

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF BEHAVIORAL HEALTH



Office of Consumer and Family Affairs

**DBH Application for:
YOUTH PEER SPECIALIST CERTIFICATION TRAINING**

Name (please print/type): _____

Address: _____

Best Phone Number(s) to Contact You: _____

Email: _____

Requirements for Participation

Please submit proof of requirements 1 through 3 along with completed application.

1. ☐ I am at least eighteen (18) years of age and able to work legally in the United States (U.S.).
2. ☐ I currently reside within the District of Columbia (D.C. resident).
3. ☐ I have a high school diploma, GED (or equivalent) or degree from an accredited institution.
4. ☐ I am able to disclose that I am a person with a history of mental health and/or substance use disorders and am able to role model my own self-recovery.
5. ☐ I am willing to create and follow a wellness and personal development plan to protect and maintain my behavioral health.
6. ☐ I understand this certification process may require submission to periodic drug testing.
7. ☐ I have at least eighteen months (18) months of experience navigating the various systems of care for youth with mental, behavioral or emotional challenges.

Application continues on next page.

Only fully completed applications with all supporting documentation will be considered. All applications must be delivered either by post, e-mail (adrienne.lightfoot@dc.gov) or hand delivered no later than Monday, April 11, 2016 (12:00 pm/noon).

Please **print/type** your name: _____

8. ☐ I am able to disclose that I am a youth who has received mental or behavioral health services.
9. ☐ I acknowledge that if I am accepted to the program, before the training starts I must submit to a criminal background check through the Department of Behavioral Health (DBH).

Additional Experience

Please submit documentation if you have the experience described below.

1. Demonstrated successful completion of at least one training on recovery (e.g., BRIDGES, WRAP). ☐ Yes ☐ No
*If yes, please **submit proof** of completion of training (e.g., letter, certificate, testimony).*
2. Held a job(s) in the past or present as a Youth Peer Specialist/Advocate. ☐ Yes ☐ No
If yes, your resume should reflect this experience.
3. Possess(es) any continuing education credits or certificates in mental health or co-occurring disorders. ☐ Yes ☐ No
*If yes, please **submit proof** of completion of training (e.g., letter, certificate).*

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**DBH Application for
YOUTH PEER SPECIALIST CERTIFICATION**

My primary lived experience is with: (CHOOSE ALL THAT APPLY)

- ☐ Personal Recovery from Mental Health Disorder
- ☐ Personal Recovery from Emotional Disorder
- ☐ Personal Recovery from Substance Use Disorder

Personal Disclosure Statement:

- ☐ YES, I agree to disclose my recovery history with emotional, mental and/or behavioral disorder(s) in keeping with policies and procedures of DBH.
- ☐ YES, I agree to disclose my history in dealing with multiple systems of care within the behavioral health system, special education, juvenile justice system, child and family services or other district youth service systems.
- ☐ NO, I do not want to disclose my history with emotional, mental and/or behavioral disorder(s) at this time AND/OR my history of involvement with multiple systems of care.

Statement of Information:

- ☐ I understand that DBH will provide a stipend of \$300.00 to be disbursed upon certification to applicants that complete the program. The disbursement will occur after graduation.
- ☐ I understand that I must make all travel arrangements to and from the place of training and examination. I will receive directions to the training and exam site once I have been officially accepted.
- ☐ I understand that the Youth Peer Specialist Certification Training is not a job placement program.

Statement of Accuracy:

- ☐ It has been at least eighteen months (18) months year since I was diagnosed with an emotional, mental and/or behavioral disorder(s).
- ☐ I completed this application and the required attachments on my own.
- ☐ I completed high school and hold a high school diploma or a GED equivalent.
- ☐ I can supply all documentation that has been requested for this application.
- ☐ All information I have supplied is true and accurate to the best of my knowledge.

Your signature: _____

Application continues on next page.

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Please **print/type** your name: _____

APPLICATION QUESTIONS

You must complete all questions for your application to be considered.

If you are a current DC DBH CPS, you do not have to answer questions #1-8

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

2. What makes (has made) you a good candidate to work with other consumers in the behavioral health field?

3. What types of experiences have you had in advocating for consumers of behavioral health services? Please describe in detail, listing efforts in letter-writing, personal advocacy, public testimony, programs you began or the work you are doing now. Be specific.

4. Describe your current employment or volunteer situation. If neither applies, how do you spend your time?

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APPLICATION QUESTIONS

You must complete all questions for your application to be considered.
If you are a current DC DBH CPS, you do not have to answer questions #1-8

5. What does recovery mean to you?

6. Why do you think it is important for Certified Peer Specialists (CPSs) to tell their recovery stories?

7. What were some of the important factors in your own recovery?

8. What will be your most difficult challenge in attending this training? How will you deal with this challenge?

Application continues on next page.

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APPLICATION ESSAYS

You must complete all essays for your application to be considered.

EVERYONE MUST ANSWER QUESTIONS #9-14

9. What makes you a good candidate to work with youth who have emotional, mental and/or substance use disorder(s)?

10. What strengths have you gained from navigating the various systems of care for youth who have emotional, mental and/or behavioral disorder(s) that you can share to help other youths?

11. Describe how you overcame personal challenges when you were navigating the various systems of care for youth with emotional, mental and/or behavioral disorder(s).

12. Define the term "lived experiences" in your own words.

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APPLICATION ESSAYS

You must complete all essays for your application to be considered.

EVERYONE MUST ANSWER QUESTIONS #9-14

13. Give an example of a "lesson learned" from navigating multiple systems of care within the behavioral health system, special education, juvenile justice system, child and family services or other district youth service systems?

14. Is there anything else you would like us to know in considering you for the Youth Peer Specialist Certification?

Items to be submitted along with this completed application:

1. Resume
2. Diplomas, certificates or other proof of education
3. One (1) recent, signed personal letter of reference
4. One (1) recent, signed job/volunteer letter of reference
5. Proof of D.C. residency

Signature: _____ Date: _____

Submit this application along with all supporting documentation via email (adrienne.lightfoot@dc.gov), regular postal mail or hand delivery to the Office of Consumer and Family Affairs, DBH, 64 New York Avenue NE, 3rd Floor, Washington, DC 20002. Faxes will not be accepted. The contact person is Adrienne Lightfoot, OCFA, tel. # (202) 671-4089. Be sure to leave your name and phone number with your area code.

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