits to the individuals they support. Peer Support Specialist Professionals will not engage in psychological abuse, neglect, or exploitation.

9) Never engage in exploitive and/or sexual/intimate activities with the individuals they serve. Peer Support Specialist Professionals will not enter into a relationship or commitment that conflict with the support needs of the individuals they serve.

10) Will not practice, condone, facilitate or collaborate in any form of discrimination on the basis of ethnicity, race, sex, sexual orientation, age, religion, national origin, marital status, political belief, disability, or any other preference or personal characteristic, condition or state.

11) Respect the privacy and confidentiality of those they serve. Peer Support Specialist Professionals have a duty to inform service recipients when first discussing confidentiality that contemplated or actual harm to self or others cannot be kept confidential. Peer Support Specialist Professionals have a duty to accurately inform service recipients regarding the degree to which information will be shared with other

team members, based on their agency policy and job description. Peer Support Specialist Professionals have a duty to inform appropriate staff members immediately about any person's possible harm to self or others or abuse from caregivers.

12) Provide service and support within the hours, days and locations that are authorized by the agency with which they work.

13) Do not loan money; receive money or payment for services to, or from, individuals receiving services; or exchange gifts of significant value.

14) Will not abuse substances under any circumstances.

15) Strive to create a professional, safe and healthy work environment through words and action.

16) Utilize supervision and abide by the standards for supervision established by their employer.

ACKNOWLEDGEMENT OF DMH CERTIFIED PEER SUPPORT SPECIALIST PROFESSIONAL PRINCIPLES OF ETHICAL AND PROFESSIONAL CONDUCT

By initialing and signing below, you understand that you are required to follow the professional standards of conduct detailed in the Mississippi Certified Peer Support Specialist Professional Principles of Ethical and Professional Conduct. Your initials and signature are required in this section.

By affixing my initials and signature below:

I acknowledge that I have received a copy of the Mississippi Certified Peer Support Specialist Professional most current Principles of Ethical and Professional Conduct and will be responsible for obtaining all future amendments and modifications thereto.

Initials _____

I further acknowledge that I have read and understood all of my obligations, duties and responsibilities under each principle and provision of the Mississippi Certified Peer Support Specialist Professional Principles of Ethical and Professional Conduct and will read and understand all of my obligations, duties and responsibilities under all future amendments and modifications to the Peer Support Specialist Professional Principles of Ethical and Professional Conduct.

Initials _____

_____

Print Full Name Date

_____

Signature Date

MISSISSIPPI CERTIFIED PEER SUPPORT SPECIALIST PROFESSIONAL SCOPE OF ACTIVITIES

The scope of activities shows the wide range of tasks a Certified Peer Support Specialist Professional can perform to assist others in regaining control over their own lives based on the principles of recovery and resiliency. Certification does not imply that the Certified Peer Support Specialist Professional is qualified to diagnose an illness, prescribe medication, or provide clinical services.

1) Utilizing unique recovery experiences, the Certified Peer Support Specialist Professional shall:
    - Teach and model the value of every individual's recovery experience;
    - Model effective coping techniques and self-help strategies;
    - Encourage peers to develop independent behavior that is based on choice rather than compliance;
    - Establish and maintain a peer relationship rather than a hierarchical relationship.

2) Utilizing direct peer-to-peer interaction and a goal-setting process, the Certified Peer Support Specialist Professional shall:
    - Understand and utilize specific interventions necessary to assist peers in meeting their individualized recovery goals;
    - Lead as well as teach how to facilitate recovery dialogues through the use of focused conversation and other evidence-based and/or best practice methods;
    - Teach relevant skills needed for self management of symptoms;
    - Teach others how to overcome personal fears and anxieties;
    - Assist peers in articulating their personal goals and objectives for recovery;
    - Assist peers in creating their personal recovery plans (e.g., WRAP, Declaration for Mental Health Treatment, crisis plan, etc.);
    - Assist peers in setting up and sustaining self-help groups;
    - Appropriately document activities provided to peers in either their individual records or program records.

3) The Certified Peer Support Specialist Professional shall maintain a working knowledge of current trends and developments in the fields of mental health, co-occurring disorders, and peer support services by:
    - Reading books, current journals, and other relevant material;
    - Developing and sharing recovery-oriented material with other Certified Peer Support Specialist Professionals;
    - Attending authorized or recognized seminars, workshops, and educational trainings.

4) The Certified Peer Support Specialist Professional shall serve as a recovery agent by: Providing and promoting recovery-based services;
    - Assisting peers in obtaining services that suit each peer's individual recovery needs;
    - Assisting peers in developing empowerment skills through self-advocacy;
    - Assisting peers in developing problem-solving skills so they can respond to challenges to their recovery;

- Sharing his or her unique perspective on recovery from mental illness with non-peer staff;
- Assisting non-peer staff in identifying programs and environments that are conducive to recovery.

