Peer Youth Advocates in Residential Programs: Handbook Appendices

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These Appendices accompany the handbook: ***Peer Youth Advocates In Residential Programs*** *which can be found on the National Building Bridges Initiative's Website: www.buildingbridges4youth.org.*

APPENDIX A
ACKNOWLEDGEMENTS

The Building Bridges Initiative (BBI) gratefully acknowledges the support and commitment of the Substance Abuse and Mental Health Services Administration (SAMHSA). BBI was initiated and has been sustained through SAMHSA's leadership.

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Finally, thank you to the following individuals and organizations that generously agreed to be interviewed or contributed vital information, documents and tools. We apologize if we have inadvertently missed anyone.

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APPENDIX B
GLOSSARY

There are many different terms in use across the country this glossary was developed to reduce confusion and to begin to developed a common language as the basis for ongoing conversations about this important work: Throughout this handbook Peer Youth Advocate is the term we have chosen to use.

Residential Care/Program

There are many different types of residential programs. The Handbook uses the term Residential Program to refer to any out of home placement.

Family

Youth may have a number of different important people in their lives: parents, grandparents, siblings, other extended family members, foster parents (current or former), guardians and friends. In this handbook the word "family", is used to describe anyone the youth has identified as family even if they are not actually related, as long as they are the person(s) that the youth wants involved in their care, treatment or recovery.

Youth-Guided

"Youth-guided" means that young people have the right to be empowered, educated, and given a role in making decisions, both about their own lives and about policies and procedures governing care for youth in the community, state and nation"

Youth

A youth is commonly described as a person under the age of 18. Not to be confused with the upper limits of various the child-serving systems in the different states.

Young Adult

Depending on the context (system), this is usually someone between 18 – 30 years (or 18 – 25 years) it should be noted that in recent years the age range has slowly been creeping up to reflect the realistic needs of this population.

Young Person/People

Depending on the context (system) this is used to describe anyone under 30 (or under 25).

Advocate for Youth

Refers to people considered to be youth-friendly and/or who have a special concern or interest in the rights and care of youth. Usually they are adults; however, in some community or civic groups the advocates might also be youth.

Peer

A person with similar lived experience (i.e. a graduate of foster care would be the peer of a youth in foster care and vice-versa).

Youth Advocate

A young person - usually between the ages of 16 and 25.

Peer Advocate

Without the word "youth" this refers to an advocate who is an adult and who works with other adult peers. This person also has lived experience as an adult. These individuals are typically over age 25 or so, but may include the young adult or transition age youth as well.

Peer Youth Advocate

A young person - usually between the ages of 16 and 25. The word 'peer' indicates that the person has 'lived experience' as a youth.

APPENDIX C
CONTACTS FOR MORE INFORMATION

Peer Youth Advocates

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APPENDIX D
EXAMPLES OF PEER YOUTH ADVOCATE JOB DESCRIPTIONS

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Casa Pacifica Centers for Children & Families - Youth Advocate Position Description

Committees

Blue Ribbon Commission (off Campus quarterly)

Pathways Committee (off Campus monthly)

Community of Respect (campus pending monthly)

QI Committee (campus pending monthly)
ILP Case Review (off campus quarterly)

Partnership for Safe Families and Communities (off Campus monthly)

Supervisors Meeting (on campus weekly)

Youth Engagement and Development (off campus monthly)

Transition Age Youth Task Force Committee (on campus monthly)

Children Services Oversight Committee/CSOC (Flynn Rd monthly)

WIT Committee (Flynn Rd monthly)

IPERC Group Home Collaborative (Flynn Rd quarterly)

Leadership (on campus weekly)

Youth Advisory Board for Building Bridges

Groups in charge of:

Unity Council- Youth Advocates facilitate the unity council formerly known as student council meetings. The purpose of Student Council is to promote leadership, self-esteem, and pride. Two representatives from each of the 4 cottages are chosen and introduce to the workings of student government. Youth Advocate's also helps student council members facilitate a series of on-campus activities such as: campus dances, volunteer activities, and partner with the Amigos Auxiliary.

Alumni Association-Youth Advocate's provide resources to Alumni in the major five components: Housing, education, employment, transportation, and health. The goal is to help alumni become self-sufficient and also help as a support unit in difficult times. We have helped alumni filling out job applications, enrolling to school, filling out the Free Application Federal Student Aid and other scholarship applications. Youth advocates have organized parenting classes/workshops where

alumni can learn parenting skills and also become aware of resources in their community. Youth Advocate also sets up Alumni meetings and help transport alumni and their children to these meetings. We have assisted Alumni in acquiring legal help and housing options.

California Youth Connection- Youth Advocates are current youth in office in charge of the California Youth Connection Ventura County chapter. Youth Advocate's supervised and facilitates twice a month meetings. Youth advocate's help set up the meetings location, setting up transportation, and plan the agenda. Youth Advocate's works with statewide staff, prepare paperwork for Ventura County chapter to attend two annual policy conference. Youth Advocates encourages CYC members to promote self-advocacy and try to create youth empowerment. Youth advocate's work with members to develop one local issue and then act upon those issues to create positive change in the life of youth in care. Youth Advocates have planned and organized two major events locally the Speak Out October 25 youth event and the Community Dinner for adults June 24th , 2009.

Emancipation Conference-Youth Advocates facilitate an emancipation conference (e-conference) for youth ages 16-18. This meeting is youth driven and youth identify a team of people who will be supportive once they emancipate. When facilitating the meeting the focus is on strengths of youth, Goals, needs and concerns, and formulate an action plan to help us follow up before their eighteenth birthday.

Partnerships: Youth Advocates have a consistent partnerships with the following agencies: Human Service Agency, Independent living Program, Transitional Housing Program-Plus, Big Brother Big Sisters, Kiwanis, Community Colleges, Amigos Auxiliary and Angels Auxiliary, and the Office of Education Foster Youth Services.

Participation on campus: Youth advocates sit in treatment team meetings for youth who live at Casa Pacifica's residential cottage.

Youth Advocate's sit in cart meetings for youth who live at our shelter cottage per the youth's request.

Assist Activities when needed for summer camp, holiday events, and other activities.

Encourage youth ages 15, 16, and 17 to join the Independent Living Program which will help assist them during and after emancipation.

Assist youth ages 16-18 with job preparation programs, take for job searching, help write applications, resume writing, and take them to acquire proper documentation.

Ensure that youth who are 15 ½ to 17 ½ have been referred to the Independent Living Program. Youth Advocate's take youth on day passes if they do not have family weekend passes. Youth

advocates also take alumni youth on day passes who may not reside at Casa Pacifica any longer to ensure that the relationships remain intact between advocate's and past clients. Youth Advocates have participated, spoke, or facilitated during various conferences such as: the Education Summit, American Association of Residential Centers, California Mental Health Advocates for Children and Youth, and other major conferences.

Participation with Fund Development:

To assist with major fundraising events, staff Cloud 9, share mentoring and volunteer information. Youth advocates can facilitate tours, Community Outreach, and represent our agency during community events. Youth Advocate's help set up and clean-up for major events on campus such as: Prom, Christmas parties, and Halloween.

Casa Pacifica Centers for Children & Families

CASA PACIFICA
JOB DESCRIPTION
Transitions Facilitator

EXEMPT (Y/N):
DEPARTMENT: Fund Development
REPORTS TO: Director of Development & Operations
PREPARED BY: Human Resources
DATE: July 2011
APPROVED BY:

SUMMARY:

Under the direction of the Chief Advancement Officer and Director of Alumni Services, is responsible for providing support to Casa Pacifica youth and alumni, in relation to their transition from a systems care to independence. This includes participating in on-campus activities, such as treatment team and other clinical and programmatic meetings, as well as maintaining relationships with community resources and organizations.

He/she also carries out the mission of Casa Pacifica as it pertains to the activities of the Development office including but not limited to: administrative support, media involvement, conducting tours of the facility, and serving as a representative of Casa Pacifica at community events.

DUTIES AND RESPONSIBILITIES (illustrated by typical activities):

Develops and maintains relationships with transitional-age youth on campus and directs youth to campus supports that will assist and handbook their transition toward independence. Participates in Treatment Team meetings and encourage 15, 16, and 17-year-olds to enroll in Independent Living Program. Assists youth 16-18 with connecting to resources that can assist them with job preparation (transporting to interviews, filling out job applications, assisting with resume writing, and helping them acquire proper documentation). Partners with social workers and probation officers to assist in the continued development and progress of their individualized transition plan.

1. Transitional facilitators will be able to engage the youth to establish and build rapport that focus on positive aspects of youth's characteristics (strength-based approach) while assisting the youth to create an individual transitional life plan.

2. Meets weekly with youth on campus who are planning for their transition towards greater autonomy and independence to ensure progress is being made on their individualized transitional life plan.

3. Participates in transition conferences for youth 16-18 years. Driven primarily by the youth, these meetings identify a team of people who will be supportive of the youth once he/she transitions to adulthood. Transition facilitators will support the youth during the meeting to help identify goals, needs, and concerns to formulate an action plan. Transition facilitators are accountable for tracking progress towards the goals included in the plan at agreed completion dates.

4. Transitional facilitators will assist youth in finding their voice to advocate for themselves by clarifying personal rights and role-modeling positive self- advocacy.

5. Work directly with aftercare youth 18-25 who were previously the responsibility of the public sector to connect to community resources pertinent to transitional-age youth and their needs.

6. Transition facilitators provide information to in-care youth and alumni in five life domains: Living Situation, Employment and Career, Educational Opportunities, Community Life Functioning and Personal Effectiveness and Wellbeing. The goal is to help alumni become self-sufficient and develop life skills in each area of life functioning.

7. Transition facilitators will be able to directly assist in-care and after-care youth in completing job applications, enrolling in school, completing Free Application for Federal Student Aid (FAFSA) applications, as well as other scholarship applications.

8. Transition facilitators will be familiar with incorporating motivational interviewing and collaborative problem solving techniques to engage youth and assist them as they work toward developing skills in the five life domains.

9. Transition facilitators will provide “in the moment” life coaching and create situations that facilitate opportunities for youth to practice life skills. They will highlight areas of difficulty for the youth, highlight strengths, and help youth explore alternative goals and strategies when necessary.

10. Transition facilitators will work alongside and with community partners and agencies such as: Human Services Agency, Transitional Housing Program-Plus, Ventura County Behavioral Health Transitions Program, Pacific Clinics TAY Tunnel, Big Brothers/Big Sisters, Kiwanis, Community Colleges, Casa Pacifica Amigos Auxiliary, Casa Pacifica Angels Auxiliary, and the Office of Education-Foster Youth Service, etc.

11. Assists other Development staff as needed, including assistance with projects, meetings, events, etc.

12. Practices cost-effective measures as they pertain to administration.

13. Maintains confidentiality with respect to personnel, operations, and clients.

14. Needs to be organized and able to function well in a busy environment.
15. Must be able to multi-task.
16. Must be able to think ahead and address issues before they arise – Preventative system of care.
17. Must have a professional and team player approach.

QUALIFICATIONS REQUIRED:

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below include but are not limited to a representative of the knowledge, skills, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

I. EDUCATION and/or EXPERIENCE: Master's degree (MA, MFT, MSW) and at least 4 years of direct service work experience with youth ages 14-24 is highly desirable.

II. CREDENTIALS: Word processing certificate preferred.

III. OTHER SKILLS AND ABILITIES: Ability to type 35-40 wpm and use various types of computer software and computer hardware to include word-processing and spreadsheets. Strong organizational and secretarial / clerical skills are essential. Ability to manage several projects at a time.

a. Language Skills: Bilingual (English/Spanish)
Ability to read and interpret documents such as safety rules, operating and maintenance instructions, and procedure manuals. Ability to write routine reports and correspondence.

b. Mathematical Skills:
Ability to calculate figures and amounts such as discounts, interest, percentages, and ratios.

c. Reasoning Ability: Ability to utilize rational decision making that are based o the best interest of transitional-age youth and the population we serve.

IV. PHYSICAL DEMANDS: The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to sit and talk or hear. The employee is also required to stand, walk, and drive.

The employee must occasionally lift and/or move up to 25 pounds. Specific vision abilities required by this job include close vision, peripheral vision, depth perception, and the ability to adjust focus.

WORK ENVIRONMENT:

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee occasionally works in outside weather conditions.

The noise level in the work environment is usually moderate.

ACKNOWLEDGMENT:

I have read this job description and agree with its contents. I realize that other duties may be requested that are not specifically addressed here. I agree to perform these duties as directed by my supervisor when called upon. I agree to assist in the formulation of a revised job description, should the need arise in the opinion of my supervisor.

_____ _____

Employee Signature Date

COHANNET ACADEMY

JOB DESCRIPTION

POSITION: **Peer Mentor**

QUALIFICATIONS:

Educational requirements: High School Diploma or GED required.

Experience: A person who is or has been a recipient of mental health services for severe and persistent mental illness holds the position. Because of their life experience with mental illness and mental health services and demonstration of self-sufficiency, the peer mentor provides expertise that professional training cannot replicate. Peer mentors are fully integrated team members who provide highly individualized services in the community and promote resident self-determination and decision-making. Peer mentors also provide essential expertise and consultation to the entire team to promote a culture in which each resident's point of view and preferences are recognized, understood, respected, and integrated into treatment, rehabilitation, and community self-help activities. Peer Mentors, having experienced a severe mental illness, may assist the other members of the team in understanding the residents' perspective and subjective experience.

SUPERVISION:

Reports directly to the Program Director or designee.

RESPONSIBILITIES AND COMPETENCIES:

Rights, Confidentiality, and Ethics

* Interact at all times in a respectful manner with residents, families, and fellow staff.
* Provide humane treatment and assure dignity for all residents.
* Implement specialized treatment interventions in the most respectful, safest, and least restrictive manner possible.
* Follow Cohannet Academy policies on confidentiality, including confidentiality of records.
* Ensure and respect resident’s rights and comply with the Resident’s Rights Policy.

* Assist residents in the grievance procedure.

* Comply fully with all mandatory reporting requirements of DCF 51A regulations and the Americans with Disability Acts.

Assessment and Treatment Planning Functions

* Provide information to the Treatment Team through the Treatment Team Meetings regarding interactions and work with residents in the program.

Resident Treatment, Education, and Training Functions

* Assist residents in understanding the rules and expectations of the Cohannet Academy program concerning their participation in the program and in their Treatment Plans.

* Provide therapeutic interventions to assist residents in attaining the goals and objectives on their Treatment Plans.

*Participate in weekly community meetings, Cohannet Council and rounds meetings when available pending weekly schedule.

* Supervise and assist residents with ADL's.

* Adhere to the program's philosophy statement regarding the elimination of restraint and seclusion.

* Actively participate in the de-briefing process following an episode of restraint or seclusion.

* Assist the residents to follow the daily program schedule.

* Demonstrates creativity/initiative in planning and scheduling resident activities.

* Lead or co-lead structured and informal groups including PAYA.

* Provide 1:1 check-ins with assigned residents throughout the shift.

∗ Provide ongoing assessment, problem solving, side-by-side services, skill teaching, support and encouraging residents and environmental adaptations to assist residents with activities of daily living.

* Teach money-management skills.

*Assist residents to plan and carry out leisure time activities on the unit.

*Provide side-by-side support and encouragement to help residents socialize (going out on community

*Activities and trips including activities offered by consumer-run peer support organizations through DMH.

*Organize and lead individual and group social and recreational activities to help residents structure their time, increase social experiences, and provide opportunities to practice social skills.

*Assist residents who have experienced social stigmatization with their sense of acceptance and affiliation.

*Hold a valid Massachusetts driver's license (good driving record).

*Work may include visits to hospitals for pre-admission meetings and attending statewide DMH or JRI meetings and Human Rights meetings.

Documentation and Information Management Function

* Communicate with senior staff or supervisor on shift concerning emergencies, incidents, and other unusual events in a timely fashion.

* Be responsible to follow procedures regarding scheduling, absentee notification, and time sheets.

* Demonstrate ability to set reasonable limits that reflect a resident's developmental and emotional abilities.

* Seek consultation and direction through established lines of supervision resolving situations that interfere with patient care and work relationships.

* Will be able to give and receive feedback clearly and respectfully.

Safety Functions

* Ensure that dangerous and out-of-control behaviors are contained and that each individual's safety is maintained at all times.

* Support all efforts to ensure the safety and well-being of residents, staff, and the program.

* Provide interventions to assist the residents in feeling safe.

* Demonstrate knowledge of safety management program policies and procedures for Cohannet Academy.

* Observe all risk precautions as documented on each resident's status sheet.

* Report safety concerns to Safety Officer following approved documentation procedures.

* Comply with all safety regulations and policies.

Continuity of Care Functions

* Communicate with Residential Supervisor all pertinent information about resident's during each shift.

* Support residents who are newly admitted to Cohannet Academy.

* Support residents who are preparing for discharge from Cohannet Academy.

* Support and follow all Treatment Team decisions.

* Monitor progress of residents in meeting Treatment Plan goals and objectives.

Relationships

* Establish and maintain appropriate boundaries in relationships with residents and staff.

* Establish and maintain positive adult-resident relationships.

Leadership Functions

* When working with a resident or group of residents, provide a positive role model and consistently implement all policies and procedures, rules and regulations of Cohannet Academy.

* Provide direction in program activities, recreation, and groups as assigned.

Performance Improvement Functions:

* Participate in PI Teams as assigned.

* Work together with staff as a team to ensure compliance with regulations and standards established by the Joint Commission and the Department of Mental Health.

* Report opportunities for improvement to the PI Coordinator.

* Communicates significant information to Program Director or Residential Director.

* Serves as resource person for new and relief staff.

* Serves as resource person for other staff during the shift to help council residents in crisis, support treatment and engagement in the program activities and routines.

Infection Control Functions

* Follow program procedures on universal precautions and other OSHA and Joint Commission regulations.

* Complete all assignments to keep the program clean and orderly.

* Ensure the maintenance of a clean orderly facility including bedrooms, bathrooms, closets, kitchen, dining room, recreation areas and hallways.

Staff Development Functions

* Attend all mandatory in-service training provided.

* Develop professional development goals and objective with supervisor for the evaluation period.

* Seeks additional supervision when necessary.

* Attends at least three in-services or conferences in addition to training requirements.

* Maintains professional demeanor with residents, staff, families and community agencies at all times.

* Seeks opportunities and knowledge that will promote professional growth.

Required Skills, Abilities and Knowledge

Individual must possess these skills, abilities or knowledge or be able to explain and demonstrate that they can perform the primary functions of the job, with or without reasonable accommodation. By using some other combination of skills and abilities, the individual must possess the necessary physical requirements with or without the aid of mechanical devices, to safely perform the primary functions of the job.

Complete other duties as assigned by the Program Director or Residential Director.

I acknowledge that I have received a copy of this job description and have had the opportunity to discuss it with my supervisor. There are no religious, psychological, or physical reasons preventing me from assuming these responsibilities.

_____ _____

Peer Mentor Date

NFI MASSACHUSETTS

FUNCTIONAL JOB DESCRIPTION

Job classification: Peer Specialist Reports to: Program Director

Program: Chauncy Hall Academy

FLSA Status: Non-Exempt / Relief

Position Summary: Peer specialists are staff with lived experience who bring their skills, knowledge and personal experience and resources for recovery to their job in order to help clients with their own recovery process. Peer specialists work with individuals and group to promote recovery through example, support, and mentoring.

Functions:

1. Provide information and support to clients about recovery tools/techniques, self-management, and problem solving.
2. Participate in clinical groups/program activities.
3. Provide direct mentoring support to clients as they navigate their treatment. Provide mentoring support during times of potential crisis.
4. Available to meet incoming clients during the intake process and answer questions and provide orientation to CHA.
5. As requested by clients, serve as a member of treatment teams, providing advocacy and assisting clients to communicate and advocate for their goals and service preferences.
6. Provide lived experience perspective to staff both on the floor and in staff meetings.
7. Participate in restraint debriefing as appropriate.
8. Provide reparative relationship between clients and program when a treatment failure or lapse in communication between clients and program occurs.
9. Attend other trainings as required/suggested by DMH and NFI.

I, _____ have read, understand and agree to the above functional job description. I understand the essential functions, qualifications, education, experience, and physical demands of the position and acknowledge that I am capable of performing all of the essential functions of this position without reasonable accommodation or I have informed you of my need for accommodation. I understand that the contents as presented are a matter of information and should in no way be construed as a contract between NFI Massachusetts, Inc. and its employees. NFI Massachusetts, Inc. reserves the right to change any part of this job description as circumstances require.

Employee's Signature_____ Date_____

Manager's Signature_____Date_____

UMASS, WORCHESTER – ADOLESCENT CONTINUING CARE UNIT

Position Title: Peer Mentor

General Statement of Duties and Responsibilities:

- Provides advocacy, support and education to consumers during intake, hospitalization and transition processes. Assists youth to develop and work towards communicating the goals of their own person-centered treatment plans.
- Provide peer support to individual and groups and serves as a role model for healthy relationships.
- Participates in community meetings and internal and external conferences related to Youth empowerment and Transition Age Youth.
- Attend on-going training as it becomes available to enhance their mentoring skills, assist youth in developing individualized coping plans and in the debriefing of restraints events.
- Works collaboratively with the administration, treatment teams and human rights officers.
- Helps staff to understand the consumers' perspectives/stresses/pressures.

Supervision Received:

Program Director, Administrative Supervision

Clinical Director, Clinical Supervision

Direct Reporting Staff: None

Detailed Statement of Duties and Responsibilities:

1. Interacts with youth on a regular basis to establish rapport and refers youth to unit staff and the human rights officer when appropriate.
2. Participates in the development of treatment planning which encourages alternative interventions based on the interests and needs of the youth.
3. Participates in training of staff related to the youth perspective of treatment.
4. Compliance with all applicable state and federal laws including the Health Information Portability and Privacy Accountability Act (HIPPA).
5. Attends meetings, groups, and activities related to youth care.
6. Understand, explain, and apply policies, procedures, practices, protocols and guidelines governing assigned unit activities, and identifies need for change.
7. Participates in weekly supervision meetings with Program Director &/or Clinical Director for support & feedback
8. Performs other duties as required (see above general statement).

Qualifications:

1. Ability to exercise sound judgment, establish and maintain harmonious working relationships.
2. Ability to establish rapport with persons from different ethnic, cultural, and/or economic backgrounds as well as individuals with mental illness
3. Ability to advocate for and/or with youth.

