



YOUTH PEER SUPPORT  
SUPERVISOR/ADMINISTRATOR  
MANUAL

Updated May 2023

# Youth Peer Support Supervisors/Administrators Manual

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# Overview



# Michigan Medicaid Manual for Youth Peer Support

## 17.3.G.3. YOUTH PEER SUPPORT SERVICES

Youth Peer Support is a peer-delivered service for youth and young adults. It is designed to support youth and young adults with a serious emotional disturbance/serious mental illness (SED/SMI) through shared activities and interventions in the form of non-judgmental support, connection through lived experience and supporting self-advocacy. This service supports youth and young adult voice as part of the Family-Driven, Youth[1]Guided/Person-Centered approach to treatment and occurs as part of the treatment process. The goals of Youth Peer Support include supporting youth and young adults in their mental health journey (revised 4/1/22) by building a strong relationship based on mutual respect and strategic self-disclosure to increase hope, confidence, self-advocacy skills, and decision-making abilities.

Youth Peer Support is a relationship-based service that focuses on supporting youth and young adult empowerment by connecting to the emotions related to living with mental health challenges as a youth or young adult. It is not intended to substitute for other services such as respite, community living support services, or transition-specific support services. (revised 4/1/22)

Youth Peer Support Specialists must have direct lived experience with mental health challenges as a youth. (revised 4/1/22) Youth Peer Support activities are identified as part of the assessment and the person-centered/family-driven, youth-guided planning process. The goals of Youth Peer Support services shall be included in the individualized plan of service where interventions are provided in the home and community. These goals, to support the youth or young adult's mental health, will be mutually identified in active collaboration with the youth or young adult (revised 4/1/22) receiving services and must be delivered by a Youth Peer Support Specialist with lived experience.

Youth Peer Support is intended to be provided to children, youth, and young adults who are middle school to 26 years of age. It is not intended to substitute for other services such as respite or community living support services. The Youth Peer Support Specialist shall receive regular supervision by a child mental health professional and shall participate as an active member of the treatment team.

Youth Peer Support Specialists must have lived experience navigating behavioral health systems and must actively participate in and complete the approved MDHHS curriculum, ongoing certification, and recertification requirements. (revised 4/1/22) Qualifications for the Youth Peer Support Specialist include:

- Young adult, ages 18 through 28, with lived experience with mental health challenges as a youth and who received mental health support as a youth or young adult. (revised 4/1/22)
- Willing and able to self-identify as a person who has received or is receiving behavioral health services and is prepared to use that experience in helping others.
- Experience receiving services in a variety of systems (such as child welfare, education, the justice system, vocation, housing, etc.) as a youth or young adult is preferred.
- Employed by PIHP/CMHSP or its contract providers.
- Trained in the MDHHS approved curriculum and ongoing certification and recertification model. (revised 4/1/22)



# National Peer Movement and History in Michigan

This Youth Peer Support curriculum was developed by Michigan Department of Health and Human Services (MDHHS) as the framework for training and certifying Youth Peer Support Specialists (YPSS). MDHHS has a long standing commitment to peer support services in the child and family service array.

Informal sources of peer parent support have existed since the 1980's when the family organization movement gained momentum and services came to include more family voice and involvement. Throughout the years, many models were developed and given a variety of names-Parent Mentors, Family Advocates, Parent Guides are just a few. At the national level, the Federation of Families for Children's Mental Health brought members together from around the country to begin conversations about the importance of peer parent support in whatever form that might take.

In 2008, through a partnership with the Association for Children's Mental Health (ACMH), Michigan Department of Health and Human Services (MDHHS) developed an initial curriculum and certification process for training Parent Support Partners, a Medicaid service for parents and caregivers of children with Serious Emotional Disturbance and/or Intellectual/Developmental Disabilities to receive support from other parents with lived experience. The initial training of Parent Support Partners occurred in 2010 and that first cohort received certification in February of 2011. At the national level, the Federation of Families for Children's Mental Health developed and offered a Parent Support Provider certification but did not offer training or education. MDHHS has worked continuously since that time to assure that essential service is available, accessible and responsive to the changing needs of families and systems.

In 2014, a stakeholder group including youth, parents, mental health administrators and providers, ACMH, and MDHHS partners met under the facilitation of a national consultant to begin development of a Youth Peer Support curriculum. In November of 2015 the first training was held for Youth Peer Support (YPS), a state plan Medicaid service defined in the Medicaid Provider Manual. The YPS service is designed to support young people with a serious emotional disturbance to be empowered, to instill confidence, and to assure they have the necessary skills to improve in their overall functioning.



# Role of ACMH

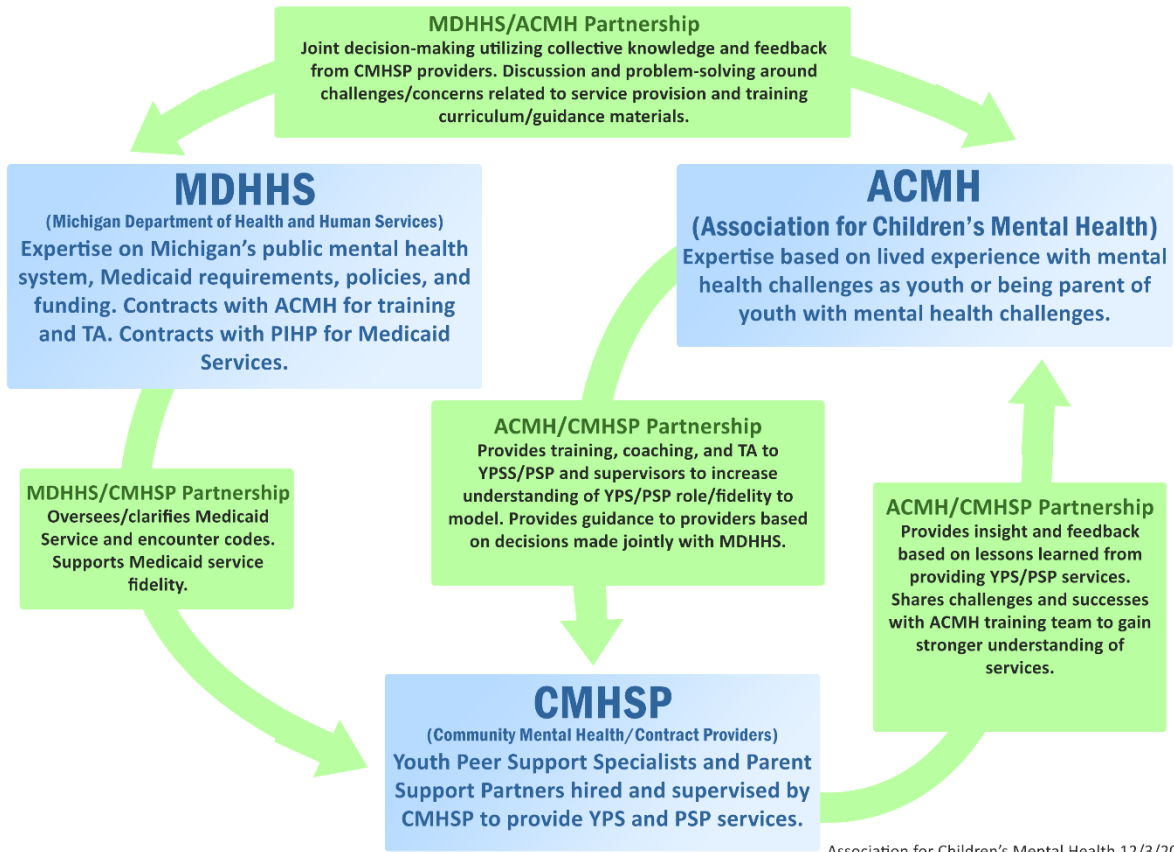
The Association for Children’s Mental Health, ACMH, is a statewide, non-profit family organization dedicated to meeting the needs of families of children and youth with serious emotional, behavioral or mental health challenges. ACMH has provided family to family support, information and advocacy for over 30 years and over the years has collaborated with the department in a variety of ways. The Michigan Department of Health and Human Services (MDHHS) currently works in partnership with ACMH to oversee and deliver technical assistance for the training model for Youth Peer Support. The Youth Peer Support Program Manager, Statewide Coordinator, and Trainer are ACMH employees who had lived mental health experience with child serving systems as youth, and are able to provide a peer perspective in the Youth Peer Support Model.





# ACMH, MDHHS, and CMHSP Partnerships

Partnership Between Michigan Department of Health and Human Services, Association for Children's Mental Health, and Community Mental Health/Service Providers



Association for Children's Mental Health 12/3/2019



# Benefits of Youth Peer Support

Youth Peer Support (YPS) is a unique and groundbreaking service for youth and young adults involved in the community mental health system, and the benefits are great. So what makes YPS so valuable?

## Breaking Barriers

One of the most unique aspects of YPS is that it breaks barriers related to feelings of loneliness, shame, stigma, and low self-esteem. YPSSs normalize mental health challenges and empower youth/young adult to actively participate in their lives and treatment.

## Engaging

Engagement is natural because YPSSs understand the feelings associated with mental health challenges, and have the ability to share experience. This perspective can change the way that youth/young adult look at their own resiliency journey. YPS may help youth and young adults that they work with in building trusting and progressive partnerships with other supports and service providers.

## Preventative Care

Youth and young adults that participate in YPS are more likely to acquire a set of resiliency tools, such as problem-solving, relationship building, and self-advocacy, which will set them up for future successes.

## Youth-Powered

Communities that provide YPS build an invaluable relationship with youth/young adults by providing hope and opportunity to those that may have difficulty seeing a future. By hiring young people with mental health challenges, agencies promote recovery and provide a stepping stone for young adults toward fulfilling their goals and ambitions goals and ambitions that they may have believed impossible.



# Benefits of Youth Peer Support

Authored by Krissy Dristy, Youth Peer Support Project Manager

As a youth dealing with anxiety and depression, I was no stranger to loneliness. When explaining this part of my story to others today, I have often been met with looks of shock and disbelief. It is true that I had a supportive family, awesome friends and positive school and work experiences. In fact, for the most part, life seemed pretty great. Underneath it all, I often felt isolated in my own mind. Depression can be a dark place and while I was holding it together on the outside, the pain I felt inside was gripping. Of course, I had my friends and family to support me, but they didn't understand how it felt to be in my shoes. I wanted to talk to someone who had been down this path before and has come out on the other side. Someone who actually understood how hard it could be; someone who wouldn't judge or look down on me. What I was long for was Youth Peer Support.

I did not know it at the time, but peer support for youth and families was on the rise in my home state of Michigan. The partnership between the Michigan Department of Health and Human Services (MDHHS) and the Association for Children's Mental Health (ACMH) has supported Parent Support Partners (PSP) since 2010. With the Department and statewide family organizations working together, a successful training model was created for PSP, and parents and caregivers could access PSP through Medicaid. This was a great triumph for families who, through the public health system, were now able to receive support from parents who could directly identify with their challenges. Parents no longer had to feel quitter as lonely in the hardships that can come with raising children with severe emotional disturbances (SED).

With Parent Support Partner creating positive outcomes for families, the need to extend peer support to youth with SED was clear. In 2014, MDHHS and ACMH worked with a national consultant to collect stakeholder input and began creating a curriculum for State Plan Medicaid Youth Peer Support. By the summer of 2015, ACMH hired for the positions of Statewide Youth Peer Support Coordinator and Lead Trainer. This past November, the first cohort of Youth Peer Support Specialists went through the state approved Youth Peer Support training. With the hard work and invaluable contributions of many, we are beyond pleased to announce that Youth Peer Support is not officially a part of the service array in the Pre-Paid Inpatient Health Plan/Community Mental Health Service Provider system for youth and families in Michigan.

Youth Peer Support Specialists (YPSSs) are young people between the ages of 18 and 28 with lived experience who have received mental health services as a youth. YPSSs serve as an integral member of the treatment team and use their voice of experience to help create positive outcomes for youth. They are young adults who have "been there" and used their challenges to build resilience, and are now leading their own paths to a life of recovery. By connecting with YPSSs, youth/young adults are less likely to experience stigma and isolation and more likely to feel engaged in services and experience hope for the future. When youth experience positive outcomes from YPS, families, caregivers and the system as a whole benefit too!

I truly believe in the great impact that Youth Peer Support will have for Michigan youth and young adults. Having been lucky enough to co-facilitate Cohort One of YPS, I had the opportunity to meet the



amazing group of young people who will pioneer this service in our state. Their courage and willingness to share their stories was inspiring to say the least. I know that had I been able to connect with someone like them, I would have been able to get on the road to recovery sooner. I am so thankful that youth today will not have to wait as long.

If you have additional questions about Youth Peer Support, please contact Krissy Dristy at [KDristy@acmh-mi.org](mailto:KDristy@acmh-mi.org) or Justin Tate, Manager of Programs for Children with Serious Emotional Disturbances, Michigan Department of Health and Human Services at [TateJ7@michigan.gov](mailto:TateJ7@michigan.gov).



# Peer Related Medicaid Services Guidance to PIHPs and CMHSPs

To ensure that CMHSPs and PIHPs understand the roles of peers in our system, this guidance is provided to clarify requirements for training/certification, for the use of the codes and the MDHHS support for these activities. Please refer to the PIHP/CMHSP Encounter HCPCS and Revenue Codes and the Michigan Medicaid Provider Manual for current information.

<p><b>Contract Requirements</b></p>	<p>In the MDHHS contract with the PIHPs/CMHSPs, peers are an important part of the behavioral health continuum. The role of the persons with lived experience is population specific and outlined in the Michigan Medicaid Provider manual under the Mental Health and Substance Abuse chapter.</p>
<p><b>Questions and Technical Assistance</b></p>	<p><b>Justin Tate, LMSW</b>            Manager of Programs for Children with Serious Emotional Disturbances            Division of Mental Health Services to Children and Families            Michigan Department of Health and Human Services            320 S. Walnut Street            Lansing MI 48913            Phone: 517-241-1497            Email: <a href="mailto:TateJ7@michigan.gov">TateJ7@michigan.gov</a></p> <p><b>Pam Werner</b>            Manager, Peer Support Specialist and Recovery Coach Initiative            Office of Recovery Oriented Systems of Care            Michigan Department of Health and Human Services            320 S. Walnut Street            Lansing, MI 48913            Phone (517) 335-4078            Email: <a href="mailto:wernerp@michigan.gov">wernerp@michigan.gov</a></p> <p><b>Tracy Vincent</b>            Michigan Developmental Disabilities Council (DD Council)            Michigan Department of Health and Human Services            320 S. Walnut Street            Lansing, MI 48913            Phone: (517) 284-7296            Email: <a href="mailto:vincentt1@michigan.gov">vincentt1@michigan.gov</a></p>



Name of Peer Service	Youth Peer Support	Parent Support Partners	Mental Health Peer Specialist	Peer Recovery Coach	Peer Mentor (provided by a DD mentor)
<b>Individuals receiving the Peer Service</b>	Children or Youth with a Serious Emotional Disturbance and Young Adults with Serious Mental Illness	Parents or caregivers of a child with a Serious Emotional Disturbance or Intellectual or Developmental Disability	Individuals receiving mental health services and supports	Individuals receiving substance use services	Individuals with intellectual/developmental disabilities
<b>Training Requirements And Certification Process</b>	Youth Peer Support provided by a trained youth peer support specialist using the MDHHS-endorsed curriculum (can report after completion of initial core training but must continue certification process)	Parent-to-parent support provided by a trained youth peer support specialist using the MDHHS-endorsed curriculum (can report after completion of initial 3 days of core training but must continue certification process)	Outlined in Medicaid provider manual. Use of Appalachian Consulting Group National curriculum that is accepted by the federal VA Medical Centers. Person must be working at least 10 hours a week in a position described as peer support. Training is 56 hours and results in 3 Lansing Community College credit hours. Once successfully completes the requirements can use the H0038 code with an HE modifier for different codes based on description of activity/description in the Medicaid provider manual	Currently under development with a statewide curriculum and credentialing committee with a representative from 10 PIHPs and additional peer stakeholders including tribal representation and Recovery Community Organizations.	Peer Mentoring training provided by DD Council Certified Peer Mentors using DD Council Endorsed curriculum. After training, individuals are required to complete a 90-120 hour Supervised internship at the referring CMHSP and complete an exit interview. Upon a Successful internship and exit interview, individuals will be certified through the DD Council. Once the individual is certified through the DD Council, the H0046 Peer Mentor code



<b>Name of Peer Service</b>	<b>Youth Peer Support</b>	<b>Parent Support Partners</b>	<b>Mental Health Peer Specialist</b>	<b>Peer Recovery Coach</b>	<b>Peer Mentor (provided by a DD mentor)</b>
<b>Training Structure</b>	Statewide Coordinator and Trainer - MDHHS contract with Association for Children's Mental Health	Statewide Coordinator and Lead Trainer- MDHHS contract with ACMH	Overseen by MDHHS. State and national peer trainers provide training with regional training offered for Detroit, Macomb and Oakland	Under development with statewide curriculum and credentialing committee	Currently utilizing the Michigan Developmental Disabilities curriculum and training lead by Certified Peer Mentors
<b>MDHHS Contact Person</b>	Justin Tate	Justin Tate	Pam Wener	Pam Werner	Tracy Vincent
<b>Michigan Medicaid Provider Manual Mental Health and Substance Abuse Chapter</b>	17.3.G. PEER-DELIVERED OR -OPERATED SUPPORT SERVICES	17.3.E. FAMILY SUPPORT AND TRAINING	17.3.G. PEER-DELIVERED OR -OPERATED SUPPORT SERVICES		17.3.G. PEER-DELIVERED OR -OPERATED SUPPORT SERVICES
<b>Code</b>	Peer Delivered H0038 WT (Per 15 minute)	Family Support and Training S5111 WP  (Per encounter)	H0038 Use HE modifier for additional codes that are performed by CPSS  (Per 15 minutes)	Currently under review with future change of a separate distinct code. At this time some PIHPs are using T1012, or H0038 with HD, HH and/or HF modifiers  (per 15 minutes)	Peer Delivered and Operated Support Services H0046  (Per encounter)



# PIHP/CMHSP Encounter Reporting HCPCS and Revenue Codes

[http://www.michigan.gov/documents/mdch/MHCodeChart\\_Autism\\_Jan12016Changes\\_\\_508937\\_7.pdf](http://www.michigan.gov/documents/mdch/MHCodeChart_Autism_Jan12016Changes__508937_7.pdf)

Service Description (Chapter III & PIHP Contract)	HCPCS & Revenue Codes	Coverage	Reporting & Costing Considerations
Peer Directed and Operated Support Services (MH or DD)	H0038-WT – Youth Peer Support Specialist	15 minutes encounter & EPSDT	Youth peer support specialist: A youth peer specialist can only report face-to-face services with a consumer using the H0038-WT or the H0038-WT-TT codes. The youth peer can also report H0038-WT or H0038-WT-TT if they are face-to-face with youth while another provider is working separately with the family. This type of situation will occur only in home-based (H0036 HS), or family psychotherapy 90846 HS 90849 HS or S5111 HM Parent Support Partner





# Youth Peer Support Logic Model

The Youth Peer Support Logic Model is intended to be used to guide overarching program philosophies and intentions. Youth Peer Support is a Family-Driven, Youth-Guided service, meaning all goals, objectives, and interventions should be individualized and based on the youth/young adult and family's wants and needs.



## PARTNERSHIP

*Ability to build strong connections and relationships based on mutual respect and strategic self-disclosure.*

### **Short-Term Benefits:**

- Youth understands the role of the Youth Peer Support Specialist.
- Youth feels like someone “gets it.”
- Youth feels a sense of trust and safety with Youth Peer Support Specialist.

### **Long-Term Benefits:**

- Youth is able to communicate their vision, needs, and wants in order to effectively team with mental health providers and system partners.
- Youth is able to effectively communicate their own perspectives and has a shared decision-making role with others on their team.
- Youth is able to hear, communicate, and try to understand the perspectives of people in their lives.

## ENGAGEMENT

*Ability to connect in order to build trust and impart a sense of hope and future for youths’ lives.*

### **Short-Term Benefits:**

- Youth feels comfortable communicating their thoughts with YPSS.
- Youth feels more connected and supported in their treatment.
- Youth feels an increased sense of hope.

### **Long-Term Benefits:**

- Youth has acquired a sense of confidence and self-acceptance.
- Youth feels comfortable communicating their thoughts with others involved in their lives and treatment.
- Youth meaningfully participates in their own meetings (including Wraparound, Family-Driven, Youth-Guided Planning meetings, IEP meetings, etc.)
- Youth understands that building resiliency is valuable and worthwhile.
  - Youth is connected to their own vision of their future.



*Support youth in building confidence, self-advocacy skills, and decision-making abilities.*

### **Short-Term Benefits:**

- Youth feels that their voice is valued.
- Youth effectively expresses their needs and can identify which services and supports are meaningful to them and their family.
- Youth actively seeks out and participates in services and supports that are making a difference in their lives.

### **Long-Term Benefits:**

- Youth meaningfully guides their treatment activities.
- Able to effectively express their needs when seeking support.
- Determine what services and supports are the right fit for them.
- Has knowledge of and ability to request services and supports they feel make a difference.
- Youth feels resilient and confident in their ability to navigate transitions or times of change.
- Youth take responsibility for their decisions, lives, and treatment.

*Supports youth to build relationships with team to facilitate access to tools and resources based on their needs and preferences.*

### **Short-Term Benefits:**

- Youth engages and participates in services they see as helpful.
- Youth is aware that their perspective is valued.
- Youth has an active and confident voice in the family-driven/ youth-guided process.
- Youth is able to effectively communicate even through times of conflict and disagreement.
- Youth is able to understand perspectives of parents/ caregivers, providers, and other system partners.
- Youth begins the process of developing and strengthening their natural support network.

