Potential Candidates for Certified Peer Specialists - Youth (CPS-Y)

FROM: Office of Children, Young Adults & Families (OCYF), Office of Recovery

 Transformation (ORT)

DATE: January 22nd – January 26th

RE: Youth Peer Specialist Certification (CPS-Y) – Announcement and Application for Training

The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) has worked collaboratively with consumer leaders, over the past 19 years, to build a workforce that includes individuals with lived experience. Our goal is to support wellness and recovery for adults living with mental health challenges and substance use disorders.

Certified peer specialists for mental health and addiction have not only changed thousands of lives individually, but also the culture of the behavioral health system by infusing respect, recovery, wellness, and empowerment throughout the system.

DBHDD is now working to expand this highly valued workforce to include young adults who are living with a mental health (MH), substance use disorders (SUD), or co-occurring behavioral health diagnosis. The goal is to similarly effect the youth-serving systems by supporting family and youth journeys to recovery, resilience and wellness.

Enrollees must meet the lived experience expectations below and also must:

* Be 18-26 years of age; provide a copy of this document or valid Georgia ID;
* Have a mental health (MH) , substance use disorder (SUD), or a co-occurring diagnosis; and a strong desire to identify themselves as a person living with a mental illness or substance use diagnosis (current or former person receiving behavioral health services);
* Be able to advocate for themselves;
* Have a high school diploma or GED; provide a copy of these documents;
* Be able/willing to actively seek and manage their own appropriate care; and
* Be able to share their own personal story in a safe and appropriate way;
* Must be well grounded in recovery wellness (At least one year between diagnosis and application to training) and/or one year continuous abstinent from substance use;
* Provide (1) letter of reference (please include contact information).

This training is scheduled from January 22nd - January 26th, 2018. **All completed applications along with letter of reference and proof of High School or GED certificate must be received by Friday, January 5, 2018 at 5:00 p.m.**

Space is limited. In order to be considered for participation in this training, you must commit to attend all five days of the training, and provide the following information:

**Name:**

**Age:**

**Date of Birth:**

**Complete Address:**

**City:**

**State:**

**Zip code:**

**Home/Cell Phone Number:**

**Email:**

*Please place your initials next to the statements below that apply.*

I understand that Georgia Youth Certified Peer Specialists work from the perspective of their lived experience with a mental health, substance abuse, or co-occurring diagnosis. I agree to be open about the fact that I have been diagnosed with a behavioral health condition. I understand that in doing so, I will help educate others.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I am living with a mental health condition.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I am living with a substance use condition.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I am living with a dual diagnosis (both a mental health and substance abuse condition).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I have a high school diploma or GED certificate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I can provide documentation of my high school diploma or GED certificate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I am between the ages of 18-26 and can provide a birth

 certificate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I understand that completion of the CPS-Y training does not

 guarantee me a job.

***Please answer all questions on your own. Your answers must be in complete sentences. If the application is handwritten, it must be legible.***

1. Why do you want to become a Certified Peer Specialist - Youth (CPS-Y)?

2. Give an example of when you took responsibility for your own wellness.

3. Give an example of when you advocated for your own mental health or addiction services.

***“Lived experience” is your firsthand knowledge and experience of living with a mental health, substance abuse, or co-occurring diagnosis. It is your journey to living a life of hope in spite of challenges and your willingness to share that hope with others.***

4. Why is it important for a Certified Peer Specialist (CPS) to share his/her lived experience (“story”) when providing peer support?

5. Give an example of when you used your lived experience story to address stigma.

*By signing below, I certify that I have completed this application on my own, and that the information provided is true and complete to the best of my knowledge.*

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name (print)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referring Agency/Organization:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit all documentation to:

Email: Dana.McCrary@dbhdd.ga.gov

Fax: 770.344.4242

Mail: Dana McCrary,

Georgia Department of Behavioral Health and Developmental Disabilities

Office of Children Young Adults & Families

2 Peachtree Street, NW, Suite 23-274

Atlanta, Georgia 30303

**All applications must be received by Friday, January 5, 2018 at 5:00 p.m.**