4. Ability to support others towards feeling motivated and empowered
5. Communicates effectively in oral expression.
6. Writes concisely, to express thoughts clearly, and develop ideas in a logical sequence.
7. Knowledge gained from personally utilizing mental health services

Minimum Entrance Requirements:

1. Experience with attending conferences, youth councils, trainings, or other events that provided exposure regarding youth voice, person-centered planning, trauma-informed care, building bridges, and/or the restraint/seclusion prevention initiative, and is willing to advocate for those values.
2. In substitution for the above, has a demonstrated openness and ability to advocate the above values with clinical and administrative support.
3. Willingness to be trained as a peer mentor/certified peer specialist (CPS)
4. Valid Driver's License and mode of transportation to transport self to fulfill job requirements.
5. High School Diploma or GED.

Position Time:

We are willing to begin someone with training and proceed to a minimum 8 hours per week of working. We would prefer someone who is willing to work 16-24 hours per week.

Impact System of Care

Job Title: Youth Coordinator

Reports to: Project Director

Job Summary/Purpose: Promotes the Mission and Values of Impact System of Care Initiative through job activities, projects, and participation on committees. Ensures youth-guided system development and implementation by providing youth various opportunities for their voices to be heard.

Job Activities:

- The Youth Coordinator will assist in developing a comprehensive strategic plan for youth involvement in Impact.
- Provide assistance to stakeholder organizations and entities on how to implement youth involvement in their organizations.
- Recruit, prepare and develop local youth leaders to participate in community and grant related committees and activities
- Responsible for organizing a youth advisory council within the communities, facilitating focus groups to aid in identifying youth needs
- Serves, in conjunction with youth, as a representative to the governance group, and other Impact committees, such as evaluation, social marketing, training and technical assistance
- This individual will support youth voice at meetings, seminars and national conferences.
- The Youth Coordinator will also assist in reporting data, project evaluation and contributing to various reports.
- Serves as a presenter in local, state or national presentations or trainings
- Transports youth to and from meetings
- Other duties as assigned or delegated

Qualifications and Prior Experience Required:

- Diploma or GED preferred
- Prior experience with the children's mental health
- Knowledge or experience in the community mental health system
- Have a car or reliable transportation

Knowledge, Skills, and Abilities Required:

- Ability to communicate effectively, both orally and in writing
- Ability to make decisions, and demonstrate leadership skills
- Ability to establish and maintain effective working relationships with other employees and the public

Personal Qualities:

- Ability to motivate and energize others
- Sensitivity and interest in working with diverse populations
- Energy, assertiveness, initiative, creativity and willingness to try new approaches and techniques
- Enjoys working as a team player in a team environment.

Travel:

- Travel within Ingham county. Occasional state or national travel for conferences and training
- Some evening hours

Hours Per Week:

40 hours

INSTITUTE FOR COMMUNITY LIVING, INC.

JOB DESCRIPTION

JOB TITLE: Youth Advocate

DIVISION: Child and Family Services

PROGRAM: Family Resource Center

FLSA STATUS: Non-Exempt

REPORTS TO: Program Director or designee

POSITIONS SUPERVISED: None

JOB SUMMARY:

The Youth Advocate will provide needed support to SED (Severely Emotionally Disturbed) children who are currently residing in Brooklyn. The aim of the support provided is to help lessen the stress, confusion, failure and embarrassment often experienced by these children as well as to ameliorate their social isolation and helplessness.

ESSENTIAL TASKS:

1. Develop, implement and lead youth support groups.
2. Provide assistance and support to children in accessing services (schools, hospitals, child welfare, mental health agencies, entitlements, etc.)
3. Collaborate with outside providers, networks and other related systems on behalf of youth served.
4. Represent ICL at relevant government and provider meetings, as required.
5. Maintain documentation that is compliant with all governmental and agency standards and procedures.
6. Other job-related responsibilities as assigned.

MINIMUM EDUCATION AND EXPERIENCE REQUIREMENTS:

No minimum education required. Past recipient of child mental health services. Appreciation of the demands and pressure that impinge on SED children and their family. Knowledge of the benefits and challenges of being a mental health consumer.

ESSENTIAL KNOWLEDGE, SKILLS AND ABILITIES:

1. Ability to work with consumers/residents, families and staff in a caring and respectful manner, and with due understanding of and consideration for cultural differences.
2. Ability to communicate effectively orally and in writing with staff, consumers/residents, families and the public.
3. Ability to prepare accurate and timely documentation, reports and other written material as assigned.

4. Ability to secure the cooperation of and work effectively with others.
5. Ability to work independently, and to conform to all applicable safety and accountability measures.
6. Ability to plan and organize information, tasks and projects.

This position description is a guide to the critical and essential functions of the job, not and all-inclusive list of responsibilities, qualifications, physical demands and work environment conditions. Position descriptions are review and revised to meet the changing needs of the agency at the sole discretion of management.

EMPLOYEE SIGNATURE: _____

EMPLOYEE NAME (print legibly): _____ DATE _____

MAGELLAN – PEER SPECIALIST

Peer Specialist (Sample Job Description)
MENTAL HEALTH
_____PROGRAM

MAJOR DUTIES AND RESPONSIBILITIES:

The Peer Specialist (PS) is an active member of the _____(Program/Team) and provides peer support services to clients with serious mental illnesses in the _____ (Service Line.) Under supervision of the _____(supervisor's title) the Peer Specialist will function as a role model to peers; exhibiting competency in personal recovery and use of coping skills; serve as a consumer advocate, providing consumer information and peer support for clients in outpatient and inpatient settings. The PS performs a wide range of tasks to assist peers of all ages, from young adult to old age, in regaining independence within the community and mastery over their own recovery process. Recovery resources such as booklets, tapes, pamphlets and other written materials will be utilized by the Peer Specialist in the provision of services. Using a formal goal setting process, the PS will:

- Assist clients in articulating personal goals for recovery through the use of one-to-one and group sessions. During these sessions the PS will support clients in identifying and creating goals and developing recovery plans with the skills, strengths, supports and resources to aid them in achieving those goals.

- Assist clients in working with their case manager or treatment team in determining the steps he/she needs to take in order to achieve these goals and self-directed recovery.
- Assist clients in setting up and sustaining self-help (mutual support) groups, as well as means of locating and joining existing groups.

- Utilize tools such as the Wellness Recovery Action Plan (WRAP) to assist clients in creating their own individual wellness and recovery plans.

- Independently or with periodic assistance of higher graded treatment team members, utilize and teach problem solving techniques with individuals and groups; discussions will be utilized where clients will share common problems in daily living and methods they have employed to manage and cope with these problems. As one who has availed themselves to mental health services, the PS will share their own experiences and what skills, strengths, supports and resources they use. As much as possible, the PS will share their own recovery story and as the facilitator of these sessions, will demonstrate how they have directed their own recovery.

- Use ongoing individual and group sessions to teach clients how to identify and combat negative self-talk and how to identify and overcome fears by providing a forum which allows group members and PS to share their experiences. By using identified literature, media, etc. clients will gain hope, learn to identify their strengths and combat negative self-talk

- Support clients' vocational choices and assist them in choosing a job that matches their strengths, overcoming job-related anxiety by reviewing job applications, and providing interview tips.

- Assist clients in building social skills in the community that will enhance job acquisition and tenure.

- Utilizing their recovery experience, the PS will:
    - Teach and role model the value of every individual's recovery experience.

    - Assist the client in obtaining decent and affordable housing of his/her choice in the most integrated, independent , and least intrusive or restrictive environment by taking them out to view housing, either driving them or riding with them on public transportation.

    - The PS models effective coping techniques and self-help strategies.

    - Serve as a recovery agent by providing and advocating for any effective recovery based services that will aid the client in daily living.

    - Assist in obtaining services that suit that individual's recovery needs by providing names of staff, community resources and groups that may be useful. Inform clients about community and natural supports and how to use these in the recovery process. Community resources may include but not limited to: social security office, Department of Family and Children services, local YMCA, Library, restaurants, clients' service organizations, apartment complexes and other types of housing, etc.

    - Assist clients in developing empowerment skills and combating stigma through self-advocacy. This will be accomplished through regular meetings, individual or group sessions. Through the use of role playing/modeling techniques the PS provides opportunities for others to show/demonstrate how they have handled similar problems, how to present themselves in certain situations, or how to handle problems that may arise in interactions with others.

    - With assistance from the Program Coordinator/Team Leader, the Peer Specialist will work with the clients and other treatment team staff to develop a treatment/recovery plan based on each client's identified goals. Treatment/Recovery Plans will be reviewed and signed by the Coordinator/Team Leader and other participating treatment team staff. The PS will document the following on the client's treatment/recovery plan:

        a. identified person-centered strengths, needs, abilities, and recovery goals
        b. interventions to assist the client with reaching their goals for recovery
        c. progress made toward goals

- The PS will maintain a working knowledge of current trends and developments in the mental health field by reading books, journals, and other relevant materials. The PS will continue to share recovery materials with others at continuing education seminars and other venues to be developed to support recovery-oriented services; and attend continuing education seminars and other in-service training when offered.

Knowledge Required by the Position

a) Knowledge of the Recovery process and the ability to facilitate recovery using established standardized mental health processes.

b) Knowledge and skill to teach and engage in basic problem solving strategies to support individual clients in self-directed recovery.

c) Knowledge of the signs and symptoms of mental illness (i.e. auditory and visual hallucinations, aggressive talk and behavior, thoughts of self-harm or harm towards others, isolation) and the ability to assist the client to address symptoms using strategies such as positive self-talk.

d) Knowledge and skill sufficient to use community resources necessary for independent living and ability to teach those skills to other individuals with severe mental illness. Community resources may include but are not limited to: social security office, Department of Family and Children services, local YMCA, Library, restaurants, clients' service organizations, housing providers, etc. The PS may accompany clients to community resources to assist them in accessing these resources.

e) Knowledge of how to establish and sustain self-help (mutual support) and educational groups by soliciting input from the mental health consumers on their strengths and interests.

f) A valid driver's license is required as some driving and/or transportation may be required to take clients to medical appointments, job sites, social activities and other community resources.

SUPERVISORY CONTROLS:

The Peer Specialist is administratively assigned to the _____(Program) in the _____ (Department or Service Line) and will receive supervision from the Coordinator/Team Leader of the program. The supervisor provides continuing assignments and indicates generally what is to be done, i.e., setting up group or individual meetings, reviewing job applications, etc The incumbent is expected to handle routine duties independently and is expected to establish common priorities for his/her assignments. Group teaching and facilitation work may be performed with the assistance of the supervisor or other mental health treatment team members. Work is reviewed by supervisor to ensure that it is technically correct and that it conforms to established policies and previously given instructions. Assignments that are routine and repetitive are not reviewed by the supervisor unless there are problems. Work that is new or requires deviations from previous assignments is discussed with the supervisor who provides detailed instructions on how work is to be accomplished, or assigns another team member to assist. The incumbent will follow all legal and medical policies as mandated by the VA and the _____ Service Line.

GUIDELINES:

Established procedures and specific guidelines are available to the incumbent to cover the work assignment. Guidelines are applicable and specific to most situations. Incumbent will use judgment in determining the appropriate guide or instruction to fit the circumstances and in determining what information is required. In situations where the guidelines are not applicable; do not exist or are unclear the incumbent refers the problem to the coordinator. Administration has provided and will continue to update a Bibliography of Recovery literature and the program will select appropriate literature that focuses on Recovery and how to teach clients in their recovery process.

COMPLEXITY:

The work involves providing support services for the client that requires assisting them in establishing goals and mechanisms to reach those goals. Decisions on establishing goals and formal action plans will always be made in conjunction with the client and case manager/treatment team and reviewed with the supervisor. Decisions regarding what needs to be done involve choices that require a simple analysis such as organizing facts in narrative or logical order and comparing them to past solutions in similar cases or to

applicable criteria. Actions to be taken or responses to be made, such as advice to the client differs depending on the facts of the situation.

SCOPE AND EFFECT:

The Peer Specialist assists and guides clients toward the identification and achievement of specific goals defined by the client and specified in the Individual Treatment Plan (ITP). The work involves a variety of routine, standardized tasks that facilitate work performed by higher level providers. Work performed by the incumbent will promote community socialization, recovery, self-advocacy, self-help, and development of natural supports.

PHYSICAL DEMANDS:

The work is primarily sedentary. Typically, the employee will sit to do the work. However, there may be some walking; standing; bending; carrying of light items such as books, papers, etc.; accessing transportation and driving a government car or van.

WORK ENVIRONMENT:

Work will be performed in a wide range of settings, including the medical center; in client, group or family homes; in community-based outpatient settings, community agencies; or in transport vehicles public or government). Work areas are often noisy, irregular and unpredictable and can be stressful at times. Clients demonstrate varying levels of recovery and symptoms.

Youth M.O.V.E. Maryland

TITLE: Statewide Youth Involvement Coordinator **JOB CODE**:

EFFECTIVE DATE: March 29, 2007

Job Summary

The position of youth coordinator will be responsible for initiating and coordinating the roll out and future development of Youth M.O.V.E. Maryland. Youth M.O.V.E (Youth Motivating Others through Voices of Empowerment) Maryland will be the first state chapter of the national Youth M.O.V.E. organization.

Essential Functions:

- Coordinate the development of youth-run groups in Maryland jurisdictions for youth who are involved in the mental health and other youth-serving systems
- Develop and maintain database for Youth M.O.V.E Maryland
- Provide Staff Support to Youth M.O.V.E web-based resources and on-line communication activities
- Provide training and technical assistance in the area of youth involvement and youth development to jurisdictions developing Youth M.O.V.E. Maryland
- Develop training for jurisdictions initiating Youth M.O.V.E. Maryland
- Develop and coordinate Youth Leadership Training at state-wide conferences
- Educate adults and professionals on the importance of youth consumer involvement
- Connect with stakeholders to develop and sustain Youth M.O.V.E. Maryland
- Advocate for increased authentic youth consumer involvement within Maryland
- Support youth and advocate for their participation on governance boards and other committees
- Serve as a representative on relevant committees at the state and local levels
- Provide training to youth members to enhance their leadership skills
- Attend trainings to enhance personal skill sets
- Connect with national Youth M.O.V.E consultants in developing Youth M.O.V.E. Maryland

KNOWLEDGE, SKILLS, AND ABILITIES

- BA and/or experience as a consumer of mental health services
- Experience as a consumer of mental health services and other youth serving systems preferred
- Application of experience and knowledge in Positive Youth Development approaches
- Experience in grassroots organizing and advocacy
- Experience working with youth, particularly youth with mental health needs or other system involvement.

- Understanding of youth-serving systems within Maryland (ideally from a personal perspective)
- Ability to share power with youth and foster a youth-driven process
- Respect for youth culture
- Flexibility and patience
- Ability to connect with and relate to young people
- Ability to build partnership with stakeholders in Maryland
- Experience with public speaking
- Excellent analytical skills and abilities
- Excellent organizational skills
- Ability to use Microsoft Word, Excel, Internet and PowerPoint

MINIMUM QUALIFICATIONS

- Two years experiences working in youth development activities
- Bachelor's Degree preferred but not required
- Equivalent combination of education and experience may be considered

Candidates must have an automobile, current insurance and driver's license. This position will require travel through the state of Maryland

New York State pending bills (A7038-2011/S3076-2011) ESTABLISHES THE PEER ADVOCACY AND MENTORING PROGRAM; PROVIDES PEER SUPPORT, ADVOCACY AND MENTORING FOR YOUTH IN RESIDENTIAL CARE.

S3076-2011: Establishes the peer advocacy and mentoring program

Same as: A7038-2011

Sponsor: HUNTLEY
Co-sponsor(s): DIAZ, MONTGOMERY, STEWART-COUSINS
Committee: CHILDREN AND FAMILIES
Law Section: Executive Law

S3076-2011 Summary

Establishes the Peer Advocacy and Mentoring program; provides peer support, advocacy and mentoring for youth in residential care.

TITLE OF BILL: An act to amend the executive law, in relation to establishing the peer advocacy and mentoring program

PURPOSE:
This bill directs the Office of Children and Family Services, in consultation with the Office of Mental Health, to contract for the establishment of a peer advocacy and mentoring program designed to provide support for youth in residential facilities operated or licensed by the department.

SUMMARY OF PROVISIONS:
Sections 1 of the bill adds a new section 522-a to the executive law directing OCFS within amounts appropriated to establish a Peer Advocacy and Mentoring Program through contract with a not-for-profit organization(s) specializing providing peer support and advocacy to youth.

Services would be provided to youth residing in residential care licensed or operated by OCFS or OMH, as well as those youth transitioning or preparing to transition out of such placements, but priority would be given to services for youth placed or committed to state operated secure, limited-secure and non-secure juvenile detention facilities and other residential facilities licensed to care for court placed youth. This section sets out who can serve as peer advocates and mentors, the access they shall have to youth in residential care and to other offices designed to assist youth.

Section 2 provides that the bill shall take effect on the 90th day after enactment.

JUSTIFICATION:
New York State licenses and operates various residential care facilities and homes for youth including foster care, residential treatment and juvenile justice. The support of peers, or individuals who have had similar residential experiences, are valuable for people in all areas and youth peer supports are no exception. Youth in residential care have often experienced various traumas in their young lives and

associate some of those traumas with the adults in authority who are making decisions on their behalf. Youth who have experienced similar settings and hardships only to navigate their lives in a positive way are uniquely equipped to gain the trust and serve as a role model for youth in care. Peer advocates would be between the ages of 16 and 30, have resided in a state operated or licensed residential placement as a youth and have completed training approved by the Commissioners. The peer advocacy and mentoring program would serve as an outside, independent advocate for youth placed in OCFS operated or licensed residential care to help ensure their rights are protected and they have positive role models as they heal wounds and prepare to transition back into the community. Given the recently revealed disturbing results of a 2007 US Department of Justice investigation of four OCFS operated juvenile justice facilities which found the use of excessive force and failure to provide mental health care and treatment, the program would prioritize services to youth in state operated juvenile justice facilities. Independent oversight to protect the rights of the approximately 1,000 youth in these particular care settings is essential. Some distinguishing features of youth in the juvenile detention facilities are that at least 65% have a mental health diagnosis, more than half are on a psychotropic medication, more than half are special education students with an IEP and the majority have experienced some form of trauma in their lives and have been involved in the child welfare system before being placed in a juvenile detention facilities. These children need all the supports they can get.

These defining characteristics combined with the appalling findings of inadequate mental health treatment and treatment plans, insufficient substance abuse services and improper medication management coupled with evidence of brutal treatment for behavioral issues clearly demonstrate that some outside oversight is needed. While a peer advocacy and mentoring program is not sufficient to provide the independent oversight that is necessary in our state operated juvenile detention centers, it can play an important role in bringing a voice to these youth and some transparency to the system while at the same time providing real examples and connections to a future filled with hope and opportunities.

LEGISLATIVE HISTORY: S.6961/A.10806

S3076-2011 Text

S T A T E O F N E W Y O R K
3076
2011-2012 Regular Sessions I N SENATE February 8, 2011
Introduced by Sens. HUNTLEY, DIAZ, MONTGOMERY, STEWART-COUSINS -- read twice and ordered printed, and when printed to be committed to the Committee on Children and Families AN ACT to amend the executive law, in relation to establishing the peer advocacy and mentoring program THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEM BLY, DO ENACT AS FOLLOWS:

Section 1. The executive law is amended by adding a new section 522-a to read as follows:

S 522-A. PEER ADVOCACY AND MENTORING PROGRAM. 1. THERE IS HEREBY CREATED WITHIN THE

OFFICE OF CHILDREN AND FAMILY SERVICES, A PEER ADVO CACY AND MENTORING PROGRAM. 2. THE OFFICE OF CHILDREN AND FAMILY SERVICES SHALL, IN CONSULTATION WITH THE OFFICE OF MENTAL HEALTH AND WITHIN THE AMOUNTS APPROPRIATED THEREFOR, CONTRACT WITH A NOT-FOR-PROFIT ORGANIZATION OR ORGANIZATIONS SPECIALIZING IN PROVIDING PEER SUPPORT AND ADVOCACY TO YOUTH AND THE NEEDS OF YOUTH, INCLUDING BUT NOT LIMITED TO EMOTIONAL AND BEHAVIORAL NEEDS, TO ESTABLISH A PEER ADVOCACY AND MENTORING PROGRAM. SUCH PROGRAM SHALL BE DESIGNED TO PROVIDE PEER SUPPORT, ADVOCACY AND MENTORING FOR YOUTH RESIDING IN RESIDENTIAL CARE AS SUCH TERM IS DEFINED IN PARAGRAPHS (B) AND (G) OF SUBDIVISION FOUR OF SECTION FOUR HUNDRED TWELVE-A OF THE SOCIAL SERVICES LAW. 3. NOTWITHSTANDING ANY INCONSISTENT PROVISION OF LAW TO THE CONTRARY, PRIORITY FOR SERVICES UNDER THE PEER ADVOCACY AND MENTORING PROGRAM SHALL BE GIVEN TO YOUTH WHO WERE PLACED IN RESIDENTIAL CARE PURSUANT TO SECTION 353.3 OF THE FAMILY COURT ACT, AND WHO RESIDE IN FACILITIES DESCRIBED IN SECTION FIVE HUNDRED FOUR OF THIS ARTICLE. 4. PEER ADVOCATES ACTING AS EMPLOYEES OR VOLUNTEERS IN THE PEER ADVO CACY AND MENTORING PROGRAM SHALL: (A) BE INDIVIDUALS BETWEEN THE AGES OF SIXTEEN AND THIRTY WHO HAVE:

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets [ ] is old law to be omitted.

