REPORT / CHILDREN'S MENTAL HEALTH

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An Examination of Youth Peer Support in Texas: 2021 Report

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Introduction

Background of Youth Peer Support in Texas

The Texas behavioral health system, overseen by the Texas Health and Human Services Commission (HHSC), has increasingly emphasized providing services and supports that increase resiliency and support the recovery of persons with mental health and substance use challenges. A core component of a recovery-oriented system of care is the provision of peer support. Peer-to-peer support services are delivered to persons with lived experience and involve the provision of different types of support to persons experiencing mental health or substance use challenges.

During the 85th Texas Legislature, the passage of House Bill 1486 provided for the development and adoption of rules to define peer support as a Medicaid benefit for persons who were 21 years of age or older. To support the opportunities that came with this legislation, HHSC developed a Peer Services unit, which has been expanded to include multiple positions.

Although Texas has continued to expand mental health and substance use system transformation to include a focus on resilience and recovery, the availability of peer support to persons younger than 21 years of age remains limited. Some of the pathways currently available for formalized peer support to youth outside of Medicaid include YES Waiver, Youth Recovery Community grantees, state hospitals, homeless serving organizations, alternative peer groups (APGs), recovery high schools, private hospitals, health clinics, collegiate recovery programs, and System of Care community grantees. In 2018, a youth peer support roundtable was held for stakeholders from across the state to examine opportunities to expand peer support and develop statewide consensus related to priorities to support near-age youth peer support across substance use recovery and mental health services in Texas.

In the 87th Texas Legislature, Representative Ramon Romero Jr. filed House Bill 1413, which aimed to authorize the provision of peer services by a peer specialist to persons who are 14 years of age or older. Efforts to continue to expand opportunities for youth peer support create a large need for better understanding the experiences of peer support specialists who have worked with youth, their coworkers, their supervisors, and agency administrators, along with the youth who have received peer support and their families. At the time of this report, there are no known evaluations, outside of the youth peer support roundtable, that have explicitly examined the status of youth peer support in Texas from these perspectives.

Purpose of Evaluation

The goal of the evaluation is to examine the experience of youth peer support specialists, those who work with and oversee them, and those who have received youth peer support. This evaluation is timely, given the increased interest in investigating the impact of youth peer support on young people, families, and

the organizations who employ them. Furthermore, this evaluation will seek to explore lessons learned in the early stage of youth peer support in Texas and identify potential opportunities for strengthening these services. The proposed evaluation focuses on the following key questions:

- Are youth peer support services more accessible in certain regions of the state?

- What are the demographics of peers in who are currently providing youth peer support?

- What are the current opportunities and needs of the youth peer support workforce?

- What are the experiences of organizations who have hired and supervise youth peer support specialists?

- What are kinds of outcomes are reported by youth and families of youth who have received peer support?

Evaluation Plan and Methodology

The evaluation relied on the completion of key stakeholder interviews to identify information and experiences of relevant parties. Over the year, evaluation staff sought to refine an interview protocol. Our initial aim was to conduct a minimum of 30 interviews to include at least 7 peers who have provided support to youth, 5 youth peer support supervisors, 4 administrators of organizations employing youth peers, 7 youth who have received peer support, and 7 families who have children that have received peer support. Using convenience and purposive sampling methods, evaluators worked to identify stakeholders from a variety of locations, including but not limited to System of Care grantees, first episode psychosis programs, state hospitals, Youth Recovery Community grantees, and recovery high schools. There were also active efforts to engage stakeholders from community organizations, such as LifeWorks and the SAFE Alliance in Austin.

Initial recruitment efforts focused heavily on the youth peer providers, who were contacted by email or phone through the agency contact information to introduce the study opportunity. If individuals were interested in the study, they were scheduled for a time to meet with the evaluator to learn more about the study, review the consent form, and sign an electronic informed consent form. After documenting consent, the peers participated in individual interviews, scheduled for a time that was most convenient for the participant, with the researcher. Interviews with peers lasted approximately 45 minutes, while interviews with organizational staff were around 30 minutes in length.

