



PEER EMPLOYMENT TRAINING

Information Packet and Application



JUNE 1, 2019

CHEEERS RECOVERY CENTER

For More information contact CHEEERSREFERRALS@CHEEERS.org or Deborah.Ludlow@cheeers.org



So, you are interested in learning more about Peer Employment Training at CHEEERS?

Here is what you need to know and some of our frequently asked questions ...

CHEEERS offers Arizona State approved Peer Employment Training to individuals with lived experience (having lived experience living with / having received services to treat a mental health and or substance use disorders) who meet the state and CHEEERS specific requirements, complete the training and pass the state approved competency exam.

FAQ:

1. What are the requirements to receive Peer Employment Training at CHEEERS?

Answer: All individuals interested in the Peer Employment Training at CHEEERS must complete

- A. PEER Employment / Enrichment application,*
- B. An Intake to CHEEERS services if you are on AHCCCS or with the RBHA (** see Note below about what is needed)*
- C. Attend a one to one session with our Peer Employment Training Coordinator to determine whether or training program will meet the individuals needs*
- D. Attend an orientation session (scheduled after one to one meeting with training coordinator if it is deemed the training program is appropriate.)*
- E. All individuals seeking Credentialing / Certification as Peer Supports in Arizona must provide proof of GED, or High School Diploma, must complete state approve course work and pass a competency exam with a score of 80% or more*

2. If I am an enrolled member in an AHCCCS ACC health Plan or RBHA, is there a cost?

Answer: No, if approved for the training program offered at CHEEERS and an intake is completed, the cost of your training will be billed to your ACC health Plan or RBHA. Please see note below about what is needed from your provider, or clinic to complete an intake.

3. If I do not have AHCCCS or am not enrolled with the RBHA, can I complete the training at CHEEERS?

Answer: Yes, but there is a cost. The process remains the same other than you don't need to complete an intake. CHEEERS will meet with you to determine if we have a training program that will meet your needs that may have additional funding sources



or determine how the costs associated with the course will be covered. The typical cost of the training which includes material, 45 hours of classroom time, one to one meeting with Coordinator, and the competency exam is approximately \$1400.00. A small investment for a program that will allow you to obtain employment as a Credentialed Peer Support Specialist.

4. ***What if I meet with the Coordinator for the Peer Employment Training at CHEEERS and it is determined the program doesn't meet my needs, are there other services I can receive?*** Answer: Yes, CHEEERS recognizes that Peer Employment Training may not be right for everyone given individual circumstances. We have developed a special service we can offer called our Peer Enrichment Program. This program is similar to the training a person would receive in the employment program only individuals do not complete the competency exam and do not become credentialed Peer Supports. This program offers the benefit of the information shared in Peer Employment Training with enhancements that an individual might use in a volunteer experience or to gain interpersonal skills.

5. ***If I attend the Peer Enrichment Program, and decide later than employment is something I want to pursue, can I just take the competency exam without taking the Peer Employment training, since the two courses are similar?*** Answer: No, you must complete Peer Employment Training to take the competency exam.

6. ***How many times can I take Peer Employment Training?*** Answer: CHEEERS allows individuals who do not pass the competency exam the first time to complete the course one additional time, based on approval and with consideration given to circumstances that may have influenced the competency exam score. If the competency exam is not passed with a score of 80% or more the second time, the individual will meet with the Training Coordinator to discuss options that might be available.



7. I want to learn more and be considered for CHEEERS Employment Program, what do I need to do now?

*If you are receiving Services with a provider, clinic or agency. Ask your case manager or care coordinator to refer you to services at CHEEERS, using the standard referral packet (** see note below). You will also need to complete the application attached to this document to send with the referral.*

Or: Please inform your provider/ agency clinic of your desire to look into these services and have them call us at 602-246-7607 asking for Intake / Referrals.

If you are not receiving services with a clinic, agency or provider.

Please fill out the attached application and send to us at CHEEERSREFERRALS.org or call us at 602-246-7607 asking for Jennifer or Debbie L. We will be happy to answer your questions.

*****Note Regarding Required Intake and Referral Packets:***

The Referral packet from your provider, in addition to Application for PET filled out by the interested person must sent to us so we can complete an intake.

For ease the referral packet has been attached to this packet so you may print it out and take to your provider.



