



Office of Consumer and Family Affairs

**DBH Waiver Application for:
PEER SPECIALIST CERTIFICATION**

Name (please print/type): _____

Address: _____

Best Phone Number(s) to Contact You: _____

Email: _____

Requirements for Participation

Submit proof of requirements for 1-4 (e.g., letter, certificate, testimony) with contact information.

1. I have at least five (5) years of practical experience in a peer support or peer advocacy capacity in the competencies listed below in the application (see pages 4-5) and will submit a resume detailing my experience.
2. I will submit two (2) letters of recommendation (at least one (1) of which is job/volunteer related).
3. I am at least eighteen (18) years of age and able to work legally in the United States (U.S.).
(Please submit proof: copy of driver's license, passport, utility bill, etc.)
4. I have a high school diploma, GED equivalent, or a degree from an accredited institution.
5. I am able and willing to disclose that I am a person with mental illness and/or addiction recovery, a peer to consumers of behavioral health and am able to role model my own self-recovery.
6. I am willing to create and follow a wellness recovery plan.
7. I understand that I must take and pass the Peer Specialist Certification Waiver exam to be eligible for certification.
8. I understand that my application is subject to the decision of the Peer Specialist Certification Committee concerning the acceptance, recommendation or rejection for waiver consideration.
9. I understand this certification process may require submission to periodic drug testing.

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 (dbh.ocfa@dc.gov) or hand delivered no later than Friday April 1, 2016 (12:00 pm/noon).

Completed Competencies*
Submit proof of each competency (e.g., letter, certificate, testimony) with contact information.

Please check all completed competencies. Only one (1) Core Competencies may be omitted for waiver consideration. Please refer to the attached sheet (pages 4-5) regarding the specific descriptions of all of the Core Competencies listed. Refer to the attached sheet (page 6) regarding an overview on peer specialist certification waiver policies and procedures.

- Practical assessment skills and basic knowledge of mental illness and substance use disorders
- Supporting skills to assist consumers to develop skills identified in their approved rehabilitation plans
- Documentation of services provided including preparation of progress notes
- Wellness Recovery Action Planning (WRAP) or similar planning
- Unique role of the peer, using self as a therapeutic presence
- Ethics & Professionalism Computer skills Advocacy skills
- Interpersonal skills Cultural competency and sensitivity

*****Failing all or part of the exam on the competencies requested for waiver will result in either class trainings or application submission for the entire Peer Specialist Certification training.***

Ranking Factors
(Please submit proof of preferences (e.g., letter, certificate, testimony) with contact information.

1. Currently working/volunteering as a DBH employee/contractor or for another organization/agency in a Peer Support capacity. Yes No
2. Continuing mental health or co-occurring education credits or diplomas. Yes No
3. I am a resident of the District of Columbia. Yes No

Application continues on next page.

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

Essay Submission

Attach a typed essay that incorporates the following questions. Emphasis will be on thoroughness, accuracy and legibility. The essay should be double-spaced with 1 inch margins and in Times New Roman font (size 12) and no more than 3 (three) pages long.

Print your name on each page of the essay and indicate how many pages are included in your submission (for example: 1 of 3 pages).

Your essay must include answers to the following questions (the order of the essay is up to you):

- Why do you want to become a Certified Peer Specialist (CPS)?
- What does recovery mean to you?
- What were some of the important factors in your own recovery (Be specific).
- What skill sets have made you distinctly qualified to work as a Certified Peer Specialist (CPS) with other consumers in the field of behavioral health?
- What types of experiences have you had in advocating for consumers of behavioral health services (e.g., letter-writing, personal advocacy, public testimony, programs you began or the work you are currently involved in)?
- Anything else that we should know about you?

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PEER SPECIALIST CERTIFICATION**

My primary lived experience is with: (CHOOSE ONE)

- Personal Recovery from Mental Illness or Substance Use Disorder
- Personal Recovery from Co-Occurring (Mental Illness & Addictive Disease)

Personal Disclosure Statement:

- YES, I agree to disclose my recovery history with mental illness and/or substance use disorder in keeping with policies and procedures of DBH.
- NO, I do not want to disclose my history with mental illness and recovery at this time.

Statement of Information:

- 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 Peer Specialist Certification is not a job placement program.

Statement of Accuracy:

- It has been at least one year since I was diagnosed with a mental illness and/or substance use disorder.
- 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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Core Competency Descriptions

Competency:	Description:
Practical assessment skills and basic knowledge of mental illness and substance use disorders.	Basic understanding of co-occurring mental illness and substance use disorders and the role of Peer Specialists in helping the consumer navigate treatment sources. Understanding mental illness disorders and their implications to the individual, family and community. Basic understanding of psychiatric medications and their common side effects.
Supporting skills to assist the consumer to develop skills identified in the approved IRP	How to help a peer formulate recovery goals. Define and use person-first recovery to support personal recovery and empowerment. Know the effect of personal limits (e.g., when confronted with another individual's trauma) on their own wellness
Documentation of services provided including preparation of progress notes	Provide complete, accurate and timely documentation in recovery language for all services provided in a manner that is consistent with agency, state and federal requirements in order to obtain compensation, maintain medical records and demonstrate quality of care.
Recovery and Wellness Recovery Action Planning (WRAP) or similar planning;	How to implement a wellness recovery action plan and encourage the consumer talk to doctor regarding effective use of medications and facilitate recovery through communication. Can understand their role and the role of others, in accordance with a variety of plans (e.g., WRAP, crisis) and trauma-informed practices to support the individual served during crisis. Are able to define and use person-first recovery language at all times to support the development and maintenance of community wide regard for individuals served.
Unique role of the peer, using self as a therapeutic presence.	The concepts of personal wellness and how these concepts apply to the consumer. Demonstrate how to tell one's own story effectively. The importance of trustworthiness. How to develop and maintain trust and the impact of failure to maintain trust. Can define, model and mentor recovery values, attitudes, beliefs and personal actions in order to encourage wellness and resilience for individuals served, and to promote a recovery environment in the community, including home and the workplace.

