Office of Peer Recovery & Engagement
CERTIFIED PEER SUPPORT WORKER TRAINING PROGRAM

READINESS FOR TRAINING GUIDE

Thank you for your interest in serving New Mexicans with behavioral health issues. The Certified Peer Support Worker (CPSW) training program prepares people who are successfully engaged in recovery from mental health and addiction issues to help others in their recovery journey. Because of their own personal recovery experiences, CPSWs are uniquely qualified to enhance services delivered by provider agencies. New Mexico CPSWs are currently employed in Core Service Agencies and other provider settings, in peer-run wellness centers, and with Managed Care Organizations.

Who are Certified Peer Support Workers?
CPSWs are individuals in recovery from mental health and/or substance use issues who have successfully completed a training class and passed a certification exam. CPSWs use their experience to inspire hope and instill in others a sense of empowerment. They are trained to deliver an array of support services and to help others identify and navigate systems to aid in recovery.

What are Peer Support Services?
Peer support is “a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful.” (Mead 2001). Peer support services are programs, groups, events, and discussions within the behavioral health system led by people in recovery, based on the philosophy of peer support. Services are delivered within the structure of an agency or organization, or in a person’s home. The following are some examples of peer support services:

- Providing support for clients’ physical health conditions or concerns
- Giving assistance with independent living skills (e.g. money management, problem solving, establishing boundaries, reducing stress)
- Working together to develop socialization and recreational skills
- Setting a plan to provide aid and comfort to a person in crisis
- Developing recovery and resiliency skills

Certified Peer Support Workers Training
The Office of Peer Recovery & Engagement (OPRE), through the Behavioral Health Services Division (BHSD) of the NM Human Services Department, offers a training program for individuals seeking certification as Peer Support Workers. The training requires 40 hours of classroom time over five days and covers topics such as professionalism, ethics, components of recovery and resiliency, mental health and substance use disorders, building communication skills, stress management, and supportive housing. The curriculum is structured to train individuals in skills and
content universal to peer support issues and to provide an understanding of how peer support services are structured in New Mexico.
To be considered for training, the CPSW application must be completed in full, and all eligibility requirements met. The application includes a written application and a brief (15-20 minute) telephone interview. We may ask that you provide written documentation from your therapist, counselor, or sponsor to demonstrate two years of sustained recovery.

Training Readiness
Working as a CPSW is rewarding but also can be stressful, and is not for everyone. You should consider the following before deciding to attend certification training:

Training
- The training environment is a formal classroom atmosphere and requires participants to focus during class time and review some material outside of class. If you have not been in a classroom situation for some time, you may find it difficult to adjust to a structured environment.
- Training is intensive and tiring. Short breaks are provided in the morning and afternoon, but you will need sufficient energy to stay focused, alert, and involved.
- Training is interactive and involves role-playing, public speaking, and working within groups. You will need to be comfortable sharing personal information and working closely with others.
- You will be asked to participate in activities using components of your own recovery story. Be certain you are comfortable sharing your recovery story with others.
- You will be required to listen to the recovery stories of others. This situation makes some people uncomfortable, particularly if stories touch a “trigger.”
- This is not a self-empowerment class. This training is designed specifically to teach you how to support other peers in their recovery in a compassionate yet professional manner.

Logistics
- The dress code for this training is professional casual. We want you to feel as if you are already in the workplace. This means nice-looking jeans or khakis, a polo or dress shirt and sweater; the same applies for women, who may wear a suitable dress or skirt instead. Please do not wear shorts of any type, T-shirts or holey pants, or other dress not suitable for workplace wear.
- If you are traveling to the training and will be staying in Albuquerque, please remember the training starts early Monday morning and ends on Friday. Please make your travel plans with this in mind.
- You must attend all five days of class from 8:30 a.m. to 4:30 p.m. If you miss a class or are more than 10 minutes late one time, you will not be allowed to continue the training.
- We ask that you keep your cell phone off during the training. You will have time to respond to voicemails during breaks and lunch.
**Training Eligibility Requirements**

To be eligible for CPSW training, you must meet all of the following requirements:

- Be at least 18 years of age
- Have a valid New Mexico mailing address
- Have a high school diploma or GED
- Be a current or former consumer of mental health and/or substance use treatment/support services
- Have at least two years of demonstrated mental health or substance use recovery and be able to provide written certification from a therapist, counselor or sponsor
- Be able to manage your own wellness
- According to current NM state regulations, the felony convictions below disqualify an applicant “from employment or contractual services with a care provider” (7.1.9.11 NMAC). While the Office of Peer Recovery and Engagement does not bar people with any of the below convictions from the CPSW training, candidates should be aware that each agency has regulations, rules, and policies that may preclude a person with a felony background from employment:
  - Homicide
  - Trafficking, or trafficking in controlled substances;
  - Kidnapping, false imprisonment, aggravated assault or aggravated battery;
  - Rape, criminal sexual penetration, criminal sexual contact, incest, indecent exposure, or other related felony sexual offenses;
  - Crimes involving adult abuse, neglect or financial exploitation;
  - Crimes involving child abuse or neglect;
  - Crimes involving robbery, larceny, extortion, burglary, fraud, forgery, embezzlement, credit card fraud, or receiving stolen property; or
  - An attempt, solicitation, or conspiracy involving any of the felonies in this subsection.

