



**Georgia Department of Behavioral Health & Developmental Disabilities**  
*Frank E. Shelp, M.D., M.P.H., Commissioner*

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**Division of Mental Health - Consumer Relations and Recovery Section,  
Georgia Certified Peer Specialist Project**  
2 Peachtree Street NW, Suite 23-444, Atlanta, GA 30303 ~404-657-3383



[www.gacps.org](http://www.gacps.org)

## **TRAINING ANNOUNCEMENT**

### **Peer Specialist Certification Training**

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

**From:** Bob R. Patterson, CPS - Project Director, CPS Project, Consumer Relations and Recovery Section, DBHDD  
Sherry Jenkins Tucker, CPS, Executive Director GMHCN

**CC:** DBHDD Management Team

**Date:** 9/3/2010

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**Title:** **Peer Specialist Certification Training**

**Description:** We are pleased to announce the upcoming October 2010 certification training for Peer Specialists at Epworth By the Sea on St Simons Island, GA, October 25 – November 4, 2010. The Georgia CPS Project is an initiative of the 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 October 2010 training marks our 29th to date. There are 553 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 Division 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), will have 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](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><b><u>Week One:</u></b> October 25 - 29, 2010</p>	<p>Beginning at 1:00 PM on Monday October 25 and ending on Friday October 29 at 12:00 PM.</p>	<p>Epworth By The Sea 100 Arthur J. Moore Drive St. Simons Island, Georgia 31522</p>
<p><b><u>Week Two:</u></b> November 1 - 4 2010</p>	<p>Beginning at 1:00 PM on Monday November 1 and ending on Thursday November 4 at 1:00 PM.</p>	<p><a href="http://www.epworthbythesea.org/">http://www.epworthbythesea.org/</a></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. If not accepted to the training, you may request that this fee is refunded.)

**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:**            \$862.49            per person  
**Double Occupancy:**            \$584.24            per person

**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 **September 27, 2010**.  
(Applications received after this date will be handled on a first come first serve basis as space permits.)

**Training class size is limited to 30-35 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. 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 their 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: 404-657-3383 or 404-687-9487**

**Email: [bopatterson@dhr.ga.gov](mailto:bopatterson@dhr.ga.gov) or [cpsproject@gmhcn.org](mailto:cpsproject@gmhcn.org)**

# GA PEER SPECIALIST CERTIFICATION TRAINING APPLICATION

**October 25 - 29 continuing– November 1 - 4, 2010**

I. 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 application 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. The fee can be refunded for any applicants not accepted upon request.

**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 Epworth By the Sea.

II. Fax Application and Pretest to:

The GA Certified Peer Specialist Project  
(GA CPS Project)  
**Fax: 770-342-7175**  
**(after October 1) 404-687-0772**  
**OR**  
**Mail Application and Pretest to:**  
Attn: Bob R. Patterson, CPS  
Project Director, GA CPS Project  
GA DBHDD  
2 Peachtree Street NW, Suite 23-444  
Atlanta, GA 30303  
**(after Oct 1)**  
Attn: Bob R. Patterson, CPS  
Project Director, GA CPS Project  
246 Sycamore St, Suite 260  
Decatur, GA 30030

Email Assistance:  
Bob Patterson, CPS: [bopatterson@dhr.ga.gov](mailto:bopatterson@dhr.ga.gov)  
**(after Oct 1)** [cpsproject@gmhcn.org](mailto:cpsproject@gmhcn.org)  
Phone Assistance:  
Bob R. Patterson 404-657-3383  
(after Oct 1) 404-687-9487

**DEADLINE FOR APPLYING:**  
**September 27, 2010**

If accepted to the training, you will be notified by telephone **on or around**  
**October 1, 2010.**

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 privately funding my training. (Self-Pay)	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:

<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>Work e-mail: _____</p> <p>Country if other than US: _____</p>	<p>Home Telephone No.: _____</p> <p>Home Address: _____          _____          _____</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>
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**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;"><b>I am (check one):</b></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;"><b>Ethnicity:</b></p> <p><input type="checkbox"/> Hispanic      <input type="checkbox"/> Non Hispanic</p>	<p style="text-align: center;"><b>I have:</b></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>
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**GA Peer Specialist Certification Training**  
**October 25 - 29 continuing– November 1 - 4, 2010**  
**Deadline September 27, 2010**

**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.

**This pre-test must be filled out by the applicant in the applicant's own Handwriting. Typed Pre-tests will be returned.**

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

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

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

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

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

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6. What does recovery mean to you? \_\_\_\_\_

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

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8. 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.

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

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**PROCEED TO THE NEXT PAGE TO COMPLETE YOUR PRE-TEST**

# **SIGN YOUR INITIALS** only to those that apply:

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.

\_\_\_\_\_ NO, I do not want to disclose my history with mental illness & recovery at this time.

\_\_\_\_\_ I understand that the Georgia Certified Peer Specialist Project is unable to provide 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 404-657-3383. 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 # : 770-342-7175 or 404-687-0772**

Mail to: GA CPS PROJECT - # 2 PEACHTREE STREET, NW, SUITE 23-444, ATLANTA, GA 30303

Attn: October 2010 CPS TRAINING APPLICATION

Or

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

Attn: October 2010 CPS TRAINING APPLICATION

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