LBD08768-01-1

S. 3076 2 (I) PREVIOUSLY BEEN PLACED IN RESIDENTIAL CARE AS SUCH TERM IS DEFINED IN PARAGRAPHS (B) AND (G) OF SUBDIVISION FOUR OF SECTION FOUR HUNDRED TWELVE-A OF THE SOCIAL SERVICES LAW; (II) EXPERIENCED DISABILITIES OR BEHAVIORAL HEALTH NEEDS; AND (III) SUCCESSFULLY COMPLETED TRAINING THAT HAS BEEN APPROVED BY THE COMMISSIONERS OF THE OFFICE OF MENTAL HEALTH AND THE OFFICE OF CHILDREN AND FAMILY SERVICES, QUALIFYING SUCH INDIVIDUALS TO WORK IN THE PEER ADVOCACY AND MENTORING PROGRAM; (B) HAVE REASONABLE AND APPROPRIATE ACCESS TO YOUTH IN RESIDENTIAL FACILITIES AND THE OPPORTUNITY TO MEET WITH YOUTH IN A PRIVATE, CONFI DENTIAL SETTING; (C) SERVE AS A LINK FOR YOUTH AND THEIR FAMILIES TO OTHER SUPPORTS INCLUDING THE ATTORNEY FOR THE CHILD AND THE OFFICE OF THE OMBUDSMAN AS DESCRIBED IN SECTION FIVE HUNDRED TWENTY-THREE-B OF THIS TITLE; AND (D) NOT IDENTIFY, IN ANY WAY, OUTSIDE OF THEIR SCOPE OF EMPLOYMENT OR DUTIES AS A PEER ADVOCATE, THE NAME OR IDENTITY OF ANY YOUTH SERVED WITHIN THE PEER ADVOCACY AND MENTORING PROGRAM WITHOUT THE EXPRESS WRIT TEN CONSENT OF SUCH YOUTH.

Technical Assistance Partnership
A Collaboration between American Institutes for Research and Federation of Families for Children's Mental Health
1000 Thomas Jefferson St., NW, Washington, DC 20007 ■ tel 202-403-6827 ■ fax 202-403-5007
web ■ www.TAPartnership.org

Key Staff Hiring Tip Sheet

Purpose: The purpose of this tip sheet is to provide supplemental information to key stakeholders and decision makers. The information provided should be used in conjunction with guidance provided by the Request for Applicants (RFA), your assigned federal project officer, and technical assistance resources. This tip sheet is not a job description, but rather a guide to be used when making hiring decisions, and the information herein should not be viewed as exhaustive.

Position: Youth Coordinator

Qualifications

- ✓ B.A. or equivalent experience in human services-related field (i.e., psychology, sociology, criminal justice).
- ✓ Strong analytical skills.
- ✓ Strong organizational skills, with experience planning youth-friendly meetings and events.
- ✓ Understanding of positive youth development principles and experience applying them to youth-serving organizations.
- ✓ Understanding of youth-serving systems, including an understanding of these systems from the perspectives of youth being served.
- ✓ Experience working with youth involved in multiple systems, especially community-based mental health, juvenile justice, and/or child welfare systems.
- ✓ Ability to make oral presentations to diverse audiences, including youth consumers, service providers, and policy makers.
- ✓ Ability to read, write and communicate clearly to a broad range of audiences, including youth consumers, service providers, and policy makers.
- ✓ Ability to build partnerships with stakeholders across multiple organizations and systems locally and nationally.
- ✓ Experience in grassroots organizing and advocacy.
- ✓ Ability to connect with youth and have respect for youth culture.
- ✓ Ability to support youth and share power to foster a youth-driven process.

Roles and Responsibilities:

- ✓ Educate youth consumers, family members, service providers, system managers, and community decision-makers about the importance and value of authentic youth voice in individual treatment planning, service delivery, system design, and governance throughout the system of care.

- ✓ Partner with youth and adults to develop and coordinate culturally competent policies designed to amplify consequential youth voice within the system of care, its governance structure, and its partner organizations.
- ✓ Cultivate youth development, including leadership development. Support youth in developing and coordinating youth leadership training opportunities, including conferences.
- ✓ Coordinate and develop supports for youth groups, and for youth who serve in various capacities (e.g., as peer mentors or youth advisors) throughout the system of care.
- ✓ Partner with youth and adult professionals to identify barriers to effective youth voice and solutions (e.g., transportation, incentives, meeting locations, cultural barriers, etc.).
- ✓ Coordinate efforts to ensure that youth voice impacts the services and supports offered to youth and that concerns of youth are addressed within the system of care.
- ✓ Collaborate with cultural competence coordinator, communications and social market leader, clinical director, evaluator, other staff, and youth consumers to develop culturally competent materials and services for youth consumers.
- ✓ Coordinate with youth and other stakeholders to develop materials, services, and trainings that empower youth to understand systems, their experiences within systems, and opportunities to help transform systems to better serve youth with mental health challenges.
- ✓ Participate in relevant committees and workgroups on state, local, and national levels as an advocate and support for youth (not as the representative of youth voice).
- ✓ Build relationships with youth-serving organizations (e.g., Boys and Girls Clubs) and systems (e.g., transportation) to expand opportunities for and remove barriers to youth voice throughout the system of care.
- ✓ Plan, advocate for, and manage budgeted youth involvement resources.

Additional Anticipated First Year Accomplishments and Resources:

- ✓ Read RFA and community's proposal to become familiar with expectations and commitments relating to youth voice.
- ✓ Develop a plan to recruit youth for, and engage them in, mental health advocacy work and other SOC functions. Develop strategies to effectively involve youth in system of care initiatives and to remove barriers to consequential youth voice and participation.
- ✓ Identify potential partners who may be able to help improve success of youth involvement efforts within the system of care (e.g., partners who can offer incentives, in-kind support, youth, advocacy infrastructure).
- ✓ Work with youth to identify training needs, resources, and opportunities for youth and adults, especially related to youth voice and positive youth development and in other areas that can constructively apply useful youth perspectives to enhance the preparation of system personnel.
- ✓ Build relationships with system of care partners and other stakeholders in youth voice (e.g., family members and community mental health centers) on local, state, and national levels.
- ✓ Document methods, accomplishments, results, and findings.
- ✓ Continuously evaluate the progression of youth voice and engagement within the system of care.

Additional resources

- ✓ Technical Assistance Partnership for Child and Family Mental Health
  http://www.tapartnership.org/youth

- ✓ The President's New Freedom Commission on Mental Health Report found at
  http://www.mentalhealthcommission.gov/reports/reports.htm

- ✓ *Engaging Youth: A How-To Guide for Creating Opportunities for Young People to Participate, Lead and Succeed.* (2006). Paul, A., Lefkovitz, B., Sierra Health Foundation, REACH, Youth Services Provider Network.
  http://www.sierrahealth.org/assets/files/reach/Engaging_Youth_Report.pdf

- ✓ RTC Portland, AMP: Achieve My Plan
  www.rtc.pdx.edu/pgProj_3partnerships.shtml

- ✓ Substance Abuse and Mental Health Services Administration
  http://www.samhsa.gov

- ✓ Systems of Care
  http://systemsofcare.samhsa.gov

THE UNIVERSITY OF IOWA
Professional/Scientific System
Position Description Questionnaire

INCUMBENT/POSITION DATA (THIS SECTION MUST BE COMPLETED)

☒ Establishment of new position ☐ Occupied review ☐ Vacant Position

If occupied:

Name:		Date:	
Employee ID:		Ph. #	
Current Classification Title:			
Current Classification Code:		Org.	85
Classification Title Requested:	Program Assistant	Dept.	8670
*Classification Code Requested:		Sub Dept.	
Signature:		% Of Time	100 %
Requested Approval Date:		Position #	

Title

Code File

PLEASE DO NOT WRITE IN THIS SPACE

*IT IS RECOMMENDED THAT THE INITIATOR OF THE REVIEW REQUEST, IN CONSULTATION WITH THE DEPARTMENT OR COLLEGIATE/DIVISIONAL HUMAN RESOURCE REPRESENTATIVE, IDENTIFY AN APPROPRIATE TARGET CLASSIFICATION.

REVIEWED AND APPROVED BY

Supervisor/ Administrator:

Individual hired to fill Program Assoc II position (#112466)

Date: 2/20/07

Name – please print *Signature*

Department: CDD

Phone Number:

Recommended Classification Title and Code Requested: Program Asst

**Documentation Provided to Staff Member on (date):

Dept. Head: Elayne Sexsmith

Date: 2/20/07

Name – please print *Signature*

Department: CDD

Phone Number:

Recommended Classification Title and Code Requested: Program Asst

**Documentation Provided to Staff Member on (date):

Division/College Administrator:

Date:

Name – please print *Signature*

Department:

Phone Number

Recommended Classification Title and Code Requested:

**Documentation Provided to Staff Member on (date):

** Documentation consists of signed copy of the front sheet of the Position Description Questionnaire.

INSTRUCTIONS

1. Please review the entire questionnaire before you begin. Each question should be answered completely and accurately. If a question is not applicable, write "does not apply."
2. Please write legibly, or, preferably, type your responses.

3. If you experience difficulty in filling out the questionnaire, contact your departmental or collegiate Human Resource Unit Representative.

4. If you wish to make additional comments regarding your position, use item 18 of the questionnaire. Please feel free to attach any other information you feel would be useful in describing your position.
5. The completed questionnaire should be routed through the appropriate administrative officials/offices and have the following information attached:

- A letter by the initiator to the appropriate department/administrative unit head requesting the review, detailing the changes in responsibilities and the date of the last performance evaluation (if applicable).
- Unit Organizational Chart (with names and titles).
- Position Description in effect when the position was last classified (if applicable).
- **Date of the most recent employee performance evaluation will need to be documented, on the Position Description Questionnaire (PDQ), See Question 18.**

DEPARTMENT INFORMATION

Please indicate the mission of the department, the services it provides, and the major relationships with other departments.

The mission of the North East Iowa Children's Mental Health Initiative (NEI-CMHI) grant is to create a system of care for children with severe emotional disturbances that provides flexibility, interagency collaboration, and wraparound services to meet the individualized needs of children with severe emotional disturbances and their families. The Department of Human Service, Child Health Specialty Clinics, local community providers and public school districts will work collaboratively with families and youth to develop this model in the ten-county DHS service area for the northern portion of Iowa.

POSITION SUMMARY

2. In a concise two or three sentence statement, summarize the purpose and basic functions of this position.

Develops and facilitates activities for youth who have a serious emotional disturbance (SED) with staff who are charged with programming and implementing the Children's Mental Health Initiative system of care. Assures youth who have SED are actively involved in planning, evaluating and implementation of the children's mental health system.

List of Key Duties (In Order of Importance)	Duties		*Percent of Time Applied Over a Year
	New	Existing	
Facilitates youth peer support groups, conducts focus groups to gather input from youth at all stages of the project, and coordinate youth evaluation of staff.	X	☐	30%
Mentors youth participants. Performs outreach to at-risk youth. Coordinates and implements self-advocacy training. Consults frequently with youth to discuss, evaluate and plan for current and future needs related to the system of care.	X	☐	20%
Assists in recruiting youth for the Community Advisory Council and youth roles in the evaluation process assuring the cultural and linguistic backgrounds of youth diagnosed with severe emotional disturbances living in Northeast Iowa, DHS regional service area are represented.	X	☐	10%
Provide administrative team support and input for the development of programs for young people and children regarding the systems of care model. Advocate on behalf of children and youth attending Family Team Meetings as requested.	X	☐	10%
Works in partnership with the communications-social marketing specialist, lead family contact and other project staff to develop, prepare, assemble and distribute promotional materials.	X	☐	10%
Plans and arranges for appropriate facilities and services in conjunction with the project events.	X	☐	10%
Assist as requested in the evaluation of program effectiveness and impact or other workflow related functions.	X	☐	5%
Assist with preparation and maintenance of appropriate periodic and special program operation reports and surveys	X	☐	5%
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
		Total	**100%**

SUMMARY OF DUTIES

3. Describe the duties and responsibilities of this position. List the duties in order of their importance, check whether it is a new or existing duty, and indicate the average percent of time applied to each duty over the course of a year. The total percentage must add to 100%. Please select the "New" box below if you began performing the duties after the position was last reviewed.

Disclaimer Notice:

The Compensation and Classification Unit in Central Human Resources will review the information submitted in this Position Description Questionnaire (PDQ). The PDQ should only contain the actual duties and responsibilities of the

employee under review and the summary of duties should be written in the employee's own words. The summary of duties should not be a verbatim repetition of the characteristic duties and responsibilities from the requested classification description.

* There are 2080 hours in a work year, or 260 days. For example, if you spend two hours per day on a duty, this would equal 520 hours per year, which would equal 25% time applied over a year (2 hrs. x 260 days = 520 hrs. C 2080 hrs. = .25 or 25%).

3. a. Describe 3-4 current projects or goals for which this position is primarily responsible and the time period it takes to complete each goal.

Goal 1 By October 2007 Initiate activities to build the capacity of the local level CMHI to include youth in program development

Goal 2: By June 2007 identify and recruit youth advisory committee members

Goal 3: By October 2007 initiate activities to solicit youth input

Goal 4: By December 2007 assist the evaluator in identification of outcomes and baseline information for youth with SED.

3. b. Describe a typical day performing the responsibilities of this position.

Activities for a typical day will be determined by the workflow of activities of the grant work plan and the needs of the advisory council and system involved youth. Typically the Youth Coordinator's work day will consist of assisting youth in their ability to effectively participate in: 1. the development of a system of care that is responsive to the needs of youth in the community; and 2. in the evaluation process that will help clarify issues that are impacting their ability to be successful in school or other community settings. Daily activities will include meeting individually with youth, preparing for and conducting advisory board and peer support meetings and working with other staff members to develop and initiate programs.

4. Describe how work priorities are determined for this position. Include both the source of guidance (departmental/supervisor/general operating procedures) and the degree of independent judgment employed.

Overall work priorities for the grant project are determined by the Principal Investigator based upon the goals and objectives outlined in the grant contract. This position exercises independent judgment in determining how to implement the activities to support youth with SED.

5. How frequently are your work tasks or job duties observed and informally evaluated for progress and accuracy? Please describe.

Due to the collaborative state and community partnerships needed to successfully develop and implement a 10 county regional system of care, the work tasks and job duties for this position will be observed daily by many team members and program participants. The youth coordinator's work will be informally evaluated monthly for progress and quarterly for accuracy.

6. If you encounter new or unanticipated situations from whom do you first seek authoritative advice and how readily is this advice available?

The Principal Investigator/ Technical Assistance Coordinator is available on site and may be the first person from whom to seek authoritative advice. If the issue is directly related to family issues the Youth Coordinator may seek advice from the Lead Family Contact.

7. Give 2-3 examples of difficult or important decisions you make and describe the methods of analysis used to make your decisions.

Decisions include identifying appropriate resources and activities to involve youth in the system of care process; choosing which individual youth or youth group will have the best expertise or skills to carry out various selected activities or be best able to represent the group (such as going to a national meeting); deciding how to best organize activities to meet the needs and preferences of the region. Methods for analysis of problems is to determine the problem or issue, seek advice from youth and community partners, core leadership team (etc based on the issue), identify viable options, reach consensus of approach as appropriate or make a decision based on collective wisdom.

8.Describe any creative or innovative processes you have implemented which would illustrate the degree of resourcefulness, ingenuity, or creative thinking required to improve methods, procedures, or techniques in your department or division.

The Community Advisory Council includes a wide range of expertise and levels of connectiveness to help problem solve. Any one of those members can be utilized individually or collectively at meetings.

9. a. Do you supervise staff? ☐Yes X No

b. How many people do you supervise either directly or through subordinate supervisors?

Five	Job Titles of Staff Members Supervised	# Of Persons	# Of Full Time Equivalents (FTEs)
a. Professional/Scientific and/or Faculty			
b. Regents Merit Staff			
c. Student Employees			
d. Volunteers			

c. From the list below, check the phrases that are applicable to the kind of supervision you exercise.

	P & S Staff and/or Faculty	Regents Merit Staff	Student Employees	Volunteers
Plan and schedule work	☐	☐	☐	☐
Assign work	☐	☐	☐	☐
Instruct and train in methods and procedures	☐	☐	☐	☐
Check and approve work	☐	☐	☐	☐
Carry out performance evaluations	☐	☐	☐	☐
Make hiring recommendations	☐	☐	☐	☐
Make final decision on hiring	☐	☐	☐	☐
Recommend salary adjustments	☐	☐	☐	☐
Make final decision in salary adjustments	☐	☐	☐	☐
Recommend promotions	☐	☐	☐	☐
Make final decision on promotions	☐	☐	☐	☐
Make recommendations regarding unsatisfactory staff members	☐	☐	☐	☐
Make final decision to terminate unsatisfactory staff members	☐	☐	☐	☐

10. Describe the purpose and frequency of any recurring interaction that you have with others outside of your own department in performing your work. This interaction is defined as phone or person-to-person contact for business purposes. The purposes of the interaction could be described as: receive/refer inquiries, obtain/provide information, advise or interpret information, teach or counsel, and persuade or negotiate outcomes. Frequency can be described as: daily, weekly, monthly, or less than monthly.

Examples:

Associate Dean, College of Dentistry	Seek registration advice	Monthly
Undergraduate students	Advise and provide resources	Daily
Faculty, College of Business	Develop proposals	Weekly
Dept. of Public Health	Participate	

FREQUENCY OPTIONS 1 = Daily 2 = Weekly 3 = Monthly 4 = Less than Monthly

Examples of Titles	Please List Titles and Organization/Dept.	Purpose	Frequency
VP/Dean			Does not Apply
Dept. Head/Director			Does not Apply
Associate Dean			Does not Apply
Assistant Dean			Does not Apply
Faculty/Staff (outside your department)	Child Health Specialty Clinic Director and Staff	Too assist families accessing clinic services and community wrap around services utilized in the System of Care Model	2
Students/Patients (and their families)	Families and youth receiving services from the system of care model	To develop the structures needed for families and youth to be actively involved in the model evaluation	3
Gen. Public (vendors, prospective students, community agencies, grant funding agencies)	Community and state agencies including the Department of Human Services and State Title V programs.	To facilitate collaborative partnerships at both the community and state level that enhance the development of the system of care model.	2
Other			

POSITION QUALIFICATIONS

In answering the questions in this section, please think only of the minimum requirements for a person to be hired for this position.

11. What is the minimum level of education necessary to perform this job? If a specific degree is necessary, please indicate which field is necessary (examples: Masters in Library Science, Bachelor of Science in Nursing, etc.).

A bachelor's degree is required or an equivalent combination of education and experience.

12. Indicate any required special training, knowledge, and skills (other than previously described).

Must have previous work experience with youth 13-21 years old and or youth volunteers. Must demonstrate the ability to build good rapport with youth and have excellent organizational skills, written and verbal communication skills.

13. How many years of job-related experience are required in addition to the training, knowledge, and education listed in questions 12-13 for a person entering this classification?

A minimum of one year of job related experience.

14. Indicate any professional certification or federal/state/local licensing requirements that must be met to enter the classification.

Only if required by Iowa code for licensure based on individual's field of work

15. Describe the size and number of grants, budgets and payrolls for which you are responsible. Also explain your responsibilities for dealing with equipment, products, inventory or other resources and how you manage/generate revenue or control costs.

This position will not be responsible for budgets or payrolls. The Youth Coordinator is a member of the administrative team that works to increase participation of youth in the development and realization of the system of care.

16. If there are similar positions within the University, please list:

Name of Incumbent	Title	Department

PERFORMANCE EVALUATION

17. . Has a performance evaluation been conducted in the current fiscal year?

Please document the date of the employee's most recent performance evaluation (Must be within the past 12 months).

Does not apply since the position has not been advertised for filled at this time.

GENERAL COMMENTS

18.. Use this space to list any additional comments describing your position.

SUPERVISOR'S COMMENT SECTION **This position is being newly created.**

19. It is important that you, the supervisor, review this Position Description Questionnaire, since you may have a different perspective of the position being described. (For example, a person holding a position may tend to describe his or her own qualifications rather than the minimum qualifications required by the position.) DO NOT CHANGE THE INCUMBENT'S DESCRIPTION OF THE POSITION, but list your comments with reference to the appropriate question number in the incumbent's description. Please remember that this questionnaire is intended solely for the purpose of describing the position in question accurately and not for purposes of evaluating this individual's performance. Please review your comments with the incumbent. *Please reference the question number and provide your comments below.*

NEW YORKERS FOR CHILDREN

450 Seventh Avenue, Suite 403
New York, NY 10123
T: 646 257 2930
F: 646 257 2931
www.newyorkersforchildren.org

January 1, 2011

[redacted]

Re: Youth Advocates III/ Youth Advocate
Grant Number: 2011.01

Dear [redacted]

New Yorkers For Children (NYFC) is pleased to confirm your appointment as a consultant for Youth Advocates III. Your appointment is from January 1, 2011 through December 31, 2011

Project Overview
The goal of the Youth Advocate Program is to help Children's Services and their provider agency partners improve their capacity to work with young people in care and to support youth as they transition to adulthood.

Description of Work and Products
With guidance from the St. Vincent's Youth Advocate Supervisor and support from the Children's Services' Youth Advocate Program Coordinator, the Youth Advocate will serve as an ombudsman to young people in foster care in their agency. To support their work in these areas, the Youth Advocate will receive training and supervision related to their work. The Youth Advocate will fulfill key tasks outlined with the St. Vincent's Youth Advocate Supervisor.

Deliverables

- Regularly participate in Family Permanency Team Conferences with emphasis on those youth involved in St. Vincent's residential reduction process.
- Participate in training and support to youth and agency staff around the importance of youth participation in Family Permanency Team Conferences.
- Assist youth in addressing case-specific issues regarding achievement of permanency.

- Assist youth in addressing issues regarding achievement of PYA goals.
- Assist n bridging the gap between foster care youth and group home youth through group activities and individual meetings.
- Provide support to youth preparing to transition out of care through group and other activities.
- Assist St. Vincent's in the formation and implementation of an agency Youth Advisory Board working closely with St. Vincent's PYA staff and ACS.
- Participate in Children's Services' Youth Advisory Board (YAB) in planning and execution of board projects and initiatives such as the Youth Speak-out.
- Develop and maintain resource information of services and programs available to foster parents and youth transitioning from care.
- Work with ACS YFE Youth Advocate to maximize participation of St. Vincent's youth in the program.
- Support work of Aftercare program through identifying resources, assisting young people involved nit eh agency's employment service.
- Participate in quarterly performance appraisal.