### **Long-Term Benefits:**

- Youth have strong ability to form and maintain healthy relationships with providers, care-givers, and supportive partners.
- Youth are able to utilize community resources based on their needs and interests.

## EMPOWERMENT

## RELATIONSHIP



**MISSION:** By sharing their story of lived experience, Youth Peer Support Specialists empower youth to build hope and meaningfully engage in all areas of their lives.

## PARTNERSHIP

*Ability to build strong connections and relationships based on mutual respect and strategic self-disclosure.*

**YPSS Activities:**

- Share story of lived experience in a way that breaks feelings of isolation and loneliness.
- Listen to youth in order to understand their perspective and is able to connect through shared experiences.
- Encourage active youth participation and ownership in services and system activities.
- Provide support and assistance during challenging times.
- Accept and validates youth peer's perspectives using a strengths-based approach
- Support youth in adopting a strengths-based approach when listening to others' perspectives.
- Promote acceptance while reducing stigma about mental health.

## ENGAGEMENT

*Ability to connect in order to build trust and impart a sense of hope and future for youths' lives.*

**YPSS Activities:**

- Get to know youth's skills, interests, and strengths.
- Model resiliency, wellness, and recovery to inspire hope.
- Work with youth on building upon skills and abilities.
- Strategically share lived experience to promote hope and wellness.
- Establish a sense of trust and understanding within their role.
- Prepare and encourage youth to meaningfully guide their lives and treatment.



*Support youth in building confidence, self-advocacy skills, and decision-making abilities.*

**YPSS Activities:**

- Assist and support youth during transitions and provide support in building resiliency skills to successfully navigate times of change.
- Support opportunities for youth to have voice in planning and decision-making.
- Support and empower youth to communicate wants and needs.
- Encourage youth to build understanding in others about their unique mental health needs.
- Model the power of resiliency and recovery to provide hope for a future.
- Encourage youth participation and ownership in services and system activities.
- Teach and encourage youth to find resources that fit their needs and interests.

*Supports youth to build relationships with team to facilitate access to tools and resources based on their needs and preferences.*

**YPSS Activities:**

- Work collaboratively with other team members.
- Empowers youth to develop conflict-resolution skills by sharing lived experience.
- Share story of resiliency to support youth to integrate into their community, school, and family.
- Assist youth in finding voice to actively communicate needs and desires in the family-driven/youth-guided process.

## EMPOWERMENT

## RELATIONSHIP

**VISION:** Youth will be confident and capable of using their voice and resiliency skills to guide and direct their future.



# Readiness



# Are You Ready for Youth Peer Support?

PIHP: \_\_\_\_\_ CMHSP: \_\_\_\_\_ COUNTIES: \_\_\_\_\_

**PRIMARY YOUTH PEER SUPPORT CONTACT:**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE #: \_\_\_\_\_

Hiring, Interviewing and Training Readiness	YES	NOT SURE	NOT YET
I will share job postings with system partners such as CMHSP, DHHS, Juvenile Justice or schools who could reach out to Youth Peer Support Specialist candidates to encourage them to apply.			
I have identified the characteristics that would make an individual a strong candidate to become a Youth Peer Support Specialist.			
I will support Youth Peer Support Specialists full participation in the MDHHS Youth Peer Support state training.			
I have identified champions for Youth Peer Support within our programs, agency and administration.			
I will involve youth and family voice in the hiring and interviewing process for Youth Peer Support Specialists.			
I have interview questions regarding the applicant’s ability to self-disclose about their lived experience.			
I have strategies to assist staff in becoming active allies of Youth Peer Support Specialist.			
I have selected a supervisor who can support, empower and directly supervise individuals hired to provide the Youth Peer Support service.			
I have identified strategies for assuring that the person(s) hired in the Youth Peer Support role is/are welcomed and integrated into the agency.			
I have strategies to orient newly hired individuals to our organization and culture.			
I am prepared to support individuals hired to grow and develop in their Youth Peer Support Specialist role and as an employee.			
I have worked with Human Resources to develop a process for recruitment including posting ads and reaching out in nontraditional ways.			



<b>Hiring, Interviewing and Training Readiness</b>	<b>YES</b>	<b>NOT SURE</b>	<b>NOT YET</b>
I have considered workplace accommodations due to the young person's needs while still maintaining high expectations for performance.			
I have developed a method for the Youth Peer Support Specialist to introduce themselves directly to potential youth who will be recipients of the Youth Peer Support service.			
I have worked with staff to assure that they are understanding of and supportive of high quality Youth Peer Support services.			
I have established continuing education opportunities, in addition to the MDHHS training requirements, to assure that Youth Peer Support Specialists can continue to develop and refine their skills.			

<b>Practice Readiness</b>	<b>YES</b>	<b>NOT SURE</b>	<b>NOT YET</b>
I understand the difference between Youth Peer Support and other youth services offered in our system.			
I can identify the key functions of Youth Peer Support.			
I understand that there is a difference between youth engagement, mentoring and the Youth Peer Support Medicaid service.			
I have reviewed the Michigan Medicaid Provider Manual regarding the Youth Peer Support service.			
I feel confident describing the Youth Peer Support service to internal and external partners.			
I have developed supervision strategies to assure Youth Peer Support Specialists is strongly supported.			
I have developed a method for identifying which youth would be good candidates to receive the Youth Peer Support service.			
I have an understanding that the Youth Peer Support Specialist will empower youth to inform treatment teams and others of their perspective.			

<b>Program Readiness</b>	<b>YES</b>	<b>NOT SURE</b>	<b>NOT YET</b>
Consideration has been given to the where in the organizational/agency that Youth Peer Support services will be housed.			
Staff in this program/unit can understand and appreciate the unique role and responsibility of the Youth Peer Support Specialist and commitment to work collaboratively with Youth Peer Support Specialist.			



<b>Program Readiness</b>	<b>YES</b>	<b>NOT SURE</b>	<b>NOT YET</b>
Staff in this program/unit is aware of how Youth Peer Support can enhance their work and outcomes.			
This program/unit is prepared to provide the Youth Peer Support Specialist with a supportive environment necessary to do their work and open communication.			
The program/unit supervisor will assure a regular supervision schedule.			
This program/unit has staff that will welcome questions and concerns identified by the Youth Peer Support Specialist and will be able to respond appropriately.			

<b>Policy Readiness</b>	<b>YES</b>	<b>NOT SURE</b>	<b>NOT YET</b>
There is commitment to Youth Peer Support at the administrative/policy level of our organization.			
Our administration/leadership is actively working with other systems to assure their understanding and commitment to Youth Peer Support.			
Our administration demonstrates their commitment to Youth Peer Support.			
Our administration has considered a process to provide supported transition for employees eventually aging out of their role as a Youth Peer Support Specialist.			
Our administration has a demonstrated understanding and commitment to the quality implementation of Youth Peer Support services as defined in the Michigan Medicaid Provider Manual.			
Our administration assures that those involved in implementing Youth Peer Support services have access to supports within and outside of our community.			







5. 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?
  
6. 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?
  
7. 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?
  
8. 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?
  
9. 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.)?





# Structure within the Hiring Organization

Hiring and employing YPSS can create the opportunity for culture change within an organization. Consideration of where to house a YPSS within an organization can be critical in supporting the success of the YPS service and retention of staff.

Choosing a Supervisor: Select a supervisor who understands and supports Family-Driven, Youth-Guided care. Many sites select the Wraparound or Home Based supervisor for this reason. If you choose to select a supervisor who oversees all the peer services, be mindful of the support needed to link YPSS to children's services. Agencies that contract with the CMH should include both the CMH and agency supervisors in regular supervision.

Choosing Where to House YPS Within an Organization: Organizations must be strategic about embedding YPSS within programs that lend themselves to relationship building and participation as partners in treatment teams. Since YPSSs support youth, it is encouraged that they are housed among the other children's mental health service providers or transition-age teams that they will be partnering and teaming with.

Cell Phone and Social Media Policy: It is recommended that YPSSs are provided an agency cell phone, if possible. And the employment agency should have a cell phone policy in place that allows the YPSS to set strong communication boundaries with the youth/young adults and families they work with.

Providing Education on YPS Role and How to Partner: Service providers that will be working alongside YPSSs and referring to the YPS program should be aware of the YPS role, what YPSSs can and cannot do and how to partner with the YPSS. One effective way to ensure their understanding is to allow the YPSS(s) to present on these topics during team meetings or other settings and allowing them to sit down with other providers to answer their questions about the role and collaborate on cases.

Deciding Salary & Hours: As this is a professional position, it is important to acknowledge that salary communicates value. A YPSSs' lived experience provides a specialized and important component to the service. It is recommended that they will be paid to reflect their professional role. Additionally, YPSSs should have stable and consistent, but flexible, work schedules, allowing enough time for meeting with youth/young adults, completing paper work, and working alongside treatment team member and supervisors. YPSSs may need flexible schedules for school or personal and medical appointments. It is then important to maintain a balance of consistency and flexibility. YPSSs are expected to participate in all MDHHS-required trainings including coaching calls, quarterly meetings, and technical assistance which are imperative to their success.



Utilizing YPSSs in Other Roles: Some sites may choose to have Youth Peer Support Specialists serve in various roles outside providing YPS the Medicaid service. It is encouraged that sites that choose to do this to consider potential pitfalls and challenges that may occur. A major area of concern is role confusion for providers and recipients of services as well as conflicts for using Medicaid appropriately.

Dress Code: Agencies will often have their own dress code for staff. YPSSs are encouraged to discuss these requirements with their supervisors. Agencies should remember that casual, comfortable, and approachable attire can help to communicate the peer aspect of their professional role with the youth/young adults they serve.



# Youth Peer Support Supervisors Role

Goals of supervision - Support YPSS in their role, technical support/guidance, ensure integration of YPSS with the treatment plan and team

## Medicaid Provider Manual states that:

- “The Youth Peer Support Specialists shall receive regular supervision by a child mental health professional and shall participate as an active member of the treatment team.”
- “Trained in the MDHHS approved curriculum and ongoing training model.” (Technical Assistance is included in the ongoing training model)

**Child Mental Health Professional (CMHP)** - Individual with specialized training and one year of experience in the examination, evaluation, and treatment of minors and their families and who is a physician, psychologist, licensed or limited-licensed master’s social worker, licensed or limited-licensed professional counselor, or registered nurse; or an individual with at least a bachelor’s degree in a mental health-related field from an accredited school who is trained and has three years supervised experience in the examination, evaluation, and treatment of minors and their families; or an individual with at least a master’s degree in a mental health-related field from an accredited school who is trained and has one year of experience in the examination, evaluation and treatment of minors and their families.

## Supervisors Requirements during the initial training period:

- **Technical Assistance:** Participate in Technical Assistance (TA) meetings with the Statewide Coordinator. TA meetings will rotate between one monthly face to face contact and two monthly phone calls or as requested by the Statewide Coordinator. If the YPSS is employed through a family or contract organization, the CMHSP will attend the quarterly face to face TA meeting.
- **Initial State Training:** All supervisors will attend the designated portion of the YPSS training for each YPSS they send to training (which could include the CMHSP, contract and/or Youth Peer Supervisor). Supervisors will continue to participate in additional TA/training as required by the YPSS model or requested by the Statewide Coordinator.
- Regular individual supervision will be provided by a qualified children’s mental health professional (CMHP) identified by the agency on a bi-weekly basis at a minimum.
- If the YPSS is employed through a family or contract organization, a supervisor from that organization will be identified and will participate in a minimum of monthly supervision with the CMH and YPSS.
- The agency will ensure that the YPSS will be an active member of the treatment team and will participate in team and planning meetings.

Role of the Direct Supervisor (Family Organization/Contract Agency or CMHSP Supervisor): Day to day administrative and clinical supervision and support, regular individual supervision.



Role of the CMHSP Supervisor if YPSS are employed through a contracted agency: knowledge of the treatment plan, integration in the treatment team. Support, communication and access. Support family organization or contract agency. Quarterly attendance at TA meetings and Monthly supervision with YPSS and Contract agency.

### **Supervisor Roles - Partnering for Effectiveness:**

Upon meeting the stated requirements for supervision under Medicaid, agencies may choose to include additional employees/ professionals in various aspects of TA and supervision. Examples of such individuals include program directors, executive directors, countywide coordinators or those who serve in a supervisory role related to peer services at the agency. It is important to remember that intentional partnership is key to this process. Sites are encouraged clearly define each person's role and to establish ways they will partner to provide supervision related to all aspects of the YPS role.

### **Supervisor Qualities**

YPSSs identified the following as desirable/ necessary qualities that YPS Supervisors should have:

- Respectful
- Leadership
- Understanding
- Clear and specific
- Good Role Model
- Willing to teach
- Listens, considers opinions of others
- Positive attitude
- Compassionate but mutually respectful. Honors you as an equal on a personal level while keeping professional boundaries
- Fun
- Open door
- Team builder- does not gossip
- Non judgmental
- Patient
- Consistent availability (within reason)
- Reliable
- Demonstrates good follow through
- Strengths based
- Gives feedback and clear direction
- Offers reasonable solutions that work
- Problem solves with you
- Cohesive, collaborative, mutually invested



# Hiring





**Association for Children’s Mental Health  
in partnership with  
Michigan Department of Health and Human Services  
Hiring Agency Expectations Agreement**



Following are the expectations for the agencies that hire and employ Parent Support Partners (PSP) and Youth Peer Support Specialists (YPSS).

- The PSP/YPSS be hired and employed by the CMH or contract agency before they attend the initial Part One training.
- All pre-training paperwork be completed by the given deadlines (registration, supervisor contact information, media release and emergency contact).
- The agency will assure that their PSP/YPSS(s) have equipment and all technology to perform their job.
- If the PSP/YPSS is employed through a family or contract organization, a supervisor from that organization will be identified and will participate in a minimum of monthly supervision with the CMH and PSP/YPSS.
- Employers establish a work schedule that includes a consistent number of hours of work per week and meets the needs and availability of the youth and families being supported.
- The workload will be individualized to assure that individuals receive a high quality PSP/YPSS service.
- The agency will ensure that the PSP/YPSS will be an active member of the treatment team and will participate in team and planning meetings.
- The PSP/YPSS will continue to actively provide this service to a minimum of one youth, parent, or primary caregiver to be seen on a regular and ongoing basis as outlined in the IPOS.
- Upon completing the initial Part One training, the PSP/YPSS will begin to work with parents, caregivers, or youth (as it applies to their position)
- All MDHHS requirements for PSP/YPSS initial training and ongoing certification requirements will be met. This includes all of the MDHHS requirements for recertification.
- Supervisors will attend a new supervisor training and will attend one supervisor roundtable annually, thereafter. Supervisors will continue to participate in additional TA/training as required by the PSP/YPSS model or requested by the Statewide Coordinator.
- Individual supervision will be provided by a qualified children’s mental health professional (CMHP) identified by the agency on a regular basis.

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We have read all information in the Hiring Expectations Agreement above, and the information in the YPSS/PSP Certification Requirements, Expectations and Implications document. We understand and agree to all requirements.

- Hiring Parent Support Partner(s)
- Hiring Youth Peer Support Specialist(s)





# Hiring a Parent Support Partner or Youth Peer Support Specialist

## Lived Experience is Essential

This document frequently refers to people with lived experience; in this context it means young adults living with mental health conditions (YPS) and parents/guardians who have or are currently parenting a child with an intellectual/developmental disability or mental health challenge (PSP) and all that these experiences entail. Lived Experience is an essential requirement for a Parent Support Partner (PSP) or Youth Peer Support Specialist (YPSS). PSPs/YPSSs tap into their lived experiences and apply what they have learned in life to the peer support relationship.

Lived experience needs to be quantified by more than a self-report check box in the application process. In hiring PSPs/YPSSs, the evidence of the skills developed through life experience needs to be sought out. Also, there must be an ability for the individual to self identify that they're in a place in their journey where they can use their lived experience in a more generalized manner to inform their work in supporting others. Not everyone with lived experience will be a good candidate for PSP or YPS work. Think about what lived experience looks like when it is brought to the table as a skill set.

Equal Employment Opportunity Commission (EEOC) guidelines allow employers to refer to psychiatric disability within a job description and posting if having had this life experience is considered to be related to an "essential function" of the job. The interviewer CAN ask about the person's history when there is a "bona fide occupational qualification (BFOQ)." This is clearly the case with peer-based positions. In order to attract people who have lived experience with a behavioral health condition or substance use issue, the job posting will need to specifically include language about applicant's behavioral health status and comfort with sharing their own recovery story to engage, support, and inspire others.

## Defining Lived Experience

Each person's personal experience will be different and incorporate different expertise. No one candidate will have the same skill set, the skill set will be as unique as the individual's experience. In interviewing, think about asking questions to show lived experience as evidenced by at least some of the following:

- Active participation in an IEP meeting/ case planning/ team meeting, not just attendance at or knowledge of.
- Advocating in a school, therapy, medical, or community setting on behalf of themselves or a child they are parenting.
- Lived experience in the parenting role of (guardian, foster parent, grandparent, caregiver) a child who has emotional, developmental, behavioral, or mental health concerns is a **REQUIRED**



element for a PSP. Likewise, lived experience with direct lived experience with mental health challenges as a youth is a REQUIRED element for a YPSS.

- Ability to have developed from their own lived experience an ability and willingness to appropriately share their story to motivate and support others.
- Self-Advocacy
- Knows and understands the importance of being open and honest about their insight.
- Self-Awareness – aware of strengths, challenges and areas for growth
- Non-Judgmental – No judgement of others in terms of their journey and their experiences (no blame, no shame)
- Ability to share their own story and awareness of the amount and appropriateness of what and when to share their story with others.
- Ability to allow the family/youth to lead the relationship and goals and follow the lead of family/youth in assisting them.
- Ability to develop common ground with those with which you might have conflicting ideas to make progress to a common goal.

### Opportunities to Assess a Candidate

You can make use of multiple opportunities to assess applicants to be sure you get the right fit.

Interviewing a PSP/YPSS does not have to be and should not be, a one day, one hour assessment.

Ideally, there will be a prescreen call, initial interview and then a final interview. It is highly recommend having a standard way of documenting assessment of applicants.

- **Application** – Be sure that the non-negotiables are clearly defined in the application. The more direct you are with the job requirements, the better. Examples:
  - Do you have direct lived experience with mental health as a youth (if interviewing for a YPSS position)? Do you have lived experience as a parent/guardian (if interviewing for PSP position)? Be sure to ask candidate to define their lived experience.
  - Are you willing and able to use your lived experience to support others through strategic sharing?
  - Ability to attend certification requirements
    - PSP/YPSS **must** be able to attend and fully participate in 100% of classroom-style trainings, regularly scheduled monthly Coaching Calls, quarterly Professional Development Meetings, and Technical Assistance as scheduled.
  - If flexible hours are needed, can they work them?
    - *Ex. I understand that the role of a PSP/YPSS requires a flexible schedule and working some evenings and weekends based on the needs of the youth/families I serve, and the expectations established by the hiring agency.*
  - If driving is required does that mean you need valid driver's license, reliable transportation, insurance coverage.
    - *Ex. I understand that reliable transportation is required for this position and agree to maintain reliable transportation and appropriate insurance coverage.*



- It is good to make sure that the applicant not only has insurance coverage but has at least a basic amount that can protect an individual, and personal injury base to protect the organization.
  - It is also recommended that organizations have clear policies on transporting youth/young adults or families.
- **Prescreen Call** - Consider starting the interview process with a screening call, not just a call to schedule an interview. This call would be designed to establish that the applicant meets some of the basic, non-negotiables criteria for the position. Candidates who cleared the initial screening would be invited to proceed to come in for an interview.
- For the **interview**, it is best to have a set of preapproved questions that the interviewer can pull from. This allows the interview to adapt the questions to the interview but also ensures that all applicants are being given standardized questions.

Some examples to draw from:

- Parent Support Partners/Youth Peer Support Specialists are often considered to be “change agents” within organizations. How will your experiences help you to be a change agent, and how would you see this happening?
- Describe your previous experience – both paid and unpaid – working with diverse youth or parents/caregivers. How would you put that experience to work with this position?
- What barriers have you identified that limit the capacity of professionals to work with youth/young adults or parents/caregivers and what strategies have you used to overcome those?
- Describe how you would see yourself collaborating with child- and family-serving organizations these and other family organizations to increase youth/family involvement across the systems that impact children and youth with special healthcare/mental health needs and their families?
- For PSP Position: Describe your previous experience – both paid and unpaid – supporting diverse parents/caregivers to become more involved in decision-making about their individual child? For YPS Position: Describe your previous experience – both paid and unpaid – supporting youth/young adults/peers to become more involved in decision-making about themselves in their treatment?
- Explain the level of experience you have with maintaining case files. If you do not have experience with this, share some examples of other documenting activities you have performed.
- Please describe the experience you have in navigating systems (i.e., Education, MDHHS, CMH, Juvenile Justice, Child Welfare, Vocational Rehabilitation, Medicaid, etc.) What were your greatest challenges and where did you see success?
- Why do you want to become a PSP/YPSS? Why do you think it is important for PSPs/YPSSs to share their experiences?



- For PSP position: Briefly describe the most valuable assistance/support you have received as a parent/caregiver. For YPS position: Briefly describe the most valuable assistance/support you have received as a youth in your mental health journey.
- What skills will you bring to the job that will allow you to support others to advocate for themselves or their families while being in a partnership with other staff members?
- This position is unique, in that you may be the only member with lived experience as part of team. How would you go about engaging the other members of the team where you are the only member with lived experience?

## Interview Questions

Not every question is right for every applicant, but it is important that you have a listing of questions that are standard that interviewers choose from. Allowing the interviewer to choose the questions they ask allows the adaptation of the interview to the applicant but having standard questions to choose from keeps the process standardized. The questions should be a mix of general and personal experience questions.