The initial hope for this interview was that peers would be able to identify their supervisor and non-peer team members, who would also be offered an opportunity to participate in an interview. Supervisors within the organization would also be asked to share the opportunity with youth and families who are involved in youth peer support by providing a flyer describing the study and a contact for further information. Youth and families would then have an opportunity to learn more by completing an electronic or written interest form, allowing the agency to provide contact information to the evaluators.

Although these efforts began to materialize, limitations of the timeframe for the evaluation period were a barrier. The amount of time needed to obtain full agency buy-in and to fully complete individual agency research requirements was found to be more time-intensive than was initially expected. The protocols that were developed this year are available and ready for future years. A key lesson from the current year is for evaluators to focus more time on selecting specific organizations to work with and to focus on developing relationships with leadership from those organizations. In addition, evaluators are encouraged to further leverage relationships that HHSC staff and peer leaders may have with organizations to further increase engagement in this work.

Evaluation Findings

Participant Sample

In Year 1, TIEMH staff were able to successfully complete interviews with seven youth peers and two organization administrators. The seven peers who were interviewed are currently employed by six different organizations including two YRC sites, three System of Care sites, and one community organization.

Entry into the Youth Peer Support Workforce

Three of the seven peers reported that they had previously received youth peer support and that these experiences shaped their desire to become peers. As one peer explained, "I loved that those people understood me and I felt like it was less someone who read a book and was like, 'Here you go! Here's your diagnosis' and it was instead people I could trust and talk to. I think that had a bigger impact than some of the other people I talked to, and I want to give that back."

When peers had not received peer support, they were likely to learn about peer support opportunities from friends, family, and other mental health professionals. For example, one peer shared that their mom had learned about peer support from one of her friends and shared the opportunity with them to explore as a potential career opportunity. In another instance, the peer was told about peer support by a case manager who knew that the organization was going to be hiring a youth peer support specialist. Several participants shared that they wish peer support had been available to them in their recovery and believed that it would have been beneficial.

Peers shared that they learned about their current positions in which they are employed from a variety of different sources, including Facebook, their case manager, and organization administrators. In one instance, a participant advocated to fill a community gap and for the agency to create a peer position. All of the peers who were interviewed are currently working in their first peer position. Although this commitment speaks to the level of dedication and passion that peers have found in their work, this factor also makes it difficult to know how peers might perceive their role or work if they were working in different settings.

Peer Training and Certification

Four of the seven peers who were interviewed are currently certified as peers. Three peers are certified as recovery support peer specialists (RSPS), one peer is certified as a mental health peer specialist (MHPS), and one peer is certified as a re-entry specialist. Four of the peers expressed interest in pursuing initial or additional certification in the future. Certification training is currently more aimed towards working with the adult population. As one peer shared, "At the time I remember being frustrated that a lot of the pieces of the training didn't apply to minors. I asked and they said they had no idea how it would work for someone under 18. The youth piece covers a lot around things like youth and confidentiality or youth and risk, such as self-harm."

> *"At the time, I remember being frustrated that a lot of the pieces of the training didn't apply to minors. I asked and they said they how no idea how it would work for someone under 18."*

In addition to training provided by their employers, peers shared that they also received a number of other trainings, including Achieve My Plan (AMP+), Youth Mental Health First Aid, Seeking Safety, and QPR Facilitator training. Some of the types of training that peers expressed interest in having access to include "deep dives trainings on trauma and healing", "more training and support around secondary trauma/compassion fatigue", mental health first aid, training related to supporting LGBT+ youth, and training geared towards youth who have histories of abuse and how to support them.

