





Behavioral Health Service Provider Individualized Recovery Intensive Training

Please note: Due to the current community health concerns and social distancing guidelines, the SPIRIT classes may be delivered in an online or hybrid format in January 2023 with Contra Costa College, San Pablo CA. via Zoom Video Conferencing or Contra Costa College Confer Zoom.

SPIRIT is a 9-unit college course taught in collaboration with Contra Costa Behavioral Health and Contra Costa College. 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 of Achievement.

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 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.
- 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 Consumer Empowerment (OCE), and Contra Costa College (CCC).

Application Deadline and Mailing Information

Application Process: This APPLICATION is due by October 7, 2022.

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:

Janet Costa at: Janet.Costa@cchealth.org, (925) 957-5113 or (925) 348-5459 Candace Wade at: Candace.Wade@cchealth.org, (925) 957-5145 or (925) 348-1746 Professor: Aminta Mickles at: amickles@contracosta.edu

Training Components

- Intensive online Training (SPIRIT I and II): The classroom training takes place during the Spring 2023 college semester (starting in January 2023) in partnership with Contra Costa College. It consists of two separate 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 2023 college semester 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 three units of college credits for successfully completing SPIRIT III.
- III. **Allowance:** Students may 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) 957-5150 Fax (925) 957-5156

Dear SPIRIT Applicant,

Please note:Due to the current community health concerns and social distancing guidelines, the SPIRIT classes may be delivered in an online or hybrid format in January 2023 with Contra Costa College, San Pablo CA. via Zoom Video Conferencing or Contra Costa College Confer Zoom.

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:

Janet Costa at: Janet.Costa@cchealth.org (925) 957-5113 or (925) 348-5459

Candace Wade at: Candace.Wade@cchealth.org (925) 957-5145 or (925) 348-1746

I have read and understand the above statement.

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

Signature

Date

Print Name (First, M.I., Last 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 areas 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 young adults 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 who has provided care to an adult experiencing a mental health condition, substance use disorder, or both. A person who is parenting or has parented a child 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: Middle Initial: Address:_____ City:_____State:____Sip:_____ Home Phone: (_____) _____ Date of Birth: _____ (Voluntary) Cell Phone: (____)____ E-Mail Address: _____ 2. Please list two references: b. Name:

use disorder,	fy as a behavior. or both) or fam vioral health so ily Provider?	ily member (parent, careg	iver or family	member of	someone who
We value ner	aanal an lissad a	vnarianca in	the hehavior	al health syste	e m . This may	include perso
experience that based services what involven	t gives insight i , or experiences nent or knowled er in behavioral	nto behaviora you've had h ge you have t	l health, dual nelping peers a	diagnosis, self and/or family r	-help, recover nembers. Ple	ry/resiliency- ease describe
experience that based services what involven	t gives insight i , or experiences nent or knowled	nto behaviora you've had h ge you have t	l health, dual nelping peers a	diagnosis, self and/or family r	-help, recover nembers. Ple	ry/resiliency- ease describe
experience that based services what involven	t gives insight i , or experiences nent or knowled	nto behaviora you've had h ge you have t	l health, dual nelping peers a	diagnosis, self and/or family r	-help, recover nembers. Ple	ry/resiliency- ease describe
experience that based services what involven	t gives insight i , or experiences nent or knowled	nto behaviora you've had h ge you have t	l health, dual nelping peers a	diagnosis, self and/or family r	-help, recover nembers. Ple	ry/resiliency- ease describe
experience that based services what involven	t gives insight i , or experiences nent or knowled	nto behaviora you've had h ge you have t	l health, dual nelping peers a	diagnosis, self and/or family r	-help, recover nembers. Ple	ry/resiliency- ease describe
experience that based services what involven	t gives insight i , or experiences nent or knowled	nto behaviora you've had h ge you have t	l health, dual nelping peers a	diagnosis, self and/or family r	-help, recover nembers. Ple	ry/resiliency- ease describe

*Each question is scored individually. Please provide a complete answer for each question.

e	n order to do well in this training, people who have experienced difficulties with substance use nd/or alcohol use need to be in recovery (abstaining from use of substances and or alcohol specially within a professional/academic setting). If this applies to you, how long have you been ctive in the recovery process?
_	
_	
V	Why is it important to learn about and practice methods of wellness, recovery, and resiliency in nental health and/or substance use?
_	
_	
_	
_	
_	
_	
_	
_	

1 T !-+ 1		
lease List h	ere:	
/hy do you	want to participate in the SPIRIT Behavioral Health Service Provider Training	?

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.
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.

11.	Please describe an experience you have had working or interacting with someone or a group of people different from yourself. (<i>Different from you in terms of language, social status, culture, race, religion, sexual orientation, behavioral health diagnosis, ethnic background, or any combination of these</i>). Please include:
	A. How they were different from you?
	B. Describe the experience
	C. What did you learn from the experience?

12.		oral health providers must deal with potential conflict amongst co-workers and/or the peers or members they serve. Please describe: (<i>provide an answer for each question</i>)
	A.	Describe a situation in your personal or professional life where you've experienced conflict.
	В.	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?

(circle	answer for each)							
a.	Send and receive email:			F	Beginner	Interm	ediate 1	Advanced
b.	Type, and print, documen	ats:		I	Beginner	Interm	ediate A	Advance
c.	Use the internet to do reso	earch and register fo	r cla	sses: B	eginner l	Interme	ediate A	Advanced
d.	Scan and Upload docume	ents:		I	Beginner	Interm	ediate A	Advanced
	speak, read, write, or use and the language of the language.							
a.		f	fair	good	fluent	fair	good	fluent
	Language	\$	Spea	king		Read	ling/ W	riting
b.			fair	good	fluent	fair	good	fluent
	Language	:	Spea	king		Read	ling/ W	riting
	list the most recent volunt with the most recent. Plea	ase use extra paper	if ne	eeded).				
	Type of Work	Location/Agen	ıcy		Date	s Work	ed	
b.	Type of Work	Location/Agen	су		Date	s Work	ed	
c.	Type of Work	Location/Agen			- Date	s Work	ed	

13. Computer Proficiency: Do you know how to do the following tasks on a computer?

b.	Type of Work	Location/Agency	Dates Worked
_	Type of Work	Location/Agency	Dates Worked
с	Type of Work	Location/Agency	Dates Worked
s there a	nything else you would like to	add?	
s there a	nything else you would like to	add?	
s there a	nything else you would like to	add?	
		add?	

Please submit your completed application to:

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

16. Please list any **paid employment** experience that you have:

(Begin with the most recent. Please use extra paper if needed).