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Contra Costa Behavioral Health
Administrative Offices
1340 Arnold Dr. Ste. 200
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Phone (925) 957-5160
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Dear SPIRIT Applicant,

SPIRIT is a behavioral health peer and family-driven focused college course. SPIRIT is facilitated by peers and family members for peers and family members. Because SPIRIT is a collaboration with Contra Costa College, some of your personal and identifying information may be shared and exchanged with the college. Additionally, the College may require some administrative information, such as attendance, grades, conduct, or other college-related activities. Being an applicant or participant in SPIRIT may identify you as a peer of behavioral health services or a family member of a person receiving services.

SPIRIT Application

Please print legibly or type. DO NOT USE CURSIVE HANDWRITING

- Please answer each question carefully. Be as direct and specific as possible.
- Attach extra paper if necessary. Number answers on each page. If you have questions about the application, please contact:

Bianca Connor, **Peer Support Specialist**, at:
Bianca.Connor@cchealth.org (925) 957-5141 or (925) 839-0669

Victoria Fairchild, **Certified Medi-Cal Peer Specialist # XECLTHJDUBIWZSGF**, at:
Victoria.Fairchild@cchealth.org (925) 957-5143 or (925) 723-2729

**I have read and understand the above statement.
This acknowledgement is advisory only and is not consent to release information.**

Signature

Date

Print Name

Phone Number

Behavioral Health Service Provider Individualized Recovery Intensive Training

This program is intended for individuals who fit at least one of the following criteria:

Please check mark the area below that you identify with.

- A person who has self-identified as having lived experience of recovery from a mental health condition, substance use disorder, or both.**
- A transition-age youth or a young adult age 18 - 26 who has self-identified as having lived experience of recovery from a mental condition, substance use disorder, or both.**
- A person with lived experience as a self-identified family member of an adult experiencing a mental health condition, substance use disorder, or both.**
- A person who is parenting or has parented a child or adult experiencing a mental health condition, substance use disorder, or both. This person may be a birth parent, adoptive parent, or family member standing in for an absent parent.**

1. Name/Personal Information:

Last: _____

First: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Date of Birth: _____
(Voluntary)

Cell Phone: _____

E-Mail Address: _____

Emergency Contact: _____ Phone: _____

2. Please list two references:

a. Name: _____

Phone: _____

Agency: _____

b. Name: _____

Phone: _____

Agency: _____

Do you identify as a behavioral health peer (**a person with a mental health condition or substance use disorder, or both**) or family member (**parent, caregiver, or family member of someone who receives behavioral health services**)? If so, are you willing to share this with or in your work as a Peer/Family Provider?

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- We value personal or lived experience in the behavioral health system.** This may include personal experience that gives insight into behavioral health, dual diagnosis, self-help, recovery/resiliency- based services, or experiences you've had helping peers and/or family members. Please describe what involvement or knowledge you have that will help you or add to your skills as a peer provider or family member in behavioral health.

4. To do well in this training, people who have experienced difficulties with substance use and/or alcohol use need to be in recovery (**abstaining from use of substances and or alcohol especially within a professional/academic setting**). If this applies to you, how long have you been active in the recovery process? We recommend 6 months of recovery.

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5. Why is it important to learn about and practice methods of wellness, recovery, and resiliency in mental health and/or substance use?

6. Based on your experiences in behavioral health or navigating services for a family member, are there particular types of positions that interest you the most?

Please list here:

1. _____
2. _____
3. _____
4. _____

7. Why do you want to participate in the SPIRIT Behavioral Health Service Provider Training?

8. Please specify the highest level of education completed. *There is no specific level of education required to apply for the training; however, certain job classifications do require a minimum level of education, usually a HS diploma or GED.*
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9. Do you have experience with peer or family support as a peer, family, or parent provider? **(working, living, assisting peers or family members, or being assisted by people with behavioral health issues)** If so, please describe your experience.

10. Please describe an experience you have had working or interacting with someone or a group of people different from yourself. (*Different from you in terms of language, social status, culture, race, religion, sexual orientation, behavioral health diagnosis, ethnic background, or any combination of these*). Please include:

- a) How they were different from you
- b) Describe the experience
- c) What did you learn from the experience?

a)

b)

c)

11. Behavioral health providers must deal with potential conflict amongst co-workers and/or the peers or family members they serve. Please describe: (*provide an answer for each question*)

- a) A situation in your personal or professional life where you've experienced conflict.
- b) What steps did you take to resolve the situation?
- c) What would you do differently were a similar situation to occur again?
- d) What did you learn from this experience?

a)

b)

c)

d)

15. Please list any **paid employment** experience that you have:
(Begin with the most recent. Please use extra paper if needed).

Type of Work	Location/Agency	Dates Worked

16. Is there anything else you would like to add?

Please submit your completed application to:

Contra Costa Behavioral Health Services Office for Peer and Family Empowerment

Attention: SPIRIT

1340 Arnold Drive, Suite 200

Martinez, CA 94553

Fax (925) 957-5156