



The training will begin in January 2017 at  
 Contra Costa Community College, San Pablo, CA

The purpose of the SPIRIT Training is to help you make an important contribution to the behavioral health system by preparing you to work in a consumer/family provider position in either a paid or volunteer capacity within an agency that provides behavioral health services. The SPIRIT Training helps you to develop core skills to empower yourself by attaining and maintaining recovery and resiliency through self-awareness and peer, family support, while learning to assist others in doing the same.

**This program is intended for individuals who fit at least one of the following criteria: Please Check Box Below**

- Individuals who are mental health consumers (receive services for mental health purposes) or have lived experience as mental health consumers, or**
- Family members of an adult receiving services in the mental health system.**
- Parent or Caregiver of child up to the age of 18 who have or had received Mental Health Services.**
- Transitional Aged Youth**

Goals

1. To become more empowered, explore potential and help others learn resiliency and empowerment skills.
2. To gain an understanding of the importance of peer and family support as an integral part of the recovery and resiliency journey, as well as to the overall behavioral health system of care.
3. To gain a working understanding of Contra Costa Behavioral Health’s system of care which includes, the Consumer/Survivor/Ex-Patient Movement, the Family Member/Family Partner Movement, self-help, and recovery/resiliency oriented techniques and principles.
4. To identify, develop and sustain your personal support system, develop and use a personal Wellness Recovery Action Plan and to help others to incorporate these skills into their personal wellness process.
5. To become more aware of community resources which aid consumers and their families, including young adults and children in living successfully within the larger community.
6. To explore career options that will help you develop the skills enabling you to find meaningful work activity and to learn skills and receive on the job training in the behavioral health field.

The Behavioral Health Service Provider Individualized Recovery Intensive Training (SPIRIT) includes two components; the comprehensive classroom training and support program, followed by the individualized Work-Study placement. This program is a collaboration between Contra Costa Behavioral Health Services, (CCBHS) Office for Consumer Empowerment (OCE) and Contra Costa College, (CCC) to train, place, and support behavioral health clients as they transition into becoming service providers in the field.

Application Deadline and Mailing Information

**Application Process: This APPLICATION is due by October 14, 2016**

**Please submit your completed application to:**

Contra Costa Behavioral Health Services  
Office for Consumer Empowerment  
1340 Arnold Drive, Suite 200  
Martinez, CA 94553  
Fax (925) 957-5156

For further information about the SPIRIT Training or application, please contact:  
Quincy Slatten @ (925) 957-5113 or Michael Petersen @ (925) 957-5143

Training Components

- I. **Intensive Classroom Training (SPIRIT I and II):** The classroom training takes place during the Spring 2017 college semester (starting in January 2017) at Contra Costa College in San Pablo. It consists of two three unit college classes (six units total), SPIRIT I and SPIRIT II. Students take SPIRIT I for the first half of the semester, and then SPIRIT II during the second half of the semester. Students may not participate in SPIRIT II without successful completion of SPIRIT I.
  
- II. **Work-Study/Summer Internship (SPIRIT III):** The work study portion of SPIRIT takes place during the summer 2017 college semester and includes a six week internship (for ten to fifteen hours per week) at a human service agency and once a week classroom instruction. Students must successfully complete both SPIRIT I and II to participate in SPIRIT III. Students receive three units of college credits for successfully completing SPIRIT III.
  
- III. **Allowance:** A limited number of students may be eligible for an allowance to assist with transportation and other expenses needed to complete the training. Allowance selection is based on where behavioral health services are received, application content, and an in-person interview.



William B. Walker, M.D.  
Health Services Director  
Cynthia Belon, L.C.S.W.  
Behavioral Health Services Director

Contra Costa Behavioral Health  
Administrative Offices  
1340 Arnold Dr. Ste. 200  
Martinez CA. 94553  
Ph (925) 957-5150  
Fax (925) 957-5156

Dear SPIRIT Applicant,

SPIRIT is a behavioral health consumer and family driven and focused college accredited class. SPIRIT is facilitated by peers for peers and family members. Because SPIRIT is a collaboration with Contra Costa College, some of your personal and identifying information may be shared and exchanged with the college. Additionally, the College may require some administrative information, such as attendance, grades, conduct, or other college related activities. Being an applicant or participant in SPIRIT may identify you as a consumer of behavioral health services or a family member of a person receiving services.