### General interview questions

Below are some **general interview questions** that you can build on to help you identify potential skill sets in your applicants:

- What do you know or believe about the family-driven/youth-guided and driven approach?
- If you were given a magic wand to make changes in children’s mental services in (this town), what changes would you make? Why?
- What type of work do you envision in your role as a PSP/YPSS?
- How would you engage parents/caregivers or youth/young adults to use their voice and make their own choices?
- Describe how would engage with a parent/guardian or youth/young adult who isn’t so sure you are the right person to work with their family or them?
- What are your thoughts about how to best support youth and parents/caregivers of children with emotional and behavioral health needs?
- Please describe your thoughts on personal boundaries and how you set yours?
- This position is unique, in that you may be the only member with lived experience as part of team. How would you go about engaging the other members of the team where you are the only member with lived experience?
- Can you tell us what type of supervision you work best with and why?
- Tell us about the best supervisor you have had and explain why you feel that way.
- Tell us about a time you have had difficulty with a supervisor? How did you resolve the conflict?
- What are the three strengths or skills you believe prepares you best for this position?
- How do you organize yourself when faced with multiple tasks with varying priorities?
- Do you intentionally practice boundary setting? Any examples you are comfortable sharing with us?



- Tell us about a time that teamwork worked or did not work well for you. Please explain why you think this occurred.
- Where do you see yourself in your career 2 years from now? 5 years from now?

### Personal experience interview questions

Below are some personal experience interview questions that you can build on to help you identify potential skill sets in your applicants:

- Many of us come into this kind of work because we have had experiences in our own lives which drive our passion for improving the lives of young people. If you are willing, would you share a little bit about yourself and how experiences in your own life allow you to understand this work in a more complete way?  
**Note: This should be a pencil down question. During this question interview should be engaged in listening to the applicant and no written notes about what they are sharing should be taken**
- Tell us about what unique life skills from your personal journey would allow you to bring to the table for the peers you would serve?
- Can you give an example of a time that you have offered support to a parents/caregiver or peer who had different values/beliefs with which you did not agree?
- Give an example of a time you have advocated for yourself or another.
- What are some of the agencies/systems in the community that you have navigated in your personal journey?
- We have all had to give difficult feedback. Give us an example of a time you had to do this and how did you manage it?
- Can you tell me some ways that you might use your personal lived experience to support the people you would be working with?
- What role has PSP or YPS had in your own life?
- If you felt your job was causing an increase in your stress level, what would you do?
- What has worked well for you when navigating the various systems you or your child were involved in (schools, mental health, etc.)? Please also share with us which systems you have personal experience with.
- This position requires you to share your own (YPS) or your family's "story" (PSP). What parts of your story are you willing to you share with us today?
- This position will serve diverse community members with potentially different points of view, beliefs, backgrounds, values, etc. than you may have. What kinds of things can you do to ensure youth/young adults or parents/caregivers receive support in the way they want it?
- Tell us about any experiences, skills, or strengths that you have or will use to relate to or effectively work with youth/young adults or parents/caregivers.
- What challenges do you anticipate in your role as a PSP/YPSS?
- In what ways could you empower and support youth or young adults or parents/caregivers to be involved in the various systems their child may be involved in?



## Documents to Reference

### [Assessing Readiness to Become a Parent Peer Support Provider](#)

#### [City of Philadelphia Department of Behavioral Health and Intellectual disAbility Services | Peer Support Toolkit \(dbhids.org\)](#)

- Although developed for Adult Peers this toolkit is a great tool and has a whole Module on Recruiting and Hire Peer Support Staff that you could benefit from review. Highly recommend that you make use of Module 2 on Recruiting and Hiring Peer Support.
- Page 190 has a sample interview score sheet.
- Page 195/196 has a sample screening tool score sheet.

#### [Family, Parent and Caregiver Peer Support in Behavioral Health](#)

This [two-page graphic](#) from Substance Abuse and Mental Health Services Administration (SAMHSA) defines peer support for parents and other caregivers, lists what parent support providers do, and cites research that illustrates the benefits of parent support services. This publication is also available as a Spanish language publication. It can be used to help explain Family Peer Support.

#### [Learning Community for Family Leaders: Workforce Development – Readiness for Becoming a Parent Peer](#)



# Sample Job Posting

Please note that the following job descriptions are example from a local communities, with community specifications outside of the Michigan Youth Peer Support model.

## Youth Peer Support Specialist Job Posting

Position Title: Youth Peer Support Specialist  
Time/Hours: (Indicate Full-Time/Part-Time)  
FLSA Status: (Indicate Exempt or Non-Exempt)  
Supervisor: Supervisor

**Qualifications:** Must be a young adult ages 18 through 28 who is willing and able to self-identify as a person who has or is receiving mental health services as a youth and has lived experience, and is prepared to use that experience in helping other youth with a serious emotional disability (SED). Experience with other child serving organizations (DHS, Court, School) preferred.

**Individuals who are from diverse backgrounds and/or bi-lingual are strongly encouraged to apply.**

Youth Peer Support Specialist must possess the following:

- Experience as a youth in complex, child serving systems (behavioral health, child welfare, juvenile justice, special education, foster care, etc) preferred
- High School Diploma/GED
- Must be eligible and able to be trained in MDHHS approved curriculum and on-going training model
- Strong oral and written communication skills
- Computer, data entry and email familiarity
- Ability to manage time well and work independently
- Ability to take direction
- Valid Driver's License
- Access to and ability to utilize transportation in order to perform job activities
- Respect, value and support of the family and youth voice
- Strong commitment to youth/parent/professional partnerships
- Experience working with diverse populations



- This position will require flexible hours and occasional weekends, evenings, and overnight travel.

**Job Duties:**

- Act as a support and resource for youth with serious emotional disturbances (SED) who are receiving services in the behavioral health system. Act as a key member of the treatment team by working with youth one on one. Support youth empowerment by assisting youth in skill development in order to improve their overall functioning and quality of life. Provide skilled interventions as part of the treatment plan.
- Prepare the youth to fully participate in their own meetings and treatment planning process.
- Complete and maintain accurate, timely, required documentation.
- Attend staff meetings, supervision, coaching, and training as scheduled.

**Education:** High School Diploma/GED equivalent.

Please send cover letter and resume to John Doe at 1234 Penny Lane, Anywhere, US 12345.





## Sample Interview Questions

- What about this job posting made you want to apply?
- How do you see yourself fitting into the MDHHS requirements for providing Youth Peer Support?
- Would you mind telling me a little bit about your story of resiliency and recovery?
- In your opinion, what is the value of lived experience?
- What were some obstacles or challenges that you faced as a youth?
- What are some of your biggest successes?
- What kind of supports did you use in your mental health journey?
- How do you define resiliency?
- How do you define recovery?
- Could you describe a time when you felt hopeless? How did you find hope in that situation?
- What strengths and skills could you bring to the table when working with youth?
- What practices and tools do you have in place to promote and maintain your own personal wellbeing?
- What kind of work environment do you thrive in? What kind of work environment is stressful for you?
- What might be difficult for you as you work as a Youth Peer Support Specialist?
- Why do you think you would be a successful Youth Peer Support Specialist?
- What do you believe are the major challenges or barriers that youth with mental health challenges face?
- In what ways could you support and empower a youth and young adults?
- Are there any special accommodations that you would need if you were hired as a Youth Peer Support Specialist?
- Are you able to commit to all of the certification requirements including those that may require monthly regular calls and training activities that requires travel?



# Special Medicaid YPSS Age Qualifications

Youth Peer Support is a Medicaid State Plan service described in the Michigan Medicaid Provider Manual in the Mental Health- Substance Abuse Chapter in Section 17.3.G.3 Peer Delivered or Operated Support. In order to provide this Youth Peer Support Medicaid service, you must meet the provider qualifications outlined in the provider manual. Youth Peer Support Specialists must be:

- Young adult, ages 18 through 28, with lived experience with mental health challenges as a youth and young adult who received mental health support as a youth.
- Willing and able to self-identify as a person who has or is receiving behavioral health services and is prepared to use that experience in helping others
- Experience receiving services in a variety of systems (such as child welfare, education, the justice system, vocation, housing, etc.) as a youth or young adult is preferred.
- Employed by PIHP/CMHSP or its contract providers.
- Trained in the MDHHS approved curriculum and ongoing training model.

It is recommended that you specify the above qualification in the job posting itself. Applicants can describe how they may with the above qualifications. Agencies are able to choose who they want to hire, but in order to provide this specific Medicaid service the above criteria must be met.



# Preparing to Transition for Youth Peer Support Providers

A unique aspect of Youth Peer Support Provider requirements is that there is an age limit for those eligible to provide the Medicaid service. When a Youth Peer Support Specialist turns 29, they will no longer be able to utilize Medicaid for providing the Youth Peer Support since this requirement was intentionally set and based on standards across the country, it might cause concerns for providers and their supervisors, wondering “what’s next?”

As all Youth Peer Support Specialists and hiring agencies are different, the route YPSSs will take after they age out will be different on a case-by-case basis. It is encouraged that Youth Peer Support Specialists work closely with their supervisor and plan ahead based on their dreams and plans for their future.

Below you will find an optional transition plan that may support both the Youth Peer Support Specialist and their agency to determine their career path after Youth Peer Support, as well as resources for those who may be interested in doing adult peer support work after their 29th birthday. Please note, provider qualifications for Adult Peer is different than YPSS.

Other options may include:

- Working on attaining additional education or training while they are in the YPS role
- Transitioning to other paraprofessional roles like CLS or Respite – if they have a degree, they may be eligible for other jobs in the agency.
- Mentoring
- Advocacy work like Youth Engagement or Youth Involvement



# YPSS Transition Plan\*

YPSS Name \_\_\_\_\_ Date of 29<sup>th</sup> Birthday \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Agency \_\_\_\_\_

## ***Strengths and Interests***

*Describe the YPSS's biggest strengths and areas of interests as identified by supervisor and YPSS*

## ***Professional Goals***

*Describe the YPSS's hopes and dreams; professional goals and plans for the future identified by YPSS*

## ***Transition Plan***

*Describe how the YPSS might transition from the YPSS position*

\*Optional form



# Adult Peer Resources

Although it is not required, a youth/young adult may be interested in continued peer support after they transition from children’s mental health. Because of this, YPSSs can benefit by connecting with adult peer service providers in their community to understand what is available and who can qualify. Most adult peer services require that an individual has Medicaid, but there is likely a peer-run organization that can provide drop-in services regardless of health insurance provider.

The following resources may help YPSSs connect with adult peer support services. These resources may also benefit YPSSs who are interested in getting certified as an adult peer as they move closer to their age-out date.

**Recovery Institute of Southwest Michigan** | <https://www.recoverymi.org/>

Peer-run organization that may be able to direct you to more resources and includes a really great newsletter with adult peer news, training opportunities, and job openings throughout the state.

**Justice in Mental Health Organization (JIMHO) Michigan** | <https://www.recoverymi.org/>

Peer-run organization that can connect you to other peer-run organizations and drop-in centers throughout the state. They also have a “Resources” section on their website.

**Michigan Peer Specialist United (MPSU)** | <https://www.mpsupeers.org/>

Kind of the advocacy group for Michigan adult peers. They may have a calendar of upcoming events and may be able to provide you with more resources.

**Pam Werner, Manager, Peer Support Specialist and Recovery Coach Initiative**

Office of Recovery Oriented Systems of Care  
Michigan Department of Health and Human Services  
320 S. Walnut Street  
Lansing, MI 48913  
Phone: (517) 335-4078  
Email: [wernerp@michigan.gov](mailto:wernerp@michigan.gov)



# Training



# YPS Training for Young Adults with Lived Experience Hired by CMHSP

Many PIHP/CMHSPs or contract agencies have requested that employed young adults attend the quarterly YPS cohort training. Often sites want to incorporate youth voice in their agency who would not be providing the Medicaid Provider Manual defined YPS service.

MDHHS has decided that a young adult who is currently employed can now attend the initial YPS training. It is only an option for PIHP/CMHSPs or their contract agencies who:

- Are directly providing a mental health service to a youth with SED and young adults with SMI involved in the PIHP/CMHSP system
- Are a CMH or CMH contract agency who has hired a young adult with lived mental health experience as a youth
- Are youth adults hired must be between the 18-28 age range and are in a peer related role

Please note- YPSS will be prioritized for the training over young adults in other roles. These youth will not continue with the YPS certification process unless they are also providing the YPS service outlined in the Medicaid Provider Manual. These individuals cannot use the YPS code or modifier.

Please send these “exception requests” to Justin Tate for MDHHS approval and then you can proceed with the typical registration process and forms. Contact Krissy Dristy if you have additional questions.



# Overview of Curriculum

The Youth Peer Support training curriculum is meant to impart newly hired Youth Peer Support Specialists with the tools and concepts necessary to provide Medicaid billable Youth Peer Support services to youth and young adults in the public mental health system in Michigan. The YPS training curriculum will include both a written manual and a Three Day live training component. The live training will use interactive teaching methods to create a safe, hands-on learning environment in which trainees can discover and own the power behind their lived experiences. Both the written YPS Curriculum and the Three Day live training will provide an overview of the units described below.

## Introduction

Participants will understand the intended purpose of the Youth Peer Support Training (YPS) and YPS Training Curriculum. Commonly used terms, definitions and concepts will be introduced. Participants will learn the meaning and role of hope, resiliency, and recovery as they relate to family driven and youth guided philosophies and Youth Peer Support services.

## Overview

Participants will be introduced to the history of peer support in Michigan and how Youth Peer Support came into being. Participants will understand the power of lived experience, the unique aspects of peer support for youth and young adults, and how it can be a supportive enhancement to clinical services. Participants will be introduced to interventions endorsed by Medicaid for Youth Peer Support Specialists (YPSSs) and learn the benefits of these interventions.

## YPS Training Requirements

Mandatory training requirements for agencies that hire and employ YPSSs will be covered. Expectations for YPSSs and YPS supervisors are outlined and explained. Participants will understand the requirements that must be met for them to bill Medicaid for YPS services in the state of Michigan.

## Points of Reflection

The PEER framework will be explained as it relates to YPS. The PEER acronym, used throughout the course of the training, stands for *Partnership, Engagement, Empowerment and Relationship*. These key terms will be used as “points of reflection” for participants to gain a deeper understanding of the concepts covered in the training.





### **Introducing the YPS Role**

This unit will provide trainees with a clear understanding of who YPSSs are. Participants will learn about their unique role as YPSSs how they serve as an integral member of the treatment team in that role. YPSSs will understand that their story and their ability to connect through shared experience is what sets them apart from other members of the team. The goals and “Guiding Tenets” of YPS (ways in which YPS services are delivered) will be introduced and explained in this unit.

### **Functions of YPS**

This unit will help participants understand how YPSSs engage and work with youth/young adult most effectively from within their role and scope of practice. Acclimating to the various functions of the YPS Role will help trainees to be prepared to “do the work” once they enter into the field. There are many ways in which a YPSS can deliver effective YPS services to meet the need of the youth and young adults they are supporting. Participants will understand that building relationships with youth/young adults through shared experiences is key to identifying appropriate YPS activities.

### **Youth Involvement Vs. Youth Peer Support**

Many YPSSs may come into the YPS training with an understanding of what Youth Involvement is and why it is important. But what does Youth Involvement have to do with Youth Peer Support? In this unit, trainees will gain an understanding of the differences between Youth Involvement and Youth Peer Support, and how they fit together in youth and family serving systems and within the service array in Michigan.

### **Strategic Storytelling**

Participants will learn how to strategically tell their story of resiliency and recovery to the youth and young adults that they will be supporting and professionals that they will be working alongside. This section will provide a framework for deciding when and how to share their story to promote hope, connection, and support to the youth and young adults they serve.

### **Engagement**

Participants will learn how to engage the youth and young adults that they will be supporting through warmth and understanding. This training will prepare trainees with go-to ways to open doors with the youth/young adult they serve, and discuss barriers to engagement through examples and their own lived experience.



### **Language**

YPSSs will learn the power of language, how it can affect the youth and young adults they support, and the systems that they work in and alongside. Participants will work on reframing exercises and learn person-first language. Participants will have the opportunity to talk about stigma: how it has affected their lives, and how it might affect the lives of others.

### **Strengths Based, Non-Judgmental Work**

Participants will learn about the strengths based perspective, and how it will help them to better engage with and build relationships with the youth and young adults that they will be matched with. Participants will practice searching for strengths, even when they may seem difficult to find, to support youth and young adults in building confidence and self-worth. Participants will understand the importance of voice and choice in their treatment.

### **Building the Youth Peer Support Relationship**

Participants will learn how to build a strong and supportive relationships with members of the treatment team and the youth and young adults they serve. Participants will understand that each youth or young adult that they will be working with will be different, and will have a different set of needs and desires. Participants will learn Youth Peer Support values and understand how they shape the way they will support youth and young adults in achieving their goals. Participants will build relationship skills and understand the characteristics of an effective Youth Peer Support relationship. Participants will learn the difference between helping and empowering and the importance of empowering rather than helping within the YPS role.

### **Effective Communication**

Effective communication is one of the most important skills that YPSSs will need to have in their work with youth/young adults. It is critical that YPSSs can effectively communicate not only with the youth and young adults they are supporting but also with parents, professionals and all those involved in the youth/young adult's life. Participants will learn communication techniques such as active listening, communicating through nonverbal messaging and paying attention to words and feelings.

### **Self-Advocacy Skills**

Participants will learn that they are not advocates for the individuals that they serve, but that they can teach self-advocacy as a form of support. Participants will learn about the tools they have at their disposal to support youth and young adults in advocating for themselves within their lives and treatment. This unit focuses on goal-setting, problem-solving, and role-playing. Participants will learn the importance of voice and choice in deciding which tools to use while working with youth and young adults.



### **Cultural Proficiency**

Participants will learn what culture is, and how it affects the lives of the youth/young adults and families they will work with. Participants will learn to become proficient in spotting cultural difference, especially in communication, in a way that is non-judgmental and open. Participants will discuss their own culture and share with other participants to bring about an awareness of their own cultural lenses as well as the lenses of others. Participants will learn about discrimination and privilege and how it may affect the youth and young adults they support.

### **Boundaries**

Understanding and setting good boundaries is critical to the YPS role. In this training, YPSSs will learn how to model and maintain strong and healthy boundaries with youth/young adults, families and professionals they work with in the field. Participants will understand how to use their “boundary muscle” to keep themselves and those they work with comfortable and physically and emotionally safe.

### **Confidentiality**

This unit focuses on the importance of protecting the confidentiality of the youth/young adults and families they will serve. YPSSs will understand their obligations as mandated reporters and the necessary steps to take when filing a Child Protective Services (CPS) report. Other considerations including appropriate use of cell phones and laptops will also be discussed. This section is intended to be a brief overview and introduction to the importance of confidentiality. Sites should provide comprehensive and continued training to YPSSs - especially as it relates to community-specific information.

### **Ethics**

Like boundaries, ethics are a critical component of the YPS role. YPSSs will learn about the importance of ethical decision making in order to keep themselves and youth/young adults, families and professionals they work with safe. YPSSs will learn the concepts of “do no harm” and “promote health” as they pertain to their role. Participants will understand the role of boundaries and confidentiality in ethical decision making.

### **Professional Partnerships**

In this unit, participants learn how to build and maintain strong partnerships in the YPS role. YPSSs will gain an understanding of how partnerships lead to important opportunities for themselves and the youth and young adults they will support. Strategies for building effective partnerships will be introduced. YPSSs will learn and be able to identify characteristics of successful partnerships as a result of participating in the training.



## Systems Navigation

This unit provides YPSSs with a broad overview of tips for navigating complex systems that youth and young adults are likely to be involved with. The training focuses on empowerment and doing “with” peers, not “for”. Tips for cutting through red tape, the importance of cross systems collaboration and the system of care model and values are introduced. A more in depth look at child serving systems such as juvenile justice, child welfare and public mental health systems will be explored in ongoing training opportunities following the initial 3 Day training. Additional literature is also provided in the “Resource” section of the YPS Curriculum.

## Natural and Formal Supports

This section explains the importance of community building in YPS. Participants will learn how to help youth and young adults identify and build natural supports and formal supports. A Family-Driven, Youth-Guided approach based on the interests of the youth/young adult being supported is emphasized. Tips for making referrals, using social networking and creating a community resource log will be introduced.

## Safety

Participants will learn about safety concerns that they might be faced with while working in the field and how to problem-solve some common safety concerns that many mental health professionals face. YPSSs are expected to discuss site-specific safety policies and procedures with their supervisor and other applicable staff when they return to their communities.

## Self-Care

This section will teach participants about the importance of caring for oneself, especially when working in the mental health field. Participants will be informed about the dangers and warning signs of burn-out, and how to avoid or reduce it. Participants will learn the difference between accountability and accommodation, and how to run a self-check to make sure that they are holding themselves accountable in their professional and personal lives.

## Supervision

Learning how to utilize supervision is a key component to becoming an effective Youth Peer Support Specialist. Participants will learn about supervisory roles and how they can use their time with supervisor most efficiently. Appropriate boundaries for the YPSS- Supervisor relationship will be introduced, as well as the difference between clinical and personal supervision. Boundaries for sharing personal information/ issues in the workplace will be covered in the training. Participants will have an understanding of their own personal responsibility and need to self-advocate in the YPSS-Supervisor role. The concept of “Accountability vs. Accommodation” will be introduced.



### **Professionalism and Agency Culture**

This unit helps prepare YPSSs to be “Resiliency Ambassadors” in the workplace. Participants will learn how to promote and explain their role as YPSS effectively to other professionals. Workplace standards and personal and professional boundaries will be introduced. Tips for building effective relationships with co-workers are outlined. Participants will understand their role as change agents who embody the values of YPS.