Organization Training on the Role of Youth Peers

Several peers reported that their organization currently only employees peers. For others, providing training on the work and role of the youth peer support specialist is thought to be a critical piece for fully integrating peers into the behavioral health workforce and organization. Peers shared that training may be helpful in ensuring that the roles of peers are able to be authentic without being diluted or having additional responsibilities without this type of training available. There is thought to be a greater risk of the peer role being diluted or including inappropriate responsibilities without this type of training being available and required for all employees. Organization administrators shared that they seek to provide opportunities for peers to share education about the role of the youth peer. Although these opportunities may provide value, it is notable that none of the organizations have a training on peer support embedded within the required orientation for new employees or in the continued education requirements. One of the administrators shared that they would like to send their employees to a Demystifying Peer Support course in the near future to help them better understand the role of peer support.

A Day in the Life of a Youth Peer

Peers were asked several questions about their current caseload. While some peers frequently worked with youth in groups, peers had an average caseload of 12 youth who they worked with

individually, with responses ranging from six to 21 youth. Youth who were currently on the peers' caseload ranged from 12 to 21 years of age. Peers reported working with youth at a variety of different intensity levels, including meeting with youth on daily, weekly, bi-weekly, and monthly basis, depending on the organization and the individual needs of the youth.

During the interviews, it became apparent that there are large differences in the amount of hours that peers spend working directly with youth. Responses ranged from 17 to 35 hours a week for full-time positions, and the part-time peer reported spending as little as 4.5 hours a week working with youth. Similarly, full-time peers reported doing administrative work from 5 to 20 hours a week, while the part-time peer reported doing administrative work around 22 hours a week. These variances reflect a wide amount of difference in the amounts of direct service that peers are doing with youth and may also reflect differences in the expectations that organizations have for peer positions. Some of these differences may also be attributed to the way that organizations seek to connect youth to peer services, with some organizations having more effective pathways for providing peer support to a larger proportion of youth than others.

As might be expected, peers reported connecting with youth in a variety of different settings, including at the employing organization, out in the community, at school, and in the youth's home. Although, several peers were using virtual modalities to meet with youth during COVID, the use of virtual platforms has largely ended outside of individual circumstances when a youth may need to meet virtually for reasons such as preference or being out of town. One of the organizations represented in the study holds a virtual group each week, but otherwise meets in person. It is also notable that at the moment one of the peers exclusively provides telephonic youth peer support.

Characteristics of Effective Youth Peer Support

Participants were asked to describe a time that they felt their work was particularly helpful. Some of the stories shared included helping a youth to get a job at a restaurant that the youth loved, providing support during crisis situations, supporting a girl after a recent relapse, and

> *"I think I have one of those moments every single day."*

serving as a resource broker so that a youth did not have to sleep on the streets and could access recovery housing. Two of the themselves.

> *I think one of the best rewards is when you get to help advocate for a kid and then they advocate for themselves. I don't know how to explain it, but it's like you can feel an energy shift when they're like, 'You are on my side. You're not here for my parents or for probation.' I think a lot of those kids question when they first meet you whose side are you really on. Have that experience being able to advocate for them and them being able to see that they can trust the words of an adult who is trying to help them – who isn't trying to hurt or manipulate them. I think, too, getting to work with some of the kids who are on probation. Getting to show up for them in a way that's different. We've had a couple kids who have such low self-esteem and they're convinced that they are this bad kid. Getting to go to a meeting with the probation officer with them. We hear the probation officer trying to shift their voice like you're messing up. And we can help them to shift that process. 'Hey tell them about all of the volunteer service you did last week!'*

Peers also shared some of the times that they felt their work was less effective or more challenging. Peers reported that it can be challenging when youth are not sure that they want to be there, when youth are experiencing crisis and are uncertain of their effectiveness in the moment, when support of caregivers is needed and feels more like case management, and when there is ambiguity around roles and when to make a referral. A peer also shared that it can be challenging to know when approaches for supporting a youth are enabling.

