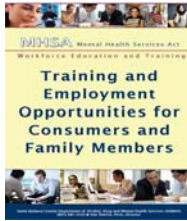


Consumer & Family Member Peer Training Program



A program of:

Santa Barbara County Alcohol, Drug and Mental
Health Services Department (ADMHS)

Mental Health Services Act (MHSA) sponsored program
developed for the Workforce Education
Training Program

This training program was developed as part of the Workforce Education and Training (WET) Program and is intended to provide interested consumers and family members an opportunity to participate in a new training program, to address workforce shortages in the mental health field, and to build skills for entry or re-entry into the workforce.

The Consumer & Family Member Peer Training Program is a two week program available to Santa Barbara residents who have personal lived experience of a psychiatric disability/mental condition and who are interested in working within the mental health system in a peer/family member support capacity. The two week training will include up to 25 consumer and family member participants. The placement of 8 half time paid interns is targeted for the fall of 2010. To enhance the opportunity to reach all members of Santa Barbara County's culturally diverse demographics, four out of the eight half time interns will be bilingual/bicultural Spanish speakers. We are hopeful that the newly trained interns will also have the opportunity to be placed in peer positions within the Santa Barbara County ADMHS System of Care.

Training Information:

Monday, July 12, 2010 – Friday, July 23, 2010

Monday through Friday: 9:00 a.m. – 4:00 p.m. (Lunch provided)

Stipends of \$85.00 offered plus reimbursements for transportation costs available.

Location of Training: Solvang's Memorial Veteran's Building
1745 Mission Drive, Small Hall

Completed application with required materials **MUST** be sent by **June 11, 2010** to:
ADMHS Human Resources Division

Attn: Lyndi Swanson, Human Resources Manager

E-mail: lswanso@co.santa-barbara.ca.us

Or Fax: 805-681-4084

Notification of application status will be the week of June 28, 2010

If you have any questions about the application or the program you can call:

Tina Wooton, Consumer Empowerment Manager at 805-681-5323

Nancy Gottlieb, WET Manager at 805-681-4908

Lyndi Swanson, Human Resources Manager, at 805-681-4011

Benefits:

Participants will have the opportunity to:

Interact with and learn from leaders in the mental health field who are at the forefront of the recovery movement

Learn essential peer recovery skills to work within the mental health system as a peer or family member and outreach to multicultural bilingual communities.

Earn certification required to apply for the six month paid WET Internship positions

Completion of the training may enhance the ability to apply for entry level opportunities throughout the system.

Gain entry level workforce skills.

Learning Objectives:

This training will give an entry level introduction to the spiral concepts which are listed below. A deeper understanding will be acquired through field based experience, targeted trainings and assigned tasks in the Internship experience.

Spiral principles:

- Core values of the system
- Guiding principles of the Mental Health Services Act
- HIPAA/Confidentiality
- Boundaries/Ethics
- Documentation
- Consumers/Family Member Involvement
- Cultural Competency
- Workplace competencies
- Entry-level competencies

By the end of the two week training period the trainee will have a basic knowledge of:

1. Various mental health conditions and substance abuse issues
2. Target population
3. Recovery principles
4. Peer to Peer Support
5. Assisting individuals in the recovery process (i.e. housing, employment, education, money management, wellness, social skills) and in accessing community resources
6. Social Security and/or affordable housing benefits
7. The importance of taking care of oneself
8. Assisting individuals to identify personal strengths
9. Boundaries of a helping relationship
10. HIPAA and confidentiality
11. Interventions consistent with scope of practice.
12. Documenting interventions
13. Mandated reporting
14. Safety and risk assessment
15. Cultural competence (*in terms of linguistic/ethnic/LGBT/spiritual issues as well as the cultures of consumers, family members, and mental health professionals*)
16. Outreach and engagement with underserved or unserved consumers and/or family members
17. Stigma reduction
18. Active listening skills
19. Facilitating support groups
20. Performing basic workplace competencies

APPLICATION

Please type or print.

Last Name

First Name

Street Address

City/Town State

Zip Code

Home Phone: (____) _____ Cell Phone(____) _____

E-mail: _____

Transportation and/or special accommodations _____

How did you hear about the Peer & Family Member Intern Training?

Education/ Training - You may attach a resume or use additional sheets.

List all education/training, beginning with the most recent.

Name and Address:

Institution:

Degree/Certificate:

Field of Study:

Date(s):

Employment/Volunteer Experience - You may attach a resume or use additional sheets.

List all prior positions, beginning with the most recent.

Agency:

Job Title:

City and State:

Dates:

Volunteer or Paid:

Additional Relevant Skills – please provide if applicable.

References

Please provide the names and contact information for three references.

1.

2.

3.

VOLUNTARY DISCLOSURE OF SELF-IDENTIFICATION

While it is your choice to provide us with the following information, it is important that we are successful in our efforts to reach out to a diverse constituency. We appreciate you providing us with the following demographic information to help gauge the success of these efforts.

First Language: _____

Gender: _____

Other Languages spoken: _____

Race/Ethnicity: _____

Any other self-identification: _____

Emergency Contact: _____

Emergency Contact Phone Number (____) _____

Requirements for Participation:

Registration for the Consumer and Family Member Peer Training requires a commitment to the following terms:

Full attendance and participation in lectures, group discussions/activities, reading and homework assignments of the training period is required. If you must miss time, please discuss this with Tina Wooton, Consumer Empowerment Manager, 805-681-5323. If excessive time is missed, it could jeopardize the successful completion of the training.

Agreement

I understand that if I am selected for this program, I will attend all training sessions. I also certify by signing below that all information in this application is true to my knowledge and the four questions are written in my own words.

Print Name: _____

Signature: _____ Date: _____

Those selected to participate in this training will be notified by either email, regular mail or a phone call.

THANK YOU!