

Peer Professional Staff: Bringing Value, Strengthening Services

6th Annual Substance Use and Mental Health Peer Conference

Friday, December 6, 2019

Limited Call for Proposals -- Workshop Submission Form

Currently there is national attention on mental health and substance use due to the opioid crisis, and the increase in suicide rates across the United States which put these topics at the forefront of public attention. Now is the time to emphasize evidenced based practices that work. The expansion of the use of peer professionals in governmental and private-sector settings including, but not limited to, public and private hospitals, ambulatory care clinics, non-profit, housing, and managed care organizations (MCO) is increasing. Additionally, there is a need for building peer structure in the profession. Therefore, peer professional staff are seeking and steadily being hired into supervisory and managerial roles, bringing their personal lived experience to bear in helping to enhance the provision of person-centered, trauma informed, and ethical practice.

This one-day conference will bring all these current developments to be discussed. Together participants, peer professional staff and other providers in the substance use disorder and mental health communities will address cutting edge advancements in the market of employment, professional development, and skill-building, as well as provide opportunities for career coaching and mentoring.

CEU Credits for 2019 Workshops

This year, attendees of some workshops will be eligible for hours of Continuing Education Credits (CEU) for renewal or upgrade requirements of the NY Peer Specialist Certification Board (NYPSCB). Workshop proposal submissions should clearly indicate which NYPS Training Standard(s) the workshop encompasses. Refer to the list of NYPS Training Standards included in this application packet.

Workshop Proposal Submission Instructions

To submit a Workshop Proposal, please complete this form by the date identified below. Don't forget to sign and date the completed form and be sure to keep a copy for your files.

Please fill out the form completely. Incomplete forms and missing information will delay consideration of your proposal. Completed forms should be submitted by e-mail, fax, or mail to:

The New York City Department of Health and Mental Hygiene
Office of Consumer Affairs
42-09 28th Street, CN 43
Long Island City, NY 11101
Attn: WillieFlora Gaines,
E-mail: wgaines@health.nyc.gov
Fax: (347) 396-7165, 7166

All workshop proposals must be e-mailed, faxed or postmarked by no later than close of business on **Wednesday, November 20, 2019**.

Presenter (Include Name and Title): _____

Presenter is – Peer _____ Non-Peer _____

In which system? Substance Use Disorder _____ Mental Health _____

Organization/Business/Employer: _____

Full Mailing Address/City/State/Zip:

Phone: _____

Cell Phone: _____

Email: _____

Co-presenter(s) (Name and Title): _____

Co-presenter is – Peer _____ Non-Peer _____

Workshop Description and Objectives:

Provide up to 250 words describing the proposed workshop, particularly specific learning objectives for attendees. Please include Title, Description and a minimum of three CLEAR Learning Objectives which should be stated as skills. For example, it is preferable to say: “Participants will be able to communicate effectively with homeless persons.” Explain how your objectives align with the training objectives as outlined in

Have you presented this or similar workshops before? If so, please explain:

Biography: Please provide a brief description of presenter(s) background and/or qualifications:

Presentation Aids Required (check only what is needed)

_____ LCD projector

_____ Laptop

_____ TV monitor, DVD/VHS

_____ Flipchart

_____ Overhead projector

_____ Other (please explain):

Will handouts be available? Yes _____ No _____

My signature below acknowledges that I understand if my proposal is accepted I am required to submit any necessary handouts, biographical information, audiovisual requests, and other required information by the deadlines established by the planning committee.

Presenter's Signature: _____

Print Name: _____

Date: _____

Substance use and Mental Health Peers Conference Planning Committee (in formation): NYS Office of Alcoholism and Substance Abuse Services, (OASAS), The New York City Dept. of Health and Mental Hygiene, Office of Consumer Affairs; The New York State Office of Mental Health, Bureau of Recipient Affairs; NYC Department of Health & Mental Hygiene- Bureau of Alcohol and Drug Use Prevention, Care and Treatment, Baltic Street AEH, Inc.; NYC Health + Hospitals, Office of Behavioral Health; New York Association of Psychiatric Rehabilitation Services (NYAPRS); Howie the Harp Peer Advocacy & Training Center; The Mental Health Empowerment Project; Advocacy Consultation Services;