# Youth Peer Support Specialist (YPSS) Certification Requirements, Expectations, and Implications

Certification process requires a minimum of 12 months for completion. The following are the requirements for initial certification. There are training requirements for:

- YPSSs only
- Supervisors only
- YPSSs and Supervisors together

## Requirements for YPSSs:

- Attend classroom training with 100% attendance
  - Training will be provided as an initial Part One training with an additional Part Two follow up component
- Actively participate in all training activities
- Actively work directly with and provide YPS services to youth with SED and young adults with SMI who are authorized to receive services in the public mental health system during the certification process
- Attain average rating or above in training evaluation/observation results and scores
- Full participation on 11 monthly, regularly scheduled coaching calls with 100% attendance
- Participate in additional coaching calls as requested by Youth Peer Support (YPS) coordinator/trainer, YPSS, and/or supervisor(s)
- Attend and actively participate in 3 out of 4 quarterly Professional Development (PD) meetings

## Requirements for YPSSs and Supervisor:

- Participate in Technical Assistance (TA) meetings with the Statewide Coordinator. TA meetings will alternate between face to face contacts and phone calls and will be held monthly or as requested by the Statewide Coordinator.

## Requirements for Supervisor:

- Attend the designated portion of the YPSS training for each YPSS they send to the training (which could include the CMHSP, contract and /or Youth Peer supervisors, depending on the structure of the site).
- Attend at least 1 Supervisor Roundtable annually.



After YPSSs complete the initial three days of the MDHHS training, they are authorized to use Medicaid. They need to continue to fulfill additional certification requirements as identified above to receive full YPSS certification.

ACMH, in collaboration with MDHHS and YPSS supervisor(s) reserve the right to determine if additional training, coaching, and technical assistance is required during or at completion of the above requirements in order to confer full certification. If needed, an individual support plan will be created and implemented.

If at any time during the certification process the YPSS does not meet the above requirements, they will be placed on 'inactive' status and an individualized support plan will be developed collaboratively with the Statewide Coordinator, MDHHS and the YPS supervisor(s) upon their return to active status.

In order to maintain YPS certification after the first year, the following requirements must be met:

- Attendance at and active participation in 2 out of 4 quarterly PD meetings
- Participate in additional coaching calls and/or TA visits/calls as determined by the Statewide Coordinator in collaboration with MDHHS and YPSS supervisor(s)

### Description of Training Requirements:

#### *Coaching Calls*

- YPSSs are required to participate in regularly scheduled coaching calls each month.
- If the YPSS cannot participate in the regularly scheduled call, they must contact the Statewide Coordinator and the Lead Trainer in advance (except in emergency situations) to request the scheduled make-up opportunity. If there is an emergency situation, YPSSs must contact Statewide Coordinator and Leader Trainer as soon as possible to schedule a make-up call.
- To create an open-discussion learning environment, coaching calls are for YPSSs only. Supervisors are encouraged to have discussions about coaching calls with YPSSs.
- If a YPSS is unable to fully participate in coaching calls due to too many missed calls or because they are not working directly with and provide YPS services to youth with SED and young adults with SMI who are authorized to receive services in the public mental health system, they may need to repeat the calls or fulfill another supportive and individualize plan of action at the discretion of Youth Peer Support training team and MDHHS.



### *Technical Assistance*

- YPS Supervisor and all YPSSs are required to participate in all Technical Assistance (TA) meetings with the Statewide Coordinator.
- TA meetings will alternate between face to face contacts and phone calls and will be held monthly or as requested by the Statewide Coordinator. YPSSs must attend all monthly TA meetings to be certified.
- If a YPSS or YPS supervisor is unable to attend a scheduled TA meeting, the supervisor is expected to contact the Statewide Coordinator in advance to reschedule.

### *Quarterlies*

- YPSSs are expected to attend and fully participate in a minimum of three out of the four YPS Professional Development (PD) quarterly meetings in the year following the initial 3 Day training.
- Quarterly PD meetings run from 10:00 and end at 4:00 with lunch included. YPSSs are required to attend the full meeting and participate in all discussions and activities for the quarterly to be considered completed.

### *Supervisor Roundtables*

- Supervisor Roundtables are held quarterly to discuss challenges, successes, and concerns identified by ACMH/MDHHS and participants. Supervisors must attend 1 Supervisor Roundtable annually but are welcome to attend all meetings.
- Supervisor Roundtables run from 10:00 and end at 1:00.

Failure to meet the above requirements may result in the YPSS being placed on “inactive status” and their ability to claim Medicaid encounters may be suspended per MDHHS. In collaboration with ACMH, the YPSS and YPS Supervisor will need to complete an individualized supportive supervision plan. Once the plan requirements are met, the YPSS’s ability claim Medicaid will be restored. Certification will be delayed until all of the above requirements are fulfilled.





## Youth Peer Support Specialist (YPSS) Certification Requirement Chart

Training Requirement	Frequency	Description	Who Attends
<b>Initial Part One Training</b>	Once	Classroom style training focused on Youth Peer Support (YPS) role, ethics, boundaries, and professionalism.	YPSS, new Supervisors (3rd day only)
<b>Follow-Up Part Two Training</b>	Once	Classroom style training focused on working within and partnering with child-serving systems.	YPSS
<b>Coaching Calls</b>	Once per month for 11 months	11 topic-oriented conference calls related to YPS role. Completed with cohort.	YPSS
<b>Quarterlies</b>	Once quarterly, must attend 3 out of 4 to be certified	Topical in-person meetings with fellow YPSSs in the certification process, with time to discuss challenges and successes built-in.	YPSS
<b>Technical Assistance</b>	Once per month for 11 months or at the request of ACMH, YPSS, or Supervisor	Meeting to discuss challenges/successes, problem-solve and discuss YPS activities. Support/TA around YPS role is provided by Statewide Coordinator. Alternate between face to face contacts and phone calls.	YPSS, Supervisor
<b>Regular Supervision</b>	At least bi-weekly	YPS Supervisor and YPSS should hold regular supervision meetings (at least bi-weekly) to discuss challenges and concerns related to YPS role.	YPSS, Supervisor
<b>Supervisor Roundtable</b>	At least annually	Held quarterly, Supervisor Roundtables are an opportunity for YPS Supervisors around the state to come together to discuss various topics around the YPS model.	Supervisors
<b>Provision of YPS Service</b>	As determined by youth and their treatment team	YPSS must be actively providing one-on-one YPS Medicaid service to fidelity and be able to bring real life examples to the above mentioned training requirements.	YPSS

ACMH, in collaboration with MDHHS and YPSS supervisor(s) reserve the right to determine if additional training, coaching, and technical assistance is required during or at completion of the above requirements in order to confer full certification. If needed, an individual support plan will be created and implemented.

If at any time during the certification process the YPSS does not meet the above requirements, they will be placed on 'inactive' status and an individualized support plan will be developed collaboratively with ACMH, MDHHS and the YPS supervisor(s) upon their return to active status.



# YPSS Certification Requirements Log

In order to be certified, Youth Peer Support Specialist and YPSS Supervisor must meet all of the following requirements. The following log is for agency and staff tracking purposes.

YPSS Name \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Agency, County \_\_\_\_\_

## ***Coaching Calls***

*YPSSs are required to attend all 11 coaching calls during their regularly scheduled date and time, unless YPSS requests to attend the scheduled makeup call.*

<i>Topic</i>	<i>Date Completed</i>
Professionalism/Agency Culture	
Engagement	
Helping vs. Empowering	
Boundaries	
Youth/Professional Partnerships	
Safety	
Strengths-Based, Non-Judgmental	
Individual vs. YPS Role	
Cultural Proficiency	
Engaging with Families	
Final Wrap-Up	

## ***Technical Assistance***

*YPSSs and Supervisors are required to attend 11 months of technical assistance with Statewide Coordinator.*

<i>Number</i>	<i>Type</i>	<i>Date Completed</i>
1	Face-to-Face Visit	
2	Call	
3	Call	
4	Face-to-Face Visit	
5	Call	
6	Call	
7	Face-to-Face Visit	
8	Call	
9	Call	
10	Face-to-Face Visit	
11	Call	



## **Quarterlies**

*YPSSs are required to attend 3 out of 4 quarterlies to meet certification requirements, but may choose to attend all four provided.*

<i>Topic</i>	<i>Date Attended</i>



# YPSS Re-Certification Requirements

Once a Youth Peer Support Specialist has completed their year-long certification process, they will then need to attend a minimum of 2 out of 4 quarterly recertification meetings per year.

These quarterly meetings will provide Certified Youth Peer Support Specialist with ongoing education and assistance and will provide a platform to network, discuss their work as a YPSS, and learn from one another.

During each quarterly meeting, there will be roundtable discussion as well as a speaker who will present valuable and relevant information on a specific topic. The topic schedule will be identified yearly and sent to YPSSs in advance.

**Certified Youth Peer Support Specialists are required to bring to these meetings:**

- Topics of interest or concern, and
- Challenge and success that they've experienced in their work.

Technical Assistance is available during the recertification process as needed or requested by the site and/ or Statewide Coordinator.



# YPSS Re-Certification Requirement Log

To maintain certification, YPSSs must meet the following requirements. The following log is for agency and staff tracking purposes.

YPSS Name \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Agency, County \_\_\_\_\_

## ***Re-Certification Quarterlies***

*YPSSs are required to attend a minimum of 2 out 4 quarterlies yearly to meet re-certification requirements.*

<i>Topic</i>	<i>Date Attended</i>



# Reinstatement Process for Certified YPSSs

Certified YPSSs must be actively and continuously providing the YPS Medicaid service to a minimum of one family. If they are not doing so for any reason (no longer employed as a YPSS, extended leave, employed in a different position, etc.) additional training and support will be provided to reinstate their certified YPS status. This will be in addition to the requirements for recertification

Individualized training and support plans will be developed with the State YPS Coordinator/trainer and the YPSS's supervisor in addition to the expectations below:

- If there is a 3-5-month gap in providing the service- engage in a Technical Assistance meeting with the Statewide Coordinator within the first 30 days of returning to work as a YPSS, attend a Certifying Professional Development Meeting and complete one reinstatement call
- If there is a 6-11-month gap in providing the service- engage in a Technical Assistance meeting with the Statewide Coordinator for the first 3 months after returning to work, attend 2 certifying Professional Development Meetings and complete 2 reinstatement calls
- If there is a 12-month gap or more in providing the service- engage in a Technical Assistance meeting with the Statewide Coordinator within the first 30 days of returning to work as a YPSS and the YPSS must attend another full Cohort training

\*These requirements are in addition to the regular Recertification requirements that are outlined in the Hiring Agreement.

\*\*If a YPSS began the training and certification process and did not achieve certification, an individualized training plan will be developed with the Statewide Coordinator and the YPS supervisor.

\*\*\*The decision regarding which Professional Development meetings to attend will be a joint process by the YPSS, supervisor and Statewide Coordinator based on unique needs of that YPSS and will be detailed in the individualized plan of support for reinstatement



# Supervising



# Supervising a Youth Peer Support Specialist

Regular individual supervision will be provided by a qualified Children's Mental Health Professional (CMHP) identified by the agency on a bi-weekly basis at a minimum. If the YPSS is employed through a family or contract organization, a supervisor from that organization will be identified and will participate in bi-weekly supervision with the CMHP and the YPSS. Roles of the YPSS Supervisor include:

- Monitoring timely completion of all progress notes & contact notes, ensuring that YPS goals and objectives are in line with the therapeutic goals and objectives;
- Ensuring that YPSS is invited to and encouraged to actively participate in all team/staff meetings at the agency;
- Monitoring work of YPS to ensure fidelity to YPS Model
- Working in partnership with the Statewide Coordinator to assess the YPSS's progress and mastery of skills necessary to meet Certification Requirements
- Ensuring that there is adequate time, resources, and support available to each YPSS to adequately perform their duties
- Participating in periodic Joint Supervision with YPSS and Statewide Coordinator or designee to assess progress of YPSS





# Balancing Accommodation with Accountability

As with any other staff, it is understandable that Youth Peer Support Specialists may have a need for reasonable accommodations from time to time. Mental health needs should be viewed as any other need for accommodation (i.e. physical illness, child care, etc.) and should not be unique in how they are addressed. It is imperative for supervisors to clearly express expectations for this position. This should start at the beginning of the hiring process.

The hiring agency should communicate with potential candidates the requirements of this position. This includes being able to meet the needs of youth/young adult that they support, attend all required trainings, coaching calls, and technical assistance meetings, team meetings, and complete all paperwork on time. Agencies should be prepared to make hiring decisions not just based solely on lived experience, but also on the ability to meet all requirements.

These requirements may need to be revisited when an accommodation is requested. The Personal Accountability Spot Check is one tool to empower the YPSSs to hold themselves accountable to expectations. These points can be discussed between YPSS and supervisor with the intention of providing supervision and not therapeutic support.

## Personal Accountability Spot Check for YPSSs

1. Have I met the requirements of my position (attending team meetings, supervision, certification requirements, meeting with youth/young adults)? Am I honoring these requirements when asking for accommodations?
2. Am I following through with the promises I have made to the youth/young adults I am working with?
3. Do I show up on time and work all the hours I claim?
4. Do I ask questions when I do not understand something rather than just nod my head because I may be embarrassed or shy?
5. Do I make sure I am not over promising something I cannot deliver?
6. Am I setting realistic boundaries?
7. Am I checking in with my supervisor when I need to or am I making decisions that I should not be making on my own?
8. Am I practicing good self-care?
9. Am I practicing self-advocacy in the areas of my life that I need to?
10. Am I telling myself the truth about my personal journey?
11. Am I working as a good team player as part of the treatment team?
12. Am I attending and fully participating in required training activities?



# Coaching Calls

Coaching calls are meant to be a peer learning opportunity for Youth Peer Support Specialists (YPSSs) during their year-long certification period. The intention is for participants to have meaningful and interactive discussion about their work supporting youth and young adults. Each call is topical and provides an opportunity for YPSSs to discuss challenges, successes, and lessons learned with others in the cohort. Coaching calls are intended to be judgment-free learning environments. YPSSs are not expected to know all the answers, but rather to learn from one another and about important topics related to their role.

All YPS supervisors have access to the coaching call schedule and scenarios via the YPS Portal. Our hope is that the YPSSs come to the calls ready to share and learn with the others in their cohort. To protect privacy related to lived experience and to provide a safe learning experience, coaching calls are for YPSSs only. YPSSs should prepare and debrief on coaching call topics and scenarios before and after their calls each month. Supervisors can support YPSSs by brainstorming with them questions and relevant experience they can bring will be particularly beneficial to their learning. Even if they do not have pertinent questions, bringing examples of lessons learned is a great way to contribute to the call.

Peer learning with real life examples is a key component of coaching calls. YPSSs should be prepared to use examples from their experiences providing Youth Peer Support to youth and young adults as it relates to the topic as well as at least one challenge and one success to share with the group. Because of this intentional training element, YPSSs must be providing Youth Peer Support for coaching calls to be meaningful.

If a YPSS has missed too many calls or have not yet provided the Medicaid Youth Peer Support service to youth/young adults, they may need to re-do coaching calls or fulfill another supportive and individualize plan of action at the discretion of Youth Peer Support training team.



## Protocol of Attendance to Professional Development Meetings/Quarterlies

This memo is to help clarify ACMH protocol and expectations regarding attendance to Professional Development Meetings (Quarterlies)

Lori Hooker will send out an invitation to attend a training with a request of an RSVP.

You, as the attendee, must respond to that email with your RSVP.

Lori Hooker will then send you a confirmation of receiving your RSVP.

Once you get your confirmation of attendance from Lori Hooker, you are all set.

If you did not get a confirmation from Lori stating she received your RSVP, do not assume you are all set. You must email or call Lori to ensure your attendance.

Failure to have a confirmed attendance will result in your attendance of that training not counting toward your certification/recertification attendance record. Additionally, your lunch and any learning supplies may not be available to you.

If you are signed up to attend a training and your attendance has been confirmed, but you are no longer able to attend, please send your cancellation notice to Lori so she can assign that spot to someone that may be on a cancellation list.

If you have any questions, please contact

Sara Reynolds – [sreynolds@acmh-mi.org](mailto:sreynolds@acmh-mi.org) / 517- 643-3544

Krissy Dristy – [kdristy@acmh-mi.org](mailto:kdristy@acmh-mi.org) / 517-643-3314

Lori Hooker – [lhooker@acmh-mi.org](mailto:lhooker@acmh-mi.org) / 517-372-4016



# Guidelines and Expectations for Virtual Trainings

Creating an accessible and welcoming training space is a priority for ACMH. In order to promote engagement and participation, we require all participants follow these guidelines and expectations for virtual training:

- Have your Zoom camera turned on for the duration of the training, with the exception of scheduled break times
- If you need to step away and turn your camera off, please let the trainers know in the chat box
- Please find a quiet, distraction-free place to attend this training and mute microphone when not speaking to limit outside sounds
- Cell phone use should be limited to urgent matters only - please maintain confidentiality of training participants by stepping away and turning off Zoom microphone and camera to take calls
- Use of social media, recording, picture taking, or screenshots of training is strictly prohibited to maintain the confidentiality of training participants
- Please be aware of your surroundings while in training and utilize a background if necessary
- Treat this training as if it were in-person

During discussion times, trainers will provide opportunities for participants to share. If we invite you to contribute and you do not respond, we will assume you are absent for that portion of the event and the training may not count toward your certification.

If you have any technical difficulties that prevent you from fully participating or communicating within the Zoom platform, you may contact:

Sara Reynolds: [sreynolds@acmh-mi.org](mailto:sreynolds@acmh-mi.org); 517-643-3544

Thank you again for bringing your voice and experience to these trainings.



# YPSS Supportive Supervision Action Plan

Agency, County \_\_\_\_\_ Date \_\_\_\_\_

YPSS Name \_\_\_\_\_ Supervisor Name \_\_\_\_\_

## ***Strengths***

*Describe the Youth Peer Support Specialist's strengths and skills*

## ***Define Needs***

*Define areas for improvement, and changes that need to be made.*



## ***Desired Outcomes***

*Describe what improvements or changes you would like to see*

## ***Plan of Action***

*Please describe your agency's plan of action. Be sure to include the roles for supervisor, YPSS and Statewide Coordinator.*

---

*YPSS Signature*

---

*Date*

---

*Supervisor Signature*

---

*Date*

---

*Statewide Coordinator Signature*

---

*Date*



# Referrals to Youth Peer Support

Getting referrals to Youth Peer Support services may be challenging in the beginning. This is a brand new service and many people are not sure what it is or how Youth Peer Support Specialists can benefit youth/young adults in their mental health treatment.

A great place to start is by informing staff before a Youth Peer Support Specialist is even hired! When your agency makes the decision to implement Youth Peer Support, share with staff what to expect and how to support the new hires in this brand new role. Encourage clinicians to begin thinking about which individuals they currently work with who may benefit from Youth Peer Support services.

Once a Youth Peer Support Specialist is hired, it is important that they are introduced not only to their team, but all staff members. Giving them the grand tour of your agency will help the Youth Peer Support Specialist feel included and it is a great opportunity for them to speak with staff about their new role and share with them their enthusiasm to begin working.

After training, the Youth Peer Support Specialist will be the ambassador for Youth Peer Support. Encouraging them to build relationships and partnerships with staff and other community partners is a great way to provide the community with information about Youth Peer Support as well as put a face on the new service.

- Including Youth Peer Support Specialists in staff meetings
- Having Youth Peer Support Specialists attend staff meetings at community partner agencies
- Having Youth Peer Support Specialists present on Youth Peer Support at meetings
- Encouraging Youth Peer Support Specialists to visit community partner agencies – this is a great two-way learning experience opportunity
- Taking time to introduce Youth Peer Support Specialist to community partners personally

## How can Youth Peer Support Specialists Engage Others?

- Create an introduction sheet to provide staff, youth/young adults, and families to share information about the Youth Peer Support Specialist and their role
- Make fun, creative presentations (feel free to use the activities or information provided in the Youth Peer Support training and portal)
- Sharing their story and how it prepares them to deliver an unique service
- Use Youth Engagement activities to spread the word
- Use other community events to spread the word
- Creating flyers and brochures (or using the ones provided by ACMH and MDHHS)

Once staff and community members are aware of Youth Peer Support, it is important that youth/young adults that may benefit from Youth Peer Support have an understanding of what it is, and how it can help.



It may be beneficial for a Youth Peer Support Specialist to meet with a young person face-to-face before they are referred. Depending on the youth/young adult's desire, this meeting can be held one-on-one, with other trusted staff or family members, or in a group, such as Wraparound.

Youth Peer Support Specialists are trained in engagement and relationship building. These activities could include listening to what the youth/young adult has to say, getting to know the youth/young adult's strengths and interests, and sharing parts of the Youth Peer Support Specialist's story of resiliency and recovery.

The MDHHS/ACMH Youth Peer Support team is happy to review outreach materials and answer questions about language. Please request permission before using Youth Peer Support, Association for Children's Mental Health or Michigan Department of Health and Human Services logos. We must review any materials prior to publication. Please contact Program Manager Krissy Dristy at [KDristy@acmh-mi.org](mailto:KDristy@acmh-mi.org) for material reviews or logo requests.





# Youth Peer Support Specialists in Other Roles

Young adults employed as Youth Peer Support Specialist bring valuable experience and knowledge to their community agencies. Some sites may choose to have Youth Peer Support Specialists serve in various roles outside providing YPS the Medicaid service. Examples may include CLS, Respite, ACCESS, and Mobile Crisis Teams. Youth Peer Support Specialists may also be asked to assist with community outreach and youth engagement and involvement activities.

