



PROJECT PEER

Peer Education &
Experience Roadmap

INFORMATIONAL PACKET

Dear Potential Participant in Project PEER (Peer Education and Experience Roadmap):

This packet provides you with in-depth information about Project PEER (Peer Education and Experience Roadmap), which is being conducted by Mental Health & Addiction Association of Oregon (MHA AO). This project is being funded by a federal grant from the Health Resources and Services Administration (HRSA). Through HRSA, each student will be offered \$1,000 in tuition coverage for peer certification training. Additionally, participants will receive a Chromebook and \$5,000 stipend to defray living expenses while actively enrolled in the program.

The goal of this grant and training project is to increase the supply of trained and qualified peer-delivered service providers in the behavioral health workforce to address the needs of underserved communities in rural, frontier, and other areas across Oregon. Because of the goal of the grant and the fact that HRSA is providing tuition assistance and stipends, it is critical that we take great care in admitting individuals to the program. Candidates should be committed to and capable of completing the program. It is expected that they will use the knowledge and skills that they have learned in the program in their present peer support job or will obtain a job within a few months after the program in which they will provide peer supports to adults, youth and young adults, and BIPOC Oregonians with behavioral healthcare needs.

In order to ensure that you are committed to and able to complete the training, we have provided this packet of information.

Here is basic eligibility for and logistics about the training program that you will want to consider before applying:

- **Basic Eligibility.** In order for individuals to begin the application process they must meet the following criteria:
 1. 18 years or older.
 2. Have lived experience with a mental health or mental health and addictions challenge.
 3. Plan to work within the peer support or behavioral health fields.
 4. Willing and able to complete both training and internship hours.
 5. Not listed on the federal debarment list (and thus ineligible to receive federal funds)

- **Training Schedule.** Trainings will be offered approximately five to six times per year. Students will be expected to attend all 80 hours of virtual or in-class instruction. Trainings are offered at variable schedules during the year. The classes will be held remotely on Zoom.
- **Internship.** Each student who completes the training course will also be required to complete 100 hours of service learning using the knowledge and skills learned in class to provide peer support. The internship should take place through an organization, which may include the following: peer-run, non peer-run nonprofit, for-profit or county mental health, programs for “at-risk” youth and/or young adults, organizations that are not specifically for people with mental health conditions, but where they are routinely served (for example, college counseling services, homeless shelters, domestic abuse programs, LGBTQI programs), and other relevant locations. Ideally, students will already be employed at or at least volunteer at an organization where they can use the knowledge and skills that they learn in this course to provide peer support to those who are served there. If applicable, it is required that students’ employer sign-off an agreement prior to the beginning of the course stating that they support the employee in taking this course and will support their internship requirement at their site. If a student is not currently employed or volunteering in such an organization, MHA AO can help to arrange for an internship opportunity.
- **Future Use of the Knowledge and Skills You Acquire through this Program.** As indicated earlier, the purpose of this grant and training program is for students to actually use the knowledge and skills that they acquire through the program to address the needs of underserved communities in rural, frontier, and other areas across Oregon. This includes but is not limited to different racial, ethnic, cultural, geographic, religious, linguistic, and class backgrounds as well as different gender identities and sexual orientations, and lived experience of recovery and services engagement related to opioid use disorder, substance use disorder, domestic violence, youth/young adult violence, trauma, and mental health.

If you are currently employed at an organization that serves these communities, we expect that you will work with the organization and its staff to incorporate what you have learned through this program to deliver the most welcoming and effective services and supports possible. If you are working at an organization that does not outreach to or attract these communities, we expect that you will work with the organization to develop services and supports for this group. If you

are not currently employed in one of these types of organizations we expect that after completing the course that you seek employment that will enable you to use the skills and knowledge that you learned through this course. The project will provide you with assistance in connecting with potential employers.

Thank you for your interest in Project PEER. We hope that you find the information included within this packet helpful. Should you choose to apply after reviewing the materials, please visit <https://hipaa.iotform.com/213416279288060> for the Project PEER application.