**Peer Employment Training
Or
Peer Enrichment Program**

**To be completed by member/ interested person and returned to
Deborah.Ludlow@cheers.org or with the referral packet from the referring agency
/provider.**

Name: _____ **Date:** _____

Cell # _____ **Home #** _____

Are you an individual with lived experience? Yes or No

Which would best describe the group of individuals you represent as a PEER?

- General Mental Health /Substance Use Disorders
- Serious Mental Illness
- Substance Use Disorder, no mental health
- Serious Mental Illness / and Substance use disorder.
- Other, please explain: _____

Are you enrolled with one of the following health plans?

- Mercy Care
- Mercy Care RBHA (those with SMI designation)
- Banner University
- United Health Care
- Arizona Complete Care
- Magellan
- Care 1st
- Stewart Health
- NON- Title, not AHCCCS eligible or not currently on any of the AHCCCS plans
- Other: Please list: _____

**Are you currently receiving, or have you recently received services with a
provider or clinic or Primary Care Provider?**

If yes,



Who: _____

Where: _____

Contact Name: _____

What do you hope to gain from the PET or PEP program?

- I am seeking employment as a Credentialed Peer Support and I believe I am capable of working full or part – time
- I do not intend to seek employment as Peer Support, I am interested in the class for personal growth or for volunteering only.
- I am looking to develop skills and learn more about myself.

All individuals who are referred for Peer Employment Training or Peer Enrichment Program are required to meet with a CHEEERS staff member to explore whether the programs at CHEEERS will meet the individual's needs.

General Questions
Are you 18 years or older? Yes or No
What is the highest level of education you completed?
Do you have a high school diploma, equivalent, GED? Yes or No
Do you have a copy of your GED certificate or Diploma? Yes or No
Where did you receive your GED, or Diploma?
School:
City:
State:

*Please use the back of the page to write any additional information you would like about what interests you in the Peer Employment Training or the Peer Enrichment program.
(not required)*

Please note:

Individuals interested in learning more about our Peer Employment Training and / or our Peer Enrichment Program must complete this form and complete an intake for services at CHEEERS (if not already enrolled with CHEEERS). Once intake is complete, individuals will be scheduled to meet with our staff members to talk about PET and PEP.

Please send this form to Deborah.Ludlow@cheeers.org

Or with the Referral packet from the provider agency to CHEEERSReferrals@cheeers.org



CHEEERS REFERRAL FORM

www.cheeers.org

1950 W. Heatherbrae Dr. Suite 2 Phoenix, AZ 85015 602.246.7607 Referral Fax 602-424-6241
email CHEEERSREFERRALS@CHEEERS.ORG

Date of Referral: _____

Name of Person being referred: _____ Date of Birth ____/____/____

AHCCCS ID: _____ Phone # (where the individual can be reached): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Gender: Male Female Transgender Individual is: SMI / RBHA GMH/SA ALTCS

Health Plan coverages: Name of Health Plan or Benefit: _____

Required Documents for Referrals from Provider Agencies / Clinics / Health Plans

- Current Assessment (diagnostic evaluation)
 Current Individual Service Plan, listing all Services offered at CHEEERS **see Notice Below **
 Authorization to Release Information

** Notice: As a Peer Operated Program following best practice standards, CHEEERS programming structure allows for member choice, therefore all Peer Delivered services offered at CHEEERS must be included in the ISP. (does not apply to ALTCS members or unless otherwise arranged/ authorized)

Services listed on the ISP must include all of the following to allow for member choice:

- 1. Peer Support
2. Behavioral Health Day Treatment,
3. Skills Development
4. Psychoeducational/ Pre-Job Training and Development
5. Behavioral Health Prevention Education
6. Non-Emergency Transportation Services to engage in skill development activities or recovery activities.

Self-Referrals or Non- Provider Referrals: For individuals not referred by a Provider Agency or who do not have a current assessment or ISP, CHEEERS will make arrangements for the individual to receive an assessment and have an individual service plan completed by a qualified BHP.

Referring Provider/ Site/Clinic: _____ Phone: _____

Name of Staff or person making the referral: _____ Title: _____

Please send Referral Face Sheet and Required Documents to CHEEERSREFERRALS@Cheeers.org or fax to 602-424-6241

