

Service: Youth Peer Support-Individual

Service Definition

Youth Peer Support-Individual (YPS-I) is a strength-based rehabilitative service provided to youth who are living with a mental health, substance use and/or co-occurring health condition. The one-to-one service rendered by a CPS-Y (Certified Peer Support – Youth) practitioner models recovery by using lived experience as a tool for the service intervention within the scope of their knowledge, skills and education. This service intervention is expected to increase the targeted youth's capacity to function and thrive within their home, school, and communities of choice. The service exists within a full family-guided, youth-driven system of care framework and enables response to the needs of the youth across several life domains, incorporating formal and informal supports, and developing realistic intervention strategies that complement the youth's natural resources and environment.

The services are geared toward promoting self-empowerment of the youth, enhancing community living skills, and developing/enhancing natural supports. The following are among the wide - range of specific interventions and supports which are expected and allowed in the provision of this service:

1. Promoting a service culture of respect, wellness, dignity, and strength, by changing the labels which have emerged in the system and seeing young persons as individuals who can achieve full, rich lives on their own terms;
2. Facilitating the process for the youth in his/her exploration of strengths and supports of wellness/resiliency/recovery and ultimately supporting the youth/family voice and choice in such activities as self-advocating for needs/preferences, assuming the lead roles in multi-disciplinary team meetings, holding accountability for his/her own health/wellness/recovery, etc.;
3. Drawing upon their own experience, helping the family/youth find and maintain hope as a tool for progress towards recovery;
4. Assisting the youth in identifying the tools of wellness/resiliency/recovery available in everyday life;
5. Creating the opportunities and dialogues to explore behavioral health, what wellness is for the specific youth and his/her family, so that the individual can define and articulate wellness and create plans which strengthen their recovery and resilience;
6. . Listening to the youth and family's needs and concerns from a peer perspective and offering suggestions and alternatives for youth engagement in planning and self-direction process.
7. Assisting the youth and family with the acquisition of the skills and knowledge necessary to sustain an awareness of their youth's needs as well as his/her strengths and the development and enhancement of the family's unique problem-solving skills, coping mechanisms, and strategies for the youth's illness/symptom/behavior management, and relapse prevention.
8. Building the youth and family skills, knowledge, and tools related to the identified condition/related symptoms/triggers so that the family/youth can assume the role of self-monitoring and self-management.
9. Through positive collaboration and relationships, promoting access and quality services for the youth/family by assisting with accessing strength-based behavioral health/health services, social services, educational services and other supports and resources required to assist the family unit to attain its vision/goals/objectives including:

- a. Creating early access to the messages of recovery and wellness.
 - b. Helping the family identify natural supports that exist for the youth.
 - c. Working with youth/young adults to access supports which maintain youth in the least restrictive setting possible.
 - d. Working with the youth/young adult to ensure that they have choices in life aspects, sustained access to an ownership of their IRP and resources developed.
 - e. Working with youth/young adult to provide adequate information to make healthier choices about their use of alcohol and/or other drugs.
 - f. Working with the provider community and other practitioners, the CPS-Y promotes the youth to self-advocate to:
 - i. Develop responsive and flexible resources that facilitate community-based interventions.
 - ii. Create a person-centered, recovery-oriented system of care plan that correspond with the needs of the youth/family.
 - iii. Acknowledge the importance of Self Care, addressing the need to maintain whole health and wellness. This should include support in building "recovery capital" (formal and informal community supports).
 - g. Assisting with identifying community and individual supports (including friends, relatives, schools, religious affiliations, etc.) that can be used by the youth to achieve his/her goals and objectives.
 - h. Assisting the youth and family participants as needed in coordinating with other youth-serving systems (or at a certain age, collaboration, and engagement with adult-serving systems) to achieve the family/youth goals.
10. Provide resources and educational materials to help assist youth with understanding services, options, and treatment expectations, as well assistance with developing wellness tools and coping skills, including:
- a. Understanding various system processes, how these relate to the youth's recovery process, and their valued role (e.g., crisis planning, IRP process).
 - b. Understanding what a behavioral health diagnosis means and what a journey to recovery may look like.
 - c. The role of services/prescribed medication in diminishing/managing the symptoms of that condition and increasing resilience and functioning in living with that condition.
11. Facilitating and creating advocacy, balance, and cohesion on the IRP support team between the youth/family served, professionals (including CPS-Ps who may be supporting the family), and other supporting partners.

Interventions are approached from a perspective of lived experience and mutuality, building the youth's and family's recovery, empowerment, and self-efficacy. Interventions are based upon respect and honest dialogue. The unique mutuality of the service allows the sharing of personal experience including modeling individual/family recovery, respect, and support that is respectful of the individualized journey of a youth's/family's recovery. Equalized partnership must be established to promote shared decision making while remaining youth-driven, family-centered. All aspects of the intervention acknowledge and honor the cultural uniqueness of each youth and family and the many pathways to recovery

One of the primary functions of the Youth Peer Support service is to promote youth and family recovery. While the identified youth is the target for services, recovery is approached as a family journey towards self-management and developing the concept of wellness and functioning while actively managing a substance use and/or chronic mental health condition, which enable the youth to be supported in wellness within his/her family unit. Youth are supported by the CPS-Y in learning to live life beyond the identified behavioral health condition, focusing on identifying and enhancing the strengths of the youth and the family unit. As a part of this service intervention, a CPS-Y will articulate points in their own recovery stories that are relevant to overcoming obstacles faced by the youth-recipient of behavioral health services and promote personal responsibility for recovery as the youth/family define recovery.

