**Training Announcement**

**Parent Peer Specialist Certification (CPS-P) Training**

TO: Potential Candidates for Certified Parent Peer Specialists (CPS-P)

FROM: Office of Children, Young Adults and Families (OCYF)

DATE: **March 19th** **– March 23rd, 2018**

SUBJECT: **Training to Become a Certified Peer Specialist-Parent**

The Georgia Department of Behavioral Health and Developmental Disabilities and consumer leadership have worked collaboratively over the past 19 years to build a lived experience workforce supporting Recovery for individuals living with a mental health condition and/or with a substance use disorder. This lived experience workforce of Certified Peer Specialists for mental health and addiction has not only changed thousands of lives, it has impacted the culture of the behavioral health system, infusing respect, recovery, wellness and empowerment throughout the system. The DBHDD is now invested in expanding this highly valued workforce to include Parents of youth living with Mental Health Conditions, Substance Use Disorder (SUD) or Co-Occurring Behavioral Health (BH) disorders. The goal is to similarly impact the youth-serving systems by supporting family journeys to recovery and wellness.

The Office of Children, Young Adults and Families, and the Office of Recovery Transformation, in partnership with the Office of Federal Grant Programs and Special Initiatives is now accepting applications from parent or guardian enrollees who meet the *lived experience* expectations below and also must meet the following criteria:

1. **Candidates must be the parent or legal guardian of a child or adult living with a mental illness, substance use and/or co-occurring diagnosis**; and one of the following:
2. Currently employed doing Peer Parent Support ; or
3. Currently employed in the public sector Behavioral Health system as a paraprofessional and have the desire to distinguish themselves as a Parent CPS-P; or
4. Have related experience serving youth and families through participation in *community volunteering, support groups, family organizations and/or advocacy.*

This training is scheduledfor **March 19th** **– March 23rd, 2018**. **Space is limited and in order to be considered for participation in this training please submit the following the completed form below.**

**Name:**

**Complete Address:**

**City:**

**State:**

**Zip code:**

**County:**

**Home/Cell Phone Number:**

**Email:**

**Referring Agency/Organization:**

1. A reference letter from your current employer describing your peer support work experience or experience which meets the criteria listed above. Please include your current title, and history working as a peer parent support provider OR related experience through participation in community volunteering, support groups, family organizations and any advocacy work that demonstrates your ability to promote wellness, resiliency and family preservation
2. A short paragraph of your lived experience making sure you address these areas;
3. Raising a child who has a Serious Emotional Disorder (SED), Substance Use Disorder (SUD) or Co-Occurring Disorder (this excludes youth with Autism Spectrum Disorder, unless there is also a co-occurring SED,SUD diagnosis)
4. Experience navigating & accessing complex public health & child service systems
5. An attestation that you are serving in a parental role as either;
6. The biological parent and caregiver for a child living with a SED,SUD or co-occurring diagnosis
7. The legal and permanent guardian for a child living with an SED, SUD or co-occurring diagnosis for a least 2 years (please provide documentation)

\* This excludes foster parents

***Please include your ability to commit to attend all 5 days of the training***

* Applications must include two (2) written references that attest to your appropriateness for certification through CARES. Please feel free to reference the CARES Mission and Value statements. The letters should also comment on your recovery by verifying the length of recovery and any pertinent peer recovery recovery support activities such as volunteer work, sponsorship, etc.  Written References can come from a sponsor, counselor, accountability partner, faith-leader, friend or co-worker. One reference should identify as being a person in long-term recovery. At least one (1) must specifically address your understanding of and belief in recovery and your ability to support others seeking or in recovery. Please ask your references to include information about your demonstrated leadership abilities, your ability to work with diverse groups of people, and your reliability/ accountability.

***Please submit all documentation by February 30th, 2018***

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