Application continues on next page.

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Please *print/type* your name: _____

Competency:	Description:
Ethics and Professionalism	Understanding the critical importance of maintaining, securing and keeping confidential personal medical information and records. Can promote an individual's opportunity for personal growth by identifying teachable moments for building relationship skills (e.g., assertiveness, conflict resolution, risk taking) in order to empower the individual and enhance personal responsibility.
Computer Skills	Competent use of phone, computers, copiers, etc. Able to provide support to individuals who show a need to be referred to other resources. Can report all observations and events in accordance with their role as a Peer Specialist and agency/team requirements (e.g., electronically) in order to improve service delivery and to help individuals achieve their goals.
Advocacy Skills	Can support individuals in navigating DBH service systems through activities such as: accompanying them; coaching on court/medical appointment protocol; promoting timely appearance, proper dress, behavior and how to effectively express themselves. Can promote self-advocacy by facilitating each individual's learning about his/her human and legal rights and supporting the individual while exercising those rights in order to empower the individual.
Interpersonal Skills	Can discuss what is and is not peer support and how it is different from other therapeutic relationships, with individuals served and the wider community. How to negotiate, document and maintain definitions and obligations around "harm reduction," "safety" and "help," (e.g., issues around self-harm) to build and preserve the relationship between the peer specialist and the individual served. Understand the value of defining and continuously redefining with each individual what "help" means by exploring what has worked and not worked in the past in order to identify effective peer support interactions. Understand personal limits and value the importance of the peer specialist sitting with discomfort and staying in their role as a peer when confronted with an individual's ability to feel safe, his/her emotional state, vulnerability and ability to risk relationships.
Cultural competency and sensitivity	Can define and utilize outreach and engagement skills with individuals served, being aware of such issues as gender, culture, etc., to begin building a relationship. Can utilize their skills to support the creation of a wellness identity full of potential and possible futures, in order to identify and support the individual's goals and dreams.

I have read and understand the Core Competencies required for Peer Specialist Certification:

Signature: _____ Date: _____

Application continues on next page.

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

Peer Specialist Certification Waiver Policy and Procedures

- All applicants must submit the DBH PEER SPECIALIST CERTIFICATION WAIVER application, including all required supporting documents at the time of the application submission.
- All applicants desiring a waiver must be currently or formerly employed (including volunteer experience) in a peer capacity within a DC behavioral health system or its contractors for a minimum of five (5) years or have current certification from another state or jurisdiction (in good standing). **All waiver applicants must submit a letter from their supervisor (present/former) recommending them for consideration AND a resume detailing their experience.**
- All applicants must submit a second letter of reference (personal/job/volunteer).
- All applicants must agree to create and follow a recovery action plan.
- Waiver applicants will be interviewed by the Peer Specialist Certification Committee (PSCC).
- All waiver applicants will receive a notice of their application acceptance at least thirty (30) days before the date(s) of the examination.
- All waiver applications are subject to the decision of the PSCC concerning acceptance, training recommendations or rejection for waiver consideration
- All applicants must take and pass the DBH PEER SPECIALIST CERTIFICATION WAIVER examination as required by DBH.*
- All waiver applicants will be granted two (2) attempts to pass final examination. (Failure to attend an examination date without prior written notification or just cause will count as an unsuccessful examination attempt.)
- All applicants will receive confirmation of their examination results either by written or electronic mail.
- Any person not receiving a passing mark after two attempts will not again be eligible for waiver, but may apply for PEER SPECIALIST CERTIFICATION TRAINING.
- All waiver applicants must adhere to the same rules regarding suspension, revocation, recertification and continuing credits as established by the PSCC and DBH for Certified Peer Specialists.
- Only ten (10) applications submitted will be eligible for certification within each calendar year.
- All applications will be considered on the basis of timeliness, thoroughness, completed core competencies, legibility and ranking factors.

* PEER SPECIALIST CERTIFICATION final examination for waiver applicants will be reviewed by the PSCC (excepting those individuals who may be seated on the PSCC in which case the final examination will be reviewed by members of the Office of Consumer and Family Affairs or another entity as required by DBH).

Complete information regarding waiver eligibility and requirements can be found in the DCMR

I have read and understand the policies and procedures overview for Peer Specialist Certification Waiver:

Signature: _____ Date: _____

Application continues on next page.

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

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. Documentation proving at least five (5) years of experience in a peer capacity role or proof of current certification from another state or jurisdiction (in good standing).
6. Proof of residency

Signature: _____ Date: _____

Submit this application along with all supporting documentation via email (dbh.ocfa@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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Optional Questions – the answers do not increase or decrease your chances of being accepted

What ward do you live in? 1 2 3 4 5 6
 7 8 Homeless

What is your age? 18 – 24 25 – 34 35 – 50 51 – 64 65 & Older

What is your gender? Male Female Other: _____

What is your gender identity? Male Female Transgender
 Other: _____

What is your race/ethnicity? _____

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