



Quality Comprehensive Health Center cordially invites you to pursue your dream of becoming a Peer Support Specialist.



We are proud to announce the launch of our OIFSP (Opioid - Impacted Family Support Professional) Peer Support Specialist Training Program.

Quality Comprehensive Health Center is currently accepting applications from adult individuals with one year or more in recovery who are interested in becoming a North Carolina Certified Peer Support Specialist.

Financial Aid will be provided to all students and the costs for all training and education will be covered by Quality Comprehensive Health Services.

Quality Comprehensive will provide placement with one of our community partners for each student to engage in a peer support apprenticeship opportunity with a stipend provided by Quality Comprehensive Health Center during their peer support apprenticeship.

OIFSP Program participants will be provided with professional development, ongoing support, mentorship from OIFSP Staff and our OIFSP Recovery Support Liaison.

STUDENT/TRAINEE COMMITMENT LETTER

This commitment letter serves as a formal agreement between Quality Home Care Services, Inc. (QHCS) d/b/a Quality Comprehensive Health Center (QCHC), located at 3552 Beatties Ford Road, Charlotte, NC and, (identified as “Student” or _____ “Trainee”). This agreement is entered into on the _____, day of _____, 2023.

Purpose: By signing this agreement, the Trainee commits to complete an experiential field placement and indicates his/her willingness to pursue employment working with persons in OUD and other SUD prevention, treatment and recovery services in high need and high demand areas.

Fees and Student Stipend Disbursements: **By signing this agreement, the student is aware of and accepts the tuition/fees, supplies, and stipend support that QCHC may change and/or provide.** The Trainee understands that these expenses born by QCHC may have an impact on the student’s financial aid award.

The Trainee understands the disbursement schedule is as follows: By providing financial support to trainees in the form of tuition/fees, supplies, and stipends, QCHC will ensure that trainees have the resources and capacity to commit to both Level I and Level II programs. The Student Support Disbursement Plan is designed to ensure the safe and efficient provision of individual stipend support. This plan was developed based on the agency’s standard financial operations. Disbursements will be given out to trainees on a monthly/quarterly basis throughout each project year. **The first quarter disbursements each year (Quarter 1 and Quarter 5) will be the largest in an effort to offset startup costs for trainees, including tuition, supplies and fees.** The Quarter 1 Disbursement in Year 1 and if continuing to Year 2 this applies to the Quarter 5 disbursement as well. There will be no difference in the method of Level I and Level II disbursements; however, the total amounts will be different as required by the funding agency, HRSA.

During the first 6 months of Level I student / trainees will focus on meeting the requirement for Education and Training Hours during Level I. For the following 6 months of Level I students will work towards applying the skills they have gained with community partners 40 hours per week to demonstrate competency.

Level II is the apprenticeship portion of the program where students/trainees are assigned to engage in apprenticeship with an approved site for the duration of Level II

- **(Full- Time) 40 hours per week**
- **will participate by attending OIFSP scheduled training**

- submitting weekly summary reports reflecting apprenticeship hours, submitting weekly supervision logs signed by the student trainee and supervisor. submission of all certificates of completion earned during the training period to QCHC weekly.

Participation in OIFSP is Voluntary. A student/ trainee can be canceled due to unsatisfactory progress, and or unprofessional behavior.

Students / Trainees also have the right to choose to end their term with OIFSP voluntarily.

OIFSP Student / Trainee Participation is reviewed and evaluated on a Quarterly basis.

Students who have not completed all required courses / tasks during the Quarter or who are no longer enrolled in the program are not eligible for any kind of stipend support from OIFSP.

It is not guaranteed that all students who participate in Level I will be selected for Level II

All student trainees will also complete a Learning Contract with their approved apprenticeship organization. Approval of the apprenticeship organization by OIFSP Staff & QCHC must occur before beginning apprenticeship with the organization that the student trainees are working with to complete their apprenticeship hours and agree to engage in weekly supervision.

OIFSP Student trainees also agree to and understand that they will have to complete and submit weekly summary reports, weekly time- sheets, weekly supervision logs, and their student learning agreement signed by the student/ trainee and their supervisor. OIFSP Student trainees agree to actively attend all scheduled OIFSP required training sessions for each Quarter as assigned.

