### OTHER SERVICES OFFERED

- Phoenix Drop-In Center & Café
- Adult Advocate
- Education Advocate
- Resocialization Program
- Representative Payee Program
- Ombudsman
- Warmline 6PM-9PM/365 Days a year

# ALL SERVICES ARE PROVIDED TO RESIDENTS OF BEAVER COUNTY

Funds and resources are provided by:

- Beaver County Behavioral Health
- United Way of Beaver County
- Religious Organizations
- Civic Organizations
- Schools
- Individuals

If you'd like to learn more about making a donation or volunteering, please contact the **Mental Health Association** at 724-775-4165.

MHA in Beaver County is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (PDF), found online at http://www.ascr.usda.gov/complaint filing cust.html. or at any USDA office, or call 866-632-9992 to request the form. You may also write a letter containing all the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Ave. S.W., Washington, D.C. 20250-9410, by fax 202-690-7442 or email at program.intake@usda.gov.

## A UNITED WAY MEMBER AGENCY



A copy of the official registration and financial information may be obtained from the Pennsylvania Department of State by calling toll free within Pennsylvania, at 1-800-732-0999. Registration does not imply endorsement.





### PEER SUPPORT PROGRAM





We will provide support throughout the entire process. Make the call. We will guide you through the rest.

# **HEALTH & RECOVERY PARTNER SERVICES**

#### **ABOUT OUR PROGRAM**

Peer Support Services are specialized therapeutic interactions conducted by Certified Peer Specialists who have self-identified as current or former participants in behavioral health services. These specialists are extensively trained and certified in supporting others in their recovery process and integration into the community.

#### **HOW SERVICES WORK**

- Services will be provided by a Certified Peer Specialist and most often on a one-to-one basis
- Services may also include groups if all participants agree and they have mutual goals and/or objectives. Activities such as WRAP® planning/Advanced Directives are examples of this
- Appointment dates and times will be directed by the individual participating to best suit their needs

# TO APPLY FOR SERVICES, CONTACT THE MHA

Call: **724-775-4165** or Fax: **724-775-8523** 

- · You can apply yourself
- Have a caseworker/social worker make a referral with your consent and signature
- Let your inpatient treatment team know you want Peer Support Services before discharge

#### WE WILL WORK TOWARD

- Being a voice of encouragement towards recovery
- Consistency with doctors appointments; both mental health and physical health
- Providing support during discharge from inpatient to aftercare follow up
- Building skills to remain stable in the environment of your choice
- Utilizing natural, (family, friends, etc.) and community supports
- Encouraging involvement and support in becoming comfortable within your community
- Developing self-advocacy skills
- Crisis support and prevention of hospitalization, incarceration, and emergency services
- · Coordination of community resources
- Learning Personal Medicine: which is an individualized activity someone does because it helps them feel better or increases their "wellness"
- Fostering positive relationships with self and others
- · Increasing both mental and physical wellbeing

#### **READY FOR RECOVERY?**

To partner with us you need to:

- Be at least 18 years of age
- · Be willing to participate
- Have a diagnosis of a Serious Mental Illness
- Have a recommendation form signed by a licensed practitioner of the healing arts
- A current psychiatric evaluation