

ADDENDUM – CERTIFIED PEER SPECIALIST (ACT)

Addendum To: CERTIFIED PEER SPECIALIST

Program/Service Name: ACT

Accountability: ACT TEAM LEADER

Primary Location: BCC

Creation/Revision Date: SEPT 2018

General Summary

The Certified Peer Specialist serves as an integral member of a multidisciplinary treatment team that provides mental health, social service and other supports to a population of transition age youth with SMI. The primary role of the peer is to model, mentor and support the client’s recovery efforts.

Additional Department/Program Specific Minimum Qualifications

Peer Specialist Certification required. Must have at least one (1) year experience working in a behavioral health setting. Must have at least two (2) years continuous personal recovery and be willing to share that recovery experience with others. Must be willing to work in home and in community, work well with and understand the needs of a transitional age populations, and be able to work well in a team oriented setting. Must be able to express self well both orally and in writing. Must have a valid PA Drivers’ License and the ability to drive and travel. Bi-Lingual: English/Spanish Preferred.

Additional Department/Program Specific Knowledge, Skills, and Abilities

- Knowledge of the ACT model and the willingness and ability to work within the evidence based framework of that model.
 - Ability to understand transitional age populations with severe and persistent mental illness.
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Additional Department/Program Specific Essential Job Functions

1. Maintain direct service hours of 65-75% direct service.
 2. Maintain a flexible schedule, that includes evenings and weekends, and assures all clients receive needed services in a manner that is responsive to crises and changing needs at any given time.
 3. Provide crisis coverage under the direction and support of the ACT Team Leader inclusive of community based crisis calls and hospital diversion efforts off hours.
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EMPLOYEE – Signature / Date

SUPERVISOR – Signature / Date

PRINTED NAME

PRINTED NAME