MHAHO Peer Wellness Specialist (PWS) Module Breakdown

<u>Module 1</u>	<u>Introduction to Peer Wellness Specialist Training</u> History Core Values Scope of Practice and Role OARS - THW Reframing Recovery Language, Identifying problematic language Checking our Biases
<u>Module 2</u>	<u>Self and Others</u> Communication and Listening skills Building positive relationships Advocacy Skills Empowerment Self-efficacy and resiliency Connecting peers to community resources Outreach Strategies
<u>Module 3</u>	<u>Self-Care</u> 8 Dimensions of Wellness Self-care for Peers working in this field Burnout Compassion fatigue Vicarious/secondary trauma
<u>Module 4</u>	<u>Social Awareness and Cultural Knowledge</u> Social Determinants of health Social Awareness Cultural awareness Cultural responsiveness Cultural knowledge
<u>Module 5</u>	<u>Health Across the Lifespan</u> Health Literacy Mental Health Challenges Addiction/Substance use Chronic Disease Management System approaches and Strategies for Peers
<u>Module 6</u>	<u>Health Care System</u> Health Care system – Physical health, mental health, & addiction Health Care advocacy Navigating health & human services systems Complementary, alternative, and integrative health care

<u>Module 7</u>	<u>Multidisciplinary Teams</u> Roles, expectations & relationships working with multidisciplinary teams Forensic Mental Health DHS Hospital Working with Caregivers/families and relationship challenges
<u>Module 8</u>	<u>Trauma Informed Approach to Peer Support</u> Define Trauma, Trauma Informed Care Prevalence and Implication Trauma Informed vs. Not Trauma Informed Trauma Informed Treatment Trauma Recovery Resources
<u>Module 9</u>	<u>Stages of Change and Motivational Interviewing</u> Prochaska Model of Stages of Changes Exploring the Variations of how people make change Understanding the basics of Motivational Interviewing Know how the stages of change and motivational interviewing impact peer services
<u>Module 10</u>	<u>LGBTQ+ Module</u> Building Trust with LGBTQ+ Peers Microaggressions
<u>Module 11</u>	<u>Recovery, Resilience and Wellness Models and Tools</u> Different Recovery/Wellness tools Evidence Based Practice Promising Practices
<u>Module 12</u>	<u>Addressing Conflict and Crisis</u> Problem Solving Techniques Conflict Identification/Resolution Crisis Intervention Suicide Prevention
<u>Module 13</u>	<u>Data & Documentation</u> HIT: Health Information Technology Sharing and Protecting Health Information The Power of Words Documentation & Collaborative Documentation Progress Notes

<u>Module</u> <u>14</u>	<u>Adult Learning, Facilitation, Organizational Skills</u> Adult Learning Principles Adult Learning Styles Group Facilitation & Collaboration Teaching, Coaching, & Support Organizational Skills & Time Management
<u>Module</u> <u>15</u>	<u>Responsibilities and Conduct</u> Legal responsibilities – Confidentiality, HIPAA Mandatory Reporting Professional Conduct Ethical Responsibilities Boundaries
<u>Module</u> <u>16</u>	<u>Person Directed Planning</u> Strengths Based Planning Principles and components of Person Directed Planning Person Directed Plans
<u>Module</u> <u>17</u>	<u>Final Day Presentations</u> <u>Final Exam</u> <u>Evaluations</u> <u>Applications</u>

INDEPENDENT LEARNING ACTIVITIES

In order to be certified as a Peer Wellness Specialist, in addition to the 80 hours of classroom teaching, participants will have 15 hours of independent learning activities as practical application of their knowledge and skills. It is required that participants will complete these activities during the six-week course. Please complete #1-4(below), and choose one additional activity from #5-7.

INSTRUCTOR INITIALS & DATE	ACTIVITY	REQUIRED/ OPTIONAL
1. _____ _____	Write up your own recovery story. Pair up with a classmate in person to share your recovery stories with each other. Take time to share your responses to each other's stories. Write a reflection about your experience of sharing your story with someone else (3 hours).	REQUIRED
2. _____ _____	Research and Prepare for a Final Day Presentation (can be done with a classmate) (5 hours).	REQUIRED
3. _____ _____	Complete Oral Health online training at https://www.daystared.com/oralhealth/ . Print certificate of completion and submit to instructor (3 hours).	REQUIRED
4. _____ _____	Complete at least 3 Harvard Implicit Bias Tests: https://implicit.harvard.edu/implicit/takeatest.html After completing the tests, write one-page reflection about the experience confronting your own implicit bias, and your internal process moving forward. **Including test results is optional**	REQUIRED
5. _____ _____	Complete Trauma Informed Care Module 1 & 2: https://traumainformedoregon.org/tic-intro-training-modules/ Write one-page reflection on how you will implement trauma informed care into your Peer practice.	OPTIONAL
6. _____ _____	Craft 5-7 informational interview questions for a PWS working in the community. Conduct the informational interview with a PWS already working in the community. Based upon the interview with the PWS, Write a one-page reflection about what you learned in your interview, and how you might revise questions for future interviews.	OPTIONAL
7. _____ _____	Develop a community resource list of at least 7 local resources, relevant to PWS work, with a brief description of the resource (including contact name(s), addresses, emails, and phone numbers of people/organizations that are accessible to peers in your local community) (3 hours).	OPTIONAL