We encourage sites that choose to do this to consider potential pitfalls and challenges that may occur. A major area of concern is role confusion for providers and recipients of services as well as conflicts for using Medicaid appropriately. YPS providers should consider the following points related to this topic:

- Sites are encouraged to avoid having one person provide multiple services for one youth/young adult or family. For example, one person providing YPS and CLS or splitting up a contact between two different services. Dual-relationships are to be avoided for the purpose of role clarity.
- A structured work schedule that delineates expectations for hours served in various roles can provide support and help to combat role confusion.
- Youth Peer Support is not a clinical service. Although Youth Peer Support Specialists act as a member of the treatment team, they should not be viewed as clinical provider by staff or youth/young adult and families served. This helps to preserve the authenticity and purpose of the YPS service.



# Best Practice Guidance for PSP and YPS Contracting

This document is intended to provide best practice guidelines for Community Mental Health Service Providers (CMHSP) and Prepaid Inpatient Health Plans (PIHP) that contract with other agencies to provide Parent Support Partners (PSP) and Youth Peer Support Specialists (YPSS):

- Designating a supervisor at both the CMH/PIHP and the contract agency. The Clinical supervisor needs to meet the qualifications as a CMHP per Medicaid and fulfill all model requirements for supervision. This includes providing regular supervision to the YPSS/ PSP around the services they are providing to youth/young adult and families within that agency.
  - o If the PSP and YPS is providing the service for two agencies (there is an Memorandum of Understanding (MOU) agreement) where there would need to be a clinical supervisor at both agencies.
- The YPSS/ PSP is an agency staff and member of the treatment team- They should be fully integrated and embedded into the clinical teams where the service is being provided. This includes attending staff meetings, having regular communication with referring and partnering clinicians, and having full access to and ability to communicate in the electronic medical record. Predictable work hours and a physical workspace within each agency are recommended.

## Requirements for both the CMH/PIHP and the provider agency providing YPS/ PSP services:

- Complete required paperwork: All agencies that provide the YPS/ PSP service must complete the required documentation for ACMH and MDHHS. This includes Organizational Readiness documents, Hiring Agreement and Supervisor contact forms. Please complete the organizational readiness together.)
- Participation in Technical Assistance with ACMH as specified by the Statewide Coordinator or Program Manager
- Designated clinical supervisors are required to attend New Supervisor Training and a minimum of one Supervisor Round Table per year



# Tips for Support and Retention of Youth Peer Support Providers

**Salary** – As this is a professional position, it is important to acknowledge that salary communicates value. A Youth Peer Support Specialist’s lived experience provides a specialized and important component to the service, it is recommended that they will be paid to reflect their professional role.

**Hiring** – Thoroughly explaining the YPS role and expectations (including trainings) during the hiring process will allow candidates to weigh them against their other commitments. Transparency around the level of commitment needed for this role allows candidates the ability to make an informed decision if an offer is made.

**Schedule** – Youth Peer Support Specialists should have stable and consistent but flexible work schedules, allowing enough time for meeting with youth and young adults, completing paper work, and working alongside treatment team member and supervisors. Youth Peer Support Specialists may need flexible schedules for school or personal and medical appointments. It is then important to maintain a balance of consistency and flexibility. For the first year, Youth Peer Support Specialists are expected to attend coaching calls and quarterly meetings which are imperative to their success. Scheduling needs should be discussed during the hiring process and taken into consideration when choosing a candidate to assure Youth Peer Support Specialists are able to attend all required trainings and meet the needs of the youth/young adults they work with.

**Supervision** – Supervisors should be available for regular supervision with Youth Peer Support Specialists at least biweekly. Supervisors should have a strong understanding of what YPS is and is not and clearly communicate expectations for the YPS role. Supervisors should provide Youth Peer Support Specialists with constructive feedback and clinical support while not taking on a parental or “therapist” role. Strong boundaries are important for both the supervisor and the YPSS. Supervisors should be available and have enough time to discuss assigned youth/young adults and provide guidance around challenging situations.

**Strategic Storytelling** – It is important YPSSs have a strong understanding of how to use their story effectively to support someone else. This skill is challenging and requires a lot of self-awareness and check-ins on where the YPSS is in their journey. They might realize that something they shared before might not be okay for them to share the next day. It’s an on-going and dynamic process that requires a lot of support. Although this is discussed throughout YPSSs’ year-long training, supervisors should provide additional support and encourage this self-awareness.

**Boundaries within the YPS Role** – It is common for staff, families, and youth/young adults to ask YPSSs to step out of their role to fulfill a need. Providing ongoing training to staff about YPS role is helpful but it still may come up. Supervisors should support the YPSS in advocating for what is and is not within the role with other providers, families, and youth/young adults. Supervisors can help YPSSs in building skills on how to respond when they are asked to step outside of their role. A good check in question to ask is “Does this kind of support require lived experience/peer connection?” If not, it is often better provided by someone else. Supervisors should be well-informed of what is within the YPS role. Statewide Coordinator is available for support and technical assistance.



**Appropriate Referrals** – YPSSs can offer valuable insight into which youth and young adults may benefit from YPS services. Partnering with YPSSs when assigning cases to them can help ensure successful engagement and determine appropriate fit for the service. Ongoing conversations about assigned youth/young adults and how their needs are being met within the YPS role are encouraged. For there to be a true peer to peer connection, youth/young adults that are referred for YPS services should be within the age guidelines as defined by the Medicaid provider manual, and meet criteria for SED/SMI. Appropriate age and maturity level, both cognitive and physical, helps ensure that youth and young adults are able to understand and benefit from YPS services. The youth/young adult should be interested in having the service - youth voice is key in this process. Careful thought should be given to the referral process to minimize the possibility of confusion, frustration and burnout.

**Team Inclusion** – YPS is intended to be an enhancement to clinical services that youth/young adults and families are already receiving. Having strong working relationships and collaborating with others on the treatment team is paramount to success. YPSSs should be a part of communications regarding cases, attend team meetings, and have regular interaction with members of the treatment team. The role that the YPSS will play in providing support to youth and young adults should be discussed on an ongoing basis to ensure they're working within their role and needs are being met. YPSSs should be introduced to their co-workers, especially those that they will frequently use as resources, understand clinical documentation, and other unique aspects of working in the CMHSP system.

**Work load** – Youth Peer Support Specialists should be assigned and actively working with a caseload within the first month after completing the initial MDHHS training. Starting off with a smaller caseload is ideal for a Youth Peer Support Specialist, as this will most-likely be their first time working in this capacity. Be sure to check in to make sure that the Youth Peer Support Specialist is not feeling overwhelmed with their work load.

**Training and Work Environment** – It is important that Youth Peer Support Specialist to feel comfortable and confident in their role. This can be achieved by ensuring they have their own work space and are taught the “ropes” as well as the agency culture in their new place of employment. Youth Peer Support Specialists are introduced to their co-workers and understand clinical documentation, acronyms, and other unique aspects of working in the CMHSP system. Some trainings they might benefit from include: secondary trauma, safety, and clinical documentation. While these topics are touched on, more advanced training is needed for YPSSs to be proficient in community-specific requirements and needs.

**Balancing Accommodation and Accountability** – Although YPSSs are hired for their lived experience, they should be treated like any other member of the treatment team. It is important to support them in balancing accommodations they may need with accountability to their work. This may look like attending meetings with youth and young adults and treatment team, completing paperwork on time, or making sure they're not overwhelming themselves at work. Supervisors can build a culture where YPSSs feel supported to communicate a need for reasonable accommodation. Due to the Youth Peer Support Specialist's lived experience, supervisors may feel the need to over-accommodate but it is important to remember that, as with supervising any other staff person, balance is key.



# Stigma in the Workplace

## What is Stigma?

“Stigma refers to attitudes and beliefs that lead people to reject, avoid, or fear those they perceive as being different.” (California Strategic Plan on Reducing Mental Health Stigma and Discrimination)

“Institutional stigma” occurs when negative attitudes and behaviors about mental illness, including social, emotional, and behavioral problems, are incorporated into the policies, practices, and cultures of organizations and social systems, such as education, health care, and employment. “Self-stigma” occurs when individuals internalize the disrespectful images that society, a community, or a peer group perpetuate, which may lead many individuals to refrain from seeking treatment for their mental health conditions.” (California Strategic Plan on Reducing Mental Health Stigma and Discrimination)

## Stigma in the Workplace

The integration of Youth Peer Support Specialists into the mental health workplace presents both a challenge and an opportunity.

Integration into the workplace is both a formal and informal process. Formally, information is provided through mission statements, employee handbooks and policy manuals. Informally, information is obtained through staff interactions, gossip, norms and rituals. Both formal and informal information is important to a new employee (Teboul & Cole, 2003). Individuals in a workplace take into consideration the possible value others may have for future exchange and coordination, often looking for those who they find similar to themselves when exploring relational opportunities in the workplace (Teboul & Cole, 2003). Therefore, experiencing stigma or minority status could diminish perceived future value and increase perceived differences. Feeling that one is accepted by fellow co-workers and fully integrated into the work system is important for job satisfaction (Kirsh, 2000). Issues facing CPSs, such as stigmatization could therefore negatively impact workplace integration.

According to *The Integration of Peer Support Specialists: A Qualitative Study* by Maja B. Smedberg of St. Catherine University, in a study done on Peer Support Specialist from Minnesota, some participants described successes of being utilized as a resource by colleagues and treated with respect. Many participants also described incidents of stigma and prejudice in their work environment coming from coworkers and supervisors, as well as other unique challenges related to being a Peer Support Professional.

Mental health providers are among the top two groups by whom individuals with mental illness report feeling the most stigmatized (California Department of Mental Health 2010. Thorncroft, Brohan, Kassam, Lewis-Holmes 2008, MHCC 2008, CNMHC 2004. Brody 2007). A study of more than 300 clinical psychologists in the United States suggests that persons with mental illness diagnoses are viewed as undesirable and different than mental health professionals that do not have a mental health diagnosis (Servais & Saunders, 2007).

This finding is alarming, being that so much work has been done to reduce stigma facing this population. The current framework that many clinical psychologists work within revolves around assigning negative



diagnosis to persons in order to begin care, which may provide a partial explanation of these findings (Servais & Saunders, 2007). Peer specialists, who are often employed in mental health centers (Grant, Swink, Reinhart & Wituk, 2010), may have coworkers and/or supervisors who hold such biases against persons with a mental health diagnosis.

If Youth Peer Support Specialists are viewed as “different” or “undesirable” by others in the workplace, it could have a detrimental impact on workplace integration and perceived organizational support, and thereby job satisfaction.

Within the mental health system, most people are well-intentioned in their relationships with people they work with. However, stigma does exist and may occur because of one or more of the following reasons:

- Power or Position (of the person stigmatizing or the person being stigmatized). Someone tries to use organizational position or personal power for his or her own selfish goals.
- Ignorance. Rules change and some people truly don't understand that their actions are hurtful.
- Intentional. Some people take out their own frustrations on others by intentionally causing pain or discomfort.
- Rules are not enforced (some organizations have rules against stigma and/or discrimination that are not enforced). When rules aren't enforced, people assume they don't really matter.
- Absence of appropriate consequences to hurtful behavior
- The culture of the workplace supports it
- Fear of people they don't understand or who are different
- Unwilling to see the value of lived experience or peer support

### How do I identify stigma in my workplace?

- Listen to language used to describe individuals with mental illness. How often do providers around you refer to the people they serve as a person with mental illness not a mentally ill person, or as simply MI?
- How often do you hear persons receiving mental health services referred to as difficult, non-compliant, crazy, or insane?
- Have all staff at all levels within your agency participated in awareness programs related to the stigma associated with mental illness?
- Do all company policies and culture reflect an accepting environment for individuals with mental illness, and are they enforced?
- Do staff push peer staff to perform tasks outside of their role?

One important early step for administrators is to prepare existing staff to welcome people in peer roles to the workforce. In order to adequately do this, administrators will need to explore the attitudes of existing staff about how they feel about adding peers to the workforce. Not all staff will be open, and some may believe that their new co-workers are not qualified to provide support.



Additional concerns about boundaries and how the agency will handle potentially hiring people who also receive services through the agency will need to be addressed in revising old policies or creating a new policy.

To foster a more accepting agency culture, administrators should schedule readiness training. The following is a segment from the publication “Consumers in the Mental Health Workforce” describing the process for fostering acceptance:

- Inform all staff of the agency’s plan to hire peers and explain the rationale and anticipated benefits;
- Administrators also can point out the likelihood that non-disclosing consumers and family members already serve as staff and add to the richness of the organization;
- Anticipate and be prepared to respond to questions about confidentiality, dual relationships, ethics and Americans with Disabilities Act;
- Provide a series of open and closed forums that allow staff to discuss their concerns without fear of reprisal; and
- Invite peers and staff to participate in the planning and/or problem solving of issues.

Four other workplace strategies for promoting tolerance and appreciating diversity are:

- Acknowledge that conflict is likely, and address it directly during orientation and training of new employees. Employers should have clear expectations for respect and acceptance for all individuals.
- Create an environment where everyone feels comfortable discussing their discomfort and difficulties viewing people in peer roles as colleagues.
- Support Youth Peer Support Specialists to develop an approach that educates and promotes acceptance without breaching their privacy (Zipple et. al, 1997).
- Identify champions at all levels of the organization. A champion is someone who is very supportive of implementing peer roles and is able to discuss any concerns raised by other staff. Without a champion (or two), your implementation process may be significantly compromised.



## Additional Misperceptions and Concerns About Implementation

Concern	Resolutions
<p>If peer roles are all about developing relationships and sharing experiences then they won't understand the importance of boundaries and confidentiality</p>	<ul style="list-style-type: none"> <li>• Youth Peer Support boundaries are different than clinical team members due to the nature of the work, but they do exist. Training covers this topic.</li> <li>• Youth Peer Support Specialist are subject to the same policies and procedures as the rest of the team.</li> <li>• Youth Peer Support Specialists are in control of the aspects of their experience that they choose to share.</li> <li>• Negotiating boundaries and confidentiality in supporting relationships can be challenging for all team members.</li> <li>• Supervision and support will make space for reflection on issues like boundaries and confidentiality.</li> </ul>
<p>Youth Peer Support Specialists cannot work full time due to potential loss of benefits.</p>	<ul style="list-style-type: none"> <li>• Not all Youth Peer Support Specialists are on benefits</li> <li>• HR should provide the same amount of support regarding Social Security benefits as with other insurances to their employees.</li> <li>• Include part-time jobs or job-sharing.</li> <li>• The employer's role is to create positions while it is the applicant's role to decide if the position matches their particular needs. This is the same whether or not the applicants have lived experience.</li> </ul>
<p>Youth Peer Support Specialists cannot work full time due to the level of responsibility and stress.</p>	<ul style="list-style-type: none"> <li>• Many Youth Peer Support Specialists are more than able to work full-time positions.</li> <li>• The interviewing process should include looking into the applicant's past work experiences, to ascertain experience level with working full-time.</li> <li>• Many other applicants for non-peer roles may have issues that compromise their ability or experience with working full-time.</li> </ul>





<p>Youth Peer Support Specialists aren't professional workers.</p>	<ul style="list-style-type: none"> <li>Youth Peer Support Specialists have gone through training. Through this training, Youth Peer Support Specialists are trained on ethics and professional best-practice standards. This parallels other professional positions.</li> </ul>
<p>Youth Peer Support Specialists won't be able to handle the stress of working.</p>	<ul style="list-style-type: none"> <li>A common myth is that working is too stressful for people with mental health challenges or psychiatric diagnoses. In reality, much of the research has demonstrated that work is, at least, no different than not working, and at best, therapeutic and healing.</li> <li>Unemployment, social isolations and poverty is frequently more stressful than work. (Marron &amp; Golowka, 1999)</li> </ul>
<p>People who have had similar experiences will "trigger" Youth Peer Support Specialists</p>	<ul style="list-style-type: none"> <li>Most Youth Peer Support Specialists have heard the stories many times before and are not overwhelmed by them.</li> <li>Supervision should support the Youth Peer Support Specialist to clarify issues when there is a specific type of experience that is triggering (as it would be for all employees)</li> </ul>
<p>Youth Peer Support Specialists are incapable of doing the same work as other practitioners.</p>	<ul style="list-style-type: none"> <li>The role is not the same as other practitioners' and doing the activities of another role would often be in conflict with the definition of "youth peer support."</li> <li>Good Youth Peer Support Specialists are highly skilled individuals who are capable of doing many things, but have specifically chosen to work in a peer role.</li> </ul>
<p>Youth Peer Support Specialists will become unwell or relapse.</p>	<ul style="list-style-type: none"> <li>It is possible, but the same is true for all workers.</li> <li>Some evidence suggests that fulfilling a peer role can support and enhance personal recovery.</li> </ul>
<p>Youth Peer Support Specialists cannot handle the administrative demands of the job.</p>	<ul style="list-style-type: none"> <li>This has been shown not to be the case: peer workers are capable of completing needed paperwork associated with administrative tasks.</li> </ul>



<p>Given that Youth Peer Support Specialists are not professionals, they will invariably cause harm to individuals that the other staff members have to undo.</p>	<ul style="list-style-type: none"> <li>• Any staff member at any rung of the ladder can be an employee who brings harm to people receiving services and stress to an agency.</li> <li>• Good hiring practices, regular supervision, and internal protective policies are what's needed to ensure that any sub-par employee is easily recognized and terminated.</li> </ul>
<p>This big push for the use of peer workers combined with shrinking budgets means I may be replaced by a Youth Peer Support Specialist</p>	<ul style="list-style-type: none"> <li>• The Youth Peer Support role compliments, but does not duplicate, any other role within the traditional mental health system. Workers in other roles don't need to fear that Youth Peer Support Specialists will replace them.</li> </ul>

Adapted from:

- The Integration of Peer Support Specialists: A Qualitative Study by Maja B. Smedberg of St. Catherine University
- Combating Stigma Within the Michigan Mental Health System: A Toolkit for Change by Michigan Department of Health and Human Services
- The Provider's Handbook On Developing & Implementing Peer Roles by Lyn Legere of Lyn Legere Consulting With contributions from the Western Mass Peer Network & Sera Davidow of the Western Mass Recovery Learning Community



# Electronic Messaging Policy Sample

Provided by Kalamazoo Community Mental Health and Substance Abuse Services

## KALAMAZOO COMMUNITY MENTAL HEALTH

### AND SUBSTANCE ABUSE SERVICES

#### ADMINISTRATIVE POLICY 07.02

<b>Subject:</b> Electronic Messaging	<b>Section:</b> Information Management	
<b>Applies To:</b> <input checked="" type="checkbox"/> KCMHSAS Staff <input type="checkbox"/> KCMHSAS Contract Providers		<b>Page:</b> 82 of 122
<b>Approved:</b>  <hr/> <p>(Jeff Patton, Chief Executive Officer)</p>		
<b>Revised:</b> 03/04/2016	<b>Supersedes:</b> 09/17/2014	<b>First Effective:</b> 12/21/2012

#### PURPOSE

To outline the Kalamazoo Community Mental Health and Substance Abuse Services (KCMHSAS) policy for protecting the confidentiality and integrity of Protected Health Information (PHI) as related to electronic messaging and as required by law, professional ethics and accreditation requirements.

#### DEFINITIONS

##### **ActiveSync**

Mobile data synchronization technology and protocol developed by Microsoft. It provides push synchronization of contacts, calendars, tasks, and email between ActiveSync enabled servers and devices.

##### **Official Business**

Activities directly related to job duties, program requirements or mission attainment.



## **ITS**

KCMHSAS Information Technology Services department.

### **Electronic Message**

Any of several electronic records or messages created, sent, forwarded, replied to, transmitted, stored, held, copied, downloaded, displayed, viewed, read or printed by one of several electronic messaging systems or services. This definition of an electronic message applies equally to the contents of such records and to transactional information associated with such messages, such as headers, summaries, addresses and addressees.

### **Electronic Messaging System**

Any messaging system that depends on electronic devices to create, send, forward, reply to, transmit, store, hold, copy, download, display, view, read or print messages across computer networks or systems between or among individuals or groups, that is either explicitly denoted as a system for electronic messaging or is implicitly used for such purposes, including external services such as electronic bulletin boards, listservs and newsgroups.

## **POLICY**

- I. KCMHSAS shall protect the confidentiality and integrity of PHI as related to electronic messaging and as required by law, professional ethics and accreditation requirement.
- II. KCMHSAS shall account for the inventory of distributed devices and to insure proper usage of equipment.

## **STANDARDS**

- I. Electronic messages pose a significant security risk because they may contain PHI and being portable are more at risk for loss, theft or other unauthorized access. Electronic messaging devices may be more vulnerable to viruses and other such threats because the employee may not regularly use virus protection software and other electronic safeguards. Portable/mobile electronic device use is more difficult for the agency to audit, thus security breaches may be more difficult to identify and correct.
- II. **CELLULAR PHONES**
  - I. Mobile phone use is essential in advancing the mission of the organization (by staying in touch with staff, providers and those we serve) and efficiently handling emergencies, whether personal or business related. For this reason, KCMHSAS understands that most staff will have a personal and/or business cellular phone.

KCMHSAS strongly discourages the use of cellular/mobile phones during business meetings. Often, it can be viewed as not paying attention and could negatively affect the image of KCMHSAS when meetings involve those other than KCMHSAS staff. If it is important for you to bring your phone to a meeting:

1. Silence the phone by turning it off or turning off the ringer.



2. If you are expecting a call, let others know before the meeting starts so they are aware.

## II. Obtaining a Cellular Phone

1. Cellular phone services will be provided to designated KCMHSAS personnel to conduct official business. The request for an additional cellular phone must be submitted from the supervisor to the finance department. The request must consist of a statement of justification of need.
2. No person may use a personal electronic device for business purposes without the approval of the immediate Supervisor and the ITS Helpdesk. No employee may, for any purpose, download, maintain or transmit, confidential or other information pertaining to a person receiving KCMHSAS services on a personal electronic device without the authorization of the respective Supervisor and/or the ITS Helpdesk.
3. Employees will be trained specifically for the devices issued to them. The hardware, software, all related components and data are the property of KCMHSAS. The devices must be safeguarded and be returned upon request and/or upon termination of employment. Any equipment exchanged or transferred to another employee must be logged by the ITS Helpdesk. An employee's responsibility for the initial equipment extends to the equipment below and/or any exchanged or additional equipment that may be issued to them during their employment.
4. Use of texting, email, or phone is NOT intended as a means of clinical intervention. Treatment is to occur face to face with those we serve, and a limited exception is use of the phone for initial crisis response.