	<u>Quarter 1</u> Tuition, Fees, and Supplies for Courses & Training for the entire training year. *(Not provided to the student directly)	<u>Quarter 2</u> Stipend to Student	<u>Quarter 3</u> Stipend to Student	<u>Quarter 4</u> Stipend to Student	Annual Total
<u>Level I</u> <u>(Requirement)</u> 144 Education Training Hours & 2,000 hours of on- the-job learning.	* 3,000	2,000	2,000	1,000	8,000

<p><u>Level II</u> <u>(Apprenticeship</u> <u>Requirement)</u> 144 Education Training Hours & 2,000 hours of on- the-job learning.</p>	<p><u>Quarter 5</u> *3,000</p>	<p><u>Quarter 6</u> 2,000</p>	<p><u>Quarter 7</u> 1,500</p>	<p><u>Quarter 8</u> 1,000</p>	<p>7,500</p>
--	---	--	--	--	---------------------

Signature of Trainee _____

Printed Name of Trainee _____

Signature of QCHC Representative _____

Printed Name of QCHC Representative _____

Applicants must be well established in their personal recovery.

Applicants must continue to maintain their personal recovery while in the program.

Applicants also must currently have a High School Diploma or GED Equivalency Diploma and submit a copy for our records.

(If you do not have a copy, please start working on obtaining it to submit with your application).

Applicants must be current residents of North Carolina with a valid ID or Driver's License.

Applicants must be an adult 18 years old or older.

***If you are currently in good standing as a NCCPSS and currently certified please include a copy of your NCCPSS Certificate with your program application.**

Please Print Responses Below:

Name:

—

Pronouns:

—

Gender:

—

Race:—

Date of Birth:

Age:

—

Mailing Address:

—

Email Address:

—

City:

State:

Zip Code:

Phone Number: (Home)

(Cell)

Student: Yes

No

Please circle your response.

—

* If currently enrolled as a student please provide your school information below:

School:—

Dates of Attendance:—

Are you a veteran?

Yes

No

Please circle your response.

Are you a person living with any type of disability ? Yes No

Have you ever been convicted of or plead guilty to any crime? Yes or No

Are you currently awaiting any type of trial or sentencing? Yes or No
If yes, please explain:

All OIFSP Program Participants are required to have a background check.

Please provide your consent with signature below:

Signature:—

Are you currently free from recreational drug use? Yes No

Have you ever had a report of child abuse or neglect filed against you by a DSS Agency?
 Yes No

If you responded yes to this question, please explain below.

Disclosures:

Please check all that apply to your shared / lived experience:

- Person with lived experience of Mental Health Recovery.
 - Person with lived experience of Substance Use.
 - Person with lived experience of Opioid Use Disorder.
- Person who is currently receiving Behavioral Health Services.
- Are you a parent of or serving in a guardianship role to a child, or adolescent who was impacted by Opioid Use Disorder and or other substance use disorders .

(Family Member)

- Person not currently receiving Behavioral Health Services but has received services in the past.
- in the past 12 months or longer I have demonstrated 12 months or more of self-directed recovery with no significant incidences of substance use and or hospitalizations.

Yes

No

— My signature below affirms that the information contained in this application is true and correct to the best of my knowledge and has been completed by no other person. I understand that knowingly providing false information shall be grounds to deny and or revoke my participation in the OIFSP Peer Support specialist Training Program.

Student Signature:—

Disclosure
Information Gathering Form



1.) Please describe your personal recovery experience from mental health, substance use disorders, and or opioid use disorders challenges.

2) Other than your personal shared lived experience concerning mental health, substance use disorder, and or opioid use disorder, what are the experiences and or situations that foster your motivation to become a peer support specialist? examples include but are not limited to (homelessness, incarceration, identification as a member of a marginalized group, and or trauma survivor).

3) Please describe in your own words the role of a peer support specialist and what this role means to you? Why do you want to do the work of a peer support specialist?

4) How do you define recovery based on your personal life experiences?

5) Please share important factors in your personal recovery journey.

6) Peer Specialists serve as models of recovery. Please describe how you demonstrate recovery, resiliency, and provide hope of living a full and meaningful life in the community?

7) What are your expectations for the training?

8) Selection for the OIFSP Program is competitive. Please tell us why you are the best for the OIFSP Program. What are some of your strengths?

9) What are some of your interests concerning working in the mental health field?

10) Please detail your previous volunteer or work-related experience related to working with others in recovery.

11) Are there any circumstances that you foresee that may potentially conflict with your availability to attend required OIFSP Trainings, and or OIFSP Internship Placement?



OIFSP Peer Support Specialist Program Applicant Reference Form Part I

Thank You for taking the time to provide a reference for this applicant for the OIFSP (Opioid- Impacted Family Support Professional Program).

Your feedback is greatly appreciated and is a critical component of the application process.

Name of OIFSP Program Applicant:

—

1. Please provide the nature of your relationship with the applicant (select one)

 Professional _____ Personal

2. How long have you known the applicant? (1-year minimum acquaintance to provide reference required)

3. Please describe the strengths and any potential weaknesses of the applicant and his or her ability to provide services as a Certified Peer Support Specialist Professional.