There were a number of themes that youth saw as impactful to their work. Barriers related to their work setting included burnout, supporting personal self-care, low pay rates, lack of ability to grow or move up, people not understanding the peer role. Barriers related to working with youth included working with youth who don't see substance use as being problematic, helping youth to transition out of services, keeping strong boundaries with youth, finding balance between being a peer and conducting activities, finding balance between being approachable and having rules. Some of the personal barriers included peers being able to support their own self-care, being aware of personal beliefs, and strong feelings that may accompany youth who may release or experience other types of difficult outcomes such as hospitalization.

> *There have been huge shifts in substance use treatment for harm reduction, and for [us] that's a newer shift. I think that it's been hard for us to move our staff to and for me to kind of know when I'm enabling versus when I'm just being supportive, especially when it comes to harm reduction for minors. For example, it's hard to know when to congratulate a teen for not smoking as much. That's sort of that internal struggle...We've had a lot of education on it and they've been awesome. We've had so many great calls how to with it, how to train on it. I know that enabling is harmful and we don't want to do that. I don't think there is generally enough information about harm reduction with youth.*

Some of the barriers that youth saw as most impactful to their work include burnout, low pay rates, lack of ability to grow or move up, working with youth who don't see their substance use as being problematic, people not understanding the peer role, helping youth to transition out of services, keeping strong boundaries with youth,

finding balance between being a peer and conducting activities, finding balance between being approachable and having rules, supporting personal self-care, being aware of personal beliefs and not saying something that would steer youth in a particular direction, and seeing youth who may relapse or have other types of difficult outcomes, such as hospitalization.

Peers were also excited to be able to share some of the characteristics that they believe make for effective youth peer support. Some of the characteristics that were thought to be important for developing relationships with youth included mutuality, patience, compassion, empathy, good active listening, being comfortable sharing experiences, having a good understanding of youth, understanding without conditions, unconditional love, authenticity, and providing praise to youth. Characteristics that were thought to be important in the professional identity of the peer include being healing-centered and trauma informed, great leadership, being able to model boundaries, a strong work ethic, being able to think about the long-term effects of choices, discernment, devotion to the work, and strong communication skills.

> *"It's not about you. It's about them. It's not just a job or a way to pass time and make money. It's youth lives."*

Additional personal characteristics that were mentioned included strong discernment, not thinking that you know what is best, being able to put personal views aside and realizing that it's not about you. The most frequent responses included patience, good listening skills, a non-judgmental approach, and dedication to the work. Answers that were provided most frequently included patience, good listening skills, a non-judgmental approach, and dedication to the work.

> *I think it's extremely difficult to walk the boundaries. There are a lot of grey areas in what you can do and say and I think it's extremely difficult to walk that fine line. I think it's also difficult to bring recovery in a way that makes it appealing to youth. What makes a peer different is we are in a unique position where we can make it fun. It's difficult to present it in a way that isn't the same as how it was presented to us. That line between being a peer and their friend can be difficult because you are with them so much.*

Uniqueness of the Youth Peer Support Role

Peers were also asked to reflect on the uniqueness of the peer support role. In one question, peers were asked to use a ten point scale ranging from "1=Not Important" to "10=Extremely Important" to rank how important it is that peer support specialists are near in age to the youth with whom they work. Responses ranged from 6 to 10 with an average score of 7.85 out of 10. Although peer age may not be an important consideration when working with adults, this finding suggests that being near-aged may be an important consideration to consider when seeking to hire peers to work with youth.

There are also a number of other ways in which youth peer support may be unique from peer support with adults. A number of peers took time to provide additional information about the differences that they perceive to exist between peer support with adults and peer support with youth.

- "There's inherently less ability to employ youth-aged peer specialists, which presents an issue with true mutuality to a degree."

- "I think you're able to meet both where they're at but it seems to happen more often and is easier for the one who we serve. Youth are more receptive to peers and you have more people interested in being a peer support specialist when working with youth. It's harder for adults to find a peer support specialist who is close in age – e.g. a 20 year old providing peer support to a 50 year old."