**Cost of Training/Fees**

There is no charge for the training. OPRE will provide supplies used in exercises, a training manual, and an exam study guide. You should bring pens or pencils, paper, and highlighters. If you require other supplies throughout the course of an all-day meeting, please bring them.

At the training, you will need to give the state Observer a money order or company check for $120 made payable to NMCBBH (New Mexico Credentialing Board for Behavioral Health Professionals) to ensure your registration for the certification exam. Please know that the NMCBBH charges a $50 administrative fee if you cancel your place at the exam after...
registration. Since the $120 registration fee is non-refundable, the total cost of not taking the exam after registration is $170.

If you have a personal medical emergency that prohibits you from taking the certification exam and wish to request a waiver of the cancellation fee, you must notify the NMCBBHP directly no later than 24 hours in advance of the test. Their email is info@nmcbphp.org. They will review your request and notify you directly of their decision.

**Testing, Certification and Recertification**
In order to attain certification, participants must successfully complete the five-day training course and pass New Mexico’s certification exam with a score of 75% or better. The NMCBBHP administers the certification exams quarterly in Albuquerque, usually at the Los Griegos Community Health Center.

Individuals who pass the exam will be certified as CPSWs in New Mexico for a period of two years. To maintain certification, you must take an additional 40 hours of continuing education (CE) contact hours during the two-year certification period, including 6 CEUs each in ethics and cultural competency. Continuing education topics will be discussed during training.

**Next Steps/Contact Information**
If you believe you are ready for training, you can download an application from our website: http://newmexico.networkofcare.org/mh/content.aspx?id=5693 If you would like us to send you an application or have questions about the training or application process, please contact the Office of Peer Recovery and Engagement (505) 476-6290. Please be aware that the application process includes a telephone interview, so make sure to provide a phone number where you can be contacted for your interview.
OFFICE OF PEER RECOVERY & ENGAGEMENT
CERTIFIED PEER SUPPORT WORKER APPLICATION
FOR TRAINING

Please read the CPSW Training Readiness Guide before completing this application.

About This Training
Thank you for your interest in serving New Mexicans with behavioral health issues. The CPSW training program prepares people who have successfully engaged in recovery from mental health and substance abuse to help others in their recovery journey. Using your own experiences and personal growth, you will learn to support the recovery and wellness of others through peer-delivered services and recovery principles. Successful completion of the training and the exam will certify you to provide peer support services in New Mexico.

Training Dates and Times
• Trainings are Monday through Friday, 8:30 a.m. to 4:30 p.m. Lunch and breaks will be provided during the day.
• Individuals who are more than 10 minutes late to a class will not be allowed to continue training.

Dress Code
• Acceptable: “Business casual” clothing - Khakis and nice-looking jeans, Dress shirts, polo shirts, or a clean plain T-shirt and jacket or sweater for men; women may wear pants, a skirt, or a dress
• Not acceptable: shorts, worn and holey jeans, T-shirts with inappropriate imprints, or overly revealing clothing

Registration Fees, Expenses
• Training classes and many supplies are free. However, you will need to bring pens, paper, and highlighters as well as other supplies you need for an all-day meeting.
• If you require special accommodations, please contact Teresa and let her know.
• Travel and accommodations are your responsibility. Each training will have available, a limited number of scholarships to cover lodging. These are awarded based on demonstrated need, with preference given to those already employed as peers.
• Lunches and beverages are provided free of charge.
• The nonrefundable certification exam fee is due by day one of training. Individuals who do not pay this fee will not be registered for the exam. Money orders or company checks should be made payable to NMCBBHP.

A Training Manual and related documents will be provided to you in the first class. You will need these throughout the training. Because they contain valuable information for certification testing and your career working as a CPSW, we strongly recommend you retain this information. Should you need to replace the Training Manual, there will be a $20 charge (payable to The Life Link) to cover printing costs.

CPSW Application
March 2015
Application Process
Please FAX your completed application to: CPSW Training, OPRE, (505)476-9272, or mail to: CPSW Training, OPRE, NM HSD/BHSD, PO Box 2348, 37 Plaza la Prensa, Santa Fe, NM 87504

- Completed applications must be submitted to the Office of Peer Recovery & Engagement no less than 30 days prior to the scheduled training.

- We will contact you to conduct a brief telephone interview three to four weeks before the training. Please be certain to provide us with a suitable phone number to ensure you can complete a 15-20 minute interview. Your application is not complete until the interview has been conducted.

- Applicants will be notified of their eligibility to attend training.

