



Service Provider Individualized Recovery Intensive Training



SPIRIT is a 9-unit college course taught in collaboration with Contra Costa College from January to May on Mondays and Wednesdays and in June and July on Mondays (in person) with a 10 hours a week internship equaling 60 hours. The course teaches students how to develop core skills to empower themselves by attaining and maintaining recovery and resiliency through self-awareness and peer/family support, while learning to assist others in doing the same. The completion of this class leads to a Certificate.

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

- **A person who has self-identified as having lived experience of recovery from a mental health condition, substance use disorder, or both.**
- **A transition-age youth or young adult 18 - 26 who has self-identified as having lived experience of recovery from a mental health condition, substance use disorder, or both.**
- **A person with lived experience as a self-identified family member of an adult experiencing a mental health condition, substance use disorder, or both.**
- **A person who is parenting or has parented a child or adult experiencing a mental health condition, substance use disorder, or both. This person may be a birth parent, adoptive parent, or family member standing in for an absent parent.**

### 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, Mental Health Services, Housing and Homeless Services, Alcohol and Other Drug Services, and Health Services broadly, 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 peers 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 activity and to learn skills and participate in internship 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 Peer and Family Empowerment, and Contra Costa College (CCC).

### Application Deadline and Mailing Information

**Application Process: This APPLICATION is due by October 4, 2024**

**Please submit your completed application to:**

**Attention SPIRIT**

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

For further information about the SPIRIT Training or application, please contact:

Bianca Connor at: [Bianca.Connor@cchealth.org](mailto:Bianca.Connor@cchealth.org) at (925) 957-5141 or (925) 839-0669  
Victoria Fairchild at: [Victoria.Fairchild@cchealth.org](mailto:Victoria.Fairchild@cchealth.org) at (925) 957-5143 or (925) 723-2729

### Training Components

- I. **Intensive Training (SPIRIT I and II):** The classroom training takes place during the Spring 2025 college semester (starting in January 2025) in partnership with Contra Costa College. It consists of two separate 3 unit college classes (6 units / 93 hours 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 2025 college semester (3 units / 18 hours total), and includes a six-week, 60-hour internship at a human service agency with once-a-week classroom instruction. Students must successfully complete both SPIRIT I and II to participate in SPIRIT III. Students receive 3 units of college credits for successfully completing SPIRIT III (a total of 9 units / 111 hours of class time and 60 hours of internship).
- III. **Allowance:** All students will be eligible for an allowance to assist with transportation and other expenses needed to complete the training.



**Anna M. Roth, RN, MS, MHP**  
Health Services Director  
**Suzanne Tavano, Ph.D.**  
Behavioral Health Director

Contra Costa Behavioral Health  
Administrative Offices  
1340 Arnold Dr. Ste. 200  
Martinez CA. 94553  
Phone (925) 957-5160  
Fax (925) 957-5156

Dear SPIRIT Applicant,

SPIRIT is a behavioral health peer and family-driven focused college course. SPIRIT is facilitated by peers and family members 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 peer of behavioral health services or a family member of a person receiving services.

**SPIRIT Application**

Please print legibly or type. DO NOT USE CURSIVE HANDWRITING

- Please answer each question carefully. Be as direct and specific as possible.
- Attach extra paper if necessary. Number answers on each page If you have questions about the application, please contact:

Bianca Connor, **Peer Support Specialist**, at:  
[Bianca.Connor@cchealth.org](mailto:Bianca.Connor@cchealth.org) (925) 957-5141 or (925) 839-0669

Victoria Fairchild, **Certified Medi-Cal Peer Specialist # XECLTHJDUBIWZSGF**, at:  
[Victoria.Fairchild@cchealth.org](mailto:Victoria.Fairchild@cchealth.org) (925) 957-5143 or (925) 723-2729

**I have read and understand the above statement.  
This acknowledgement is advisory only and is not consent to release information.**

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

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

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

\_\_\_\_\_  
**Phone Number**

## Behavioral Health Service Provider Individualized Recovery Intensive Training

This program is intended for individuals who fit at least one of the following criteria:

**Please check mark the area below that you identify with.**

- A person who has self-identified as having lived experience of recovery from a mental health condition, substance use disorder, or both.
- A transition-age youth or a young adult age 18 - 26 who has self-identified as having lived experience of recovery from a mental condition, substance use disorder, or both.
- A person with lived experience as a self-identified family member of an adult experiencing a mental health condition, substance use disorder, or both.
- A person who is parenting or has parented a child or adult experiencing a mental health condition, substance use disorder, or both. This person may be a birth parent, adoptive parent, or family member standing in for an absent parent.

1. Name/Personal Information:

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

First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Voluntary)

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

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Please list two references:

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

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

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

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

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

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

3. Do you identify as a behavioral health peer (**a person with a mental health condition or substance use disorder, or both**) or family member (**parent, caregiver, or family member of someone who receives behavioral health services**)? If so, are you willing to share this with or 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. To do well in this training, people who have experienced difficulties with substance use and/or alcohol use need to be in recovery (**abstaining from use of substances and or alcohol, especially within a professional/academic setting**). If this applies to you, how long have you been active in the recovery process? We recommend 6 months of recovery.

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

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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:

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

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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11. Please describe an experience you have had working or interacting with someone or a group of people different from yourself. (*Different from you in terms of language, social status, culture, race, religion, sexual orientation, behavioral health diagnosis, ethnic background, or any combination of these*). Please include:

- a) How they were different from you
- b) Describe the experience
- c) What did you learn from the experience?

a) \_\_\_\_\_

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b) \_\_\_\_\_

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c) \_\_\_\_\_

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12. Behavioral health providers must deal with potential conflict amongst co-workers and/or the peers 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?

a) \_\_\_\_\_  
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b) \_\_\_\_\_  
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c) \_\_\_\_\_  
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d) \_\_\_\_\_  
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13. Computer Proficiency: Do you know how to do the following tasks on a computer?  
**(check answer for each)**

a. Send and receive email: **Beginner**  **Intermediate**  **Advanced**

b. Type, and print, documents: **Beginner**  **Intermediate**  **Advanced**

c. Use the internet to do research/register for classes:  
**Beginner**  **Intermediate**  **Advanced**

d. Scan and Upload documents: **Beginner**  **Intermediate**  **Advanced**

14. If you speak, read, write, or use another language including American Sign Language in addition to English, please specify the language and check your level of ability with speaking, reading, and writing.

Language	Speaking	Reading/Writing
	<input type="checkbox"/> fair <input type="checkbox"/> good <input type="checkbox"/> fluent	<input type="checkbox"/> fair <input type="checkbox"/> good <input type="checkbox"/> fluent
	<input type="checkbox"/> fair <input type="checkbox"/> good <input type="checkbox"/> fluent	<input type="checkbox"/> fair <input type="checkbox"/> good <input type="checkbox"/> fluent

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

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).

Type of Work	Location/Agency	Dates Worked

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

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