- "Absolutely. The difference a lot of the times I see with adults is that they're sometimes more at a place of willingness. They come into this broken down atmosphere of where they know they're at the bottom. With youth, they don't know. They feel that they could go and use again even if it put them in the hospital. It doesn't mean that youth aren't willing but adults want the help in a different way, whereas the youth are sometimes told you have to do this or you need this. It takes more work to really gain that trust. They've had a lot of providers coming in and out of their life and that's a difference too. You become a person who's just going to ask a lot of questions and then be gone. You have to show them that you are there to support them and be with them. I use technology a lot for support and get them to use it in their homes for things like safety plans. They can save it in their phones and it's much easier for them to access. Adults may prefer paper, when youth are used to having everything on their phone."

- "Yes. The problems and challenges that youth face are very different, and oftentimes adults don't view them as a real challenge. The reactions they may have to being told about recovery. The thoughts that they have about alcohol and drugs are different. It's normal to be a teenager and party and that's not necessarily true for an adult. There is nothing that they can do if they are living at a place that is not conducive to recovery."

- "100% I think it's different. I think with an adult there are a vast amount of more resources to get them the continuum of care that's been shown to be more effective. Most adult programs are leaning towards three months and there are things like sober living, outpatient, etc. that you can spend more time in for support. We had people who were going to treatment and then coming back and there weren't recovery houses. There are ways in which older people in recovery look down on youth as well as for their recovery."

- "That age range is really important. Youth who are close in age don't feel that kind of judgement or parenting role. There's not that disappointment. If they share something they feel like they are heard and with an adult they may feel like they won't be understood or that there is a grey area of things that they can't say. Generational barriers exist, such as understanding what school is like or understanding social media."

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- "I think working with youth the biggest thing is the confidentiality issue. Youth are not as protected as adults and when it comes to a parent asking for notes. Stereotypically, they're allowed to see that and I have a relationship with all of our parents in a group. If I know the teen is doing something that is potentially hurtful for them, it's figuring out where that line is (harm to self, harm to others). I had a [youth] who told me that they met with someone who had a cat and they were going to meet someone at 1am who they met on Craigslist. Those definitions of harm can get confusing and it can also feel very case-by-case. I think the emotional investment is also different. It's not been an issue for us but I hear a lot about it from other youth where peer support specialists and teens fell in love. It was like, 'Yikes!' You're building this important relationship and if the boundaries aren't there it gets incredible dangerous very quickly."

Supervision of Youth Peer Support

Each of the peers reported that they meet with their supervisor on a weekly basis for approximately 60 minutes each session. Several of the peers reported also doing group supervision to discuss individual cases and to prepare activity schedules. The overall structure of supervision appears to vary to some degree but some common components found within supervision included discussing specific cases, planning for upcoming activities, checking in on personal goals and use of self-care. The degree of training or skills development and coaching provided during supervision appears to be relatively limited, but one of the peers mentioned that they have learned a lot from the psychoeducation that their supervisor has provided to them when working with specific individuals and populations.

Although having peers as supervisors is often considered best practice, peers have historically been supervised by licensed clinical social workers, counselors, and other licensed staff on a frequent basis. It was encouraging to note that four of the peers reported being supervised by a fellow peer. In addition, one of the participants reported that their supervisor is a current LCSW, but was certified as a peer prior to their current position.

Organizational Culture

Next, peers were asked a number of questions related to organizational culture, including whether they feel that their role is valued and understood. These questions were each asked on a 10-point Likert scale in which higher numbers indicated a greater level of perceived validation/support. A summary of these questions may be found in the table that follows. Findings demonstrated that peers report a high level of comfort asking questions or asking for support, that their supervisor/team understands their role, and that their supervisor/team values their role.