ACKNOWLEDGEMENT OF THE MISSISSIPPI CERTIFIED PEER SUPPORT SPECIALIST PROFESSIONAL SCOPE OF ACTIVITIES

By initialing and signing below, you understand that you will be required to follow the professional standards detailed in the Mississippi Certified Peer Support Specialist Professional Scope of Activities. Your initial and signature are required in this section.

By initialing and signing below, you understand that you will be required to follow the professional standards detailed in the Mississippi Certified Peer Support Specialist Professional Scope of Activities. Your initials and signature are required in this section.

By affixing my initials and signature below:

I acknowledge that I have received a copy of the Mississippi Certified Peer Support Specialist Professional Scope of Activities.

Initials _____

I further acknowledge that I have read and understood all of my obligations, duties and responsibilities under each principle and provision of the Mississippi Certified Peer Support Specialist Professional Scope of Activities.

Initials _____

_____

Print Full Name Date

_____

Signature Date

Supporting a Better Tomorrow...Today

DMH

Mississippi Department of Mental Health

Mississippi Department of Mental Health
Certified Peer Support Specialist

INFORMATION GATHERING FORM

MISSISSIPPI PEER SUPPORT SPECIALIST INFORMATION GATHERING FORM

NAME: _____ DATE: _____

ADDRESS: _____

_____

PHONE: _____ (HOME) _____ (CELL)

EMAIL: (Required) _____

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:

____ Employed full time in the mental health field

____ Employed full time other

____ Employed part time in the mental health field

____ Employed part time other

____ Volunteer in the mental health field

____ Volunteer other

____ Retired

____ Student

____ Unemployed

____ Other: *Please explain*

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

My primary lived experience is: (check all that apply)

_____ Current or former recipient of services for mental illness

_____ Current or former recipient of services for substance abuse

_____ Current or former recipient of services for intellectual/developmental disabilities

_____ 1st degree family member (parent, sibling, child) of a current or former recipient of services for mental health illness, substance abuse, and/or intellectual /developmental disabilities

Please initial all that apply to your family member:

_____ Serious Mental Illness

_____ Substance Abuse

_____ Intellectual and Developmental Disabilities

_____ Dual Diagnosis (mental illness and substance abuse)

_____ Dual Diagnosis (mental illness and intellectual and developmental disabilities)

Are you fluent in any other language(s) besides English? If so, which one?

Will you need any special accommodations during the training – Physical, dietary, etc.? All accommodations must be pre-arranged. No Yes If so, what accommodations are required?

Please answer the following 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. It is an avenue to assess your reading & writing skills as well as your understanding of the requirements to become a Certified Peer Support Specialist in the State of Mississippi and your lived experience with recovery. Certified Peer Support Specialists assist consumers and family members they serve in many activities requiring these skills. If you need additional space for your answers, attach a separate sheet of paper.

1. In your own words, what does recovery mean to you? What factors were important in your recovery? or What factors were important in providing support to a family member?

2. Please share why you are interested in peer support services and the possibility of working as a Certified Peer Support Specialist.

3. 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?

4. What types of experiences have you had in advocating for individuals receiving services or family members? Please describe in detail, listing efforts in letter writing, personal advocacy, support of other family members, public testimony, programs you began, or the work you are doing now. Be specific.

5. What types of seminars, training, or workshops you have attended in the last three years that would be relevant to your work as a peer support specialist (i.e., Wellness Recovery Action Plan Facilitator, Person Centered Planning, Personal Outcomes Measures, Wraparound 101, NAMI Peer to Peer, etc.)? Please be prepared to provide documentation upon request.

6. What do you do on a daily basis to maintain your recovery and personal wellness?

7. If you obtain employment as a Certified Peer Support Specialist, how would you feel about sharing/disclosing parts of your personal recovery story with the people you support? Please describe your comfort level, avoiding single word answers.

.

8. Describe what strengths you would bring to the position and what skills you feel you need to develop.

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

PERSONAL COMMITMENT

The Mississippi Peer Support Specialist Training requires a significant commitment of time and energy. Significant amounts of reading, homework, review worksheets, full participation, and a final test will be required. Please consider your ability to commit time and energy to this project before continuing.

If accepted into the program, I will attend and actively participate in the full 4-day training and participate in discussion and role plays utilizing my personal experiences and sharing my recovery and/or support story. Failure to attend entire training will result in the need to retake the entire course. I understand that I am not guaranteed employment or a volunteer position as a result of participating in the training.

My signature affirms that all answers in the Peer Support Specialist Information Gathering Form are true to the best of my knowledge.

_____ _____
Signature Date

_____ _____
Legal Representative (if applicable) Date

If you have additional questions, please contact the Mississippi Department of Mental Health, 601-359-1228.

Mail to:

Mississippi Department of Mental Health
ATTN: Anita Gipson
Certified Peer Support Specialist Program
239 North Lamar Street
1101 Robert E. Lee Building
Jackson, MS 39201
Email: anita.gipson@dmh.state.ms.us
601.359.1288