Payment and Schedule Provisions

NYFC will provide up to $15 per hour, up to 20 hours per week for up to 50 weeks for up to $15,000 for the aforementioned deliverables. All invoices must be submitted within 30 days of completing the work. All invoices must include detailed documentation of the days and number of hours worked, the services provided and the specific tasks accomplished on each day worked. All invoices must include this information or risk being returned as being incomplete, leading to a delay in payment. The final invoice must be accompanied by a comprehensive progress report of tasks accomplished and deliverables met. You agree to provide invoices to Richard Fanelli, Assistant Director PYA at St. Vincent's Services, for approval. Approved invoices will then be forwarded by ACS to NYFC for payment. NYFC agrees to pay you the amount set forth in an invoice in a timely manner, for services performed satisfactorily by you. In general, NYFC issues checks on the 15th and 30th days of the month.

All work scheduling will be discussed with and approved by [redacted]i, Assistant Director PYA at St. Vincent's Services, [redacted], Director of Youth Advocacy and Support Services or [redacted], Assistant Commissioner of resource Development and Program Support in advance. Either party can terminate this agreement for any reason upon two weeks written notice to the other party

Because you are an independent contractor, neither you nor your employees (if any) are eligible to participate in any NYFC employee pension, health or fringe benefit plan. In addition, NYFC will not deduct from fees paid to you any federal, state or local income taxes, disability insurance, social security or other payroll taxes, payments for unemployment compensation or any other type of withholding. However, all fees paid to you by NYFC for your consultancy services will be reported to the Internal Revenue Service on a 1099 form. You are responsible for the payment of all taxes, including self-employment taxes, and payroll taxes for payments from you to your employees (if any) for work performed on NYFC's behalf.

Other Provisions

In the course of performing your consultancy duties for NYFC, you may be given access to certain documents and other materials belonging to NYFC or ACS, including confidential information not otherwise available to the general public. You agree not to discuss this confidential information to anyone outside NYFC or ACS.

In addition, you agree that unless you receive express permission from NYFC or ACS, as applicable, to do so, you will not copy or remove from NYFC or ACS premises any documents or other materials (regardless of whether such materials are confidential), and that you will return to NYFC and ACS at the end of this consultancy agreement (or upon NYFC's or ACS' request) any documents or other materials belonging to NYFC or ACS that you were permitted to copy or remove.

You agree that all work that you prepare on NYFC's and ACS' behalf during this consultancy agreement – including research results, publications, development, reports, processes , and programs ("Work Product") – are works-for-hire, owned exclusively by NYFC. You hereby assign to NYFC any rights you may have in such Work Product and you agree that NYFC will be deemed the sole owner of any copyrightable material created under this agreement.

If you receive a request or subpoena to produce any Work Product, NYFC or ACS' company property, or NYFC or ACS' confidential information, you will notify both NYFC and ACS immediately so that NYFC or ACS can seek a protective order, if desired.

Publicity Statements

NYFC retains the right to control its announcements to the public. We also ask that if you make any public statements about the project for which NYFC has engaged you or the services you are providing to NYFC, you will identify New Yorkers For Children as the source of funding for the project.

After you have read this agreement and confirmed that it accurately reflects our mutual understanding, please acknowledge your acceptance by signing below and then return the original, along with a completed W-9 form and a conflict of interest affidavit to Susan Magazine at NYFC.

We are delighted that you have agreed to provide us with these important services, and we look forward to working with you.

Sincerely,

New Yorkers For Children, Inc.
By:

2/3/11
Susan L. Magazine Date
Executive Director

Accepted and agreed to on this _____ day of _____, 2011

_____

_____
EIN or Social Security Number

cc: Suzanne Sousa
Suzanne.sousa@dfa.state.ny.us
Camelia Pierre
Camelia.pierre@dfa.state.ny.us
Ronni Fuchs
Ronni.fuchs@dfa.state.ny.us
Marsha Davis
Marsha.davis@dfa.state.ny.us

4

APPENDIX E:
TRAINING AND TOOLS FOR ADVOCATES

Training

Tools and Tips

Youth Lead Groups and Advisory Councils

TRAINING

EXCERPTS FROM A PRESENTATION ON HELPING TRANSITIONAL AGE YOUTH (TAY) AND PEER PROVIDERS IDENTIFY AND ACHIEVE THEIR CORE GIFT POTENTIAL

Helping Transitional Age Youth (TAY) and Peer Providers Identify and Achieve their Core Gift Potential

Kim Bisset, EdD, CPRP, *Director of Vocational Services* at Side by Side Supported Living, Inc., Brookline, MA

Nikki Pashka, M.S., C.R.C., *Case Manager* at Side by Side Supported Living, Inc., Brookline, MA

Nicole McMahon, Peer Advocate, STEPS Program, Arlington, MA

USPRA Conference in Boston, MA 2011

Background and Rationale

Adolescents/Young Adults Are on the Fringes of the Mental Health System

- Reluctance to Engage in Services
- Moving From System of "Entitlement" to One of "Eligibility"
- Legal Guardian May No Longer Be Responsible for Basic Needs
- "Aging Out" Process
- Ability to Refuse Services

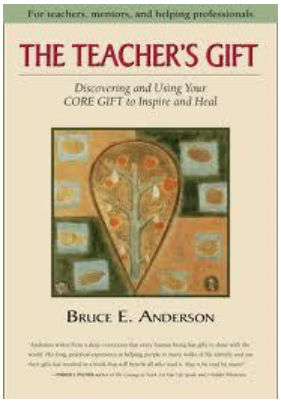
Community Activators

- Community Activators provides action-based, fresh, and hopeful training and organizational coaching for helping professionals, educators, and community activists.
- Our expertise and services are soundly rooted in strength/asset-based and multicultural models of helping and community development, as well as being supported by modern evidence-based research.

- Community Activators
  P.O. Box 328
  Vashon, Washington 98070
- Phone: (206) 463-3666
  Fax: (206) 463-6311

info@communityactivators.com

Community Activators



- Bruce Anderson is a Community Activator contributor. His book, ***The Teacher's Gift : Discovering and Using Your CORE GIFT to inspire and heal*** is the basis for our Core Gift curriculum.

What is Core Gifts?

- An ancient tradition rooted deep into cultures around the world
- It is believed that "each person comes into the world with the capacity and desire to make a certain kind of contribution to the world around him/her."
- Act as a powerful and universal tool for personal and community growth and healing

Why are Core Gifts so important?

- Disappearance of youth initiation processes from many cultures, left a gap of personal and community growth and healing
- Breakdown of community life
- Digital divide
- Powerful tool to help people build relationships and help citizens find acceptance and purpose

What do most young adults want?

- Job
- Relationships with a Boyfriend or girlfriend
- Their own apartment

TAY biggest complaint…

- They don't feel heard
- They don't feel listened to

Our Challenge

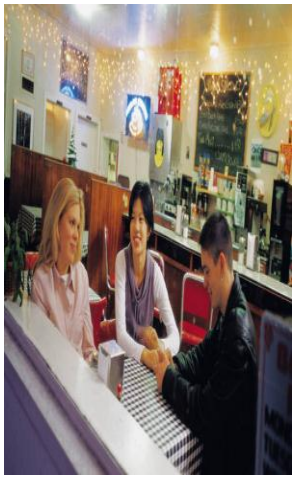
- How do we help them feel responded to and understood?
- How do we help them better connect to one another

Peer Providers

Peer Facilitators are unique among all other providers of mental health care because:

- They possess the "lived experience" of recovery.
- They have, openly and without shame, begun their journey to recovery.
- They model an openness that encourages others to share their journeys.

www.transformation-center.org



Path 1: Interviewing Others-collecting information about your core gifts-use the table below to help you brainstorm the list

Family	Friends	School	Work	Recovery	Play or Recreation	Spiritual or Religious	Community Service

How to create your core gift statement…

My Core Gift is:

I give my gift by….OR **I do this by…**
(Your gift-giving **style** or the method by which you give your gift: Behaviors, Thinking styles, Beliefs, Actions you take)

Core Gift Statement:

My Core Gift is being determined to help others to be successful.
I do this through humor, compassion, and honesty while going out of my way to help people feel better.

Examples of Core Gift Statements

Ron

My core gift is that I strive to be as sensitive, thoughtful, and caring as possible to friends and acquaintances. I do this by being determined, following through, and paying close attention to my interactions with people.

Linda

My Core Gift is**:** bringing stability to the Journey

I do this by**:** giving people hope to overcome difficult challenges

Karen

My core gift is bringing my positive outlook and belief in the individual to persevere through resourcefulness and compassion to achieve their goals and to cultivate a serene mind and healthy heart through love and enjoyment of sports and the outdoors.

Edgar

My core gift connecting with people in a caring, thoughtful and deeply insightful way. I do this by kindly sharing my dedication, in or through service, to helping people.

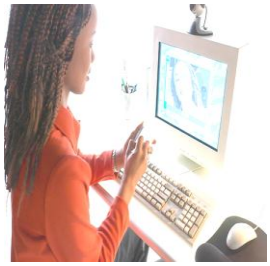
Employment for All – Everyone can be successful with the right supports…

Kim
My core gift is partnering with people to take time to listen, experience and clarify who they are and take action toward what they want. I do this by believing everyone can be successful with the right supports and helping them break down their goals so they may be more engaged and contribute more fully to their community.

Why action is essential….

- When I hear, I forget.
- When I see, I remember.
- When I DO, I understand.

Ancient Chinese Saying



How Core Gifts Help Recovery

The substance abuse, mental health, and domestic violience movements rely on the model of Recovery to help people heal and regain healthy lives in their community. Although there are various definitions of the term "recovery", there are four general working principles which are common across all definitions. Below are short descriptors highlighting how core gifts can be useful in helping a person to further understand and utilize each of these four elements of recovery.

Hope

Hope is based in both having a vision and believing you have some chance of getting, at least part way, to that vision. Once a person identifies their core gift, they have named an important part of their vision for themselves. ***Recovery: When a person give's their core gift, they gain hope they can be who they really are and make a contribution to their community.***

Authority

Using the Latin root of Authority, "to spring from an original source", a person's core gift is identified as what is unique and central to who they are. ***Recovery: When a person knows his/her core gift, they can use it to stay grounded when they are disoriented, as a tool for problem solving and understanding in difficult times, and as a reminder of their unique value.***

Community Engagement

Throughout history, core gifts have been used as a tool for identifying the primary strength and contribution of a community member. More than anything else, citizens were required to give their core gift in order to help sustain their community. ***Recovery: Citizens who are isolated or disenfranchised from community life can give their core gift as the primary way to regenerate feelings of belonging and engagement with others.***

Healing

The final step in healing requires a person to give their core gift. This is the symbolic step of declaring you have gained a capacity from the suffering you have experienced and that you are no longer stuck in or limited by that suffering situation. ***Recovery: By giving your core gift, you are declaring you have gained strength and capacity as a result of the suffering you have experienced., and have a substantial contribution to make to others.***

Community Activators • (206)463-3666 • info@communityactivators.com • P.O. Box 328 Vashon, Wa. 98070

INSTITUTE FOR COMMUNITY LIVING, INC.

FLEDGLING FUND – Peer Advocate Training

TRAINING SCHEDULE (**Subject to change**)

DATES & TIMES	SUBJECT	INSTRUCTORS	LOCATION
Week of 6/1	Orientation/Meet and greet	Heather Ford-Garvey Terri Johnson	Basement Conference Room, Emerson-Davis Family Center. 161 Emerson Place, Brooklyn, NY
6/8-10:00-4:00	Self-Care (WRAP)	Ruth Gonzales	Basement Conference Room, Emerson-Davis Family Center.
6/9-10:00-4:00	Prepare for Family Day	Peers	Basement Conference Room, Emerson-Davis Family Center
6/15-10:00-12:00	Finalize WRAP	Ben Sher	Basement Conference Room, Emerson-Davis Family Center.
6/16-12:00-5:00	Recovery 101 & 201	Ruth Gonzales	Basement Conference Room, Emerson-Davis Family Center.
6/22-8:30-4:30	Peer Specialist Conference	Conference Presenters	New York University, Kimmel Center 60 Washington Square South, New York, NY 10012
6/26-1:00-2:00 2:00-4:00	Integration of Conference Family Engagement Practices	Tamika Howell Nancy Boyd-Franklin	198 Linden Boulevard Brooklyn, NY 11226
6/29-10:00-12:00	History of Consumer Movement/Peer Story	Angela Cerio	Basement Conference Room, Emerson-Davis Family Center
6/30-10:00-4:00	Overview of Peer Advocate Roles & Responsibilities	Celia Brown	Basement Conference Room, Emerson-Davis Family Center

7/6-10:00-5:00 **7/7**-10:00-5:30	ICL New Employee Orientation	ICL New Employee Orientation Instructors	Training Room, 40 Rector Street, 8th Floor
7/8-10:00-4:00	Basic Advocate Training	Ben Sher	Basement Conference Room, Emerson-Davis Family Center
7/13-10:00-3:00	Leadership & Facilitation Skills	Marie Sabatino	Basement Conference Room, Emerson-Davis Family Center
7/14-10:00-3:00	Motivational Interviewing	Matt Wofsy	Basement Conference Room, Emerson-Davis Family Center.
7/16-12:00-3:00	Motivational Interviewing	Matt Wofsy	Basement Conference Room, Emerson-Davis Family Center.
7/20 10:00 – 12:00	(Check In; Assessment)	Terri Johnson Heather Forde-Garvey Tamika Howell	Basement Conference Room, Emerson-Davis Family Center.
7/27-10:00-12:00 1:00-3:00	Overview of Benefits/Entitlements Medicaid Buy-In	Anna Yurovsky Pat Feinberg	Basement Conference Room, Emerson-Davis Family Center.
7/28-1:00-3:00	Resource Development/Linkages	Ben Sher	Training Room, 40 Rector Street, 8th Floor, HR Side
8/3 10:00-12:00 1:00-4:00	Confidentiality/Engagement Parenting	Heather Forde-Garvey Tamika Howell	Basement Conference Room, Emerson-Davis Family Center.
8/4-10:00-4:00	Parenting	Tamika Howell	Basement Conference Room, Emerson-Davis Family Center.
8/10-10:00-12:00	Cultural Competence	Tamika Howell	Basement Conference Room, Emerson-Davis Family Center.
8/17-10:00-4:00	Shared Decision-Making	Marjory Brifil	Basement Conference Room, Emerson-Davis Family Center.

8/18-10:00-4:00	Peer Mediation	Tamika Howell	Basement Conference Room, Emerson-Davis Family Center.
8/24-10:00-11:30 11:30-2:30	Overview of WSM Healthy Living	Brian Mundy M. Titus-Prescott/Ben Sher	Basement Conference Room, Emerson-Davis Family Center.
8/25-10:00-12:00	Training Completion Celebration	All	Evelyn Loftin Community Room, 50 Nevins Street (T)

The Ideal/Good/Poor/ Training Tool For Teaching Tay Peer Specialists - Guidelines For Peer Specialist In A Hospital Setting – Dr. Kimberly Bisset (2009)

Guidelines for Peer Specialist in a hospital setting

What and What not to talk to Peers about-

Rough Draft 8-6-09

Ideal	Good	Poor Not helpful to discuss
How you recovered and how you overcame challenges	Past struggles with addictions-alcohol, drugs etc.	Specific details of past and current addictions-alcohol, drugs etc.
Strategies about your recovery process	Past mistakes and how you changed them	Going into details about your past mistakes
Discussing coping skills	Personal examples of positive coping strategies	Negative coping skills
Friendships	How to build rapport with people	Personal dating details, sex and sexual activities
Goal setting, exploring future personal development programs	How to set goals and explore future personal development programs	Being negative about the persons goals or future ideas
Planning strategies for the future and sharing inspirational and hopeful stories of recovery from books, songs, experiences etc.	Helping to create a positive image of their future for example pictures, arts, crafts, songs etc.	Promoting alcohol, drugs, illicit behavior verbally or through images on personal items and or clothing/ wearing provocative clothing
General strategies about communication/active listening	Personal communication strategies and how to be a better listener	Negative encounters with others/ explicit details of trauma (self initiated or other)
Providing examples of how to help individuals advocate for themselves and examples of positive self-care	Providing personal examples and needs based/ ways in which to advocate for themselves	Using, manipulating, or talking about individuals/staff
General topics-music, television and movies	Music, television and movie preferences	Talking about or watching rated R movies or listening to music with violence/sex/porn/negative behavior
Discussing future prospects of completing high school or going to college	Discussing your personal goals about completing high school or going to college	Saying that school is not part of recovery
Discussing future prospects of volunteering, interning or jobs	Your personal experiences on volunteering, interning or jobs and how to connect to the resources to find the right match for you	Sharing negative experiences or about the future or conveying beliefs that do not promote vocational activity

Discussing why they want to get out of the hospital. What are the positive reasons and what's holding them back from getting what they want	Sharing how you got out of the hospital	Discussing in detail why you were in the hospital in a negative way
Talking about developing or returning to a hobby, fitness plan, and or taking up a sport	Sharing personal experiences about finding new positive activities in your life	Promoting laziness or encouraging inactivity
Promoting respect for diversity and inclusive practices	Talking about valuing and respecting diversity of ethnicity, race, religion, and sexual orientation etc.	No derogatory or judgmental comments about ethnicity, race, religion or sexual orientation etc.
Teaching how to express one's feelings in a positive way	Sharing personal examples of how to share one's feelings	Encouraging blaming of others, or not accepting responsibility for behavior/derogatory language
Giving handshakes, high fives, knuckle bumps, daps and kudos	Asking if the person would like support and how it would be helpful	No holding hands, hugging, kissing or any full body contact
Talking about health and nutrition	Sharing personal positive experiences and teaching how to incorporate healthier habits	Promoting unhealthy habits
Planning to do positive activities together	Doing activities together, arts and crafts, games, or physical activity	No activities involving personal physical contact including tackling, rough housing and play fighting
Talking about daily activities such as cooking, cleaning, organizing and groups	Doing daily activities that promote healthy behavior and learning to be independent in society	Doing the actual work for the individual instead of coaching them on how to do it and setting the stage for empowerment

CASA PACIFICA
Centers For Children & Families
Providing Hope & Help

YOUTH LEADERSHIP TRAINING SCHEDULE

Day 1: Introduction to City Program (Program Manager Presenter)

Ethics - Introduction to Agency's ethical principles. (Program Manager Presenter)

Accountability and responsibility and job expectation (Program Manager Presenter)

Day 2: How to present yourself in a meeting (Sr. Youth Advocate presenter)

How to identify suicidal behaviors and youth at risk of suicide (Clinician Presenter)

How to identify and work with depression (Clinician Presenter)

Stress Management (Clinician Presenter)

Crisis Management (Clinician and Program Manager Presenter)

Knowledge Empowers You

Knowledge Empowers You:
A Wellness Self Management Program for Youth
Choice, Hope, Involvement, Resilience

Personal Workbook

Developed by

The New York State Office of Mental Health (NYSOMH)
The Evidence Based Practices Technical Assistance Center (EBPTAC)
NYS Psychiatric Institute, Columbia University
The Urban Institute for Behavioral Health (UIBH)
New York City Department of Health and Mental Hygiene (DOHMH)
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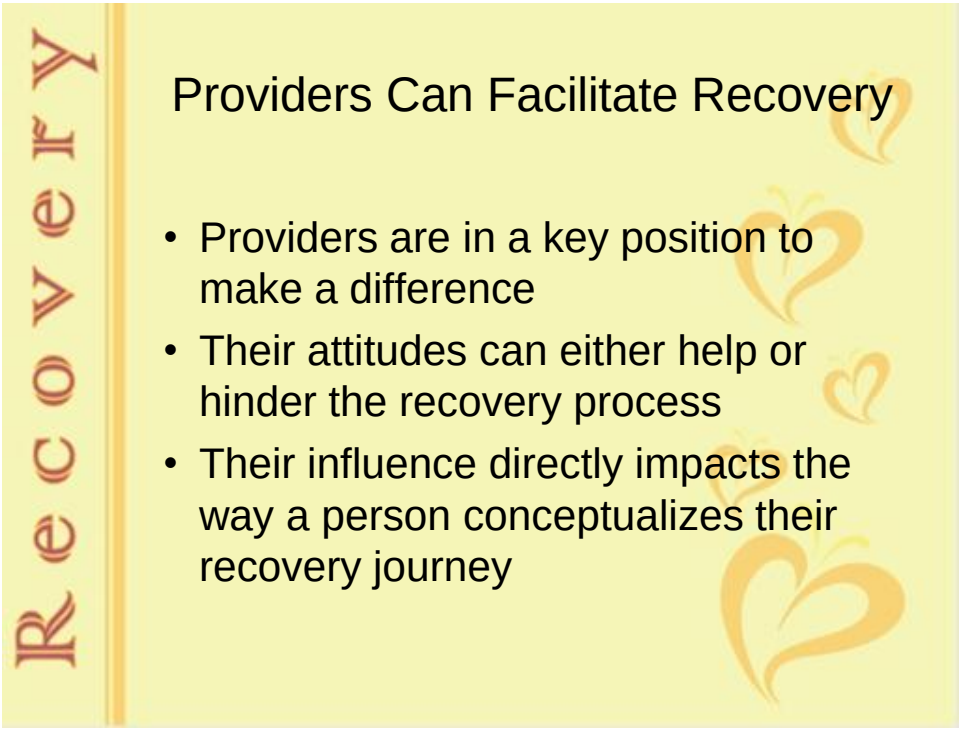
New York State Psychiatric Institute

New York State Office of Mental Health
Michael F. Hogan, Ph.D., Commissioner

The (KEY) Personal Workbook was adapted from the Adult Wellness Self Management (WSM) Program developed as a joint effort between the New York State Office of Mental Health (NYSOMH) and the Urban Institute for Behavioral Health (UIBH).