**I have read and understand the above statement.**

**This acknowledgement is advisory only, and is not consent to release information.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

**Behavioral Health Service Provider Individualized Recovery Intensive Training**

**SPIRIT Application**

**Please print or type legibly. DO NOT USE CURSIVE HANDWRITING**

- Please answer each question carefully. Be as direct and specific as possible.
- Use extra paper if necessary. Number answers on extra paper.

If you have questions about the application, please Contact:  
Quincy Slatten @ (925) 957-5113 or Michael Petersen @ (925) 957-5143

**Please return completed applications by October 14, 2016 to:**

Contra Costa Behavioral Health Services  
Office for Consumer Empowerment  
1340 Arnold Drive, Suite 200  
Martinez, CA 94553  
Fax (925) 957-5156

1. Name/Personal Information:

Last: \_\_\_\_\_

First: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip : \_\_\_\_\_

Home Phone: (        ) \_\_\_\_\_

Cell Phone: (        ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

2. Please list two references:

a. Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Agency: \_\_\_\_\_

b. Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Agency: \_\_\_\_\_

3. Do you identify as a mental health consumer (a person with a mental health condition) or family member (parent, caregiver or family member of someone who receives mental health services)? If so, are you willing to share this with others in your work as a Peer/Family Provider?

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4. **We value personal or lived experience in the behavioral health system.** This may include personal experience that gives insight into behavioral health, dual diagnosis, self-help, recovery/resiliency-based services, or experiences you've had helping peers and/or family members. Please describe what involvement or knowledge you have that will help you or add to your skills as a peer provider or family member in behavioral health.

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5. In order to do well in this training, people who have had problems with drug and/or alcohol abuse need to be in recovery (abstaining from use of alcohol and other substances, especially within a professional/academic setting). If this applies to you, how long have you been active in the recovery process?

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6. Why is it important to learn about and practice methods of wellness, recovery, and resiliency in behavioral health and/or substance abuse?

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7. Based on your experiences in behavioral health or navigating services for a family member, are there particular types of positions that interest you the most?

Please List here:

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8. Why do you want to participate in the SPIRIT Behavioral Health Service Provider Training?

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9. Please specify the highest level of education completed. *There is no specific level of education required to apply for the training, however certain job classifications do require a minimum level of education, usually a HS diploma or GED.*

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10. Do you have experience with peer or family support as a peer, family, or parent provider? (working, living, assisting peers or family members or being assisted by people with behavioral health issues) If so, please describe your experience.

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12. Behavioral health providers must deal with potential conflict amongst co-workers and/or the consumers or family members they serve. Please describe: *(provide an answer for each question)*
- a) A situation in your personal or professional life where you've experienced conflict.
  - b) What steps did you take to resolve the situation?
  - c) What would you do differently were a similar situation to occur again?
  - d) What did you learn from this experience?

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13. Computer Proficiency; Do you know how to do the following tasks on a computer? (circle yes or no for each)

- a. Send and receive email: yes no
- b. Write and print documents on a word processor: yes no
- c. Use the internet to do research and register for classes: yes no

14. If you speak or read and write in another language in addition to English, please specify the language and circle your level of ability with reading, writing and/or speaking.

- a. \_\_\_\_\_ fair good fluent      fair good fluent  
**Language** **Speaking** **Writing**
- b. \_\_\_\_\_ fair good fluent      fair good fluent  
**Language** **Speaking** **Writing**

15. Please list the most recent **volunteer work** you have done: (Begin with the most recent. Please use extra paper if needed).

- a. \_\_\_\_\_  
**Type of Work** **Location/Agency** **Dates Worked**
- b. \_\_\_\_\_  
**Type of Work** **Location/Agency** **Dates Worked**
- c. \_\_\_\_\_  
**Type of Work** **Location/Agency** **Dates Worked**

16. Please list any **paid employment** experience that you have: (Begin with the most recent. Please use extra paper if needed).

a.	_____	_____	_____
	<b>Type of Work</b>	<b>Location/Agency</b>	<b>Dates Worked</b>
b.	_____	_____	_____
	<b>Type of Work</b>	<b>Location/Agency</b>	<b>Dates Worked</b>
c.	_____	_____	_____
	<b>Type of Work</b>	<b>Location/Agency</b>	<b>Dates Worked</b>

17. Is there anything else you would like to add?

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