



## **Training Announcement** **Youth Peer Specialist Certification (CPS-Y) Training**

TO: Potential Candidates for Certified Youth Peer Specialists

(CPS-Y) FROM: Anita Speed, GPSN

DATE: **July 19, 2022**

SUBJECT: **Training to Become a Certified Peer Specialist-Youth**

**Please read the entire application and answer all questions. We ask that you do so in a professional and neat manner. Before sending in your application, make sure to include all documents required, two reference letters, copy of high school diploma and driver's license. If you have any questions, just let us know.**

The Department of Behavioral Health & Developmental Disabilities (DBHDD), Office of Children, Young Adults & Families, and the Office of Recovery Transformation, along with Georgia Parent Support Network are pleased to announce that we are accepting applications for the Youth CPS-Y training.

***GPSN & DBHDD is seeking candidates who meet the “lived experience” criteria below who desire to work in the capacity of a Certified Peer Specialist – Youth and who intend to provide 20-40 hours per week of direct youth/young adult peer support.***

**Youth Certified Peer Specialist (CPS-Y)** – Is an individual who is a young adult, ages 18 through age 26, with lived experience living with a mental health or substance use condition, or both and who has received behavioral health services as a youth and is willing and able to self-identify as a person living with a behavioral health condition and is prepared to use that experience in helping other youth and young adults living with similar behavioral health conditions.

The Youth CPS-Y offers emotional support, shares knowledge, and works with individuals to identify meaningful connections and tools that contribute to wellness/resiliency/recovery.

Enrollees must meet the lived experience expectations below:

- Be 18-26 years of age (provide a copy of a valid Georgia ID); and
- Have a mental health (MH) condition, 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; and
- Be able/willing to actively seek and manage your own appropriate care; and
- Be able to share their own personal story in a safe and appropriate way; and
- Must be well grounded in recovery wellness; and
- One year between diagnosis and application to training; and/or
- If the individual has a substance use condition, there must be one year continuous abstinent from substance use; and
- Have a high school diploma or GED; provide a copy of these documents; and
- Provide (2) letters of reference This cannot be a family member (please include contact information).

This five-day training event has been scheduled for a five day period.

*Priority will be given to those who are currently providing youth peer support services and need this credential to maintain employment within the system.*

Please find the application along with eligibility requirements outlined in the attached announcement. Please forward to the designated staff that need to attend.

Applications along with documentation must be submitted by **designated deadline.**

**Youth Peer Specialist Certification (CPS-Y)  
Application for Training**

**Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Date of Birth:**

**Complete Address:**

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip code:** \_\_\_\_\_

**Home/Cell Phone Number:** \_\_\_\_\_

**Best Interview Telephone 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 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 have access to a computer for the (5) days

\_\_\_\_\_ I understand that I will also be required to participate in a virtual interview.

\_\_\_\_\_ 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. Write a short paragraph about why you want to become a Certified Peer Specialist - Youth (CPS-Y)?

2. Write a short paragraph about what your diagnosis means (mental health, addiction, or co-occurring), how it impacted your life and what things you did to change that? Talk about how long you have been taking care of your own recovery/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. The Youth Certified Peer Specialist works with youth/young adults from many different backgrounds and who have faced a variety of different obstacles such as hospitalization, foster care, mental health, addiction,

juvenile justice etc. Can you briefly explain how you would use your lived experience to serve and relate to them 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:** [CPS-Y@gpsn.org](mailto:CPS-Y@gpsn.org)

**All applications must be received by the deadline.**