## III. Use of Agency Cellular Phones

1. For business purposes only.
2. Should not be used when a less costly alternative is safe, convenient and available. Calls which will incur long distance charges should be avoided whenever possible. Cell phone use in areas where roaming charges will accumulate is discouraged.
3. Usage while operating a vehicle is strongly discouraged. Employees should plan to allow placement of calls either prior to traveling or while on rest breaks. Texting, emailing or any other form of messaging while operating a vehicle is prohibited.
4. Usage must be in accordance with current State and Federal law.

## IV. Mobile Phone Texting

1. KCMHSAS staff may only use agency-provided cell phones for texting individuals served and KCMHSAS staff. Group texting is inadvisable and would require signed consents by the individual served for all who would receive the texts. Group text recipients need to be advised of the risks to the individual served and to the privacy rights of the individual served as described on the KCMHSAS Electronic Communication Consent form.
2. Individuals served may choose to communicate to staff through text messaging. An individual served who chooses to communicate in this manner must be



informed that this type of communication is not secure and that any Personal Health Information (PHI) that is shared may be released if the text messages are intercepted by an unintended recipient.

3. Any individual served that expresses a desire to communicate with staff using text messaging will be asked to sign the KCMHSAS Electronic Communication Consent form. Staff should not initiate or respond to text messages until this authorization is executed. Staff will always treat text communication from individuals served as insecure communication and will not share confidential PHI through these means.
4. If an individual served has chosen to share PHI by way of text message, staff is required to delete the thread that includes the PHI. Staff must reply by initiating a new text message. This will insure that potential PHI is not being resent by staff.
5. Staff shall not share or forward text messages with individuals outside of KCMHSAS without notifying their supervisor and completing a Release of Information and/or having a court order. Staff may communicate information related to consumer care or safety to KCMHSAS staff via text message. However, no PHI should be included within these text messages.
6. Once the conversation thread of a text communication has concluded, the staff should delete the text message thread from their phone. No text messages should be retained on phones for historical purposes. If the exchange was clinically significant and consumer related, a progress note shall be entered into the consumer record.
7. Staff shall never take or send images (e.g. photos or videos) via a text of individuals served using a mobile phone. If a picture is taken, even as part of an emergency, the staff member shall report the image to their supervisor and complete an incident report form. Images received by cell phone communication shall be deleted immediately, and other reporting as required by policy or law completed.
8. Any text message communication that is clinically relevant should be accompanied by matching appropriate documentation in the agency established EHR system.
9. Staff must respond by the next working day to text messages sent by individuals served.
10. Non-exempt staff will not respond to text messages apart from their scheduled work hours.

#### V. Privately Owned Cellular Phones

1. It is possible for an employee to connect a privately owned cell phone to the agency email server. KCMHSAS reserves the right to enforce policies on connected devices, including passwords and device resets. This helps provide the security necessary to protect company data. However, it also provides some restrictions for employees using privately owned devices. Once configured to synchronize over the air with our Exchange server, the device may be controlled by the organization's security policy. This policy cannot be changed by the Employee without a hard reset (return to factory defaults) of the device. The



result will be a device that may be wiped clean of all content, including pictures, ring tones, shortcuts, favorites, video clips, screensavers and all installed software. This ensures sensitive information does not leave the company with exiting employees. Employees wishing to connect personal devices are advised that they may lose personal information.

2. Only smart phones with the Active Sync protocol and full device encryption ability will be supported. This is to ensure that MS Exchange policies can be deployed and that the ITS Helpdesk can enable remote “wipe” should the device be lost, stolen or used inappropriately or contrary to policy.
3. Smart phones and similar devices shall be set to lock with a pin or password (alphanumeric where supported). Devices should lock for initiation and then after 5 minutes of inactivity. Sync should be set up to store no more than 1 week of email. With or without notice, at the discretion of a member of the Senior Executive Team (SET), the ITS Helpdesk can perform a remote wipe of the device.
4. Smart phones and similar devices without the protection of full device encryption and security pin with timeout lock shall not be used to access KCMHSAS protected health information, such as some email and some documents on the KCMHSAS portal.

#### VI. Return of Cellular Phone When No Longer In Use

Authorized employees are responsible for returning the telephone/accessories to their supervisor or to the Accountant in the Fiscal Unit when it is no longer required to carry out employee work assignments. The employee must also provide all security codes to their supervisor. They must reimburse the finance department for the replacement costs if they do not return the phone. All phones must be brought to ITS Helpdesk for deleting stored data prior to re-use or decommission. ITS Helpdesk will provide wiped phones to the finance department.

#### VII. Lost or Stolen Cellular Phones

Employees in possession of KCMHSAS cellular phones are required to take appropriate precautions to prevent theft and vandalism of all KCMHSAS equipment. This includes making sure that the phone is contained in a locked storage area when not in use. Loss of cell phone must be immediately reported to the ITS Helpdesk and Finance Department. If a cellular phone has been lost or stolen, the staff who has responsibility for it must complete a police report and an Unusual Incident/Accident Report per the Incident/Accident Non-Recipient Reporting Policy. If the phone may have contained PHI, the Breach Response team will be notified immediately by the employee or supervisor. Staff may be held liable for the cost of replacement for a second incident that occurs within 1 year.



### VIII. Other Portable/Mobile Device Restrictions

1. Electronic devices, associated equipment and software are for business use only, not for the personal use of the employee or any other person or entity.
2. Employees will not download any software onto the electronic device except as loaded or authorized by staff of the ITS Helpdesk.
3. Employees are responsible for securing the unit, all associated equipment and all data within their homes, cars and other locations.
4. Employees may not leave portable/mobile devices unattended unless they are in a secured location. Employees should not leave electronic devices in cars or car trunks for an extended period in extreme weather (heat or cold) or leave them exposed to direct sunlight.
5. Employees must not alter the serial numbers and asset numbers of the equipment in any way.
6. Employees will not permit anyone else to use the device for any purpose, including, but not limited to, the employee's family and/or associates, persons receiving services, families of persons receiving services or unauthorized officers, employees and agents of KCMHSAS without authorization by the Chief Information Officer..
7. Employees must not share their passwords with any other person, must safeguard their passwords and may not write them down so that an unauthorized person can obtain them. Employees must report any breach of password security immediately to the ITS Helpdesk. For additional information see policy 07.01 (Information Security).
8. Employees must maintain person served confidentiality when using devices, the screen must be protected from viewing by unauthorized personnel, and employees must properly log out and turn off the device when it is not in use.
9. Employees must immediately report any lost, damaged, malfunctioning or stolen equipment or any breach of security or confidentiality to the ITS Helpdesk and/or their immediate Supervisor. Lost or damaged equipment will be replaced by staff if neglect or misuse is verified. Equipment will be replaced by KCMHSAS if damaged/lost is deemed unintentional/ unavoidable.

### III. EMAIL

- A. Employees must read this policy before their email accounts will be activated.
  1. Transmission of sensitive information (i.e., litigation, negotiations, investigations, and person served information) is prohibited without taking reasonable measures to protect its confidential nature and integrity (i.e., encryption or some other method to protect the identity of the individual). Communications (including e-mail transmitted over internal and external networks, conversations or data transmitted via cell phone or cellular modem) are not private. Any information that is transmitted must be in keeping with policies 7.01 (Information Security) and 24.05 (Confidentiality and Disclosure).
  2. Although employees are allowed to send emails to all employees, they are never to respond to an all-employee email back to all employees.
  3. Users of electronic communications services shall not:
    - a. Send or forward chain letters or their equivalents.





- b. Send or forward “Spam” that exploits electronic communications systems for purposes beyond their intended scope to amplify the widespread distribution of unsolicited electronic messages.
  - c. Send or forward a “Letter-bomb” that sends an extremely large message or send multiple electronic messages to one or more recipients and so interfere with the recipients’ use of electronic communications systems and services.
  - d. Intentionally engage in other practices such as “denial of service attacks” that impede the availability of electronic communications services.
4. Personal Use  
Employees may use electronic communications services for incidental personal purposes provided that, in addition to the foregoing constraints and conditions, such use does not:
- a. Interfere with KCMHSAS’ operation of electronic communications resources.
  - b. Interfere with the user’s employment or other obligations to the organization.
  - c. Burden KCMHSAS with noticeable incremental costs.
5. Employees must follow KCMHSAS’ other policies including, but not limited to, KCMHSAS’ policies regarding harassment, privacy, security and confidentiality.
6. For additional information regarding protected health information in e-mail communication see policy 07.01 (Information Security).

**B. Retention**

- 1. All E-mail kept within Microsoft Outlook, whether sent or received and regardless of the folder or sub-folder where it is stored will be automatically deleted after five (5) years.
- 2. E-mails located in the Junk E-mail folder that are older than thirty (30) days will be automatically deleted.
- 3. E-mails located in the Deleted Items folder will be automatically deleted after seven (7) days.
- 4. Terminated Employees
  - a. Once ITS receives a termination request, through official channels, ITS will create an out-of-office reply message stating that the employee is no longer working at KCMHSAS. This reply message will only be routed to senders who are KCMHSAS employees.
  - b. A supervisor may request, via the Change Request notice, that the email box of the terminated employee be monitored. ITS will provide this service by auto-forwarding incoming emails to a KCMHSAS employee designated by the supervisor. It will be the designated employee’s responsibility to notify both internal and external senders that the email address will be terminated and to provide them with new contact information if applicable. This service will be provided for a duration of time specified by the Supervisor, but not to exceed sixty (60) days past the employee’s termination date.



- c. Once ITS disables the terminated employee's email box, both internal and external senders will receive an error message when trying to send a message to the terminated email address.
- 5. Archived email:
  - a. Due to issues related to document discovery and disk storage management, KCMHSAS does not allow users to archive emails. ITS may delete email archive files from the file server without prior notice. ITS will archive email from terminated employees. These archives will follow the same 5 year retention policy as stated above.

C. E-Mail Back-Up

- 1. The ITS Department will create a nightly copy of the e-mail post office database. This copy of the e-mail system will be used solely for the purpose of rebuilding the e-mail server should a catastrophic event occur making either the hardware or software inoperable. It will not be used to restore accidentally deleted emails. Additionally, each nightly backup will replace the one from the night before.
- 2. Each week, the ITS Department will store a copy of the e-mail post office database off-site.

**IV. PRIVACY AND CONFIDENTIALITY OF ELECTRONIC MESSAGING**

- A. KCMHSAS recognizes that privacy and confidentiality hold important implications for the use of electronic communications. This policy reflects these firmly-held principals within the context of KCMHSAS' legal and other obligations.

This section establishes standards for the electronic transmission of health-related information and the controls that the ITS department will employ to protect the security and privacy of electronic Protected Health Information (ePHI). This policy applies to e-mail, voice mail, file transfer and any other technology that transmits health information electronically.

To protect against unauthorized access and to maintain the integrity of the ePHI, reasonable and appropriate security measures shall be implemented when PHI is transmitted electronically. For additional information regarding ePHI see policy 07.01 (Information Security).

- B. Communication Among Employees  
PHI may be exchanged between KCMHSAS' personnel using electronic messaging provided that the electronic message remains wholly on institutionally managed Electronic Messaging Systems and the connection to those systems are secured. For example, messages sent within the Streamline system are considered secure. However, when using a messaging system that allows messages to be sent to an external device, such as a mobile phone, is **not** secure. At a minimum, *users of mobile devices must ensure their devices are password protected.*



- C. **Electronic Messaging Between Employees and Non-Employees**
  - 1. Electronic communication of PHI between employees and non- employees is permitted using Secure Electronic Messaging. For example, messages sent within the Streamline system are considered secure.
  - 2. When using a messaging system that allows messages to be sent to an external device, such as a mobile phone, PHI may be sent electronically without encryption between employees and non-employees only if (1) the PHI does not include highly sensitive information, and (2) all the following direct person served identifiers have been removed: name, date of birth, age, street address, phone number, fax number, e-mail address and social security number, except as described in II.D above.

**V. RESPONSIBILITY**

- A. The Chief Information Officer or their designee is responsible to develop and modify electronic messaging resources, determine training needs, authorize users and monitor the implementation of this policy.
- B. The Chief Information Officer, and Network Administrator have unlimited access to all communications transmitted or stored by electronic means. Access by other staff will be designated at the discretion of the IT Director.
- C. The ITS department is responsible to ensure the installation of all equipment and programs. Other staff may not load, download or remove any software without having it approved for installation or removal, and scanned for viruses as applicable by a member of the ITS Helpdesk.

**VI. MONITORING / POLICY VIOLATIONS**

- A. The organization may review, monitor and record electronic messaging and data from the use of electronic communication equipment without notice or permission. Users are specifically advised that they should have no expectation of privacy for any use via the organization's equipment, whether business or personal.
- B. KCMHSAS may monitor the duration, frequency and destination of all employee internet activity. All electronic monitoring will comply with applicable federal and state laws.
- C. Violations discovered by KCMHSAS personnel will be reported to the KCMHSAS Breach Committee.
- D. Violations of this policy may result in discipline, up to and including termination.



# Electronic Communication Consent Sample

*Provided by Kalamazoo Community Mental Health and Substance Abuse Services*

Consumer's Name:

KCMHSAS #:

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You have requested that we communicate with you electronically (e-mail or text) in regard to your Protected Health Information. Due to the risk that electronic messages can be misdirected or intercepted by unintended parties, KCMHSAS cannot and does not guarantee the confidentiality of messages sent electronically. We will only communicate Protected Health Information with you electronically if you agree to do so. Below are some but not all of the risks involved with electronic communication:

- People can forward electronic messages to other people without your permission or knowledge
- Electronic communication can be immediately sent worldwide and received by many intended and unintended people. It can be stored by the wireless carrier
- People can easily mistype an email address or text number
- Electronic communication is easily falsified
- Back-up copies of electronic communication may exist even after the person sending or receiving has deleted his or her copy
- Electronic information is not secure when it is sent and could be intercepted and shared

***\*Do not use electronic communication in an emergency\****

***\*Workers will NOT respond to text or email messages outside of the business hours of 8am-5pm  
Monday through Friday\****

***\*Workers have 24 hours to respond to text and email communication with the exception of weekends,  
holidays and scheduled time off which will result in a longer response time\****



By signing this consent, I am agreeing to communicate electronically with KCMHSAS as follows:

YES NO

By email at the following address: \_\_\_\_\_

**\*\*\*\*It is your responsibility to inform us if your email address changes\*\*\*\***

YES NO

By text at the following phone number: \_\_\_\_\_

**\*\*\*\*It is your responsibility to inform us if your phone number changes\*\*\*\***

\_\_\_\_\_  
Consumer/Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**\*\*\*\*EXPIRES ONE YEAR FROM DATE SIGNED\*\*\*\***

***Withdrawal of Electronic Communication Consent***

I hereby withdraw my consent for electronic communication:

\_\_\_\_\_  
Consumer/Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



# Cell Phone Use Policy and Procedure Sample

*Provided by Community Mental Health Services of Muskegon County*

## I. Policy

The Agency has determined that use of a cell phone will contribute to the overall effectiveness of business communication and increase the safety of staff while away from their offices. The additional communication costs of Agency cell phones, however, is significant; therefore issuance and use of this equipment is limited to specific programs that best address the accomplishment of the Agency's mission.

## II. Purpose

To establish consistent guidelines regarding the use, procurement, and possession of cell phone, and to ensure that the Agency is correctly reimbursed for occasional personal use of Agency-issued cell phones.

## III. Application

All employees of Community Mental Health (CMH) Services of Muskegon County who are issued cell phones.

## IV. Procedure

### a. Use of Cell Phone

- i. Cell phones are to be used only by the individual to whom it was issued.
- ii. All equipment purchased remains the property of the Agency.
- iii. It is generally recognized that cell phone transmissions are not secure. Staff must use discretion in relaying confidential or sensitive information over cell phones.
- iv. Cell phones should be passcode protected.

### b. Proper Care and Repair

- i. Cell phones and accessories are to be maintained in the condition in which they were issued, absent normal wear.
- ii. Upon separation from the Agency, or reassignment to a position within the Agency that does not require cell phone use, the cell phone and accessories



must be returned to the I.T. Department

- iii. To request repair services for damaged or non-operational cell phones, staff must deliver the cell phone to the I.T. Department.

c. Cell Phone Damage or Loss

- i. Staff is responsible for proper and reasonable safeguarding of the cell phone.
- ii. A lost or stolen cell phone should be reported to the I.T. Department immediately so that services can be turned off.

d. Cell Phone User Fees

- i. A \$10 monthly payment is required to allow staff 25% personal use of the cell phone.
- ii. Invoices will be reviewed regularly, and any overages or purchases of third-party contents, (i.e., apps, games, and ringtones), will be charged to staff using that cell phone.

e. Violation of Cell Phone Policy

- i. Violation of Agency cell phone policy may be grounds for disciplinary action, including termination for misconduct.
- ii. All staff being issued a cell phone must read and sign the Acknowledgement of Cell Phone Policy. This acknowledgement will be placed in staff's employee file.

V. Monitoring

- a. The I.T. Department will be responsible for the monitoring of cell phone usage to ensure compliance with this policy and the continued appropriateness and justification for the use of cell phones and the service plans being purchased.
- b. GPS software will be monitored by the I.T. Department in cases of security or emergency.



# Social Media Policy and Procedure Sample

*Provided by HealthWest of Muskegon*

## VI. Policy

- a. HealthWest recognizes the value of social media in furthering its mission through promotion of agency values, notification of agency events, trainings, and opportunities, and electronic outreach and engagement.
- b. Best practices in the use of social media shall be observed for effective communication of our mission, vision, and values.
- c. The Executive Director or designee shall assign staff responsibility to publish on social media on behalf of HealthWest.
- d. Social media posting made by staff, but not on behalf of HealthWest, do not necessarily reflect the views and opinions of HealthWest.
- e. HealthWest shall not promote, advertise, or endorse any political party or candidate using social media.

## VII. Purpose

To establish policy and procedures in the use of social media for HealthWest.

## VIII. Application

The policies and procedures apply to all employees, interns, and volunteers of HealthWest

## IX. Definitions

- a. Social Media: Forms of electronic communication such as websites for social networking through which users create online communities to share information, ideas, personal messages, and other content such as photos or videos.

## X. Procedure

- a. To help identify and avoid potential unintended consequences in the use of social media, the following examples of best practices shall be observed.
- b. Personal Use of Social Media
  - i. **Maintain Confidentiality:** Do not post confidential information about HealthWest, its consumers, past consumers, or fellow employees. Use good ethical judgment and follow agency policies, State laws (such as the Michigan Mental Health Code, and Federal requirements such as the Health Insurance





Portability and Accountability Act (HIPAA) of 1996). Information regarding persons receiving services must not be disclosed.

- ii. **Maintain Standards of Ethical Behavior:** The HealthWest Code of Ethics and Muskegon County Code of Conduct must be followed at all times. For example, the privacy rights of consumers, past consumers, and fellow employees must be respected. Personnel policies prohibiting harassment and discrimination should be followed. Do not post anything that would not be presentable in any public forum.
- iii. **Protect Relationships:** Staff shall assess the implications of “friending,” “liking,” “following,” or accepting such a request from another person when there is the potential for misinterpretation of the relationship or the potential of sharing protected information. Employees may not knowingly “friend” an individual currently receiving service from HealthWest without first discussing the relationship with their supervisor. This also applies to the individual’s caregivers and guardians.
- iv. **Maintain Transparency:** Be thoughtful about post content and potential audiences. Be mindful that what is posted will be public for a very long time. If the employee mentions HealthWest while engaging in social networking and also expresses political opinion or an opinion regarding HealthWest’s actions, the person must specifically note that the opinion expressed is his/her personal opinion and not the opinion of their employer. This is necessary to preserve the agency’s goodwill among stakeholders such as funding and regulatory bodies, referral sources, families, and others.

On personal social media, staff may consider use of a disclaimer such as, “The views I express on this website are mine alone and do not necessarily reflect the views, positions, strategies, or opinions of my employer.” This standard disclaimer does not by itself exempt employees, volunteers, and interns from accountability for social media posts.

- v. **Respect Agency Time and Property:** Staff shall participate in personal social media conversations/posts only on personal time. All HealthWest devices (i.e., company telephones, computers, and tablets) are property of Muskegon County and all activity is subject to review.
- vi. **Respect copyright laws, public record laws, plagiarism guidelines, and privacy protection laws.**



- vii. Any conduct that is illegal if expressed in any other forum is expressly prohibited.
  - viii. HealthWest logos and branding may not be used unless specifically authorized by the Executive Director or Customer Services staff.
- c. Assigned Staff Publishing on Behalf of HealthWest
- i. Obtain Approval: Any messages that might act as the “voice” or position of our agency must be approved by the Executive Director or Customer Services staff.
  - ii. Bring Value: Postings should be of value to readers, including content such as helpful information, agency events, and community resources.
  - iii. Obtain a Release: Post only pictures, testimonials, or other personal work (e.g., poems, etc.) for which a photo/video release has been secured.
  - iv. HealthWest Logo: Only authorized use of the logo, word mark, or any other branding images are permitted.
  - v. Be Timely: Customer Services shall regularly upload and monitor postings and content at a frequency that will not overload followers with information, but will provide sufficient notice as practicable.
  - vi. Be Accurate: Make sure that the facts are clear and have been checked before posting. It is better to verify information with a source first than to have to post a correction or retraction later. Cite and link to sources whenever possible to build community.
  - vii. Be Aware of Liability: Staff are responsible for content published on social media. Staff shall not make any deceptive, false, or misleading statements.
  - viii. Correct Mistakes: Be forthright and quick with corrections.
  - ix. Do Not Use Acronyms: Spell out the first use of an acronym.
  - x. Assure Security: Set and protect privacy settings to control access to agency-sponsored social media and help prevent spam.
  - xi. Endorsements: Do not promote, advertise, or endorse any political party or candidate.