OIFSP Peer Support Specialist Program Applicant Reference Form Part II

Thank you for taking the time to provide a reference for this applicant for the OIFSP (Opioid - Impacted Family Support Professional Program).

Your feedback is greatly appreciated and is a critical component of the application process.

1. Please comment only on the items listed below to which you can personally respond and select only one response by placing a check mark in the box for each category below as the most appropriate rating of the applicant’s abilities in each area.

	<u>Strong</u>	<u>Moderately Strong</u>	<u>Limited</u>
<u>Academic Ability</u>			
<u>Written Communication</u>			
	<u>Strong</u>	<u>Moderately Strong</u>	<u>Limited</u>
<u>Oral Communication</u>			
<u>Ability to Help Others</u>			
<u>Stress Management Abilities</u>			

Please place the reference form in a sealed envelope with your signature on the back to be submitted with the OIFSP Peer Support Application

OIFSP Peer Support Specialist Program Applicant Reference Form Part III

My signature below affirms that all the information in this document is true, and that I support this application without reservation.

Printed Name of Reference:

—

Phone Number:

—

Email Address:—

Signature:—

Please place the reference form in a sealed envelope with your signature on the back to be submitted with the OIFSP Peer Support Application



OIFSP Peer Support Specialist Program Applicant Reference Form Part I

Thank You for taking the time to provide a reference for this applicant for the OIFSP (Opioid- Impacted Family Support Professional Program).

Your feedback is greatly appreciated and is a critical component of the application process.

Name of OIFSP Program Applicant:

—

1. Please provide the nature of your relationship with the applicant (select one)

 Professional _____ Personal

2. How long have you known the applicant? (1-year minimum acquaintance to provide reference required)

3. Please describe the strengths and any potential weaknesses of the applicant and his or her ability to provide services as a Certified Peer Support Specialist Professional.

OIFSP Peer Support Specialist Program Applicant Reference Form Part II

Thank you for taking the time to provide a reference for this applicant for the OIFSP (Opioid - Impacted Family Support Professional Program).

Your feedback is greatly appreciated and is a critical component of the application process.

1. Please comment only on the items listed below to which you can personally respond and select only one response by placing a check mark in the box for each category below as the most appropriate rating of the applicant’s abilities in each area.

	<u>Strong</u>	<u>Moderately Strong</u>	<u>Limited</u>
<u>Academic Ability</u>			
<u>Written Communication</u>			
	<u>Strong</u>	<u>Moderately Strong</u>	<u>Limited</u>
<u>Oral Communication</u>			
<u>Ability to Help Others</u>			
<u>Stress Management Abilities</u>			

Please place the reference form in a sealed envelope with your signature on the back to be submitted with the OIFSP Peer Support Application

OIFSP Peer Support Specialist Program Applicant Reference Form Part III

My signature below affirms that all the information in this document is true, and that I support this application without reservation.

Printed Name of Reference:

—

Phone Number:

—

Email Address:—

Signature:—

Please place the reference form in a sealed envelope with your signature on the back to be submitted with the OIFSP Peer Support Application

Employment Information Questionnaire

Please respond to all the questions below:

1) Are you currently employed?

Yes

No

2) Please list the name of your current Employer below:

3) How long have you been employed with your current organization?

4) Are you employed Full -Time or Part-Time?

5) Have you previously worked as a NCCPSS?

6) If you have previous work experience as a NCCPSS please share the name of the former company employed with and dates of employment below:



OIFSP Application Submission Process:

- 1) Please return your (2) provided reference forms in separate sealed envelopes signed by the persons providing the references for you with your application.**
- 2) Please submit a copy of your resume with your application for the OIFSP Program.**
- 3) After receipt and review of your application you will be contacted if selected for an interview by an OIFSP staff member.**
- 4) Please submit a copy of your high school diploma, GED, and or Degree with your application.**
- 5) Once your application is received it will be reviewed by OIFSP Program Staff.**
- 6) Applicants will be contacted by phone for a phone interview, If selected you will then be scheduled for an in-person interview.**
- 7) OIFSP Staff will assist new participants with registration for orientation.**



Please return the OIFSP Program Application with References directly to:

Monique Onema MSW, NCPRSS, BHM (She/Her/Hers)
(OIFSP Project Director & Recovery Support Liaison)
236 North East Church St. Concord, North Carolina 28025
Phone Number : [Monique Onema \(704\) - 989- 5072](tel:704-989-5072)
Email : monema@qchealth.org
Vincent Allison (He/ His)
Phone Number : [Vincent Allison \(980\)-666-4799](tel:980-666-4799)
Email : vallision@qchealth.org
Fax: [\(980\) 781- 1022](tel:980-781-1022)