VERIFICATION OF INTENT TO ENROLL AND COMPLETE THE PEER WELLNESS SPECIALIST TRAINING (BHWET TRACK - CFDA: 93.732)

THE MENTAL HEALTH & ADDICTION ASSOCIATION'S COMMITMENT TO PARTICIPANT (TO BE COMPLETED BY PROJECT COORDINATOR):

MHAAO commits to offering the following to participants of the Peer Wellness Specialist training – BHWET Track:

- _____ Chromebook issued prior to first day of PWS/PSS training.
- _____ Tuition assistance of up to \$1,000 for PWS/PSS training tuition.
- _____ Process background check for internship placement.

\$5,000 STIPEND TO BE DISBURSED THROUGHOUT THE LENGTH OF PARTICIPATION.

- _____ Review and sign the Tuition Assistance and Stipend Disbursement Policy with student.
- _____ \$1,000 is offered once training is completed and application is submitted to the Traditional Health Worker registry.
- _____ Month 1: \$500 disbursed at the beginning of each month of each internship.
- _____ Month 2: \$500 disbursed at the beginning of each month of each internship.
- _____ Month 3: \$500 disbursed at the beginning of each month of each internship.
- _____ Month 4: \$500 disbursed at the beginning of each month of each internship.
- _____ Month 5: \$500 disbursed at the beginning of each month of each internship.
- _____ Month 6: \$500 disbursed at the beginning of each month of each internship.
- _____ A final \$1,000 will be disbursed to the participant once training and 6-month internship is completed.

COORDINATOR SHOULD REVIEW THE DISCLAIMER BELOW WITH TRAINING PARTICIPANT.

- _____ MHAAO does not provide financial aid awards and as such does not set standards regarding them. We recommend checking with institutions of higher education with

any questions regarding any financial aid the participant may be receiving to determine if there may be an impact by an external stipend.

_____ Students will not be informed if the stipend will affect year-end tax liability and eligibility for public benefits including but not limited to financial aid. Students should seek counsel from a qualified tax preparation professional, or notify MHA AO if a participant needs resources for free or discounted tax preparation resources. MHA AO does not provide tax counsel.

**PWS TRAINING PARTICIPANT COMMITMENT TO MHA AO:
(TO BE COMPLETED BY TRAINING PARTICIPANT)**

**VERIFICATION OF INTENT TO ENROLL IN AND COMPLETE THE PROJECT PEER PROGRAM AND RECEIPT
OF A \$1,000 VOUCHER TO COVER THE COST OF TUITION FOR THE TRAINING.**

I, _____, have read the description of the requirements of the program for participation in Peer Wellness Specialist Training through Project PEER and for receiving the \$1,000 voucher to cover the cost of participation and I agree to the following:

_____ As a participant of the Peer Wellness Specialist training – BHWET Track, other identifying information, and program completion information will be used by MHA AO for statistical and reporting purposes. Information collected will be kept confidential from the general public.

_____ As a participant of the Peer Wellness Specialist training – BHWET Track, be willing to provide MHA AO and OPTIC with required reporting information for up to one year post training completion.

_____ I agree to be placed in an experiential internship for a 6 month period, at a minimum of one day a week to total 100 hours.

_____ I commit to full attendance and participation within the program. I will attend each of the online classes for the Peer Wellness Specialist training from 9:30am-2:30pm on the dates for the cohort I have selected. I will check my calendar to confirm that I do not have plans, nor will I make plans on these days. I understand that attendance is a requirement of completing the training.

_____ I understand that I must have reliable access to the necessary technology in order to fully participate in the online PWS class sessions. This includes the internet and a computer that can operate Zoom. One (1) Chromebook will be provided to me by MHA AO, and I understand that I will be responsible for the care and maintenance of the Chromebook. Replacements will not be provided by MHA AO.

