

George Latimer County Executive

Department of Community Mental Health Michael Orth, M.S.W Commissioner

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## Westchester County Department of Community Mental Health Scholarships for OMH Certified Peer Specialists to pursue OASAS Certified Peer Recovery Advocate credential

## INTRODUCTION

The Westchester County Dept. of Community Mental Health (DCMH) is striving to serve as effectively as possible individuals in our County who have co-occurring mental-health and substance-use disorders. As part of this effort, we are seeking to expand the number of Peer Support professionals in Westchester who possess credentials both as a NYS Office of Mental Health (OMH) Certified Peer Specialist (CPS), and also as a NYS Office of Addiction Services and Supports (OASAS) Certified Recovery Peer Advocate (CRPA). The costs associated with obtaining the OASAS certifications have proven to be a significant barrier to some CPS who would otherwise wish to pursue a dual OMH/OASAS peer certification.

DCMH is addressing this barrier by offering scholarships to Certified Peer Specialists currently living and/or working in peer support positions in Westchester County to meet the costs of obtaining a CRPA credential. NYS OMH Family Peer Advocates (FPA) and Youth Peer Advocates (YPA) who meet all other eligibility requirements are welcome to apply for this scholarship. The assistance can be used by such individuals for pursuit of the CRPA credential as well as for the additional training, registration, and testing fees required for fulfillment of specialized CRPA-Family (CRPA-F) and the soon-to-be launched CRPA-Youth (CRPA-Y) credentials. Eligible applicants who possess their CRPA-Provisional credential can apply for assistance toward the registration and testing fees required for "upgrade" to a full CRPA credential; scholarships can also be used by eligible applicants already in possession of a CRPA credential toward certification renewal fees.

Full information on the CRPA can be found on the website of <u>The New York State Certification Board</u>, which is part of The Alcoholism and Substance Abuse Providers of New York State. The costs associated with obtaining the CRPA that are eligible to be covered by this scholarship include the CRPA application fee (\$100), testing fee (\$80), and training fees of up to \$600. CRPA trainings with fees above the \$600 maximum specified in the application can be considered for scholarship assistance. Those seeking assistance for any such training must detail on their application their reason(s) for taking that particular training.

<u>The National Council on Alcoholism and Drug Dependence/Westchester</u> (NCADD/Westchester) provides CRPA trainings several times throughout the year. <u>Friends of Recovery of New York</u> maintains a directory of upcoming CRPA trainings throughout New York, including many offered online. Applicants may take the CRPA training with scholarship support through any accredited resource of their choosing. Trainers <u>must</u> be registered with the Substance Abuse Providers of NYS–New York Certification Board (ASAP-NYCB) to guarantee that completion of their training will qualify you for the CRPA. You can confirm that any trainer you plan to work with is listed in <u>ASAP-NYCB's Trainer Directory</u>.

## APPLICATION

In order to be considered, applicants must possess the OMH CPS credential (either provisional or full certification), and be a Westchester resident and/or currently employed in a position in Westchester in which they provide peer support. Priority will be given to individuals currently employed in such positions. We are currently accepting applications on a rolling basis--you may submit an application at any time during the year that you decide to pursue Certification. Please try to submit your application at least 30 days before the registration deadline for any training you wish to attend to allow time for processing. Applications must include <u>all</u> of the following information and documentation:

- 1. Your name, mailing address, telephone number and email address
- 2. A copy of your OMH Peer Specialist Certificate
- 3. If you are currently employed in a position in which you provide peer support, please provide your employer agency/program name, your job title, your employment start date, and your supervisor's name and contact information.
- 4. An itemized list of the costs for which you are seeking this scholarship. Please include the Certification application and testing costs discussed above. If you are seeking financial support for the costs of a training you must include the name and contact information for the program through which you plan to take the training as well as the scheduled dates for the training you wish to attend. The maximum total amount to be awarded is \$800 with fees for the training alone not exceeding \$600 (requests exceeding these amounts may be considered if there are extenuating circumstances, which should be documented in detail on your application).
- 5. An up-to-date resume or a cover letter detailing relevant employment history
- 6. Personal statement (limited to 500 words) Please describe current or past work providing peer support and how your work would be enhanced by your obtaining the CRPA certification. For example, describe how you could more effectively serve in your current position, or how you believe your role/duties might be expanded. Include any further relevant information about yourself—personal or professional--that you think highlights why you should be considered for this scholarship. If you do not have professional experience providing peer support, please cite relevant professional and personal experience of any type and describe plans for utilizing your dual accreditation in the future.

A limited number of scholarships will be awarded based on funding constraints; applications will be considered in the order in which they are received. If possible, please send your application by e-mail. If mailing or faxing, it is strongly advised that you also send an email to the address below to ensure that your application was received. Please provide your completed application to:

Adam Black, Recipient Affairs Specialist Westchester County Dept. of Community Mental Health 112 East Post Road, Rm. 219 White Plains, NY 10601 Tel.: (914) 995-5132 Fax: (914) 995-5254 Email: ASB1@westchestergov.com