

Michigan Department of Health and Human Services

2018 Peer Recovery Coach Trainer Application

The Office of Recovery Oriented Systems of Care (OROSC) will select several peer recovery coaches across the state to assist with the Michigan Department of Health and Human Services (MDHHS) training and certification process. Individuals who apply are required to meet the Medicaid requirements in the policy *Peer Recovery Coach Certification MSA 17-45*, complete the trainer application and if selected participate in an onsite interview.

The Substance Abuse and Mental Health Services Administration (SAMHSA) will be providing the 3-day train the trainer session as part of the Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS).

Deadline for applications:

January 19, 2018

320 S. Walnut, Lansing, MI 48913
Email: MDHHS-PeerSupport@michigan.gov
Phone: 517-335-2279
Fax: 517-335-1233

Peer Recovery Coach Trainer Application

Recovery Coach Certification Trainer Eligibility:

- Meet the Medicaid requirements in the policy Peer Recovery Coach Certification MSA 17-45;
- Complete the Michigan Recovery Coach Trainer application package, include a copy of your resume, and a copy of your certification (Michigan Certification Board for Addiction Professional (MCBAB), Connecticut Community for Addiction Recovery (CCAR), Genesee County MDHHS approved certification);
- Have training experience in the areas of substance use and/or addictions;
- Agree to attend the train the trainer session on February 20 – 22, 2018 in Ann Arbor, MI;
- Commit to providing up to 3 Recovery Coach Certification Trainings per year;
- Attend ongoing peer and recovery coach continuing education provided by OROSC.

The Michigan Recovery Coach Application package includes:

- Application;
- Two Letter of Reference Forms (**must be sent directly by email to MDHHS-PeerSupport@Michigan.gov or by fax to (517) 335-1233 by the person providing the reference**);
- Self-Assessment Form.

Today's Date: _____

Last Name		First Name	
Mailing address		City, State, Zip	
Home Phone	Cell Phone	Work Phone	
Personal Email		Work Email	

Trainer History

Please include all relevant trainer experience. *(You may attach additional pages if needed)*

Title of Training and Frequency Provided: (Include Contact Information)	Description:

Self-Assessment Form

Self-assessment is an important part in lifelong learning. It is frequently used to promote understanding, develop and improve training skills and competencies. Please complete this form and provide information on the characteristics listed below.

4=All the time 3=Most of the time 2=Some of the time 1=Seldom

Characteristic	Rating
Dependability - I follow through on my work commitments	
Please describe how you apply your own skills in this area:	
Consistency - I can reliably perform my job well	
Please describe how you apply your own skills in this area:	
Sociability - I have good interpersonal and listening skills.	
Please describe how you apply your own skills in this area:	

Self-Assessment Form Continued

4=All the time 3=Most of the time 2=Some of the time 1=Seldom

Characteristic	Rating
<p>Recovery commitment - My active efforts to enhance my recovery and the recovery of others</p> <p>Please describe how you apply your own skills in this area:</p> 	
<p>Open-mindedness - I am interested in learning about multiple pathways to recovery</p> <p>Please describe how you apply your own skills in this area:</p> 	
<p>Culture openness and competency - I am able to serve people from people from backgrounds other than my own (e.g. racial, ethnic, religious, gender, sexual orientation)</p> <p>Please describe how you apply your own skills in this area:</p> 	
<p>Interest in helping others - I am enthusiastic in my commitment to helping others in recovery</p> <p>Please describe how you apply your own skills in this area:</p> 	

Self-Assessment Form Continued

4=All the time

3=Most of the time

2=Some of the time

1=Seldom

Characteristic	Rating
Wellness - I have a self-care routine that promotes my health and wellness	
Please describe how you apply your own skills in this area:	
Flexibility - I can "roll" with changes and challenges	
Please describe how you apply your own skills in this area:	
Teamwork - I collaborate well, share my ideas, and listen to the input of others	
Please describe how you apply your own skills in this area:	
Problem-solving - I can come up with solutions to challenges	
Please describe how you apply your own skills in this area:	

Please Read –

Sign below to indicate that you have read and agree with the following statements:

- I meet the Medicaid requirements in the policy Peer Recovery Coach Certification MSA 17-45;
- I have training experience in the areas of substance use and/or addictions;
- I am a person who has a diagnosis of an addiction and/or substance use condition who is currently in continuous recovery for at least 2 years;
- I understand that submission of this application does not guarantee interview or acceptance;
- I attest that I meet the eligibility as outlined on page 2 and I authorize the peer recovery coach training program to confirm my eligibility;
- I agree to attend ongoing peer and recovery coach continuing education provided by OROSC;
- I agree to attend the train the trainer session on February 20 – 22, 2018 in Ann Arbor, MI;
- I agree to commit to providing up to 3 Recovery Coach Certification Trainings per year;
- I agree to publicly share my recovery experience to support the recovery journey of others;
- I understand that the two letter of reference forms must be sent directly by email to MDHHS-PeerSupport@Michigan.gov or by fax to (517) 335-1233 by the person providing the reference;
- All statements in this application are true and accurate.

Signature	Date

**Deadline for applications:
January 19, 2018**

Application Submission

Applications must be submitted by fax or email to:

Email: MDHHS-PeerSupport@Michigan.gov

Fax: 517-335-1233

Letter of Reference Forms must be sent directly by email to MDHHS-PeerSupport@Michigan.gov or by fax to (517) 335-1233 by the person providing the reference by 5:00 pm January 17, 2018.

First and last name of applicant must appear on each page. _____

Letter of Reference Form

Form must be sent directly by email to MDHHS-PeerSupport@Michigan.gov or by fax to (517) 335-1233 by the person providing the reference by 5:00 pm January 17, 2018.

Name of Applicant _____

Name of person giving reference _____

Phone number of person giving reference _____

How long and in what capacity have you known the applicant _____

Please rate the following and provide evidence of the rating

4=Excellent 3=Good 2=Fair 1=Poor NA= no way of knowing

(For rationale it is sufficient to note a general example. For example: work at a Recovery Community Organization, perfect attendance in training, good feedback on work performance evaluation)

Characteristic	Rating	Rationale
Dependability - person follows through on commitments		
Consistency - person reliably performs their job well		
Sociability -person has good interpersonal and listening skills		
Recovery commitment - person's active efforts to enhance his/her recovery and the recovery of others		
Open-mindedness - person's capacity for learning about multiple pathways to recovery		
Culture openness and competency - person is able to serve people from backgrounds other than their own. (e.g. racial, ethnic, religious, gender, sexual orientation)		
Interest in helping others - person demonstrates an enthusiastic commitment to helping others in recovery		

Please describe what the applicant has to contribute to the role of trainer in a peer recovery training programs. (You may attach additional pages if needed)

Form must be sent directly by email to MDHHS-PeerSupport@Michigan.gov or by fax to (517) 335-1233 by the person providing the reference by 5:00 pm January 17, 2018.

QUESTIONS? Call 517-335-2279 - Email or fax completed application

Email: MDHHS-PeerSupport@Michigan.gov Fax: 517-335-1233

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