"PARTNERING WITH PROVIDERS IMPROVING PROVIDER ATTITUDES, BEHAVIORS AND PRACTICES TOWARD PEOPLE WITH MENTAL ILLNESS" –

RECOVERY INNOVATIONS RECOVERY OPPORTUNITY CENTER



Recovery

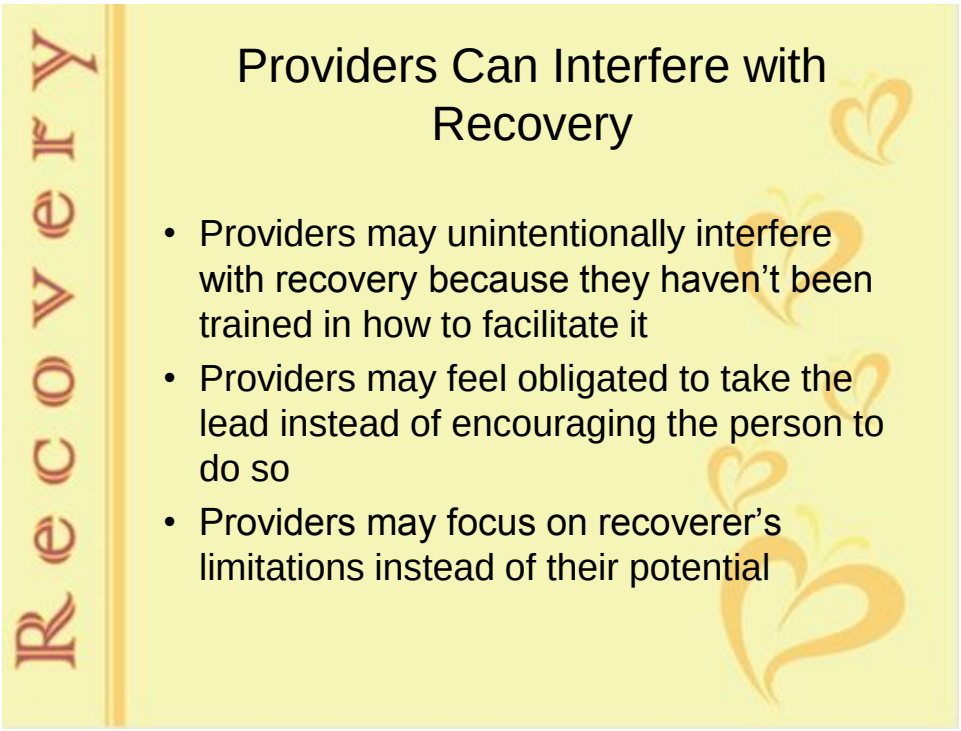
But……

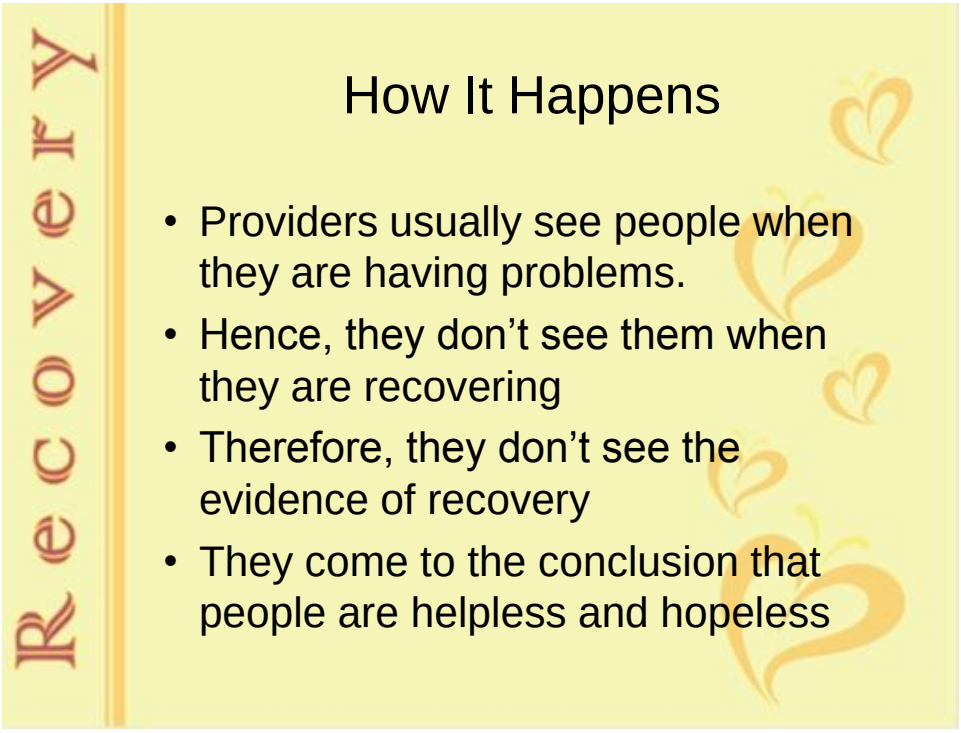
- Most providers have not received training in how to promote recovery
- Paperwork guides the process toward a focus on deficits
- The provider culture encourages non-mutual relationship instead of a partnership
  - Compliance is valued
  - Program/agency requirements unintentionally incentivize providers to practice non-recovery approaches

Recovery

Relationship breakdown

- Providers fall into the we-they trap resulting in:
  - Renders relationship artificial, so best tool is compromised
  - Work can become less meaningful and frustrating


Recovery
Providers Can Interfere with Recovery
• Providers may unintentionally interfere with recovery because they haven't been trained in how to facilitate it
• Providers may feel obligated to take the lead instead of encouraging the person to do so
• Providers may focus on recoverer's limitations instead of their potential


Recovery
How It Happens
• Providers usually see people when they are having problems.
• Hence, they don't see them when they are recovering
• Therefore, they don't see the evidence of recovery
• They come to the conclusion that people are helpless and hopeless

Recovery

This Leads to….

- Not believing that people recover
- Not believing they can help people recover
- Discouragement and burnout
- Poor results and outcomes
- Counter-stigma: people receiving service begin to see providers as irrelevant to their recovery

Recovery

Quick and lasting Fix

- Develop an integrated workforce of **well-trained** peers and family members
  - Provides constant reminder that people recover
  - Allows for relevant input to daily decisions that can improve the culture of the program
  - Equalizes the playing field if implemented correctly
    - Make sure their contribution is respected and their role allows for maximum impact

Recovery

Quick and Lasting Fix

- Provide top-notch training for providers delivered by recoverers and families
  - Delivered in respectful way that role-models recovery attitude
  - Personal accounts of how professionals have helped
  - Clear info on "dos and don'ts" on how to remove stigma from the workforce
  - Clear info on how to move recovery forward

Recovery

Summary

- Avoid treating professionals in ways we have accused them of treating people
- Develop an integrated workforce that encourages teamwork
- Provide training for professionals by peers and family members
- Measure for success so professionals, peers and family members can all take credit for eliminating stigma

Understanding Consumer Perspectives
Training Outline
Updated: 6/17/09

Introduction: (15 Minutes)

- Welcome to Understanding Consumer Perspectives
- Ice Breaker:
    - Go around the room, introduce yourself, and say no more than three words to describe how you are feeling at the beginning of this training.
    - Facilitators can begin with themselves.

Explain that this training is about working to understand what it like to have a mental illness and what we can do, as providers, to help people work towards a better quality of life. We are hoping to build an organizational culture that is moving away from the traditional way in which mental health services were provided which required people to be dependent on providers and held people back from leading full lives. Eliot encourages, believes in, and promotes the recovery model of providing services which encourages independence and self-determination. Overall, we are hoping to encourage the ultimate, AGENCY-WIDE goal of…

Providing high quality, innovative services that promote Hope, Growth and Respect.

The way in which we are hoping to work towards this ultimate goal is through the main objectives of this training…..

Objectives:

1. **Consumer Perspectives:** The way in which people who have experience with a mental illness see the world and their experiences in the mental health field.
2. **Recovery:** Most important to understand that recovery is possible! Recovery is a personal journey in which people move beyond feeling as though their mental illness is a life sentence.
3. **Negative Messages:** Are things that people communicate that a person is incapable of doing very much with his or her life.
4. **Positive Program Environment:** Involves creating a culture in which people are not dependent upon providers, but are actively working towards independence.
5. **Role of Peer Providers:** People who have had experience with mental illness and who are able to use their experiences to help others in the mental health field.

These objectives are important to help create an environment where respect and equality are present. We are going to be going over each of these objectives individually. After each segment, we will take a few minutes to go over any questions people may have. By going over and working to understand and integrate these objectives into the way in which we work and provide services, we hope to promote an *organizational culture* that promotes *respect and equality* for all people…which is again related to MISSION STATEMENT

*As a disclaimer, we want to explain that some concepts may seem redundant. Ideas and concepts will be repeated throughout the training…we continue to repeat them because of how important they are to the fulfillment of the agency mission. Also, it is important to understand that this training is presented from the view of the CONSUMER.

Objective #1: (15 Minutes)

Understand the perspectives of consumers with lived experiences

- What do we mean by this objective? What do we mean by "consumer perspectives?"
- Consumer perspectives is the outlook that people have when they have experience with a mental illness
- This involves the experience of being treated differently based on the fact that a person has a mental illness….by family, friends, providers, co-workers, etc.
- What we are hoping to do is to help staff understand what it is like to live with a mental illness and be treated differently based on this…this is something that we are all aware of and know exists, but it is important to reiterate….
- *Discrimination:* Making a distinction in favor of or against, a person or thing based on the group, class, or category to which that person belongs rather than on individual merit.
- Most people tend to think about discrimination in ways that are obvious….(You cannot do _____, because you are _____.)
- Explain that this is only one form of discrimination….we will talk about three….
    - Blatant Discrimination
        - Most obvious. ("You cannot do that because you have a mental illness.")
    - Subtle Discrimination
        - Not as obvious.
    - Benevolent Discrimination
        - Not always obvious.
        - People often do not realize that they are being discriminatory or mean to be. (Backhanded compliments, making assumptions about abilities, etc.)
        - Subtle/Benevolent discrimination can often be the same
- While we cannot ever make people completely understand what it is that consumers feel and go through, we have an exercise to help people ***acknowledge*** what it is like to be treated differently because of something that you did not choose for yourself and to also make you ***aware*** that these types of discrimination exist.

Exercise #1 – Self-Reflection

- Now that we have talked about the different forms of discrimination, we would like everyone to take a few minutes to reflect upon an experience that you have had in which you felt discriminated against and write the feelings that you experienced on a piece of paper.
- Make sure everyone knows they do not have to share what they wrote so it is important to be *honest!*
- List commonly felt feelings on PowerPoint and ask people if any of the words that are written on the board are the same or similar to the ones that they wrote….then ask if anyone wants to continue and share other feelings.
- Explain that these words were created by group of consumers to explain the ways in which they felt during times that they felt that they were treated differently/discriminated against because of their mental illness.
- We know that people can never know or understand the exact experience of a person who is discriminated against…this exercise is to point out that discrimination affects everyone similarly and that it is demeaning and hurtful to people.

Does anyone have any comments or thoughts that they want to share about this exercise?

Objective #2: (10 Minutes)
*Understand the concept of **recovery***

Although the concept of "recovery" is in and of itself its own topic, this is important to understand and acknowledge the concept of recovery in order to understand the perspectives of consumers with lived experience.

- Hope: belief that you can get better…most important aspect of recovery…without hope, recovery is not possible
- Development of a belief in recovery….for many people, it was thought that mental illness was a "life sentence."
- Process or journey of gaining *control* over one's life
- Importance of self-advocacy – don't rely solely on professionals to advocate for you…speak up for yourself…..this is also related to….
- Finding and developing your own support network – as opposed to relying on the support of those already in place (providers)
- Focus on self-reflection/understanding yourself – you are the expert on you!
- Taking risks and allowing yourself to fail
    - Make distinction between recovery and stability/maintenance
    - Recovery means moving beyond stability, trying new things, and allowing failure.
    - Stability and maintenance involves doing things to ensure or decrease the risk of relapse
- Moving beyond mental illness – having other identity

Objective #3: (15 Minutes)
Negative Messages

- Negative messages are things that people say and communicate that he or she is incapable of doing very much with his or her life.
- Absence of negative messages are more important than the presence of positive messages
- Reinforce a person's negative self- image
    - If a person already has a negative image of themselves and are presented with negative messages, that negative self- image will be reinforced
    - Use board or newsprint to show the negative messages in a person's head: Experiences <-> Beliefs <->Behaviors <-> Experiences (cycle)
- Often why people do not take responsibility for their own recovery
    - People feel that they are powerless and have no control over their situation
- Importance of language
    - Use person-centered language
    - Avoid "should" statements

We know that this is a very brief introduction into negative messages, but we want people to really think….
Now that we know what negative messages are, we want people to divide into groups of 2 or 3 to see how much we understand about what negative messages are.

What are examples of negative messages? *(give people 5-10 minutes then ask to share before going over PowerPoint)*

- Speaking in absolutes (You can't do that)
- Giving up on a person
- Being condescending/Treating people like children/speaking as though person is not there
- Minimizing abilities
- Support only from staff
- No choice/staff knows best/staff tells person what to do and/or provides a minimal amount of options
- No involvement in treatment planning
- Making assumptions about what a person can or can't do/will or won't do

What impact does negative messages have? *(give people 5-10 minutes then ask to share before going over PowerPoint after each segment)*

On Individual…

- Negative self- image
    - Explain that it is the same as we talked about before and use same head image: Experiences <-> Beliefs <->Behaviors <-> Experiences (cycle)
    - Makes people feel "sick"
    - Feel that they have no sense of purpose
- One of the biggest problems with negative messages is that they are *hard to change*
    - Self-fulfilling prophecy: Even if a person did not have a negative self-image to begin with, constantly encountering negative messages can serve to "create" a negative self-image. (If a person is told that they are not good enough or cannot do something for a long period of time, they will eventually begin to believe it.)
    - Learned helplessness: People feel that they are not in control of their lives and learn to act helplessly. People believe that they are ineffectual and are unable to change their circumstances. Believe that they will never get better.

On Program Environment…

- Physical Environment
    - Dirty/messy house or environment…shows that people do not care. If no respect for environment, then no respect for self or others.
    - Stark clean/hospital like….reinforces idea that in hospital/sick
    - Both of these are uninviting and non-conducive to recovery
- Relationships within environment
    - Staff to staff
    - Staff to consumer

How can we avoid negative messages*? (give people 5-10 minutes then ask to share before going over PowerPoint)*

- Be inclusive – people should always be involved in all aspects of treatment planning and anything else that has to do with them ("nothing about us, without us")
- Be encouraging – to take risks/try new things. Right to failure.

- Be aware of language – use person centered language, avoid being negative

Most importantly….
Be respectful – remember "golden rule." How would you want to be treated if you were in that same situation? How would you feel if you had no say in treatment plan, doctors, environment, etc.?
By understanding and acknowledging the existence of negative messages and the effect that they can have on program environments and individuals, it helps to promote culture of respect that promotes recovery. Any questions?...

BREAK FOR FIVE (5) MINUTES

Objective #4: (10 Minutes)
Positive Program Environments
Introduce that you will be talking about the difference between the old v. new treatment models, which is the way in which services are provided. The movement from the treatment model to the recovery model is the result of a progressive movement that promotes consumer choice and acknowledges the abilities of consumers. MH has come a long way…

Mention upcoming video: Dottie's story….she began on the back wards of a state hospital and stayed there for many years until deinstutionalization….she was able to move beyond and was providing services in the MH field. (Her story is the epitome of the way in which the medical/treatment moved to the recovery model.)

OLD: Treatment Model	*NEW: Recovery Model*
• Support primarily coming from professionals and are already in place	• Support comes from professionals, friends, family, community, etc…people should be encouraged to build their own supports
• Identity solely as mental illness	• Identity as person (beyond mental illness: mother, daughter, artist, etc.)
• Focused on protecting people….if people do not take risks, then they cannot relapse/decomp/fail.	• Encourages taking risks/personal choice/Personal responsibility/self-advocacy
• Encouraged dependency	• Encourages independence
• Focused on being stable	• Promotes recovery

Exercise #2 – Role Play **(15 Minutes)**
After each of the role plays we could ask staff to identify aspects of the role play that fit into the categories that we described (negative messages, treatment model, recovery model, discrimination, etc.)

*We are all providers…we know that it is not always easy to engage people and that a lot of what we talk about here is in the form of ideals.

We will be doing 2 different scenarios with 2 different aspects to them…so ultimately doing 4 role plays.

In two role plays….

1st role play will be the "bad" role play. After done, ask people to reflect on what they just saw and make comments about what they saw…then relate how their comments fits into one of the objectives that we just discussed.

2nd role play will be the "good" version of the first role play in which people are speaking and talking with clients under the Recovery Model.

After role plays…ask people how they would feel if they were the ones being treated like this on a daily basis (in Medical/Treatment Model.)

Objective #5: (10 Minutes)
Understand role of peer provider

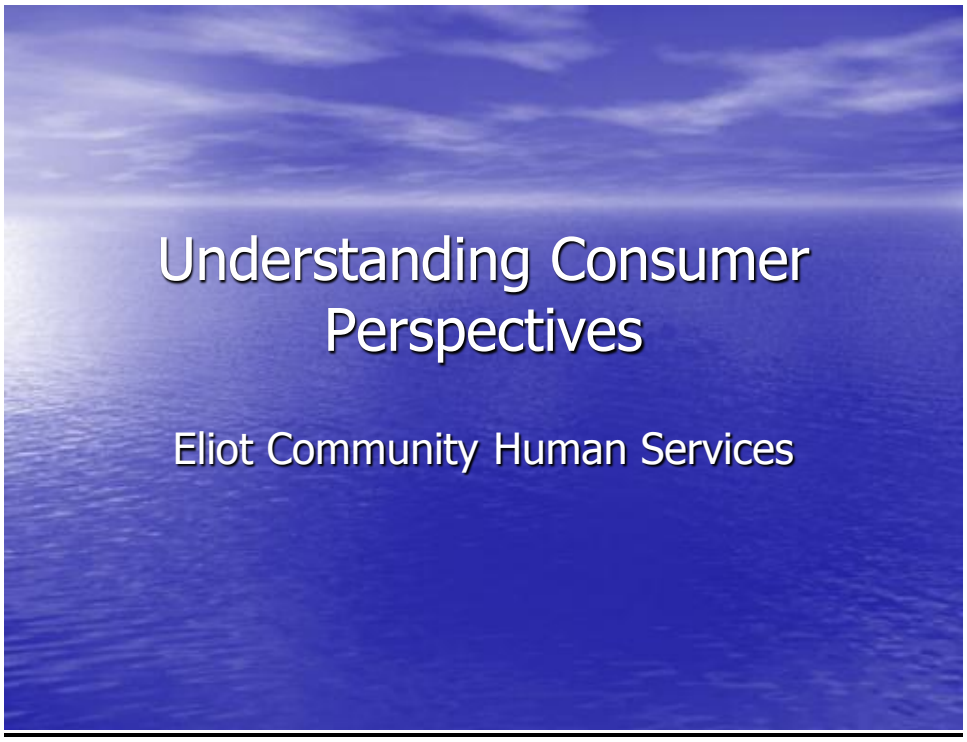
- Explain what a peer provider is: a person who has lived experience of mental illness and who uses their lived experience to help people
    - Navigation through mental health system
- Educator – can provide perspective to staff to help people understand where consumer is coming from
- Can help identify coping mechanisms
- Can help identify resources for staff and consumers (i.e. WRAP)
- Positive role model – shows recovery is possible.

Show Video **(20 Minutes)**
After video, depending upon trainer, possibly allow time for questions or elaboration.

Conclusion: (10 Minutes)

Ask people if there are any final questions or comments….

- Go back around room and ask people to say something about how they are feeling at the end of this training.


Understanding Consumer Perspectives
Eliot Community Human Services


MISSION:
Eliot Community Human Services, Inc. is committed to providing high quality, innovative services that promote
Hope, Growth, and Respect

Objectives

Understand….

- Consumer Perspectives
- Recovery
- Negative Messages
- Positive Program Environments
- Role of Peer Providers

Consumer Perspectives

- Experience living with a mental illness
- Experience of being treated differently based on having a mental illness
  - Family
  - Friends
  - Providers
  - Co-workers

Discrimination

"Making a distinction in favor of or against, a person or thing based on the group, class, or category to which that person belongs rather than on individual merit"

- Blatant Discrimination
- Subtle Discrimination
- Benevolent Discrimination

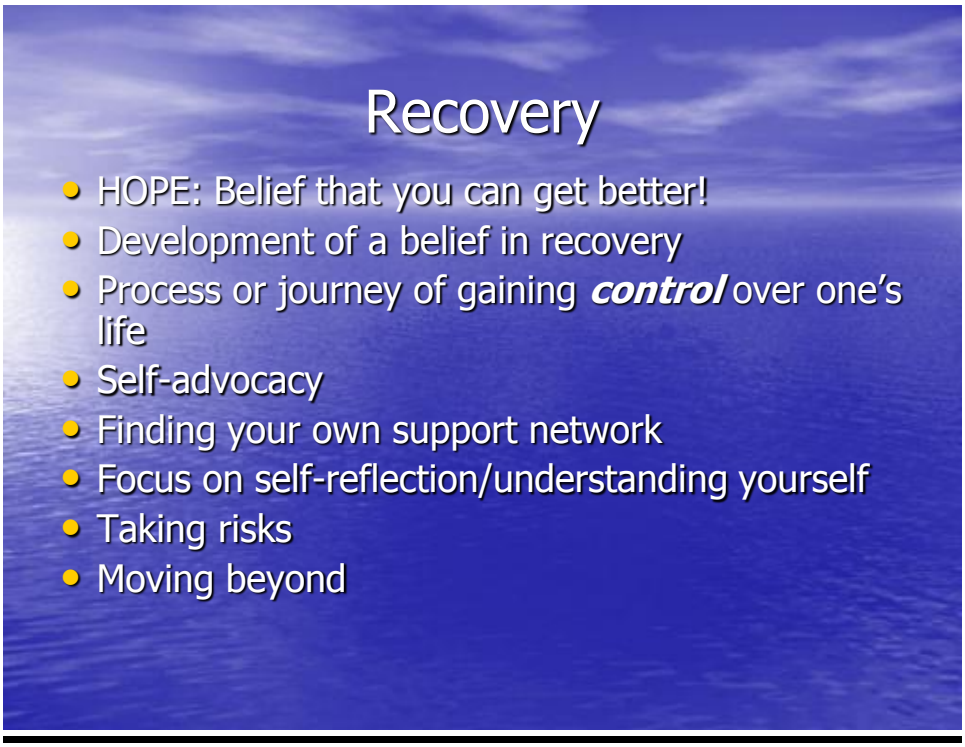
Exercise #1: Self-Reflection

Reflect upon an experience that you have had in which you felt discriminated against.

WRITE:
What were the feelings you experienced?

NOTE: You will not be asked to share these feelings with everyone. This exercise is about self reflection.


Exercise #1:
Common Feelings
Upset
Embarrassed
Ashamed
Sad
Uncomfortable
Anxious
Threatened
Inferior
Angry
Confused
Awkward
Agitated
Humiliated
And….