The CPS-Y focuses on building respectful partnerships with families, identifying the needs of the youth and helping the youth recognize self-efficacy while strengthening good communication within the families and good partnerships with communities and system stakeholders in achieving the desired outcomes. This service provides the training and support necessary to promote engagement and active participation of the youth in the supports/treatment/recovery planning process for the youth and assistance with the ongoing implementation and reinforcement of skills learned throughout the treatment/support process. YPS-I provides interventions which promote supportive relationships between a youth and a CPS-Y that promotes respect, trust, and warmth and empowers the youth to make choices and decisions to enhance their recovery

Admission Criteria

YPS-I is targeted to a youth who meets the following criteria:

1. Individual is age 20 or younger; and
2. Individual has a substance related condition and/or mental illness; and two or more of the following:
 - a. Individual and his/her family needs peer-based recovery support for the acquisition of skills needed to engage in and maintain youth/family recovery; or
 - b. Individual and his/her family need assistance to develop self-advocacy skills to achieve self-management of the youth's behavioral health status; or
 - c. Individual and his/her family need assistance and support to prepare for a successful youth work/school experience; or
 - d. Individual and his/her family need peer modeling to increase responsibilities for youth/family recovery.

Continuing Stay Criteria

1. Individual continues to meet admission criteria; and
2. Progress notes document youth progress relative to goals which the youth/family identified in the Individualized Recovery Plan, but treatment/recovery goals have not yet been achieved.

Discharge Criteria

An adequate continuing recovery plan has been established; and one or more of the following:

1. Goals of the Individualized Recovery Plan have been substantially met; or
2. Individual served/family requests discharge.

Service Accessibility

1. YPS may be provided at a service site, in the recipient's home, or in any community setting appropriate for providing the services as specified in the recipient's behavioral health recovery plan; via phone (although 50% must be provided face to face, telephonic contacts are limited to 50%).
2. To promote access, providers may use Telemedicine as a tool to provide direct interventions to individuals for whom English is not their first language. Examples of this include:
 - the use of one-to-one service intervention via Telemedicine, connecting the individual to a practitioner who speaks the individual's language versus use of interpreters; and/or
 - the use of an interpreter via Telemedicine to support the practitioner in delivering the identified service.

Telemedicine may only be utilized when delivering this service to an individual for whom English is not their first language. The individual/family must consent to the use of this modality. This consent should be documented in the individual's record. The use of telemedicine should not be driven by the practitioner's/agency's convenience or preference

Clinical Exclusions

Individuals with the following conditions are excluded from admission unless there is clearly documented evidence of a behavioral health condition overlaying the diagnosis: Developmental Disability, Autism, Neurocognitive Disorder, or Traumatic Brain Injury

Required Components

1. Youth choice and voice are paramount to this recovery-oriented service but are considered in the context of the youth's age, developmental stage, emerging empowerment, and family dynamics. Younger children will be supported in their articulation of needs/preferences, symptoms, feelings, status, etc. while understanding the guardian's ultimate role in some specific decision-making.
2. CPS-Ys are integral partners as the youth is considering transitions between levels of service, transitions between youth and adult services, and/or is considering a transition out of service. The CPS-Y is not the sole supporter of this work but is a leading partner to supporting the youth's recovery transition.

Staffing Requirements

1. In delivering this service, the CPS-Y role is not interchangeable with traditional staff that works from the perspective of their training and status as licensed/certified behavioral health care providers. The CPSs have unique roles working from the perspective of "having been there." Through their lived experience with mental health or substance use, they lend unique insight into behavioral health and what makes resilience and recovery possible for an individual experiencing one of these chronic conditions.
2. CPSs have an equivalent voice with other professional practitioners and should serve as valued members of any internal or internal/external IRP support teams.

3. Supervision shall extend beyond performance oversight. For CPS-Ys, it is expected that supervision considers conducive, youth-centric environments, recovery-oriented culture, employee development, supportive relationships, etc.
4. Supervisors must attend at least one DBHDD-required Peer Support supervisor training/year.

Clinical Operations

The youth is the primary recipient of the Youth Peer Support; however, there is an expectation that the CPS-Y is working as an integral member of the supporting team, specifically supporting the youth in articulating his/her own recovery goals and objectives, working closely with the CPS-P who is identified as a supporter to the youth's family, etc.

Documentation Requirements

1. CPS-Ys must comply with all required documentation expectations set forth in this manual.
2. CPS-Ys must comply with any data collection expectations in support of the program's implementation and evaluation strategy.

Billing & Reporting Requirements

When Telemedicine technology is utilized for the provision of this service in accordance with the allowance in the Service Accessibility section of this definition, the code cited in the Code Detail above with the appropriate GT modifier shall be utilized in documentation and claims submission.