Table 1. Organizational Culture

Question	Mean	Minimum	Maximum
One a scale of 1 to 10, with 1 being "not at all comfortable" and 10 being "I can go to my supervisor for everything", how comfortable do you feel asking your supervisor questions or asking for support?	9.28	7	10
One a scale of 1 to 10, with 1 being "not at all comfortable" and 10 being "I can go to my team members for everything", how comfortable do you feel asking members of your team questions or asking for support?	9.14	7	10
One a scale of 1 to 10, with 1 being "not at all understood" to 10 being "completely understood", how well do you feel that your supervisor understands your role?	9.42	8	10
One a scale of 1 to 10, with 1 being "not at all understood" to 10 being "completely understood", how well do you feel that other members of your team understand your role?	8.07	6.5	10
One a scale of 1 to 10, with 1 being "not at all valued" to 10 being "completely valued", how well do you feel that your supervisor values your role?	9.71	8	10
One a scale of 1 to 10, with 1 being "not at all valued" to 10 being "completely valued", how well do you feel that other members of your team value your role?	8.42	7	10

Workforce Development and Satisfaction

Peers were asked questions related to workforce development, including questions about the perceived opportunity to advance in their current workplace, job satisfaction, the degree of support that they receive to pursue professional and personal goals, and the satisfaction with compensation that they receive for their work.

These findings indicate that peers report a high level of satisfaction with their current role and organizations. This satisfaction is also demonstrated in the support that peers received to pursue their professional and personal goals, as well as the likelihood that peers report for continuing their work as youth peer support specialists and working for the same agencies in the next two- and five-year periods.

Although high levels of satisfaction were generally found across the question array, there were two questions that youth peer support specialists ranked relatively low. First, peers reported that there are very few opportunities for advancement into positions with more responsibility or

compensation within their current agency. A number of peers explained that although higher levels exist, many of these positions require additional education and degrees to qualify. This finding is not surprising on its own, but it is worth noting that these low ratings may reflect that, even though peers are highly satisfied with the supervision they receive, youth peers may not consider a promotion into a supervisory role to be a meaningful advancement. In addition, this finding may suggest that peers would like to see organizations provide peers with additional opportunities for promotion and employment in other areas of the organization, such as administration, program coordination, evaluation, grant writing, or policy development.

Similarly, youth peers also report that the compensation that they receive does not reflect the work that they do and the value that they bring to the organization. The evaluation protocol did not include any questions to further explore the compensation that youth peers receive in Texas, but previous evaluations and research of peer compensation in Texas has found low reimbursement rates in comparison to what peers receive in other states. Nevertheless, it remains important for future evaluation efforts to further examine youth peer support compensation, as the sources to support youth peer positions are frequently funded through grants, in contrast to adult peer support, which is frequently funded through Medicaid reimbursement and general revenue funds.

Table 2. *Workforce Development and Satisfaction*

Question	Mean	Minimum	Maximum
One a scale of 1 to 10, with 1 being "no opportunities exist" to 10 being "There are a lot of opportunities available", how much opportunity do you believe there is to move to positions with more responsibility or compensation within your current agency?	3.57	1	7
One a scale of 1 to 10, with 1 being "extremely unlikely" and 10 being "extremely likely", how likely is it that you are still working as a peer specialist two years from now?	8.16	3	10
One a scale of 1 to 10, with 1 being "extremely unlikely" and 10 being "extremely likely", how likely is it that you are still working as a peer specialist five years from now?	6.83	2	10
One a scale of 1 to 10, with 1 being "extremely unlikely" and 10 being "extremely likely", how likely is it that you are working for your current employer two years from now?	7.14	2	10
One a scale of 1 to 10, with 1 being "extremely unlikely" and 10 being "extremely likely", how likely is it that you are working for your current employer five years from now?	9.14	5	10
On a scale of 1 to 10, with 1 being "not at all supported" and 10 being "extremely well supported", how much support do you feel that your supervisor provides for you to pursue your professional/career goals?	8.42	7	10

