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| Date: |  |

**YOUTH PEER SUPPORT READINESS PLAN**

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

**PRIMARY YOUTH PEER SUPPORT SUPERVISORY/CMH 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 you be offering a full-time or part-time position? How do you plan to support hired YPSS to balance caseload and productivity within their work schedule? |
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| 1. How do you plan to educate staff on the value and uniqueness of the Youth Peer Support role? How will Youth Peer Support Specialists be integrated as an equal member of the treatment team? |
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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? What will your referral process look like? |
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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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| 1. What are your plans for retaining Youth Peer Support Specialists hired into your agency? |
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| 1. What challenges do you anticipate or have experienced related to implementing Youth Peer Support at your agency and/or community? |
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