Recovery
HOPE: Belief that you can get better!
Development of a belief in recovery
Process or journey of gaining control over one's life
Self-advocacy
Finding your own support network
Focus on self-reflection/understanding yourself
Taking risks
Moving beyond

Negative Messages

Negative messages are things that people say and communicate that he or she is incapable of doing very much with his or her life.

- Absence of negative messages is more important than the presence of positive messages
- Reinforce a person's negative self-image
- Often why people do not take responsibility for their own recovery
- Importance of language

What are examples of negative messages?

- Speaking in absolutes
- Giving up
- Being condescending
- Minimizing abilities
- Support only from staff
- No choice
- No involvement
- Making assumptions

What is impact of negative messages?

Individual

- Negative self image
  - Personal limitations
  - Feeling "sick"
  - No sense of purpose
- Hard to change
  - Self-fulfilling prophecy
  - Learned Helplessness

Program Environment

- Physical Environment
  - Dirty/Messy
  - Un-inviting
  - Segregation
- Relationships
  - Staff/Staff
  - Staff <-> Consumer

How can we avoid negative messages?

- Be inclusive
- Be encouraging
- Be aware of language

Overall….

- Be RESPECTFUL

Promoting Positive Program Environments

OLD: Treatment Model	NEW: Recovery Model
• Support	• Support
• Identity as Mental Illness	• Identity as Person
• Protecting people	• Taking risks/Choice
• Dependence	• Personal responsibility
• Stabilization	• Independent
	• Recovery

Role of Peer Provider

- Use their lived experiences to work with consumers
  - Navigation through Mental Health system
  - Communication
  - Coping Mechanisms
  - Resources
- Education
- Positive role models

Tools and Tips

Western Mass Recovery Learning Community Defining Principles

The Western Mass Recovery Learning Community has been developed to support individuals who have lived experience with mental health diagnoses, trauma and/or extreme states. These principles apply to the RLC Resource Connection Centers (RCCs)and to any other workshops, trainings, classes, groups or Individual interactions that occur under the RLC umbrella.

Our Core Values: Safety, Respect, Optimism, Self-Determination and Personal Strength, Mutuality and Genuine Human Relationships

SAFETY

• Confidentiality is an expectation. Everyone is expected to keep private information learned about individuals at the RCC or in other RLC-related settings.
• The RLC strives to make all spaces accessible to all, including aspiring to be scent free. This means avoiding the use of scented products as much as possible when participating in RLC activities or visiting the RCC (as well as being sensitive to the need for other accommodations when avoiding wearing scents is not possible), using wheelchair accessible spaces, and scheduling interpreters and groups in other languages.

• The RLC is trauma-sensitive and asks individuals to be aware of triggers for others including avoiding smelling of alcohol or drugs or being visibly intoxicated or high. This also means not having alcohol, drugs or drug paraphernalia on your person at any time when at the RCC or an RLC activity.
• The RLC expects that members of its community will validate and attempt to accommodate each individual's needs to feel safe at the RCC and other RLC spaces. This may mean walking someone to their car when it's dark out, or making other efforts to support each person to feel safe based on their expressed needs.
• The RLC uses non-violent conflict resolution. It is anticipated that any individuals in the RLC community who have a conflict with one another will address the conflict directly to the relevant individuals whenever possible, and without the use of yelling, gossiping or physical aggression, and that individuals in general will be open to talking through conflicts with one another.

RESPECT

- Above all else, the RLC expects each individual to treat others as he or she would wish to be treated.
- This means treating each other and each other's belongings with respect, compassion and kindness at all times.
- The RLC aspires to use the most inclusive and respectful language at all times. Everyone will be
- encouraged to use person-first, strengths-based language and to avoid using one-word labels when referring to others in the recovery community.
- The RLC encourages shows of gratitude and appreciation for all other members of the community.
- Individuals are encouraged to go out of their way whenever possible to thank others for their contributions, including those with whom they might not always get along.
- The RLC community will respect all differences of opinion, beliefs, culture, appearances and ways of life. This means treating everyone with dignity, respect and as a valued individual, as well as encouraging learning, openness and conversations about different beliefs and cultures. We will not ostracize or put down any individual based on their ethnicity, sexual orientation, size or other aspect of their appearance, religious beliefs and so on.

OPTIMISM

• The RLC believes that recovery is probable for all individuals. This means that all individuals will be welcomed in to the RLC community and treated with the belief that they have the power and ability to achieve their hopes and dreams.

• The RLC will treat individuals who are struggling with compassion. This means that the RLC community recognizes that all individuals have ups and downs, and moments when they may 'relapse' or need to step away from the community, but that the community will reach out to them in times of need and always welcome them back with open arms and without judgment.

SELF-DETERMINATION &PERSONAL STRENGTH

• All members of the RLC community will define their own path to 'recovery.' This means that all members of the RLC community will always have the power to determine their own goals, and to define for themselves the very meaning of the word 'recovery' as it applies to their own life.

• The RLC community will not preach any one way of getting well. The RLC community will focus on education about options and support for each other's choices, and will never limit itself to any one model or approach.

• The RLC Community will treat each individual as capable in his or her ability to set guidelines for him or herself.

Hence, the RLC will avoid setting too many 'rules' and micromanaging situations and relationships because we believe in each individual's strength and wisdom to make his or her own choices, express his or her own likes and dislikes and identify his or her own needs without the overuse of rules and guidelines to dictate that process.

MUTUALITY

• There are no 'service providers' and 'service recipients' in the RLC community. It is assumed that all individuals who come to the RLC for support will also give support to another at some point, and that each individual will not only approach the RLC with the attitude of what he or she can get but also what he or she can give.

• We are not nor do we strive to be 'clinical' workers. The RLC is a community of people supporting people who have been through similar struggles, all on equal ground. We will not attempt to act as therapists or clinicians.

We will be 'professionals' in peer support, and above all else, in regards to the expertise that we have about ourselves.

• We are all leaders in the RLC community. This does not mean that each person must necessarily take turns at facilitating meetings, organizing campaigns or being the point person for a given activity. What it means is that as each of us empowers ourselves to move, question, change, act and be hopeful we thereby (intentionally or not) inspire others in our community to do the same – and then we are leaders.

GENUINE HUMAN RELATIONSHIPS

• The RLC is founded on our 'humanness' and the importance of forming genuine connections with other human beings. This means that individuals in the RLC community will be encouraged to form connections with each other as develops naturally, and to use the connection with this community as an opportunity to build or strengthen their natural support systems.

• The RLC community will respect the physical, sexual and personal boundaries of each member. This means that each member of the RLC community has the right to determine when he or she is going to be available to the RLC community, when he or she does or does not want to be hugged or touched in any way, and what sorts of relationships he or she wishes to engage in with others in the community.

YOUTH ADVOCACY 101

Everything You Ever Wanted to Know About (but were afraid to ask)

What it Means to Be a Youth Advocate

What is a Youth Advocate and What Do They Do?

A youth advocate is a youth or young adult (generally between the ages of 16-25) who has "lived experience" in the particular system that they provide advocacy in. For instance, a youth advocate in the foster care system would be a young person who has aged out or is aging out of the foster care system. Likewise, a youth advocate in the mental health system would be a young person who is receiving or has received services in the mental health system. A youth advocate can and does many things depending on their own personal skill set, and the needs of the organization that they work for or with.

These activities may include the following:

Peer Advocacy – Advocating for a young person through the child-serving systems using personal experience as a framework

Peer Support – One-on-one mentoring and listening that taps into the personal experience of the youth advocate

Youth Group Facilitation – As either a support group or an activities group a youth advocate may help organize and/or facilitate youth groups within their organization. This may be a way to provide peer support in a group setting.

Systems Advocacy & Activism – Participating on boards or committees, giving public testimony at hearings, and speaking directly to commissioner level officers are just a few of the ways that youth advocates can be involved in systems change.

Public Speaking – Sharing personal stories of hope and recovery, or participating in or facilitating workshops and trainings are just some of the ways that youth advocates can be involved in public speaking.

Youth Partnering/Peer Partnering – young people are often asked to sit in on treatment planning meetings, sometimes known as Child & Family Team Meetings, Family Team Conferences, or Service Plan Reviews. One of the roles of the youth advocate may be to help young people prepare for their meeting so they can advocate for themselves, by providing support, resources, and coaching and on occasion, with the consent of the young person, speaking on behalf of the young person being served.

Youth Engagement & Involvement – Engaging and involving other youth in how to become effective youth advocates and/or the activities that youth advocates engage in such as systems advocacy and activism.

Youth Coordination – Creating the space and the opportunities to make the above activities possible. This can include arranging space for meetings, identifying transportation, and fundraising for events, among other things.

Definitions:

Youth – Person under 18

Young Person/People – Depending on the context anyone under 30 or under 25

Young Adult – Depending on the context anyone between the ages of 18-30 or 18-25.

Peer – A person with similar lived experience (i.e. a graduate of foster care would be the peer of a youth in foster care and vice-versa)

Note:

The terms "Youth Advocate", "Peer Advocate" "Youth Partner", "Youth Coordinator", and "Youth Engagement/Involvement Specialist", are often used interchangeably. A youth advocate in one jurisdiction may have the same job responsibilities as a youth partner in another. Likewise one young person with the title "youth advocate" may only provide peer support and group facilitation, while another young person with the same title may only engage in systems advocacy and public speaking.

Resources for People Looking to Learn More About Youth Advocacy

Definition of Youth-Guided Care from the Technical Assistance Partnership

http://www.tapartnership.org/docs/socCatalogue/TAPYouth-GuidedDef.pdf

Article on the role of youth advocates within wraparound services

http://www.rtc.pdx.edu/NWI-book/Chapters/Lombrowski-4c.2-(youth-advocates).pdf

Article about youth advocates making systems change

http://pn.psychiatryonline.org/cgi/content/full/41/15/9

Youth MOVE National

www.youthmove.us

Youth POWER!

www.ftnys.org/youthpower.cfm

National Youth Leadership Network

www.nyln.org

Community Alliance for the Ethical Treatment of Youth

www.cafety.org

Youth Communication

www.youthcomm.org

National Youth Rights Association

www.youthrights.org

Foster Club & Foster Care Alumni of America

www.fosterclub.com

www.fostercarealumni.org

The Freechild Project

www.freechild.org

Building Bridges INITIATIVE
Advancing Partnerships. Improving Lives.

Your Life – Your Future

Inside Info on the Residential Programs from Youth Who Have Been There

Starting residential treatment can be hard, so knowing what to expect can help. You might feel alone or angry or scared, and you may be concerned that no one will listen to you and your concerns. We have been right where you are now. We put this information together to help you benefit from our experience.
Going into a residential program is a big change for anyone. When you know what to expect, it can be a lot less scary and you will be able to benefit more from your experience. Don't be afraid to ask questions and take care of yourself. You deserve the best!
The questions below can help you understand what to expect and help you talk about issues with your program, so that you can successfully take charge of your recovery.

Questions You Might Want to Ask Yourself and Others

- How is this program going to **help me**?
- What factors determine **how long** I'm going to stay here?
- What **goals** do I have for myself? **Is this the best place** to help me reach my goals?
- How can I be **involved in decisions** about my treatment?
- **What can I do** to make the most of my time here?
- How can my emotional and physical needs be met so I feel **safe and comfortable?**
- What are the **rules of this program**? Who makes the decisions about the rules? Do I have a role in making the rules?
- How does this program **discipline** youth? How will the staff help me to do my best?
- What kinds of **choices** do I have? Does this program support youth in making their own choices?
- How will I be **educated** while I'm in this program? Will you ensure that my credits transfer to my school, so that I don't fall behind in my educational progress?

- How will you make sure that I can stay in touch with my **parents, siblings, friends** and other important people in my life? How will they fit in to what goes on here (e.g., policies, spending meaningful time with my family, decision-making)? What if there are people I don't want to see?

- What **therapies and medications** will I receive and what are they for? What choices do I have about my therapies and medications?

- How will this program respect **my culture, my beliefs, my sexual orientation and my gender identity?**

- What do I do if I feel I am being **treated unfairly** by staff or if I have other problems with this program?

- Does this program use **seclusion (isolation) or restraint**? If so, what is done to prevent their use?

- What if I find a particular therapy to be too painful or unhelpful? Whom should I approach with **my concerns**?

- How will this program **help prepare me** to go back to my school, to college, to work, or to live on my own and handle finances?

- How can I maintain the connections I make with particular staff?

- If I think my program is ***not*** right for me, whom can I talk to and how can I advocate for myself? **Who is here to help me if I have a problem?**

For Help and Additional Information

If you have safety concerns, call your state's child abuse hotline or dial 911.
For more information on youth leadership and advocacy, you can contact:
National Disability Rights Network www.ndrn.org
Youth M.O.V.E. www.youthmove.us
Foster Club www.fosterclub.com
Community Alliance for the Ethical Treatment of Youth www.cafety.org

This Tip Sheet was written by the Building Bridges Youth Advisory Group. Long version can be found on BBI web-site
Visit the Building Bridges Initiative website www.BuildingBridges4Youth.org where you will find more resources.

www.BuildingBridges4Youth.org

Youth Tip Sheet: Your Life – Your Future

Recommendations for Successful Dissemination and Use

The Building Bridges Initiative Youth Tip Sheet, *Your Life-Your Future: Inside Info on Residential Programs from Youth Who Have Been There*, was developed by the members of the Building Bridges Youth Advisory Group. There are two versions of the Youth Tip Sheet with parallel content – one short and one longer. It is strongly recommended that organizations planning to use and distribute this document first inform, train and discuss the Youth Tip Sheet with administrators, providers, on-site personnel, organizational liaisons, family members and others to make sure that everyone is informed and aware about the content and the intended purpose: to empower youth.

Through participation in the Building Bridges Initiative and the use of tools such as the Youth Tip Sheet, you can play a critical leadership role in your organization, community, state and nation to support the empowerment of youth. We, the members of the Building Bridges Youth Advisory Group, encourage you to promote the dissemination of the Youth Tip Sheet through many channels, thereby increasing the likelihood that the information will reach a broad audience and serve as a valuable resource for youth. Please work with your professional contacts, youth and family organizations, professional associations, community organizations, government agencies at all levels, and across all child serving systems to promote the use of this tool and the adoption of strong youth-guided practice.

Ideas for Disseminating the BBI Youth Tip Sheet

• Provide the Youth Tip Sheet to youth who are considering, entering, or already in a residential program (in addition to agency-specific orientation materials).

• Establish a practice whereby the local/county entity (gatekeeper) that approves all residential stays a*lways* provides a copy of the Youth Tip Sheet to youth, family members, and providers whenever there is a referral to a residential program.

• Put quality assurance checks in place in your organization (for ex., youth sign-off on chart) to monitor that all youth receive the Youth Tip Sheet.

• If applicable, customize the 'more information' box at the end of the Youth Tip Sheet (perhaps using a sticker) to include local or state organizations known for their independent advocacy on behalf of youth.

• Although it is anticipated that the short version of the Youth Tip Sheet will be most appropriate for the majority of youth, make the long version of the Youth Tip Sheet available to youth who are interested in more detail.

• Provide the long version of the Youth Tip Sheet to providers, advocates and others who wish to learn more about what youth want to know about residential programs.
• Both versions of the Youth Tip Sheet should be disseminated widely through:

- youth organizations
- family organizations
- a wide range of providers across all systems
- all state and local public agencies responsible for youth and family services
- agencies that make referrals to residential programs
- other locations that make sense in your community, especially those recommended by youth
- professional associations

(National, state and local)

- funded system-of-care communities
- managed care organizations
- youth legal services providers
- social networking sites
- conferences

• If possible, we recommend that you print the Youth Tip Sheet (short version) front-back on a card-stock paper (4.25 x 5.5) so it stands out from the usual paperwork.

Suggestions for How to Use the Youth Tip Sheet

• Ideally, a peer youth advocate or youth mentor would spend time with each youth going over the ideas covered in the Youth Tip Sheet. We know that this type of tool is most effective if it is linked to support to help the youth navigate the system.

• The Youth Tip Sheet should be reviewed with each youth at different times during his/her stay in the program. Youth may be overwhelmed by new information or in crisis when they first enter the program. They will likely have new questions or thoughts after they have experienced the program. A youth advocate or mentor should regularly revisit the issues addressed in the Youth Tip Sheet.

• The youth and providers who developed the Youth Tip Sheet believe that the provider community should be 'prepped' about the content, intent, and desired response to the Youth Tip Sheet. You can do this by sharing more information about the Building Bridges Initiative's values, principles, and promising practices. It is highly recommended that any organization or community using the Tip Sheet conduct an orientation on the Tip Sheet content, as well as more thorough training on youth-guided care. This should include residential program staff, community provider staff, care coordinators across-systems, administrators, family members, youth, community leaders and policymakers at all levels.

Transforming Relationships Among Youth, Families, Providers and Communities

• The philosophy and practice of youth-guided care are central to the Building Bridge Initiative. The following definition of youth-guided care was developed by youth. *"Youth-guided means that young people have the right to be empowered, educated, and given a decision-making role in the care of their own lives, as well as the policies and procedures governing care for all youth in the community, state, and nation. This includes giving young people a sustainable voice and the focus should be towards creating a safe environment enabling a young person to gain self-sustainability in accordance to their culture and beliefs. Through the eyes of a youth-guided approach, we are aware that there is a continuum of power and choice that young people should have based on their understanding and maturity in this strength based change process. Youth guided also means that this process should be fun and worthwhile."* (Source: Youth-Guided Pyramid http://systemsofcare.samhsa.gov/headermenus/youthguided.aspx). This definition forms the philosophical basis for youth-guided practice in the Building Bridges Initiative.

• Youth who are informed and educated will ask more questions and have more opinions and ideas about what is important to them in their experience in a residential program. The youth involved in the development of the Youth Tip Sheet expressed a concern that youths' efforts to advocate for themselves could inadvertently have negative repercussions if providers are not open and responsive. Organizations need to be prepared to take the time to respond to the questions that youth have and partner in new ways with youth, as individuals, and in program governance. Youth deserve honest, constructive and compassionate responses to their questions and meaningful opportunities to be involved.

• If you consider the questions asked in the Youth Tip Sheet, it will likely prompt your organization to re-evaluate your program - from how you connect youth to peer advocates, to how you conduct pre-admission tours and orientation, to your program's practices to engage youth, to how you and your community partners relate to one another, to how you involve youth in their own treatment planning and in agency-wide decision-making. If your organization endorses and adopts the Building Bridges Joint Resolution (visit www.BuildingBridges4Youth.org), uses the Youth Tip Sheet and incorporates the principles of youth-guided care, it *will* change the way your organizations provides services – and likely with improved results as research points to better outcomes when youth are actively involved in their own care.

Visit the Building Bridges Initiative website www.BuildingBridges4Youth.org for more detailed information on the Initiative, as well as tools to help your organization and community transform using the principles that guide the Building Bridges Initiative.

Building Bridges Self-Assessment Tool:
For Residential and Community Staff and Advocates

(Full version and other assessment tools in English & Spanish can be found at www.buildingbridges4youth.org)

Overview of the Self-Assessment Tool (S.A.T.)

This survey looks at the care of youth who have been in a residential treatment program and their families. For the purpose of this survey, a residential treatment program is a program which provides mental health services to youth while they live onsite in a group program. It is not a small group home or a foster home.

The survey was developed by youth, families and professionals who studied the times before, during and after a placement. They made a list of the most important things community and residential providers do in working together to serve youth well. The survey asks questions about how often staff, family, youth and community members think these practices are done.

Your answers will help providers choose areas to improve.

Ideally, the survey would be completed by the staff of a residential treatment program, the youth and families it serves and its community partners.

This survey is not only about the residential program, but about how well various community partners and the program work together in support of youth.

What Will Happen With The Results?

The purpose of this survey is to improve services, not to grade or rate the program.

This survey is designed to help make changes so the different groups can work together better to serve youth.

Many residential programs have found that the information from this survey is useful, and that the most valuable way to use the information is to talk openly about the responses together with youth, family, and community members.

When you compare answers from groups of residents, families, staff and community, you will be able to see how these groups experience the program differently. This will help you see what works well, and what you could change.

Building Bridges Vision –

Community and residentially-based treatment and service providers share responsibility with each other, families and youth to ensure that comprehensive mental health services and supports are available to improve the lives of young people and their families.

Building Bridges Mission –

Identify and promote practice and policy initiatives that will create strong and closely coordinated partnerships and collaborations between families, youth, community and residentially-based treatment and services providers, advocates and policy makers to ensure that comprehensive services and supports are family-driven, youth-guided, strength-based, culturally and linguistically competent, individualized, evidence and practice-informed, and consistent with the research on sustained positive outcomes.

Youth Lead Groups and Advisory Councils

The Youth Experience

Every 3rd Friday of the Month

75 Morton St.

New York, NY 10014

6:00 P.M – 7:30 P.M

Have *Your* Voice Heard

Change the System, Change the Future

What is The Youth Experience?

The Youth Experience is a monthly meeting of young people who are "systems experienced".

Who is The Youth Experience?

We welcome all young people to attend, but our focus is on young people who have been involved in the special education, mental health, child welfare, and/or juvenile justice systems as well as runaway/homeless youth. While our meetings take place in New York City, we welcome all young people, regardless of where they come from to participate. Our group is designed for transition aged youth and young adults (14-24). Older peers may participate as facilitators and mentors.

Why The Youth Experience?

Because young people who have been through the system often have their voices silenced. The Youth Experience is our way of finding our voices again.

So What Happens at The Youth Experience?

The Youth Experience is part support group, part speak-out, part hang-out. The group is what the young people who attend make of it. Sometimes that means sitting around a table and talking about important issues in our own lives. Sometimes that means talking about serious policy issues that affect you and your peers. Mostly it's an opportunity to support and receive support from others who have been in your shoes.

Why Does The Youth Experience Work?

One of the strengths of The Youth Experience is that the meeting is organized and staffed by youth and young adults. Staff that youth identify as supports are encouraged to participate, but the meeting itself is peer-run. There are a number of young people who have been hired throughout the City of New York and the surrounding areas to be youth advocates. These

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advocates are young people who themselves have gone through many of the same things that you may have gone through when they were younger. Because the group is peer-facilitated, you'll understand from the beginning that this meeting is different. The youth advocates facilitate and support the young people in the direction of where the young people want the meeting to go. As a group all we ask is that all participants respect each other and maintain the safety of the group.