On a scale of 1 to 10, with 1 being "not at all supported" and 10 being "extremely well supported", how much support do you feel that your supervisor provides for you to pursue your personal goals?	9.00	6	10
On a scale of 1 to 10, with 1 being "not at all fair or reasonable" and 10 being "extremely fair and reasonable", how fair and reasonable do you believe your compensation to be in relationship to the work that you do and the value that you bring to your agency?	6.00	3	8
On a scale of 1 to 10, with 1 being "not at all satisfied" and 10 being "extremely satisfied", how satisfied would you say you are working as a peer support specialist in your current agency?	8.14	2	10

Identified Gaps in Service Delivery and Coordination for Youth

As integral parts of behavioral health systems, youth peers can have good insight into the gaps within service delivery and coordination for youth. Some of the gaps identified that were specific to approaches for working with youth include the ability to support youth when a caregiver's desires or wishes are different than that of the youth, limited supports for LGBT+ youth, and lack of coordination among providers. Peers also noted that there tends to be a strong focus on intervention but few prevention efforts and services for individuals in lower levels of care. Although nontraditional services such as art therapy or equine therapy exist, there are often limited funds to be able to support these services when an individual changes levels of care or grants that fund these services expire. Similarly, youth noted that there are a number of other services and supports that are limited in availability including programs to support emancipated/homeless youth to pay for medications and therapy, prosocial activities/drop-in centers for youth, sober living, recovery services, and substance use services for youth under 13 years of age.

Experiences of Organization Leadership with Youth Peer Support

Available data on the experiences of administrative leadership with peers is limited in this year's report. Nevertheless, it remains important to understand some of the motivation that administrators have for hiring youth peers, their experiences working with them, and their aspirations for the future of youth peer support within their organization. Administrators' descriptions of supervision structure and employee training was similar to the peers, so it is not repeated. Given the limited number of administrators who participated in the study, some results have been generalized or removed from discussion for the sake of confidentiality.

Both administrators were asked about their experiences and motivation for hiring youth peers. The administrators reported that they had previous experience working with peers for adults, but had not previously worked with youth peers. When their respective organizations received new funding,

additional opportunities were presented for the organization to hire youth peer support specialists. Given the limited number of pathways for funding youth peers, these opportunities may not have been pursued as quickly, if the new funding streams had not served as a catalyst for being able to do so.

Both administrators reported being extremely satisfied with the quality of work that youth peers have done in their organizations. The administrators shared that early stages of implementation were sometimes difficult. One of the administrators stated that it can be difficult to try to identify people who have lived experience. Previously, it was not uncommon for people to apply for numerous positions within the organization and not understand that the youth peer support positions require lived experience. The administrator reported that the organization has started asking for applicants to submit full resumes, and applicants receive a follow-up email that explains the lived experience requirement and asks for them to share a small piece of their story. The administrator shares that this approach has allowed for the organization to have more success identifying potential employees.

Administrators explained that youth peers often have professional development needs that are different than what other employees may need. Administrators may sometimes see themselves as coaches. "We help them to get readiness skills and talk through some of the things that they need emotionally to be able to do that work. I'm big on that – I want to coach people. I want to be very clear about what they need to be ready. Administrators shared that they would like to see peers have more opportunities to connect with other peers to support shared learning.

I think that some of the things that people learn from like their bachelor degree about work behaviors, professionalism, some of those things – I didn't realize how much of that has to be taught. Hiring those younger individuals that have never had a professional job, we've kind of had to shift the way that we provide support in a different way than those who have years of work experience. I think that realization came very, very early and we shifted the way that we not only train the ways of [our organization] and how to document, how to see people, but also being a professional. I think another area that we've had to work through is how to balance all that comes with knowing all of the deep stuff about our people. I can have a QMHP that has the exact same history but I'm not going to know all of those. I want to make sure that we treat all of our peers fairly and that we hold peers to the same standard regardless of those personal things.

