

Organizational and Agency Readiness Review

Are You Ready for Youth Peer Support?

Michigan Department of Health and Human Services
Association for Children's Mental Health

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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have identified the characteristics that would make an individual a strong candidate to become a Youth Peer Support Specialist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I will support Youth Peer Support Specialists full participation in the MDHHS Youth Peer Support state training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have identified champions for Youth Peer Support within our programs, agency and administration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I will involve youth and family voice in the hiring and interviewing process for Youth Peer Support Specialists.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have interview questions regarding the applicant's ability to self-disclose about their lived experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have strategies to assist staff in becoming active allies of Youth Peer Support Specialist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have selected a supervisor who can support, empower and directly supervise individuals hired to provide the Youth Peer Support service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have strategies to orient newly hired individuals to our organization and culture.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am prepared to support individuals hired to grow and develop in their Youth Peer Support Specialist role and as an employee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hiring, Interviewing and Training Readiness	YES	NOT SURE	NOT YET
I have worked with Human Resources to develop a process for recruitment including posting ads and reaching out in nontraditional ways.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have considered workplace accommodations due to the young person's needs while still maintaining high expectations for performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have worked with staff to assure that they are understanding of and supportive of high quality Youth Peer Support services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Program Readiness	YES	NOT SURE	NOT YET
Consideration has been given to the where in the organizational/agency that Youth Peer Support services will be housed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff in this program/unit is aware of how Youth Peer Support can enhance their work and outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This program/unit is prepared to provide the Youth Peer Support Specialist with a supportive environment necessary to do their work and open communication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The program/unit supervisor will assure a regular supervision schedule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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