Why Should I Come to The Youth Experience?

More than just the opportunity to be yourself for a couple of hours, there are a number of benefits to participating in The Youth Experience. First, there's the free food. Who doesn't love free food? Second, there's the opportunity to receive support from peers who have gone through similar things as you have, and the opportunity to give that support as well. Third, there's the opportunity to be connected to one of our many youth advocates who attend if you feel that you need one. Lastly, but most importantly, it's a chance to learn about all of the ways you can have *your* voice heard, including how you can become a youth advocate yourself.

When & Where Does The Youth Experience Meet?

The Youth Experience meets at 75 Morton St. on the third Friday of every month unless otherwise noted. Food and transportation is provided. In order for us to know how much food we should order, RSVPs are encouraged.

How Do I Get Involved?

You can either just show up at one of the regularly scheduled meeting times, or you can contact any of the youth advocates listed here for more information.

What about Other Youth Groups?

The Youth Experience is only held once a month because we know that you may have other groups that you belong to. The goal of The Youth Experience is not to duplicate what happens in other groups, but to support and strengthen what happens everywhere. We hope that you will spread around whatever you take from The Youth Experience wherever you go.

Definitions:

Youth – Person under 18

Young Person/People – Depending on the context anyone under 30 or under 25

Young Adult – Depending on the context anyone between the ages of 18-30 or 18-25.

Peer – A person with similar lived experience (i.e. a graduate of foster care would be the peer of a youth in foster care and vice-versa)

For More Information Please Contact:

Brian Lombrowski – NYS OMH NYC Field Office

(212) 330-1675

brian.lombrowski@omh.ny.gov

Pauline Gordon – YOUTH POWER! NYC RYP

(347) 880-2735

pgordon@youthpowerny.org

Katie Linn – NAMI-NYC Metro

(212) 684-3365 x202

klinn@naminyc.org

For information about youth advocates in the Child Welfare System (Foster Care & ACS) contact:

Angelique "Ace" Wilson – ACS

(212) 676-9003

Angelique.Wilson@dfa.state.ny.us

Cohannet Academy

Cohannet Council

General Description

1. Cohannet Council will be held twice a month facilitated by the Program Director and will be with every resident safe to attend.
2. Cohannet Council is a bi-weekly meeting to have one on one time with the Program Director to discuss issues related to the unit, bring up concerns on the unit, discuss staffing issues, look at program routines and structures, identify changes to programming or routines the residents would like and come up with trips or activities they would like to do.
3. Quarterly we will pick four officers for the council.
4. Cohannet Council will be given a budget of $50 per meeting to spend on anything for the program that the group decides on. Some ways the money has been spent was on a new television for the activity room, going out to get manicures for our Spring Fling, buying new movies and games for the Wii, purchasing new supplies for girls groups, et.

President:

- Co-Lead meetings with Program Director.
- Will be the representative between Cohannet Council and Management Team and attend part of management team to present ideas from the council.
- Follows up with residents throughout week on assigned jobs.

Vice President:

- Co-lead weekly meetings.
- Will substitute for President if they are unable to attend any meetings for whatever reasons and can be representative between Cohannet Council and Management Team.
- Act as representative during Community Meeting for getting ideas and follow up from the council.

Treasurer:

- Will be responsible for taking the money and accounting the funds on our ledger.
- Will be go between between Cohannet Council and Office Manager.
- Tracking money earned through fundraisers and keep track of money and report to council.
- Will do research for spending on items that the council decides to purchase.

Secretary:

- Take notes from each meeting to be kept in Cohannet Council binder.
- Collecting suggestions from Suggestion Box prior to meetings.
- Type notes and distributes them to ALL residents and ALL staff.

Goss Building, Third Floor, 60 Hodges Avenue, Taunton, MA 02780
(508) 977-3730 main; (508) 824-7528 fax

CASA PACIFICA
CENTERS FOR CHILDREN & FAMILIES
Providing Hope & Help

Unity Council Mission Statement

The purpose of Casa Pacifica's Unity Council is to foster on-going collaboration between youth leaders and staff which is focused on discussion, prevention, problem solving, and gaining the youth's perspective on campus concerns. The Unity Council is youth guided and along with providing input, it is empowered to take action on the agreed-upon resolutions.

Unity Council Vision

With staff support and guidance, youth members will be empowered to engage in decision-making and problem solving to contribute to a sustainable voice for youth on campus. Youth and staff members will work together to create a safe environment on campus where everyone feels respected and their concerns are heard.

Unity Council membership will be composed of youth leaders from the Shelter and Residential programs, youth advocates, and staff from Shelter and Residential programs, Recreational Therapy, and a Support Counselor.

Unity Council Structure

- Meets weekly - Wednesday from 6p-7p
    - Agenda and structure of the meeting with be set by the Council's youth leader and youth advocate with the support and guidance of the "lead staff".
    - 15 minutes will be focused on an activity to build on-going trust and connection between youth, youth advocates, and staff members.
    - Leadership skills and curriculum will be integrated into the meeting's topic/discussion. "Lead staff" will be responsible for ensuring this happens.

- Discussions, ideas, proposals, and/or resolutions for change from the Council will be presented to the appropriate group for feedback; Campus Leadership, Supervisors group, cottage meetings, etc.
- Unity Council can also be given topics and/or campus concerns to discuss and get their feedback.

- Attendance

  - Unity Council is not a privilege, but youth members should be honored to be have a part and the responsibility to be role models for the rest of youth on campus.
  - Consistent attendance from both youth and staff members. Previous experience has been that participation decreases as youth members are discharged/leave.
  - If a youth member is on a safety watch at the time of the Council meeting, he/she will not be allowed to attend.
  - If a youth member is on a safety alert at the time of the Council meeting, they are welcome to attend if they're demonstrating safe behaviors.

- Meeting will be youth guided by the Council's youth leader youth and supported by the youth advocate.

  - Youth-Guided*:* Young people have the right to be empowered, educated, and given a decision making role in the care of their own lives. They should also have a role in designing the policies and procedures governing care for all youth in the community, state, tribe, territory and nation. Young people should have a sustainable voice with an eye on creating a safe environment that enables a young person to gain self-sustainability in accordance with his/her culture and beliefs. A youth-guided approach postulates that there is a continuum of power and choice that young people should have based on their understanding and maturity in this strength based change process. Youth-guided also means that this process should be fun and worthwhile (*Building Bridges Initiative*).

- Staff members will have voice and active participation with emphasis on providing support and guidance to the youth members.

- Council membership:
  - 4 youth from RTC: 2 Ang, 2 Cald.
  - 2 youth from Shelter: 1 Rbw, 1 McDs.
  - 1 youth advocate- the goal will be to have 2 advocates at each meeting.
  - 2 staff: Shelter & RTC
  - 1 staff: Rec Thpy.
  - 1 staff: Support Counselor
  - 11 -12 total members: 7-8 youth, 4 staff

- Unity Council would like to have Parent/guardian member to contribute another perspective. Some concerns that should be discussed:
  - Advocate for all, not just their son/daughter in placement
  - Will they be committed to the Council?
  - Confidentiality concerns when discussing other youth and their treatment.

- Youth Selection:
  - Current youth members from student council will join Unity Council.
  - Youth Council members will invite potential youth members to apply. Potential youth member will be interviewed by the Unity Council members. If a final decsion is needed, it will fall on the Youth Leader, youth advocate, and "lead staff".

- Staff Selection:
    - Youth members will need to feel supported and trusted with the potential new staff member.

    - Youth members will seek out staff to nominate or any staff wanting to be part of Unity Council will approach a youth member. Staff's name will be brought before the Council to get input from all members. If a final decision is needed, it will fall on the Youth Leader, youth advocate, and "lead staff".

    - Qualities/characteristics youth members would look for in staff wanting to be part of Unity Council:
        - Trust and respect
        - leadership support
        - communicate back to other staff the decisions made by Unity Council.
        - communicate campus issues/incidents from staff's perspective.
        - open minded, listen to the youth
        - able to support and provide guidance
        - commitment to the youth and Unity Council
        - creativity
        - enthusiasm/willingness
        - be an advocate for the youth

- Unity Council's first tasks will be:

    - revise the existing application for joining Unity Council
    - set standards for both youth and staff members. Example: if a youth member has significant behavioral issues, how will it be handled?
    - decide what positions the Council will have and electing officers.
    - how to get staff involved/want to be part of Unity Council

APPENDIX F: ADDITIONAL RESOURCES AND WEBSITES

Table of Contents

Additional Resources

Websites

Additional Resources

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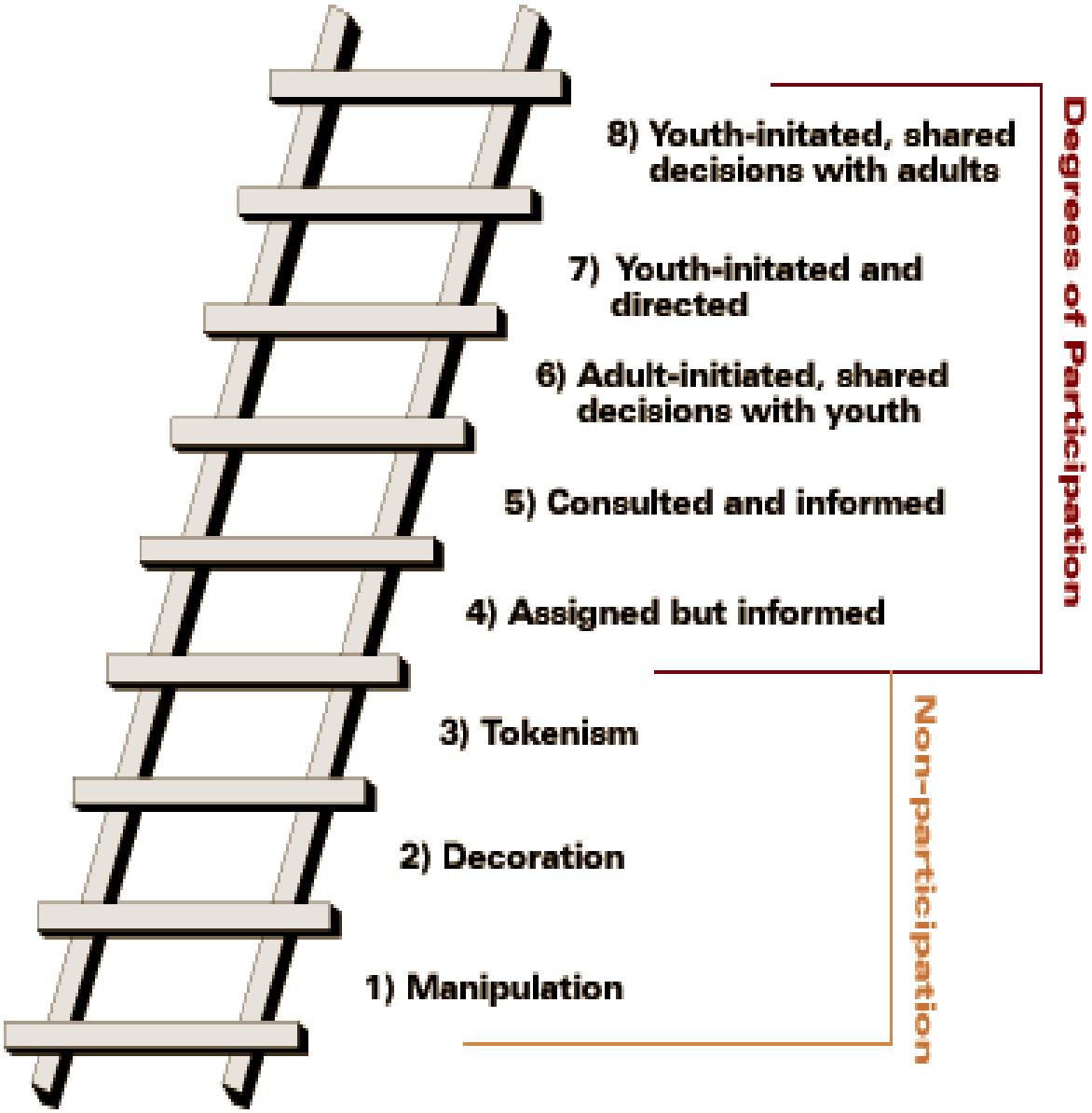
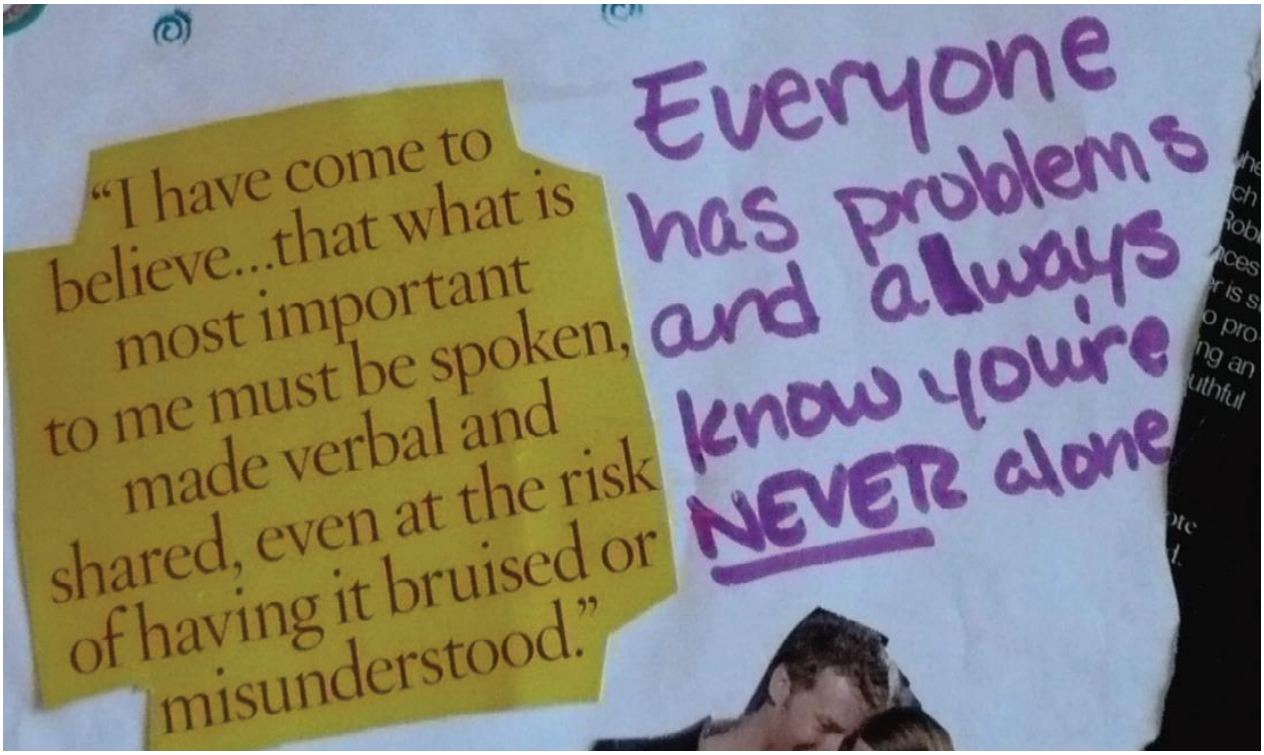
ROGER A HART (1992) CHILDREN'S PARTICIPATION : FROM TOKENISM TO CITIZENSHIP, UNICEF



Youth Speak!

Partnering With Youth and Families Committee Of The National Child Traumatic Stress Network



"Youth want to hear from other youth—they especially want to hear another youth's story, what they've been through, how they've overcome challenges,
how mental health services have helped them, etc." (July 2008).

Introduction

This booklet began with youth participants at the Face-to-Face Meeting of the Partnering with Youth and Families Committee (PYFC) of the National Child Traumatic Stress Network (NCTSN) in July 2008. Youth were invited to be part of a two-day meeting to discuss how to involve and partner with youth and families in trauma settings. The agenda included a discussion about the history of family and youth involvement in the NCTSN and the PYFC, ways to develop peer-to-peer support groups at the NCTSN center level, the development of Community Advisory Boards, and ways to increase the involvement of youth in all of these activities. During youth-specific sessions, youth created artwork to reflect their experiences of being in services and offer messages of hope for other youth, caregivers, or professionals.

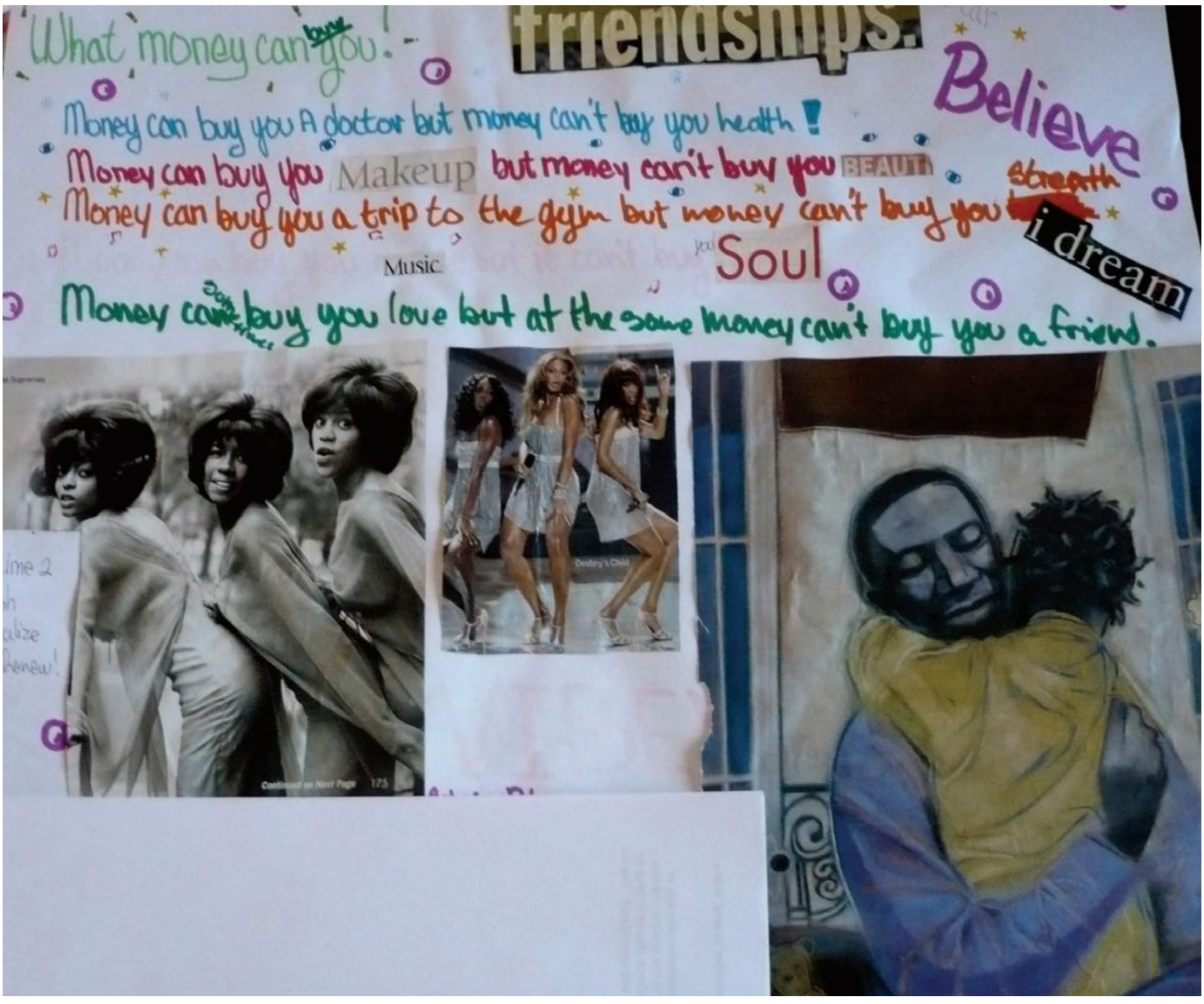
This booklet represents the words and voices of the youth participants and youth who are affiliated with NCTSN sites.

A Youth Introduction: "As a youth partner at La Rabida Children's Hospital's-Chicago Child Trauma Center, I have encountered many influential people throughout my journey, but the most influential people were the children and youth who I encountered through the face-to-face meetings. Most of the youth have been through some of the most horrific events a child can face but have the greatest outlook on life and feelings of hope. Throughout our struggles, we have faced many hard things but with the right person to talk to and a different view of ourselves, we were able to overcome the long hard road we had been living and be able to surround ourselves with the love and support of people whom we knew cared. The messages shared throughout this book really mean a lot to us, and we hope our words of encouragement can help you too." Rachel Wax, Chicago, IL

What would you tell a peer about going for services?

- I personally have been through services so I have been in your shoes and honestly it may not be easy but give it a chance, you might not believe it but regardless of what everyone needs that one someone to talk to, and you are now given that chance take full advantage and get past the pain.
- Have faith in each other and in yourself.
- You can talk to someone you don't know instead of someone you do know which may make it more comfortable.
- You need it.
- Write how you feel.
- Even if counseling doesn't work, you can write it down.
- Talk to someone you trust.

- It is healthy to tell people how you are feeling. You will want to tell someone how you are feeling because you will feel 100% better because of it.
- Encouragement is really important. If told you can't make it, you begin to believe it. Need to encourage kids that they can be better, they can take charge and make their lives better.
- There's always room for growth and change—even if you can't believe that right now.



What words of advice and hope do you have for families?

- Talk to your kid and don't hover over them. Give them space. They will come to you when they are ready.
- Tell them that you love them a lot but don't be like hovering over them and show that you love them and are there for them.
- Don't give up on hope that they are gonna get better. Just believe and trust that they are gonna get better.
- Everything's gonna be ok. There are people who have been through the same thing and they have been ok. Have faith that things will be ok.
- We don't let it take over our life. You can get over it even if it is hard to.
- I would tell the parents that regardless of what has happened what is important is the now, and you made the right decision in getting your child help, it's not only good for the child but it shows your son/daughter that mommy/daddy cares and what happened should not be ignored and this help will help you heal.
- Don't give up. It's easy to think you can't make it—but you gotta keep trying—and you can make it—just don't give up. If you give up, then it's all over.