When peers are well-trained and prepared for their work, administrators shared that the peers have been extremely impactful in being able to engage youth. "[Name of peer] baked with her individuals. It's funny because [they] will have baked like a bunch of cookies and a cake and something else. That's a life skill that people have to be taught in addition to it being fun and a hobby. I've heard about group that they've done where they have like self-care and hygiene and painting nails. I think our peers do a really good job of figuring out what the kid needs."

Administrators see these efforts and are equally excited to be able to support the work of youth peers going forward. As one administrator explained, "I think that it makes us really consider that youth perspective and keep it in mind. Having the presence of another youth keeps us involved in that and really finding creative ways to engage youth and taking time to do that. Also, just to consider that perspective in other meetings we have too."

> *"Oh my gosh! I'm telling you that I am sold into this. There are just so many times when that connection is different than what our clinical staff are being able to do. That peer being able to say, 'I get that this is scary or being able to explain the reason that the doctor asks the same exact question when you go in. Those types of things. I think it would be harder to come up with a time when they weren't really beneficial.'"*

Administrators may see challenges, however, in being able to find solutions to sustain funding for these positions. "We need to have them here long-term and to have more than one for sure, but they can also help us improve the services that we offer for young people. Sometimes they have more flexibility in their role to create other opportunities for youth than our clinicians, and just giving them that space for that creativity. Some of the solutions being explored include applying for new grants, using general revenue funds, and using peer support as a paraprofessional service through YES Waiver. Still, there remains hope by both administrators that this valuable service will one day be Medicaid reimbursable so that more youth are able to access peer support and see better outcomes.

"Frankly, I'm banking on the state making changes in the future where it's encounterable and billable by Medicaid to build this program."

Recommendations

Based upon on the findings of this first year study, TIEMH has developed the following set of recommendations:

- Identify opportunities to gather more information on the experiences of youth who have received peer support and their families;
- Consider mechanisms for reimbursing youth and families for their time providing information about their experiences receiving peer support;
- Provide training opportunities for young adults with lived behavioral health experience to learn more about career opportunities in youth peer support;
- Require the provision of youth peer support services into LMHA performance contracts in the same way that family partners are required. Provide incentives for LMHAs to hire more than one youth peer support specialist within their organization;
- Coordinate an advisory council of youth peer support specialists from across the state and working within various settings to guide the development of training and certification requirements;
- Implement training and certification processes specific to youth peer support;
- Provide incentives for LMHAs and other organizations to implement orientation training for all employees on the role and work of youth peer support;
- Develop standards of care and best practices on the number of youth on a youth peer support specialist's caseload that supports meaningful relationships and engagement;
- Develop standards of care and best practice guidelines that make explicit the role of youth peer support specialists on wraparound teams;
- Continue to provide opportunities for youth peer support to be provided in a flexible manner (e.g., telephone, telehealth) and in different settings (e.g., school, home community);
- Pilot youth peer roles that blend funding and service delivery across multiple youth-serving systems, such as including peers within TCOOMMI programs to support engagement in mental health or hiring youth peers to provide recovery supports within school settings;
- Provide opportunities for youth peer support specialists from across the state to convene to receive training and network with one another. Consider allowing for youth peers from other organizations/systems to be able to attend YRC gatherings;
- Develop standards of care and best practices for supervising youth peer support specialists, including having peers as supervisors. Allow LMHAs and other organizations to have peers be supervised by other peers;
- Identify and encourage the use of instruments that measure the impact of youth peer support on youth, families, organizations, and communities;

- Regularly gather information from youth peer support specialists about gaps within the existing continuum of care and incorporate this information into state planning;
- Continue exploring pathways to increase opportunities for peers to serve in additional roles and capacities with more responsibilities and compensation, including administrative, program coordination, evaluation, grant writing, and policy development roles. Provide incentives for LMHAs and other organizations to employ youth peers within these positions; and
- Continue exploring funding mechanisms for organizations to pay for youth peer support specialists, including Medicaid reimbursement, by expanding on HB 1486 to include services to youth 12 years of age and older.