- xii. Monitoring Comments: Monitor social media comments regularly and address concerns, deleting posts as necessary
- d. Staff must immediately report violations of this policy and procedure to their supervisor, manager, and/or member of the Executive Team.
- e. Staff who violate this policy and procedure are subject to discipline in accordance with agency policies.

XI. References:

- a. Guidelines for the Use of Social Media, University of Michigan, July 2010 (revised).
- b. Community Mental Health of Central Michigan Social Media Policy, January 2012 (revised).



# Michigan Online Reporting System for Mandated Reporters

Michigan Department of Health and Human Services (MDHHS) recently released the Michigan Online Reporting System for mandated reporters to submit complaints of suspected child abuse and neglect. MDHHS created the Michigan Online Reporting System for mandated reporters to submit non-emergency complaints of suspected child abuse and neglect. The benefits of submitting a complaint via the Michigan Online Reporting System include:

- Submit a complaint 24/7 from anywhere with internet access
- Save the reporter information so future reports are more quickly completed
- Avoid phone wait time
- Upload photos and documents with the complaint
- Save in-progress complaints and resume later
- View recently submitted complaints
- Receive an automatic email receipt that the complaint was received
- Skip completing the DHS-3200

When submitting a complaint through the Michigan Online Reporting System, be sure to provide all the complaint information as thoroughly as possible to allow Centralized Intake to fully assess the situation.

For cases which require an emergency response, please continue to call 911 and then the Centralized Intake Hotline at 855-444-3911 instead of using the Michigan Online Reporting System to submit a complaint. The Centralized Intake phone hotline will also remain available and fully staffed for those who prefer to call in their report. However, when calling a complaint into the hotline, MDHHS still requires a written report (DHS-3200) within 72 hours of the call.

Find more information regarding the Michigan Online Reporting System at [www.michigan.gov/mandatedreporter](http://www.michigan.gov/mandatedreporter).



# Mandated Reporter Portal FAQ

## 1. What is the Mandated Reporter Portal?

The Mandated Reporter Portal is a website for mandated reporters to submit complaints of suspected child abuse and neglect to Michigan Department of Health and Human Services.

## 2. How do I access the Mandated Reporter Portal?

Mandated reporters can submit a complaint regarding suspected child abuse or neglect using the Mandated Reporter Portal by going to [www.Michigan.gov/mandatedreporter](http://www.Michigan.gov/mandatedreporter).

## 3. What are the benefits of using the Mandated Reporter Portal?

- Complaints can be submitted anytime from anywhere
- Mandated Reporter's contact information will be saved for future use
- Complaints can be made immediately rather than waiting on the phone
- Mandated Reporters can attach documents to your complaint
- Mandated Reporters can view their submitted complaints for six months
- Using the Mandated Reporter Portal replaces the written report / DHS-3200

## 4. Do I still have the option to call the phone hotline?

The Mandated Reporter Portal provides a second option for reporting suspected child abuse and neglect. The phone hotline remains fully staffed, and there are certain emergency situations where the phone hotline may be the only option for reporting.

## 5. Are there situations when I must call in a complaint instead of using the Mandated Reporter Portal?

Yes, if a child is at imminent risk of injury, death or serious harm this is an emergency situation. In these situations:

- First, call 911.
- Second, contact the phone hotline at 855-444-3911.

If there is not sufficient information to complete the required sections in the Mandated Reporter Portal, Mandated Reporters should contact the phone hotline at 855-444-3911.

## 6. Will I still be required to complete a DHS-3200 form for suspected child abuse and neglect?

Complaints made using the Mandated Reporter Portal do not require submission of a DHS-3200. Complaints made by phone still require a DHS-3200 to be filed within 72 hours.

## 7. What is the average turnaround time expected for complaints submitted in the Mandated Reporter Portal?

Centralized Intake expects to reach an assignment decision on complaints within the same timeframes as complaints received through the phone hotline. This is typically within one to three hours but may take up to 24 hours.



**8. Who will review the complaint when it is received?**

Complaints received in the Mandated Reporter Portal will be reviewed in the same manner as complaints received from the phone hotline.

**9. How will I be notified that my complaint was successfully received in the Mandated Reporter Portal?**

A message in the Mandated Reporter Portal will indicate the complaint was successfully submitted. The Mandated Reporter will also receive an email which includes the Intake ID (Log #).

**10. Can a mandated reporter file a complaint using a smart phone or tablet?**

Yes. The portal can be accessed by smartphone, tablet or computer.

**11. Do mandated reporters have the option to attach pictures, reports and other supporting documents?**

Yes. File types which can be uploaded include png, jpeg, tiff and pdf. Microsoft Word documents will need to be saved as a PDF format to be attached to the complaint.

**12. Are there any Mandated Reporter Portal resources available?**

Video tutorials and other Mandated Reporter resources will be available at <http://www.Michigan.gov/mandatedreporter>.



# Guidance around Youth Peer Support Role



# What is YPS and What is Not YPS?

## What is Youth Peer Support?

A Youth Peer Support Specialist (YPSS) works with young people transitioning to adulthood, who are usually involved in a child-serving system (e.g., foster care, mental health) or experiencing a unique challenge. YPSSs are typically close in age with the young people they work with. YPSSs use their own lived experience with mental health and child-serving systems to relate and engage with the youth and young adults they serve. In their work together, YPSSs help youth/young adults identify goals and advocate for themselves. YPSSs achieve this through the following strategies:

### Building Hope

YPSSs use their lived experience with mental health to relate to the young people they are working with and show them that there is hope for a brighter future, even if things seem bleak in the present. The purpose of sharing one's lived experience is to empathize, relate, and inspire hope. When talking about their lived experience, YPSSs are very intentional about how and what they share so as to not discourage, overshadow, or mislead a young person. It is also important for the YPSS to remember that they are not a superhero, and are not expected to be a perfect role model or example of "what to do" for a young person. Rather, the YPSS can normalize feelings, thoughts, or situations that the young person might be experiencing, so the young person feels less alone or alienated by what they might be going through or experiencing.

### Strategic Sharing

When a YPSS talks about their lived experience, they only share parts of their story that are relevant to the young person, and do so in a way that supports youth and young adults to feel like they are not alone or show them that there is hope. The YPSS is careful not to share unnecessary parts of their story or share in such a way where they monopolize the conversation or divert attention from the youth/young adults and their goals. The YPSS also needs to be conscientious of their own triggers and vulnerabilities while sharing their story, and should ensure that they take care of themselves as this can be sensitive. Doing strategic sharing well can be tricky and is a competency that requires training, coaching, and supervision.

### Shared Understanding

The YPSS is able to empathize with the young people they support through shared understanding. The YPSS is able to draw on their own experience to relate to the young people they are working with, even when they do not share the same experience as a particular young person.





### **Affirmation**

The YPSS helps young people identify their goals, and offers validation. They affirm the young person's goals and ideas by helping them explore the situation, identify a plan, and come up with action steps. The YPSS consistently checks in about goals and plans, and affirms the youth/young adult's perspective by supporting them to pursue and/or change their goals. The YPSS can support the youth/young adult to advocate for their wants/needs with their treatment team and supports.

### **Normalization**

The YPSS helps the youth/young adults they serve feel less isolated by reminding them that there are other people with experiences similar to their own. The YPSS does this through sharing their own story, validating the youth/young adult's feelings, offering shared understanding, and destigmatizing the young person's experience.

### **Destigmatization**

Young people who have been involved in systems often internalize stigmatizing beliefs about themselves. By normalizing the youth/young adult's feelings and sharing some of their own struggles and successes, the YPSS helps to challenge these stigmatizing labels and assumptions about young people who have systems experience. YPSSs challenge stigmatizing beliefs by exemplifying competency and resilience. YPSSs can model a strengths-based and Family-Driven, Youth-Guided approach.

### **Relationship Building**

The YPSS builds relationships with youth and young adults through rapport building. This includes tapping into their peerness\* by relating to youth culture; talking with the youth/young adults one on one; learning about the youth/young adult's interests, goals and experiences; sharing parts of their own story; and (most importantly) listening to the youth/young adult and affirming their voice. By building a healthy relationship with a young person, the YPSS supports them in gaining skills to build and maintain new relationships in life. Furthermore, by building a trusting relationship, the YPSS is able to help the youth/young adult identify their strengths and use those as tools to meet their needs and accomplish their goals.

*\* Peerness: YPSSs are peers, meaning that they are near the same age of the young people they work with. This allows them to share their "peerness" and engage in conversations around youth culture and have similar knowledge and experience with things like media, pop culture, technology, etc.*

### **Individualized Support**

The YPSS acknowledges that each youth and young adults they work with has a unique set of strengths, needs, and goals. Considering this, the YPSS uses different methods to support youth/young adults as needed, and relies on their relationship building skills to learn more about the young person and what kind of support they would like. YPSSs help to "build a bridge" so that young people can better connect with their providers or connect with new supports. In doing so, the YPSS uses individualized approaches to help young people connect with their professional team members and other resources.



It is **not** the role of the Youth Peer Support Specialist to...

### ...Be a superhero

It is not the role of the YPSS to provide crisis intervention or de-escalation to the youth/young adults they support. These skills are not a part of their trained role and could potentially create confusion around the Youth Peer Support role, both for the youth/young adult and other providers. YPSSs should discuss their role with the youth/young adults they serve upon their first meeting to communicate role and expectations. This is also a great opportunity for YPSSs to discuss who a youth/young adult could reach out to during a crisis. Youth Peer Support Specialists can support and empower youth and young adults to have voice in the creation of a safety plan with their therapist or other provider. Although YPSSs can debrief with the youth/young adult post-crisis, the YPSS should not be expected to represent perfection, have all of the answers, or be seen without flaws; rather they should demonstrate that mental health is an ongoing process and normalize this for the young people they work with.

### ...Be their therapist

YPSSs help youth/young adults through difficult situations, and through relationship building speak with youth/young adults about difficult topics and feelings. While there may be a therapeutic element to their role, it is important to remember that YPSSs do not have a professional clinical background and should not be making clinical decisions for the young person. Instead, they should be supporting the youth/young adults to identify and connect with resources that may work for them (clinical or not) and working with them to identify goals and strategies for achieving their goals.

### ...Tell them what to do

YPSSs are charged with helping youth/young adults make decisions for themselves by helping them identify their goals and strategies for achieving them. The YPSS should not make suggestions or be discouraging regarding a young person's goals or ideas. It is also not the YPSS's job to persuade the young person to do what the adults in their life want them to do; rather they should assist the young person in talking to the people in their network about the goals that are important to them.

### ...Be their spokesperson

It is not the YPSS's job to speak for the youth/young adult. Instead, the YPSS should plan with them around how they would like to communicate important matters to the adults in their life, and what kind of support (if any) they need to do that. The YPSS understands the importance of learning through experiences.

### ...Be the resource

Youth and young adults often look to their YPSS for answers, and it can be easy for the YPSS to become their main resource for answers. It is important for the YPSS to uphold their boundaries and help the youth/young adult identify and connect to resources rather than being the sole resource to meet their needs. The YPSS does this by providing the appropriate amount of support depending on the youth or young adult's needs, and helps the young person discover what resources are a good fit for them.



### **...Be the star**

It is a part of the YPSS's job to share parts of their story with young people so they can see that someone with shared or similar lived experience has successfully overcome some obstacles, and thus find hope to do the same. It is extremely important that YPSSs only share their story when it helps the young person, and does not overshadow or draw attention away from the young person's ideas or goals. It is also important that the YPSS not compare the youth/young adult's experience to their own, but recognizes them as separate journeys.

### **...Be their chauffer**

YPSSs work in the community with young people, and often are present when a young person has a meeting or an important event. While there may be times when YPSSs drive young people, they should not be expected to be their primary source of transportation to meetings, one-on-one visits, etc. Instead, the YPSS should explore transportation options with the youth/young adult and make sure they have plans to get to places they need to go.

### **...Be their babysitter**

Often times adults involved in a young person's life will want their YPSS to "watch" them during unsupervised time. It is important for the YPSS to clarify that while they spend one-on-one time with youth or young adult, it is not within their role to monitor or discipline them. Other providers would not be asked to babysit youth, and neither should YPSSs.

### **...Be their friend**

YPSSs build unique relationships with youth and young adults that are built on trust and mutual respect, but there are clear boundaries in place that allow them to work on specific goals. While YPSSs are friendly, they are still mandatory reporters, professionals, and have a code of ethics they are expected to abide by. YPSSs work with young people to support them to build their own support network and connect to the community so they can build long lasting friendships of their own.

### **...Police them**

YPSSs are agents of hope who help youth and young adults build skills by affirming their voice, helping them identify goals, and working with them to come up with plans to achieve their goals. None of this is accomplished through disciplinary, coercive, or shaming strategies. Sometimes, adults involved in a young person's life will want the YPSS to change the youth/young adult's behavior or report on what the youth/young adult is doing, which is not the YPSSs' role.

*Adapted from: Welch, M-B., Baird, C., & Seibel, C. (2017). What Is Peer Support and What Is NOT Peer Support? Portland, OR: Research and Training Center for Pathways to Positive Futures, Portland State University.*



# Family-Driven, Youth-Guided with YPS

**Family-Driven** means that families have a primary decision making role in the care of their own children as well as the policies and procedures governing care for all children in their community, state, tribe, territory and nation.

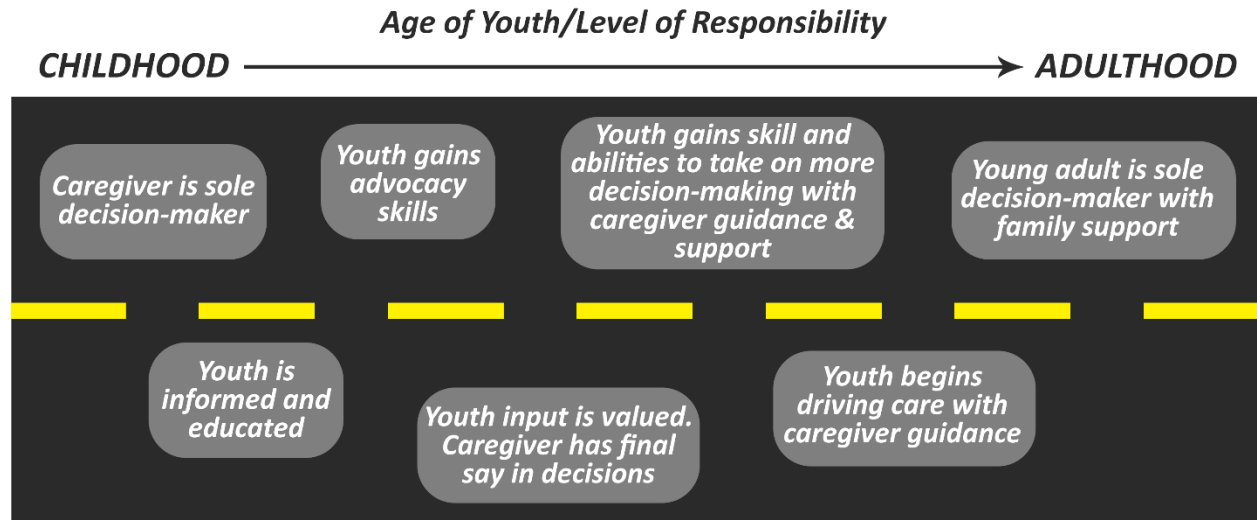
**Youth-Guided** means that youth are supported in becoming advocates for themselves and having a voice that is heard. Youth's perspective is solicited, valued, and incorporated into their care.

Youth Peer Support is a Family-Driven, Youth-Guided service with an emphasis on supporting youth served to feel empowered in sharing their thoughts, opinions, and taking part in decision-making. The following are some guidelines to ensure that Youth Peer Support Specialists and the agencies they work within maintain a Family-Driven, Youth-Guided approach.

- Documentation should employ youth- and family-friendly language (ex: pre-plans, treatment plans, referral forms, consent forms) even if documents are internal agency-use only.
- Avoid using terms that could come off as dehumanizing or belittling such as “client,” “consumer,” “kiddo,” etc. Describe individuals as “youth” or “young adults.”
- YPSSs should empower youth/young adults to play an active role in decision-making in their treatment and prepare them for entering adulthood and becoming the sole decision maker while still honoring parent/primary caregivers voice.
- Use strengths-based language. Avoid placing blame or making negative remarks about youth/young adults or families to them or other providers. The use of strengths-based language is a powerful tool in reducing stigma and supporting youth/young adults and families to reach their goals based on their strengths
- YPS role and boundaries should be clear and understood by youth/young adults receiving services and their families as well as other service providers. This will ensure that YPSSs don't fall into tokenism or expectations to provide support outside of their area of expertise.
- Some agencies may require clinical trainings such as Motivational Interviewing and Crisis Intervention for all staff. It is important to bear in mind that these kinds of clinical trainings can actually conflict with foundational elements of the YPS role. Supervisors should provide support for YPSSs to stay within the boundaries of their role.



# YPS in the Family-Driven, Youth-Guided Process



*Y PSS provide direct support, information sharing, and skill building to facilitate youth in gaining ability to communicate and self-advocate to successfully drive their own care with family support.*



# Supervising YPSSs Around the YPS Role

Relationship building is an essential skill for the Youth Peer Support Specialist. The YPS supervisor can support the YPSS to build the right-sized relationship with the youth and young adults that they support. The YPS supervisor can also be a support for the YPSS as they begin practicing strategic self-disclosure. Since this skill takes time and practice to hone, it should be a regular topic in supervision. The following tips can guide YPSSs as they begin working with youth and young adults in building effective relationships and sharing their stories strategically from within their role.

## *Characteristics of an Effective YPS Relationship*

- Youth/young adults feel understood, valued, and supported
- YPSS empowers youth/young adult to forge their own path, make their own mistakes, and allows them space to learn
- YPSS is genuinely interested and encouraging
- YPSS does not judge or provide advice
- YPSS provides support, validation, and normalization through the lens of someone with lived experience
- YPSS is transparent about role and boundaries and encourages youth/young adult to share their boundaries with them
- Empowerment and authentic connection are top priorities
- Engagement is an ongoing process

## *Tips for Effective Self-Disclosure for YPSSs*

- Self-disclosure is about getting your story in a way that will do the listener some good
- Sharing is done to build a sense of possibility in the person being supported, not a sense of sharing misery
- If you're sharing for you, don't do it. If you're sharing to support the youth peer, do it
- Always be clear about why you are sharing what you're sharing
- Recognize that your relationship with the story may change over time; take care of yourself
- Remember that if you've met one youth, you've only met one youth
- If you find yourself sharing the same thing over and over, it's time to do some self-reflection
- You don't have to share just the things that turned out well, connection can be a powerful healer by itself
- Continue to work on improving: change timing, content, approach and anything else that will make you a more effective YPSS



### ***Strategic Storytelling Spot Check for YPSSs***

- What is the purpose of my sharing? Is it related to hope, empowerment, or validation?
- Am I holding a strengths-based, non-judgmental point of view in my message?
- Is my motivation for sharing to benefit the youth?
- Is what I'm sharing relevant to what the youth is going through?
- Is this the right time to share my story?
- Is what I'm about to share crossing any of our established boundaries? Does it contain any sensitive or triggering topics that I should be careful with?



# Goal Setting

A core aspect of the work that a Youth Peer Support Specialist does involves supporting a youth/young adult to set goals and work toward achieving them. The youth or young adult drives the goals, and the Youth Peer Support Specialist supports them in reaching them.

Youth Peer Support Specialists are involved in the treatment planning process and work collaboratively with others in the youth/young adult's treatment team. This can help to support youth voice. A Youth Peer Support Specialist can function in supporting the youth/young adult preparing for the treatment plan or Wraparound meeting and debriefing afterward.

Goals should be written in a way that fits the youth/young adult and family's needs. Goals for Youth Peer Support services should be broad enough for Youth Peer Support Specialists to utilize the whole spectrum of their skills, abilities, and functions, as appropriate.

Youth Peer Support Specialists may feel pulled to step outside of their role. A common pitfall that a Youth Peer Support Specialist may experience, is that they can be pulled into different roles. It is imperative that they are supported in maintaining their role as a unique member of the youth/young adult's treatment team and interventions should be written with clear intention that supports this role and service. The goal writer should be familiar with the service and the role that the Youth Peer Support Specialist will play in the youth/young adult's treatment.

In order to provide high quality Youth Peer Support service, Youth Peer Support Specialists will want to always keep their role and boundaries in mind. When writing goals, it is important to think about the key functions, guiding tenants, P.E.E.R., and strategic storytelling.

## *Guiding Tenants*

- **Non-Judgmental Support:** Providing direct support based on building a relationship of shared partnership, strategic self-disclosure and finding common experiences that build connections between the YPSS and the young person involved in services. YPSSs are unbiased supports, dedicated to supporting youth to make their own decisions.
- **Connection through Lived Experience:** YPSSs share their stories to build a strong relationship based on trust and understanding. The goal of strategic self-disclosure is to reduce stigma and promote hope and resiliency.
- **Supporting Self-Advocacy:** Empower youth/young adult to build skills related to self-advocacy, resiliency, voice, and choice. YPSSs help prepare and encourage youth/young adult to meaningfully guide their lives and treatment through a trusting and supportive peer relationship.