Questions 'To ask before adding a Peer Youth Advocate to Residential Programs'

Questions to be asked during a telephone interview:

"The Use of Peer Youth Advocates in Residential Programs"

Date of Call: _____

Agency: _____

Participants & Titles:

_____
_____
_____
_____
_____

- Does your agency have a Peer Youth Advocate in their residential programs?
  - Yes _____ No _____
  - How long has your agency employed Peer Youth Advocates? _____

- What is the age of current youth advocates? _____ Gender? _____
  - And has the age/gender had any implications to their job as well as any benefits. (ie: Is being their peer an advantage or not?)
    _____

- How many Peer Youth Advocate positions _____
  - Full-time position _____
  - Part-time position _____ How many hours? _____

- Is the Peer Youth Advocate is employed directly by the agency?
  - Yes _____ No _____

- If yes, is this a paid position? Yes _____ No _____
  - Salary _____ Stipend _____ Contracted _____
  - If a paid position, how is this position funded?
    - Private funding (Grant/Fundraising/Endowment) ____
    - Staff line ____
    - Medicaid or Medicaid waiver ____
    - Youth activity budget ____
    - Government grant ____
    - Other (Please specify) _____

- If Peer Youth Advocate is not employed directly by the agency, what is the external source?
  - Family run organization _____
  - System of Care grant site _____
  - Youth Organization (local/state or national) _____
  - Other _____

- Is there a cost or fee related to the use of community Peer Youth Advocates in your residential program? Yes _____ No _____
  - If yes, who is responsible to pay the fee?
  - Fee paid directly by the agency _____
    - Private funding (Grant/Fundraising/Endowment) ____
    - Bill Medicaid ____
    - Youth activity budget ____
    - Government grant ____
    - Other (Please specify) _____

  - If cost is passed on to youth and their family? _____
    - Set fee ____
    - Sliding scale ____

  - If no, are the services provided by the external source via:
    - MOU _____
    - LOA _____
    - Government contract _____
    - Voucher or contracted services _____
    - Volunteer _____
    - Unpaid Student Internship (field placement) _____

- What is the Peer Youth Advocate's role/assignment? And approximate % of time dedicated to each role?
  - Meet with youth one to one ____
  - Facilitates Peer Support groups/Community meetings ____
  - Attends treatment team and/or Child/family team meetings ____
  - Participates in treatment or service plan reviews ____
  - Has a seat on the Agency Board and/or Advisory Council ____
  - Represents the agency in the community ____
  - Facilitates Focus groups when needed ____
  - Participates in the Intake process/interview ____
  - Participates in the Hiring of staff and the ongoing review staff performance ____
  - Peer Advocacy ____

- Conducts training for youth (self advocacy, leadership, other…please describe) ____
- Develop culturally sensitive - programs/events for youth and their families ____
- Plan youth activities, recreation and trips____
- Monitor Youth Activity budget ____
- Mentoring ____
- Other (please specify)

  _____
  _____
  _____

❖ What were the qualifications/criteria for selecting a Peer Youth Advocate?

_____
_____
_____

- Are Peer Youth Advocates given any specific training on how to be an advocate? Yes ___ No __
- Please explain:

  _____
  _____
  _____

❖ Are the Peer Youth Advocates Culturally and Linguistically representative of the clients you serve and the community you are located in? Yes ____ No _____

- Please explain:

  _____
  _____
  _____

❖ How are they integrated into your agency?

- Considered staff ____
- Participate in staff orientation ____
- Attend staff meetings/trainings ____
- Do you have youth on your agency board ____
- Other (Please specify)

  _____
  _____
  _____

- Are there any opportunities for growth (career ladder) for youth advocates within their agencies?
  - Yes _____ No _____
  - If so what are the opportunities? _____

- Is there money budgeted for the Peer Youth Advocate to use for youth activities, attend conferences, etc? ___
  - Does the Peer Youth Advocate have control over those monies? _____

- Why did you decide to bring a Peer Youth Advocate position into the residential program? _____
  - If answer has to do with Youth-guided care.. ask about agency's general youth-guided philosophy
    - Was the position an outgrowth of youth-guided care principles & your program's daily practices?
    - Is the position an isolated activity with limited changes to daily practices?

- Please describe any special features of your Peer Youth Advocate position/role; the **successes** you have seen since adding a Peer Youth Advocate and the Challenges you have faced:
  _____
  _____
  - What were the biggest challenges in bringing the Peer Youth Advocates into the program?
  - What strategies were successful in overcoming these challenges?
  - Has having a Peer Youth Advocate helped in integrating a youth guided care philosophy throughout the entire organization not just the residential program?

- How would you recommend that program leaders who are considering hiring a Peer Youth Advocate prepare staff for the new role and position?

- Does your agency have Family Advocate positions in the residential programs?
  - Yes ____ No _____
  - If yes, how do they interface/interact with the Peer Youth Advocate?
    _____
    _____

- Outcomes???
  - What has changed as a result of having Peer Youth Advocates involved in residential programs?
  - Do you have any data to support the use of Peer Youth Advocates?
  - Anecdotally, any stories you can share regarding the benefits you have seen?
  - Any quotes from youth or families in your program you can share for the handbook?

- Would you be willing to share any of the following documents that you have developed for or acquired for your agency:
  - Job descriptions for Peer Youth Advocates
  - Training programs for Peer Youth Advocates
  - Training programs for staff to support their understanding of the role of Peer Youth Advocates
  - Job description for supervisor of Peer Youth Advocates
  - Evaluation of Peer Youth Advocates (either as an individual staff or as a program strategy)
  - Other documents that may support programs considering hiring Peer Youth Advocates

TRANSITION-AGE YOUTH RESOURCES

(*More Than a Roof Over Their Heads: a Toolkit for Guiding TA Young Adults to Long-term Housing***, Aldort**, et al , 2011)

Adkins Life Skills Model

The Adkins Life Skills Program: Career Development Series is an innovative, multimedia, group employability learning program developed at Columbia University specifically for economically disadvantaged and under-served adults and youth.
http://www.adkinslifeskills.org/

Ansell-Casey Life Skills

Here you will find free and easy to use tools to help young people prepare for adulthood. The life skills assessments provide instant feedback. Customized learning plans provide a clear outline of next steps, and the accompanying teaching resources are available for free or at a minimal cost.
http://www.caseylifeskills.org/index.htm

A Book on the TIP System and Transition Issues,

H.B. Clark and M. Davis (Eds), Brookes Publishing Company, P.O. Box 10624, Baltimore, MD. Order on line at http://www.brookespublishing.com

Core Competencies for Youth Work Professionals and Supervisors of Youth Work Professionals

A comprehensive guide developed to raise the capacity of youth-serving organizations and staff to serve their participants more effectively.
http://www.nyc.gov/html/dycd/html/resources/developing_youth_workers.shtml

Mental Health Information for Homeless Young Adults

"Connecting the Pieces: Homeless Youth and Mental Health Services."
http://www.empirestatecoalition.org/main/pdf/MH%20REPORT%2012-13-10.pdf

Motivational Interviewing

Motivational interviewing is a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.
http://www.motivationalinterview.org/

National Network on Youth Transition

A network dedicated to improving practices, systems and outcomes for transition-age youth and young adults (14-29 years of age) with emotional and/or behavioral difficulties (EBD). Site has research and resources for practitioners.
http://nnyt.fmhi.usf.edu/

New York State Children's Plan, 2008

http://www.ccf.state.ny.us/initiatives/ChildPlanHome.htm

Susan's Personal Story

This is my definition for the role of a peer provider. A peer provider is a person who has received services at some point in their life, and they use their lived experience of mental illness to support others in the development of their recovery. A peer provider's primary role is to listen, be there, and model the reality of recovery.

Educator- Can provide unique insights to staff to help them develop a better understanding of where the person is coming from.

Advocate-By applying the tools and skills we have learned, we can assist others in navigating their way through the mental health system,

Coach- Consumers have the power to change, but sometimes lack the positive reinforcement and encouragement, so we guide others to draw upon their strengths, so they can recognize they posses the capabilities to accomplish their goals.

Resourceful-We can also help identify coping mechanisms. Additionally we can help locate and identify resources for staff and consumers. That can mean informing others of transportation assistance, the housing process, support groups, and WRAP (Wellness Recovery Action Plan)

Role Model- Shows that recovery is possible. This is why I consider myself to be a role model for the people I work with and the community at large. A peer provider is a serious role, and we are expected to adhere to the same professional standards, as non-peers in the field, while agreeing to abide by the peer specialist code of ethics.

The Consumer Provider Program (CPP) was a program I had wanted to attend for several years. When I was 20, and going through a difficult time I attended an information session and even filled out the paperwork, but was scared of the unknown. I attended a high school where pretty much everyone goes to college. There was a lot of pressure to go college, right after high school but, I wanted to take time off and work first. In the past, education and school meant fear and anxiety. I have a learning disability which made school difficult for me, more than your average student. College was something I wanted but was terrified and thought I would never go.

The Consumer Provider Program (CPP) was a stepping stone to going to college. The way the program works, is you take college-level courses for about 15 weeks, then you do an internship for 15 weeks, then you take the certified peer specialist test, then you graduate. There are around 15 students in the class; the core curriculum is eight courses. These courses are Effective Communication, Principles of Psychology, Introduction to the Human Service Profession, Adolescent and Adult Development, Peer Recovery, Internship Seminar, Addictions, and College Writing I.

I found the courses to be informative and I received stellar grades. The teachers used several teaching methods to demonstrate understanding. This variety was nice, such as role-plays, a recording, videos, quest speakers, completing a project at your internship, and particaping in photo-voice. "Photo-voice has three main goals, to enable people to record and reflect their community's strengths and concerns, to promote critical dialogue and knowledge about personal and community issues through large and small discussions of photographs and to reach policy makers", meaning a group is given camera's and to takes pictures which describe a specific topic, interest, emotion, and so on, then one writes a written narrative based on the photos**.**

The teachers didn't take off points for spelling, grammar, or a perfect outline. As long as the content was good and you proved you understood what you had learned. Additionally, you were

allowed extra time for papers, assignments, and tests, if needed. The program was structured to be welcoming, educational, organized, professional, yet supportive. Being in this environment, I achieved newfound confidence in my academics which showed me I could excel in a regular college environment.

The courses you take can be applied towards credits to receive a certificate, which is called a Professional Human Services Work Certificate, and then those credits can be applied towards an Associate's Degree in Human Services. Next month, I will be receiving that particular certificate; currently I am halfway through my associate's degree in human services. The Consumer Provider Program's connection with the workforce development program at Bunker Hill Community College was important. While you are in the program, you visit Bunker Hill, take a tour, find out about the workforce development program, and the college in general, plus you receive access to some student services, such as a student id, the library, and computers. From my experience, most people opt out of receiving this certificate because they already have a college degree, or to receive the certificate you might need to take extra English courses.

The social structure of the environment was helpful. Since you're with the same group of people for quite awhile, relationships begin to develop. Most importantly, the sense of community and camaraderie are strong, allowing you to root for each other, and vent to each other, since you are all working towards the same common goal. Plus, the teachers had some activities which were fun, such as icebreakers, photo voice, and games to strengthen the group dynamic.

The internship placement, through the program is wonderful, because you have the choice, to apply for an internship which the program has already established contact with, or you can look for one on your own. Most people wanted to work with adults, but I knew I wanted to work with young adults, so I decided to seek out my own internship. I wanted to focus on this age group because this is the time in my life when I really struggled and I wanted to be able to help these young adults learn and benefit from my experience. I had so many people support me during this challenging time and I wanted to be able to give back. I interviewed at the Department of Mental Health (DMH) in Boston, and was offered an internship, but I also interviewed at the Young Adult Vocational Program (YAVP), and decided to accept an internship there because it was closer to where I lived and meant less commuting. Ironically enough, I used to attend the Young Adult Vocational Program when I was a teenager. I learned so much from my internship, had excellent supervision, and got a great feel for the human services field.

It is hard to think of negatives for the program, but I do wish the connection between the workforce development program at Bunker Hill and the Consumer Provider Program was more organized. The communication could have been more streamlined, and if the connection was stronger then the process could have been much more efficient. I also wish the internships were paid, but one can't be too picky. The two teachers, were stretched very thin, and could have benefited from some extra help. I think it could have been useful to have past graduates, interns or volunteers to help out with office duties, lightening the load of the teachers.

I liked the fact that students have the entire year to study for the peer specialist exam. This is not an easy test to pass, especially the first time, the CPP students were lucky because we didn't have to cram or be overwhelmed, also we had multiple practice tests, quizzes, and study sessions with the teachers and study groups with fellow students. The current training is not as comprehsive, it condenses a large amount of material into a certain number of months. People meet once a week or so, and are given homework. The peer specialist training I went through goes over boundaries in detail, explains in depth what a peer specialists role is, the importance of the job, and the sense of professionalism, as well as what not to do, and how to handle several different tricky situations on the job. I currently work as a Certified Peer Specialist at YAVP and this extensive training on boundaries and professional has really served me well. Especially when working with young adults this is critical because you need to be

friendly and develop a rapport but you are not really a "friend". This can be a challenging line at times but the CPP program helped me to distinguish this line. For example, when a young adult asks me for my cell phone number, I was able to able to respond in professional and gentle way without hurting their feelings or causing them to be offended. I am extremely grateful to the CPP for this excellent preparation and to Laurie Rose and Lisha Weeks who were the two best teachers I ever had.

The program was very affordable, you pay only $60, which covers books, and you receive school supplies. I would be curious to know if the current training is free. To apply to the Consumer Provider Program you must submit an application, have an interview, and also complete and pass a math test, and some basic writing skills. If the current training doesn't do this, I think they should, because it makes the process more selective and also better prepares the students for the coursework. The current training, also attends a retreat in the Cape or somewhere in MA.

It would also be better to have several different locations so that it would be more accessible to more people. I don't think there is enough time for people to cover and master all the materials in order to be fully prepared for the exam. I think more time is necessary for people to absorb and retain all that they have learned. The current training is also not skills based, it is more abstract or theory based so it is challenging for some young adults because it is not as hands on or concrete for their learning style. It would be great to have more role plays, ice breakers and games to make the learning more interactive and interesting for not only young adults but for different learning styles in general.

At CPP, we also had one on one support and instruction that we needed additional support on throughout the program. In the current training, you have to take the test, and then if you fail you have access to tutoring. Since the current training, has a significant rate of failure for young adults the first time having access to one on one tutoring throughout could make a big difference.

I used to think that depression was my destiny. Even though my journey was long and difficult, my life turned a corner after meeting other young adults who struggled with their mental health. I was then able to see that recovery is possible. Without these experiences, I would not be the courageous person I am today. My passion is connecting young adults to resources and satisfying opportunities which will help them lead more fulfilling lives. I am dedicated to educating young adults by applying the advocacy skills I have learned, to assist them in creating the life that they want.

A great new initiative started by Eliot to help share the knowledge and experience of Peers, the Peers also created a training called Consumer Perspectives and it is held every 3 months and it is mandatory for all new Eliot staff. This helps staff make the shift from the medical model to the recovery model, and further expands the staff's knowledge of the personal centered recovery perspective and helps the staff to be less treatment focused and less clinically based. Another really cool outcome of this training that came as a result of peers still wanting to stay connected and share challenges and success stories. So to help deal with challenges on the job and to build community among peers, Eliot created a "peer group" for peers to get together and support one another in the unique role that the peers play in the agency. This has been helpful because some of the peers work in remote work locations and at times feel isolated so this gives the peers a sense of feeling connected and supported and allows them to brainstorm and problem solve issues on the job. Being able to identify and relate to one another is a powerful form of support through this shared understanding because we have a unique view into where each of us is coming from.

In terms of why individuals would want to work full time as a peer, I think it is helpful to start this job part-time to build up people's "work muscles" because many people have not worked in a long time. Transitioning slowly into more work hours seems to help more people ease more fully into this role. This can be a stressful job and very challenging at times, although very rewarding and it is easier to

start working on the part-time basis. When the individual is ready that is a great time to expand into full-time work especially when the right supports are in place like peer training and peer support groups.

I see the future of peers in Massachusetts expanding, having more opportunities for advancement and a variety of positions, in which one can apply to. As I mentioned earlier, Eliot recently introduced a management level peer position. Currently, Massachusetts is in the process of passing specific bills, which will allow peers to work in residential settings, as well as developing peer-run respites. Also, there as been much discussion about having peers work in emergency rooms. People say someday peers will be paid and billed through Medicare. I agreed with all of the above, but on a personal level what is most important to me, is having the dynamic between staff and peer staff change to a more equalized relationship of respect for the peer position, which will lead to more effective collaboration and communication. I still think staff need to understand we can do the same job duties as them, and be given the opportunity to take on those same responsibilities.

Peer to Peer Resource Guide for Young Adults and Families

Presented by The Metro Suburban Youth Council of Arlington

DEFINITION OF THE YOUTH COUNCIL

The Metro-Suburban Youth Council of Arlington was formed in the spring of 2007. The youth council formed a partnership with the Department of Mental Health, Eliot Community Human Services and Wayside Youth and Family Support Network. The Metro-Suburban Youth Council is one of many youth councils throughout the state.

The youth council was formed as an advocacy group to give people of all disabilities a voice. We use our personal experiences to influence change in the system. We are responsible for developing projects which aim to educate and inform other organizations of the struggles young adults face. We hope to reduce stigma by empowering transitionally-aged youth (ages 16-25) to speak up and know their work is valuable to the system and the community at large. Ultimately, our mission is to show the world that we are not defined by our mental illness.

A Message from the Youth Council

The Metro-Suburban Youth Council of Arlington was formed in the spring of 2007. The youth council formed a partnership with the Department of Mental Health, Eliot Community Human Services and the Wayside Youth and Family Support Network. The Metro-Suburban Youth Council is one of many youth councils throughout the state.

The youth council was formed as an advocacy group to give people of all disabilities a voice to make aware of our struggles, a way to work on projects, educate and inform other organizations. We hope to decrease stigma by empowering transitional- aged youth to speak up and know that their work is valuable to the mental health system and the community at large. We will break free from the stigma, stereotypes and insults and show the world we are not our illness. We are people with dreams, hopes and lives.

The Peer Mentoring Project

The Peer Mentors are here to assist young adults to find the right path and enjoy life while meeting some great people along the way. Give us a call, join us for an activity, meet some new people and we will link you to some great and useful resources. We are available to all young adults in the metro west area and hope to be helpful to all who come our way. (Change/Edit this part later.

More resources to understand how to navigate the mental health system.

Someone who has been there to show the way and help you make better choices.

We are here to help you, meet new people, try new things and connect with young adults, whom you can identify with, and attend activities with us, such as web design, photo-voice, poetry, movies, filmmaking, attending sporting events, just to mention a few of the activities we have to offer.

We can help you to go back to school, even if you are not sure, where, or how to start the process.

We can also help you to start working or begin thinking about a career.

We can teach you the skills that will help you live more independently my making healthy food choices and financial responsibility which includes learning how to budget your money.

Other Resources

SNAP Food Stamps

Website: http://www.**massresources.org/**

- ♦ Information and application: 1-866-950-FOOD (1-866-950-3663)
- ♦ Apply online: Virtual Gateway SNAP Food Stamp Application
- ♦ Application download: SNAP Food Stamp Application
- ♦ DTA Recipient Services Hotline: 1-800-445-6604 TTY 1-888-448-7695
- ♦ EBT Customer Service: 1-800-997-2555

Financial Assistance

FASA http://www.fafsa.ed.gov/

TERI http://www.tericollegeplanning.org/

Transportation Access Pass

http://www.mbta.com/fares_and_passes/reduced_fare_programs

Insurance

Medicare http://www.medicare.gov/

1-800-MEDICARE (1-800-633-4227) An automated system is Available 24 hours a day, 7 days a week

Mass Health **http://www.mass.gov/masshealth**

Social Security

http://www.ssa.gov/ 1-800-772-7213

Support & Socialization

No Longer Lonely

http://www.nolongerlonely.com/

Other Resources

Mass Health 1-800-841-2900; TTY 1-800-497-4648

http://www.mass.gov/masshealth

Social Security Administration

http://www.ssa.gov/ 1-800-772-7213 (To speak to a representative call between 7-7, Monday through Friday.) TTY 1-800-772-1213

Books

Detour: My Bipolar Road Trip in 4-D By Lizzie Simon

The Quiet Room: A Journey Out of the Torment of Madness By Lori Schiller and Amanda Bennett

Suicide Prevention
1-800-SUICIDE
www.hopeline.org; 1-800-SUICIDE

The Samaritians

www.samaritanshope.org; 1-877-870-HOPE

Samariteen

www.samaritanshope.org; 1-800-252-TEEN

WEBSITES

National Building Bridges Initiative
www.buildingbridges4youth.org

Youth M.O.V.E. National
http://youthmovenational.org

Youth POWER!
www.ftnys.org/youthpower.cfm

Youth Success NYC
www.youthsuccessnyc.org

Youth Leap
http://resiliencelaw.org/homepage/what-we-do/youth-empowerment/youth- leap/

National Youth Leadership Network
www.nyln.org

Youth Communication
www.youthcomm.org

National Youth Rights Association
www.youthrights.org

Foster Club & Foster Care Alumni of America
www.fosterclub.com or www.fostercarealumni.org

The Freechild Project
www.freechild.org

Community Alliance for the Ethical Treatment of Youth
www.cafety.org

Find Youth Info
http://www.findyouthinfo.gov/

Portland State University – Focal Point Magazine
www.pathwaysrtc.pdx.edu/

US Department of Health and Human Services
www.hhs.gov

Substance Abuse and Mental Health Services Administration (SAMHSA)
www.samhsa.gov

National Federation of Families for Children's Mental Health
www.ffcmh.org

Technical Assistance Partnership for Child and Family Mental Health
www.tapartnership.org

© National Children's Bureau, National Children's Bureau
http://resources.ncb.org.uk/

Diana, Princess of Wales Memorial Fund
www.theworkcontinues.org

National Association of Peer Specialists (NAPS)
www.naops.org

National Collaboration on Workforce and Disability for Youth
www.ncwd-youth.info/youth-development

Radiate Career Consulting
www.radiatecareers.com

Recovery Innovations
www.recoveryinnovations.org.

Recovery Opportunity Center
www.recoveryopportunity.com

Side by Side Supported Living
www.sidebysideinc.com

YouTube –Employment for All
www.youtube.com/employmentforall

APPENDIX G
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