- _____ I understand that I must have audio and video capabilities to fully participate in the training. Students are expected to be on video during the training to promote participation and engagement.
- _____ Be on time, and stay for the duration of the online class, with minimal distractions.
- _____ I understand that being late at the beginning of training, as well as returning from any training breaks, will not be tolerated. Being late more than once may result in additional work and/or being required to retake the training.
- _____ I commit to complete all of the assignments and exams in order to be eligible for training completion. Additionally, I commit to completing and submitting my state certification application in a timely manner post-training and then agree to participate in a 100-hour internship.
- _____ I will conduct oneself as a Peer Wellness Specialist and meet classroom expectations, ***this includes limiting cell phone usage to breaks and demonstrating appropriate boundaries.***
- _____ I have read carefully the Oregon Health Authority certification application including the information about criminal history background checks and the factors that OHA weighs when a person has offenses reported on their record in determining if they will be certified.
- _____ If offenses appear on my criminal history, I will disclose this information to the program instructors, however, I understand that MHAAO and the instructors cannot guarantee my certification through OHA. If I am ineligible for certification, I may not participate in the Project PEER program.
- _____ After successful completion of all course requirements, I will apply to the Oregon Health Authority (OHA) to obtain certification as a Peer Wellness Specialist (PWS) and check my email regularly for updates on my background check and possible fingerprinting. I understand that certification and application processing is handled through OHA and that MHAAO's role is to provide the certification training.
- _____ I understand that I must and commit to completing a 100-hour internship following my peer certification training. I agree to be responsive to program communications and check-ins during this time, and will inform the project coordinator if any issues or concerns arise during my internship.
- _____ I commit to conducting myself as a professional peer-delivered services provider while participating in my internship.
- _____ If I am currently employed or volunteering in a peer support-relevant capacity, I will arrange with my supervisor(s) to complete my internship hours within my current position, unless otherwise discussed with program staff or your supervisor.

_____ As a participant of this training, I agree to inform the Mental Health & Addiction Association of Oregon of my THW certification status, and if I become employed as a PWS, by contacting the HRSA Coordinator Ariana Alvarado at aalvarado@mhaoforegon.org or 503-758-6445.

_____ I understand that as a Project PEER participant, I will not receive a cash refund if I cancel my training enrollment. I will be eligible to take an MHAAO PWS training within a one-year period after my originally scheduled cohort. I agree to inform the project coordinator, Ariana Alvarado, at aalvarado@mhaoforegon.org as soon as possible once I become aware of any changes in my program enrollment.

Applicant's Name:

Applicant's Signature and Date:

Project Coordinator's Name:

Project Coordinator's Signature and Date:

*****PLEASE NOTE THAT YOU MUST HAVE ACCESS TO HIGH-SPEED INTERNET THAT ALLOWS FOR PARTICIPATION USING ZOOM.**

*****PLEASE NOTE THAT FACILITATORS ARE NOT RESPONSIBLE FOR SOFTWARE/EQUIPMENT DIFFICULTIES.**

EXPECTATION OF ANTI-DISCRIMINATION

The Mental Health & Addiction Association of Oregon strives to treat all people equally and to promote equality in all its programs and trainings. As a Peer Wellness Specialist, it is imperative that you can support all people, free from judgment, bias, prejudice, and discrimination. A Peer Wellness Specialist should not discriminate on the basis of race, color, national origin (ancestry), disability, religion (creed), age, sex/gender, sexual orientation, gender identity and expression, marital status, veteran status, source of income, or any other basis prohibited by federal, state, or local law.

As an Oregon State certified training agent, MHAAO and OPTIC are committed to our duty to ensure that we do not certify individuals who would pose a risk of harm to people who they serve. If we observe discriminatory judgment, bias, or prejudice, we reserve the right to withhold the certificate of completion necessary for certification through the State of Oregon.

By signing below, you understand the expectation of anti-discrimination as a Peer Wellness Specialist.

Applicant's Name:

Applicant's Signature and Date:



STORY AND PHOTO RELEASE FORM

I grant Mental Health & Addiction Association of Oregon (MHAAO) permission to use my story and/or its likeness and any photographs provided in any and all of its publications, including website entries, without payment or other consideration.

I understand and agree that I have submitted these materials to MHAAO voluntarily and they will become property of MHAAO and will not be returned.

I irrevocably authorize MHAAO its agents to edit, copy, exhibit, publish, distribute or not use my story for purposes of publicizing MHAAO programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my information appears.

Additionally, I understand that I will not receive any royalties or other compensation arising from or related to the use of the information. I hold harmless MHAAO from any claims, demand, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on behalf of my estate have or may have by reason of this authorization or the use of my story, likeness, and photos. I certify by my signature that I am 18 years of age and am competent to contract in my own name.

☐ By checking this box, I acknowledge that I have read, fully understand, and agree to the contents, meaning, and impact of this release.

Printed Name: _____

Signed Name: _____ Date: _____