**YOUTH PEER SUPPORT READINESS PLAN**

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| **PIHP:** |  |
| **CMHSP:** |  |
| **COUNTIES:** |  |

**PRIMARY YOUTH PEER SUPPORT CONTACT:**

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| **NAME:** |  | **TITLE:** |  |
| **EMAIL:** |  | **PHONE #:** |  |

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| 1. How will your agency conduct a search for Youth Peer Support Specialist (YPSS) candidates? |
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| 1. What characteristics/criteria will you look for in the YPSS candidate? |
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| 1. Who will interview the YPSS candidates? |
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| 1. Does your agency support (or are you currently supporting) youth engagement/ involvement activities and how do you envision this work integrating with Youth Peer Support services? |
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| 1. How will you identify and support the YPSS supervisors(s) and who will fill that role? In what program/unit will the YPSS be housed within your agency? |
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| 1. Will your agency be hiring directly or contracting out for the YPSS service? If contracting, who will you be contracting with for this service and what is your supervision plan with the PIHP/CMHSP? |
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| 1. What additional training, supports, learning opportunities in addition to the MDHHS training will be provided for the YPSS? How will you support on-going training and learning opportunities (registration, lodging, food, transportation, etc.)? |
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| 1. How would you describe the potential youth who will benefit from the Youth Peer Support service and the expected types of activities, goals and objectives associated with the YPS service? |
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| 1. How will you support the YPSS in learning paperwork/documentation requirements and implementing them? |
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| 1. What are your plans for providing access to workspace, computers, and other equipment? |
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