### ***P.E.E.R.***

- **Partnership:** The foundation of effective YPS is one based on equal partnership. YPSSs should build strong connections and relationships based on mutual respect and strategic self-disclosure with the youth and young adults they support.
- **Engagement:** An effective Youth Peer Support Specialist seeks to continuously engage with the youth and young adults they are supporting. YPSSs connect in order to build trust and impart a sense of hope and future for youths' lives.
- **Empowerment:** YPSSs must be committed to the concept of youth empowerment. YPSSs support youth and young adults in building confidence, self-advocacy skills, and decision-making abilities.
- **Relationship:** YPSSs build relationships that are fundamentally thoughtful and incorporate strong boundaries. YPSSs support youth and young adults to build relationships with their team and other supports to facilitate access to tools and resources based on their needs and preferences.

### ***Strategic Storytelling***

Those who elect to work as Youth Peer Support Specialists agree to share their personal story with others. Strategic storytelling is an essential piece of Youth Peer Support. It is one of the key aspects that differentiates Youth Peer Support from other services. The main goal of a Youth Peer Support Specialist is to share their story in order to build a meaningful and affirming relationship with youth and young adults as well as inspire hope and to empowerment.

### ***Key Functions***

- Promote awareness and acceptance about behavioral health issues while reducing stigma
- Share their experiences in a way that helps other young people currently receiving services to make good use of their services
- Support a sense of empowerment allowing you people to have influence over the services they receive
- Build bridges between youth/young adults, families, and other community members
- Empower young people to develop skills through peer support, shared information, and building connections
- Model a sense of hope and expectancy primarily with youth/young adult but with other individuals involved in providing services to youth with SED and young adults with SMI
- Encourage youth/young adult participation and ownership in services and system activities



# Youth Peer Support Sample Goals, Strategies, Interventions, or Objectives

The Youth Peer Support (YPS) Medicaid service must be identified in the plan using a Family Driven Youth Guided process with amount, scope and duration defined as appropriate by shared decision making with youth/caregiver(s), Youth Peer Support Specialist (YPSS), and clinician.

The YPS service may be defined in the child/youth/family plan as a broader goal or as a strategy, intervention or objectives under another goal. Each CMHSP may approach plan development differently but must ensure a family driven youth guided process.

## Considerations

- Ideally developed with youth, caregiver(s) and Youth Peer Support Specialist (YPSS)
- YPSS will actively collaborate with youth and treatment team to support youth voice in setting goals related to their mental health journey
- Must be individualized for the unique youth/family need
- Incorporate the role of lived experience of the YPSS
- Meeting frequency will be determined jointly by youth, caregiver(s), YPSS, and clinician with strong consideration for family needs and preferences.

## Starter Samples

- YPSS will empower youth to \_\_\_\_\_.
- YPSS will support youth to build relationships with caregivers and members of the treatment team.
- By sharing their own experiences, YPSS will help empower youth to convey their vision and thoughts to others involved in their lives.
- YPSS will empower youth to build skills through guidance and support of the treatment team.
- YPSS will empower and support youth in finding their voice at family team meetings (Wraparound, IEP, etc) through preparation and debriefing.
- YPSS will work with youth in gaining the skills and knowledge needed for a successful transition out of youth services.
- By sharing their lived experience, the YPSS will partner with youth to identify and problem solve how to build natural supports.
- YPSS will empower youth to identify supports they may need to feel successful in school, community and at home.
- YPSS will use their story to provide hope and encouragement to youth.



# Providing Youth Peer Support to Younger Youth

## ***Things to Consider:***

- No lower age restriction specified in Medicaid language: However, YPS is Intended for middle school - high school age youth and young adults up to the age of 26.
- What are the goals in the plan?
- How is the YPSS using their lived experience to support the youth/young adult? It is more than just engagement- strategic sharing and peer connection play an important role.
- Could this need be met by another provider?
- Understand that this role is different from a mentor, teacher, CLS worker, Respite, therapist, etc.
- How is the relationship with the youth/young adult a partnership, with shared experience being a core feature of the peer to peer relationship? Example- working side by side as opposed to “leading”
- How does empowerment come into play?
- Be mindful of what skill building looks like in the peer-to-peer relationship. The YPSS uses their lived experience to form a connection with the youth/young adult in the skill building process. It would be difficult to work with younger youth on these kinds of skills- Example- fully participating in meetings, self-advocacy, etc. It is about supporting youth/young adults to be independent and confident using their voice.

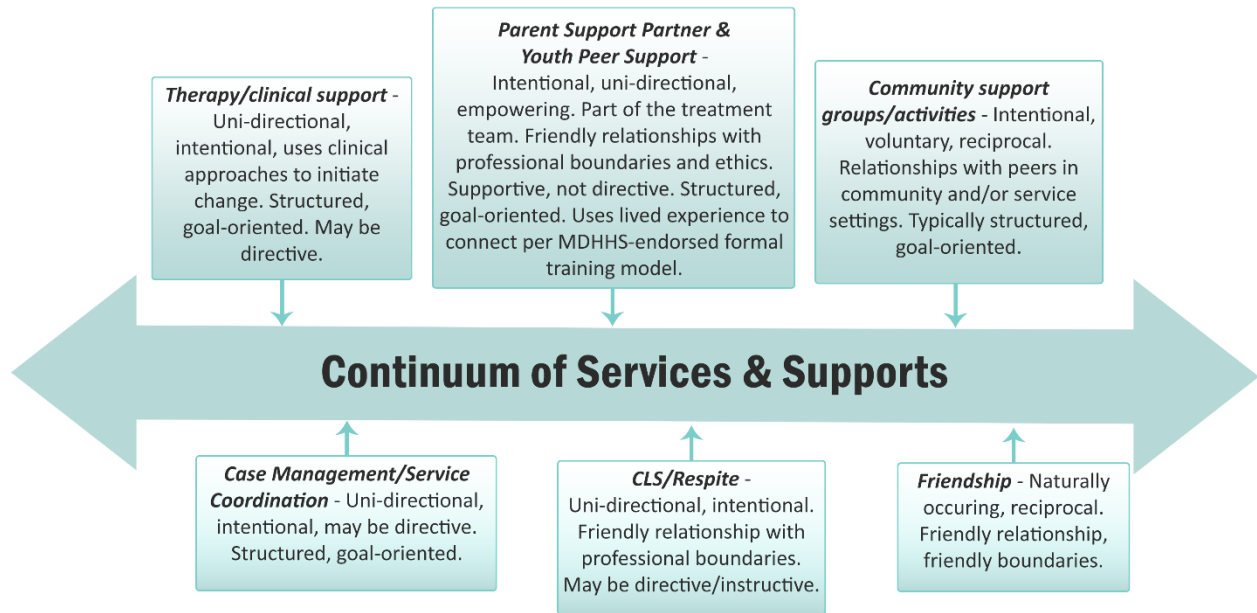
## ***Medicaid Language:***

Consider the areas that YPS is intended to assist with. How does the age of the youth come into play?

- The goals of Youth Peer Support include supporting youth and young adults by building a strong relationship based on mutual respect and strategic self-disclosure to increase hope, confidence, self-advocacy skills, and decision-making abilities.
- In accordance with the goals in the youth or young adult’s plan of service, Youth Peer Support Specialists promote hope and acceptance by sharing their story of lived experience to reduce stigma and increase youth voice and ownership in services.
- Youth Peer Support Services assist and prepare youth and young adults to successfully navigate challenges, support opportunities for youth/young adults to have a voice in planning and decision-making, empower youth/young adults to communicate wants and needs to those involved in their lives, and encourage participation in services and daily activities.



# YPS on the Continuum of Services & Supports Available to Youth and Families



Association for Children's Mental Health 12/3/2019



# Transitioning Youth/Young Adults out of YPS Services

A significant element of the YPS role is to encourage and empower a youth/young adult to begin forging their own path of resiliency and wellness. The phrase “working yourself out of job” is frequently used throughout the course of training because it encapsulates this aspect of the work. In partnership with the treatment team and in accordance to the Individualized Plan of Service, a YPSS and youth/young adult will work together to seek out the tools needed for the youth/young adult to become less dependent on the Youth Peer Support Specialist and prepare for adulthood. This can be achieved in a variety of ways, such as supporting youth/young adult to seek out and foster natural supports, practice self-care, and increase their ability to use their own voice in guiding their lives and treatment.

As Medicaid service providers, it is best practice and within fidelity to model for YPSSs to end their relationship with youth/young adults upon discharge. Understandably, this may be difficult for both the youth/young adult and YPSS. By committing to ongoing communication and clarification of their role and boundaries as a service provider, the YPSS can set up a positive and productive time-limited relationship, and avoid any confusion or false expectations. Some youth/young adults may benefit from continued connection to the agency and the YPSS for ongoing leadership opportunities, employment and community involvement. If it is in policy with the agency, it is recommended in these cases that communication take place through the agency, rather than the YPSS acting as a natural support.

Working together to seek out appropriate services and community supports is a great way to ease out of Youth Peer Support services. A YPSS can support this transition by working in collaboration with the youth/young adult to obtain information about what is available in their community. A warm transfer or going to a group or program together to check it out may be beneficial.

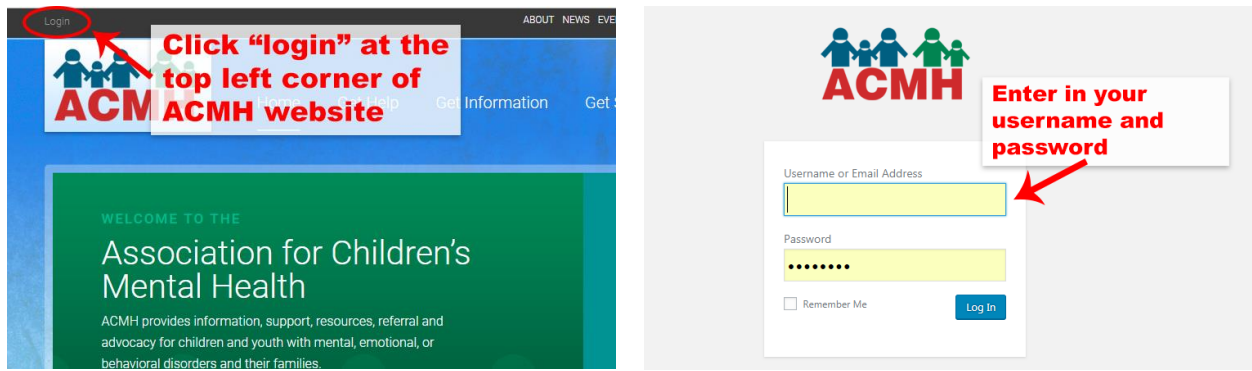


# Accessing the YPS Portal

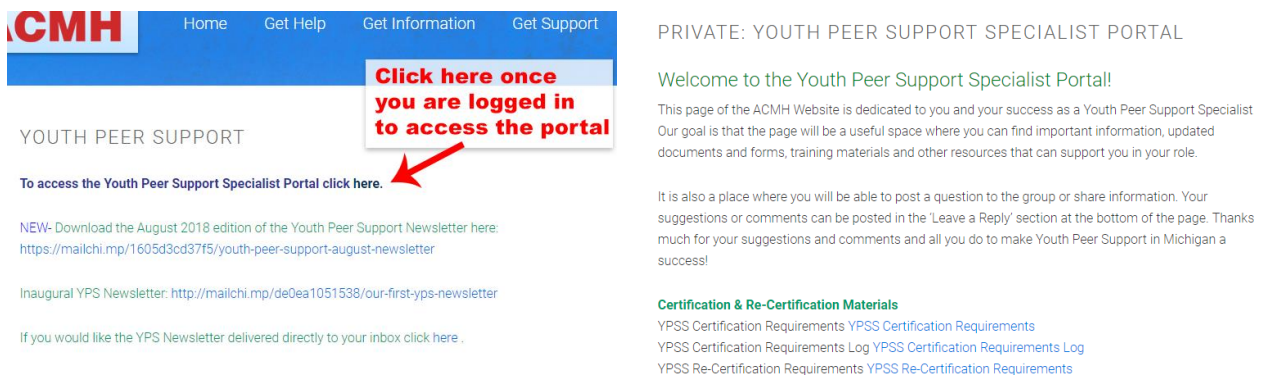
As a new Youth Peer Support Specialist, you will have access to the members-only YPS Portal. ACMH created this private 'Y PSS members-only' page as an additional resource to Y PSSs and their Supervisors. Our goal is that the page will be a useful space where you can quickly find important information, updated documents and forms, training materials and other resources that can support you in your role.

Within a week of completing your three-day training, you will receive an email from the ACMH website with a username and a link to set your password which are needed to login on the ACMH website and access the Youth Peer Support Portal.

In order to access the portal, you will first have to log in by clicking the “login” button at the top left corner of the ACMH website. Enter in your username and password, then click “Log In.”



Once you are logged in, navigate to the Youth Peer Support page at <http://www.acmh-mi.org/get-information/acmh-projects/youth-peer-support/> or by clicking the direct link at the top of the ACMH website. At the top of this page you will see a link to the portal. From here you will be able to download training documents and resources!



If you do not receive the email or are unable to access the page please feel free to contact Terri Henrizi, ACMH Website Administrator at [THenrizi@acmh-mi.org](mailto:THenrizi@acmh-mi.org), Krissy Dristy at [KDristy@acmh-mi.org](mailto:KDristy@acmh-mi.org), or Sara Reynolds at [SReynolds@acmh-mi.org](mailto:SReynolds@acmh-mi.org). (email addresses are not case sensitive)

We hope you find the portal a useful resource for your work!

# Frequently Asked Questions

1. **I have several people in my community who I think would be good for the job. Can I send them to the training and hire the person who I think is right for the job based on how they do in the training?**
  - a. No, this is not possible in Michigan. One of the requirements to attend the training is to be hired by the local Community Mental Health Service Provider or contract agency. This allows the training that we've developed to start focusing on building strong skills from day one with the expectation that attendees will be able to put those skills to use immediately after completing the training.
2. **Is it okay to ask about age in an interview? Our agency doesn't discriminate by age, creed, color, etc. and won't we get in trouble?**
  - a. It is important to work with your Human Resource Director about this issue. When peers were first being hired this was of great concern to HR Directors but as more and more states have required peers to be hired, organizations all over the country have been able to hire based on lived experience including age. At this point it seems that if it's a requirement of the job then it's okay to confirm that applicants have these characteristics. But again, check with your HR Director.
3. **I have a worker who is young and is great at relating to young people. They never received behavioral health services but did say that they experienced some substance abuse issues their freshman year of college. Do they qualify?**
  - a. The design in Michigan is that in order to be hired to provide Youth Peer Support services, the Youth Peer Support Specialist should have direct experience receiving services. The intent of Youth Peer Support is to hire young people with direct lived experience to support other young people who have been in their shows. Changing staff roles because a new services is available in this way is likely to undermine the intent of Youth Peer Support.
4. **Can YPS be provided in a group?**
  - a. No, YPS cannot be provided in a group setting. A Youth Peer Support Specialist may, at the request of their agency, facilitating a non-YPS group, however, the provider would be not wearing their YPSS hat during that time, and therefore, not able to bill for this group under the YPS Medicaid code. Role confusion may occur if a YPSS is providing YPS services to a youth or young adult that participates in a group that is co-facilitated by that same provider, so this is generally advised against.



5. **I'm not sure what to do with a Youth Peer Support Specialists when they "age out." Should I just move them over to adult peer or Parent Support Partner services when they turn 29?**
  - a. It's never too soon to start thinking about career ladders when Youth Peer Support Specialists are hired. Some Youth Peer Support Specialists will likely make the leap to becoming adult peer providers, provided they meet the requirements for that role. Others may choose to pursue educational avenues and take on other roles in your organization. Other options may include creating a role for a lead Youth Peer Support Specialist as they begin to age out. Whatever their choice is, the important thing for an employer of individuals in this role is to find opportunities to grow and move on rather than simply being moved out. The experience of a YPSS is valuable and can be applied in other ways after the young person reached their 29<sup>th</sup> birthday.
  
6. **Why can't we use Youth Peer Support Specialists as outreach specialists designed to get kids to buy into our treatment plans? It seems like that would be a good use of the resource.**
  - a. Youth Peer Support is designed to provide a sense of connection and acknowledgement by having individuals with similar experience share, listen and understand. While some Youth Peer Support Specialists may be very skilled at "getting through" to the young person, the point of Youth Peer Support is to understand and connect rather than moving a young person in a certain direction even if we think that direction may be good for them. It's important to consider that if a young person isn't "on board" with a treatment plan, the treatment plan may need to be amended rather than the young person.
  
7. **Do we need to recruit for and hire Youth Peer Support Specialists who have gotten past their problems? It seems like if we don't there may be issues that come up with them on the job.**
  - a. Youth Peer Support Specialists are hired because of their ability to relate rather than their ability to function as a role model. If a Youth Peer Support Specialist is living with a diagnosis, the chance of "getting past" that diagnosis is unlikely. Don't make the mistake of hiring a Youth Mentor, look for young people who can relate to the young people they will be supporting and prepare yourself to help find a way for Youth Peer Support Specialists to manage their own situations.
  
8. **We would like our Youth Peer Support Specialists to work on creating a youth day for the community. Is there anything wrong with that?**
  - a. There is nothing wrong with this at all but it is not billable as a Youth Peer Support service. Youth Peer Support requires that individuals be supported by a Youth Peer Support Specialist trained in the Michigan model. This service can be offered both individually and in group and should be based on building a relationship of mutual respect, acceptance and connection through structured self-disclosure. It is possible that you might have some Youth Peer Support Specialists bill for any group work on the day of the event itself for if Youth Peer Support Specialists are available to provide support to youth participating in your youth day.





9. **Our community has a long history of hiring youth leaders and giving them a budget for youth involvement activities. Can we now bill Medicaid for that?**
  - a. Youth Involvement and Youth Peer Support are two different things. Every local community should be investing in Youth Involvement in time, money, resource and personnel commitments. This is because Youth Involvement is an essential component of good System of Care operations. Youth Involvement is a part of the infrastructure of any good System of Care. Youth Peer Support, however, is a service that can be tied to individuals. While the two are linked, they are different. It is possible to have a system with maximum Youth Involvement and no Youth Peer Support and vice versa. If you have a history of investing in Youth Involvement, we recommend you protect your investment by continuing that funding and using your resources to seed out high quality Youth Peer Support
  
10. **We have one youth who is saying he doesn't want a Youth Peer Support Specialist but the clinician and everyone else agrees that this would be a good option for this young man. What do we do?**
  - a. Youth Peer Support providers should be allowed to reach out and engage youth/young adults rather than requiring staff to make this decision. While anyone can refuse the service, some sites have seen unusually high turndown rates when other staff describe the service. Consider building in ways for Youth Peer Support Specialists to reach out and connect with young people directly so that they can answer any questions that the young person may have as well as making sure they are developing an understanding that young person. If you're selling too hard, the youth is likely to recognize that as well.
  
11. **I'm concerned about boundaries with Youth Peer Support Specialists. What words of wisdom do you have for us on this issue?**
  - a. Youth Peer Support Specialists will have a different set of boundary expectations than other mental health professionals. The work is designed to be friendly, led by youth being supported and based on mutual self-disclosure. During training, Youth Peer Support Specialists spend a lot of time focusing on understanding boundaries between themselves and youth/young adults as well as other professionals that they will be engaging with. Youth Peer Support Specialists are taught to use their story strategically – in a way that creates connection between themselves and youth/young adults. Youth Peer Support Specialists are not friends or babysitters, and on the other side of the coin, they are not case workers or advocates. It is a fine line that Youth Peer Support Specialists must walk, but they will be well prepared through training, coaching and technical assistance to set up appropriate boundaries with youth/young adults and other professionals.



12. **Can Youth Peer Support be provided to a family simultaneously with other services such as Wraparound, therapy, or Parent Support Partner?**
- a. Yes. In the code chart under Peer Directed it states that: “A youth peer specialist can only report a face-to-face service with a consumer using the H0038-WT or the H0038-WT-TT codes. The youth peer can also report H0038-WT or H0038-WT-TT if they are face-to-face with youth while another provider is working separately with the family. This type of situation will occur only in home-based (H0036 HS), or family psychotherapy 90846 HS 90849 HS or S5111 HM Parent Support Partner.”
13. **Can Youth Peer Support be provided in schools?**
- a. Medicaid Behavioral Health Services can be provided at school. Previous guidance from MDHHS states that: “Medicaid and the Centers for Medicare and Medicaid Services (CMS) are concerned that Medicaid not pay for services that are the responsibility of other service systems such as special education services. We would encourage that most PIHP behavioral health services not be provided during the school day, since it could be disruptive to the child’s education or if provided during school hours might be construed as a service the schools should be providing. However, the delivery of services should be based on the child’s individual plan of service and coordination with the school. Also, provision of mental health services such as Wraparound meetings, home based and case management contacts can occur in a community setting like a school. As you know, collaboration between the schools and CMH is part of the Safe Schools/Healthy Students Grant and the Project Aware Grant which focus on identifying children/youth in school who need mental health treatment and refer them to the CMH for services. Both the contract with the PIHPs and the Behavioral Health and Intellectual and Developmental Disability Services and Supports Chapter of the Medicaid Provider Manual does not prohibit the delivery of services in schools and actually encourages the provision of services in community based settings.”
14. **Can you provide Youth Peer Support to youth/young adults that are court-ordered to receive CMH services?**
- a. Previous guidance from MDHHS states that: “Courts do order youth into community mental health services but this does not mean that the youth meets CMH eligibility criteria or medical necessity criteria for services. Additionally, child, parent or caregivers must consent to these voluntary mental health services. If a family is court ordered to a service and do meet eligibility for that service, CMH can assist the family in exploring the pros and cons of making an informed decision about whether they want the service or not. Even if a service is court ordered, the service is voluntary but choosing to not accept the service can come with potential consequences. The role of the YPSS/CMH is to empower the youth, help them to think through their decision and represent parent/child/youth voice and choice in the best light possible.”