ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVICES

**POSITION TITLE**: Certified Peer Support Specialist **EMPLOYEE: XXXXX**

**PRIMARY ASSIGN**: Housing and Mental Health Court

**PAY GRADE**: 28 **DATE OF HIRE**:

**SUPERVISOR:** XXXXX **REVIEW PERIOD**:

 **DUE DATE:**

**POSITION DESCRIPTION**

**POSITION PURPOSE**: Provide efficient, effective and ethical peer support services as directed by Program Coordinator, Program Director, or Executive Director.

**QUALIFICATIONS**: Individual with mental illness who has received services or is receiving services and is currently in recovery. High school diploma. Michigan driver’s license. Lived experiences with mental illness/developmental disabilities/substance use disorders valued.

**GENERAL RESPONSIBILITIES**: Provide peer support services consistent with the ACCMHS and MDCH policies, the laws of the State of Michigan, and the ethical standards of the respective profession. Participate in various non-direct service activities including supervision, staff meetings, treatment planning, quality improvement, utilization review, continuing education, and other duties as assigned. Must comply with the standards of OSHA, CARF, Medicaid and other third party reimbursement systems.

**SPECIFIC RESPONSIBILITIES**:

1. Provide outreach to individuals and families who are homeless residents of Allegan County
	1. Targeted street outreach
	2. Emergency shelters in Holland, Grand Rapids, and Kalamazoo
	3. Agencies where homeless persons may be receiving services
2. Provide housing supportive services to individuals and families who are homeless or at imminent risk of becoming homeless including:
	1. Assistance in locating and applying for affordable housing solutions
	2. Improving the coordination of housing services
3. Provide peer case management for participants in the Supportive Housing programs and to individuals who are PATH enrolled and will be entering an ACCMHS Supportive Housing program, which includes:
	1. Preparing a plan for the provision CMH services and reviewing at least once every 3 months
	2. Providing assistance in obtaining and coordinating social and maintenance services (ADLs, personal financial planning, transportation, habilitation/rehabilitation, prevocational/vocational, and housing)
	3. Provide assistance in obtaining income supports (DHS, SOAR, HRC, etc)
	4. Provide referrals for other services as may be appropriate
4. Assist individuals and families who are homeless to become connected with CMH and SUD services
5. Meet the following PATH/SHP grant requirements:
	1. Outreach to a minimum of 10 individuals/families who are homeless and eligible for SHP-PATH
	2. Complete at least 2 SOAR applications per grant funding cycle
6. Provide transportation for PATH/SHP enrolled clients as needed to support recovery. Provide documentation to the agency of appropriate license and good driving record. This may involve verification through the use of a Motor Vehicle Record.
7. Provide the following services for MHTC participants:
	1. Assisting with applications for and sustaining affordable housing
	2. Assisting peers in articulating recovery goals, learning and practicing new skills, and monitor progress in their treatment
	3. Modeling effective coping techniques and self-help strategies
	4. Supporting peers in advocating for themselves to obtain effective services
8. Provide MHTC Court Coordinator with case management support and technical assistance support
9. Complete progress/case notes per agency, grant, and program requirements
10. Assist with program planning and development.
11. Assist with orientation and training of new staff’
12. Attend the following agency trainings as required:
	1. Standard Precautions - annually
	2. CPR/First Aid – every two years
	3. Violence in the Workplace – annually
	4. Cultural Diversity update– annually
	5. Recipient Rights – annually
	6. Sexual Harassment – annually
	7. Person Centered Planning (PCP) update – annually
	8. Co-occurring disorders – annually for three consecutive years
	9. Grievance and Appeal – annually
	10. Corporate Compliance – annually
	11. Self Determination / Recovery – every two years
13. Complete SOAR Training as required by MDCH
	1. SOAR Online Training at <http://soarworks.prainc.com>
	2. Fundamentals Training-
	3. Refresher Training- Annually

**COMMITTEE ASSIGNMENTS:**

1. Continuum of Care Inter-Agency Services Team Committee
2. Local and Regional SOAR Committees

**EQUIPMENT KNOWLEDGE:**

Computer, printer, copy machine, paper shredder, fax machine and telephone system, paper, pencil, paper products

**WORK CONDITIONS:** Office environment -

- Light manual labor, prolonged sitting, bending, lifting less than 25 lbs., pushing/pulling, squatting, and

 reaching

- High stress level

- Repetitive motions of wrists, neck, elbows, back, and shoulders.

- Fine motor skills and color vision.

**SPECIFICATIONS:**

1. **Minimum Reasoning ability usually associated with this classification:**
Ability to think logically and able to problem solve.
2. **Minimum Math ability usually associated with this classification:**Ability to add, subtract, multiply and divide.
3. **Minimum Language ability usually associated with this classification:**
Read: Ability to read and comprehend what is read.

Write: Ability to write memos, letters and document daily activities.

Speak: Ability to be engage in a dialogue with consumers to assist them in articulating their personal goals.

1. **Amount of training, either on the job or formal education, usually associated with this occupation in addition to the Reasoning, Math and Language abilities detailed above:**
High school degree
2. **Degree of Physical Demands (strength) usually associated with the essential functions of this classification:**
*Sedentary Work*: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently to lift, carry, push, pull, or otherwise move objects, including the human body. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time. Jobs are sedentary if walking and standing are required on occasion and all other sedentary criteria are met.
3. **Type of Physical Demands usually associated with the essential functions of this classification:**

*Reaching*: Extending hand(s) and arm(s) in any direction.

*Frequency*: Activity exists up to 1/3 to 2/3 of the time.

*Handling*: Seizing, holding, grasping, turning, or otherwise working with hand or hands. Fingers are involved only to the extent that they are an extension of the hand, such as to turn a switch.

*Frequency*: Activity exists 1/3 to 2/3 of the time.

*Fingering*: Picking, pinching, or otherwise working primarily with fingers rather than with the whole hand or arm as in handling.

*Frequency*: Activity exists 1/3 to 2/3 of the time.

*Talking*: Expressing or exchanging ideas by means of the spoken word to impart oral information to clients or to the public, and to convey detailed spoken instruction to other workers accurately, loudly, or quickly.

*Frequency*: Activity exists 1/3 to 2/3 of the time.

*Hearing*: Perceiving the nature of sounds by ear.

*Frequency*: Activity exists 1/3 to 2/3 of the time.

*Near Acuity*: Clarity of vision at 20 inches or less.

*Frequency*: Activity exists 1/3 to 2/3 of the time.

1. **Environmental Conditions usually associated with this classification:**
Indoors-climate controlled. Variable degrees of dust, fumes, humidity, heat and cold. Noise level is high outdoors.

 *The qualifications listed above are intended to represent the minimum skills and experience levels associated with performing the duties and responsibilities contained in this job description. The qualifications should not be viewed as expressing absolute employment or promotional standards, but as general guidelines that should be considered along with other job-related selection or promotional criteria*

EMPLOYEE SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISOR SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROGRAM DIRECTOR SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# EXECUTIVE DIRECTOR SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_