Questions?
Contact the Office of Peer Recovery & Engagement (505) 476-6290

When sending your application, please return only pages 7-10.
OFFICE OF PEER RECOVERY & ENGAGEMENT CERTIFIED PEER SUPPORT WORKER TRAINING APPLICATION

CONTACT INFORMATION
Name: _______________________________________________________________
Mailing Address: __________________________________ City: ________________________________
State, ZIP: __________________________ Email: ________________________________
Home Phone: ( ) ______________________ Cell Phone: ( ) ________________________________

Which phone number should we use for your 15-20 minute interview?* ____________________

*After receipt and approval of your application and approximately three to four weeks prior to the training, one of our staff will contact you by telephone for an informal 15- to 20-minute interview.

Emergency Contact: __________________________ Phone: ( ) ________________________________

CANDIDATE ELIGIBILITY CHECKLIST (Please initial all that apply to you)

___ I am at least 18 years of age
___ I have a valid New Mexico mailing address*
___ I have a high school diploma or GED (required to attend training)
___ I am a current or former recipient of mental health and/or substance use treatment/support services
___ I have at least two years of demonstrated mental health or substance use recovery and can provide written certification from my therapist, counselor, or sponsor if requested.
___ I am able to manage my own wellness.
___ I have read and understand the READINESS FOR TRAINING GUIDE. It is essential that you understand the principles in the Guide before applying for training.
___ I have no convictions for domestic violence, sexual offenses or other serious crimes against persons as outlined in the Readiness for Training Guide

Please list any felony convictions and outcomes: __________________________________________


* The State of New Mexico pays for CPSW training to aid in behavioral health workforce development within the state. If you live in another state, you will need to be trained and certified in your state of residence.
• For Arizona go to: http://www.recoveryinnovations.org/riaz/peer_training.html
• For Texas go to: http://www.Viahope.org
• For Colorado go to http://www.colorado.gov/cs/Satellite/CDHS-BehavioralHealth/CBON/1251578892077
TRAINING PARTICIPATION REQUIREMENTS CHECKLIST *(Please read and initial to indicate your understanding of the following)*

___ I will attend, be on time, and actively participate in all five days of training and understand that I cannot miss *any* training session for *any* reason.

___ I will participate in discussions and role-plays using my personal experiences.

___ I understand I must take the certification exam to complete certification as a CPSW.

___ I understand that I must bring a check to the training in the amount of $120, payable to NMCBBHP, to register for the certification exam.

___ I understand that I *am not guaranteed employment or a volunteer position* as a result of participating in this training.

___ I understand that if I cannot attend the training, I will provide five business days’ notice by phone to the Training Coordinator. If I do not provide this notice, I will not be able to attend a CPSW training for one year.

**RECOVERY EXPERIENCE**

1. How long have you been in recovery? ____________________________

2. What self-care training have you had?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

3. Why do you believe it is important for CPSW to share recovery stories with clients?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

4. Why do you want to become a CPSW?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

CPSW Application
March 2015
5. What factors are most important in your own recovery?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

6. Are you currently, or have you ever been, employed as a peer worker? If yes, please explain.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

7. Did you complete this application yourself? ________________________________
   If not please explain, and tell us who completed the application and why:
   _______________________________________________________________________________
   _______________________________________________________________________________
   _______________________________________________________________________________

Please indicate your highest level of education: High School/GED _______ Some college ______
College degree _______ Advanced degree _______

Currently, the trainings are held in Albuquerque. How will you get to the training?
____________________________________________________________________________________

Please list any reasonable accommodations you may need for the training:
____________________________________________________________________________________

If you require a special diet, please describe: ________________________________

Your signature below affirms that you read and understand what is expected of all applicants, and the information you provided is accurate. Your application will not be considered if not signed and fully completed.
Signature _____________________________  Date ____________________

Print Name ________________________________
Optional Demographic Information
(optional information to help us gauge diversity in the peer workforce)

Gender:  Male ____  Female ____  Other ____

Age Group:  18-25 ____  26-39 ____  40-55 ____  56+____

Race/Ethnicity:  American Indian/Alaska Native ____  Asian/Hawaiian Islander ____
                Black/African American ____  Hispanic/Latino ____  White ____  Other ____

Are you a vet? ______  If yes, which branch of service? ________________________

Authorization and Release

I hereby authorize the New Mexico Credentialing Board for Behavioral Health Professionals (NMCBBHHP) to make any inquiry of any agency, facility, or organization or individual for any and all additional information, which might be necessary to fully and properly evaluate my application for Certified Peer Support Worker Training and Testing.

I hereby release and hold harmless the New Mexico Credentialing Board for Behavioral Health Professionals, its Board of Executive Officers, its employees, agents, and other representatives of the board from any and all manner of suits, actions, claims, and judgments which might arise from such efforts to further document the statements and claims I have made in this application or in the processing of consideration of same.

I further acknowledge, understand, and agree that any falsification or misrepresentation of information by myself or others regarding my experience and/or qualifications will be sufficient reason for denial of my application or for withdrawal of certification at a later date. I also affirm that I conform to the New Mexico Certified Peer Support Worker Code of Ethical Standards.

________________________________________________________________________
Signature

________________________________________________________________________
Date