

# Youth Peer Support Evaluation Manual



## System of Care-Community for Early Signs and Symptoms of Psychosis



Missouri Department of Mental  
Health Division of Behavioral  
Health

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# Acknowledgement

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## **Contributors for the development of this manual:**

- Rachel Kryah, Evaluator at Missouri Institute of Mental Health (MIMH)
- Cindy Mueller, Project Director for SOC-CESS
- Lu Ann Reese, Director of Family Engagement for SOC-CESS
- Eva Valdez, Youth Peer Specialist (YPS) at Burrell Behavioral Health
- Dani Wilson, Evaluator at MIMH

## **Committee members who reviewed and made edits to this manual:**

- Angie Agcaoili, Burrell Behavioral Health
- JJ Gossrau, Division of Behavioral Health (DMH-DBH)
- Lisa Nothaus, Division of Developmental Disabilities (DMH-DD)
- Jill Richardson, Division of Behavioral Health (DMH-DBH)
- Sherrie Wallace, Burrell Behavioral Health
- Dani Wilson, Missouri Institute of Mental Health (MIMH)

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## Introduction

### What is Youth Peer Support?

A Youth Peer Support works with young people to help them navigate youth serving systems. In Missouri, these might be Mental Health Services, Substance Use Recovery systems, or Developmental Disability services. Using lived experience, the YPS supports young people in having hope for the future.

They are a role model for the young person who can help normalize feelings such as alienation, fear, and loneliness. Strategically sharing their own experience with the youth service system, the YPS helps the young person set goals, encourages them to get the most from treatment, helps them to connect to other young people who are also receiving services, and learn skills that aid them in resilience and independence. They support the young person as they develop their voice and become their own advocate.

As with Adult Peer Support, the Youth Peer Support uses the power of peers to support, encourage, and model recovery and resilience from mental illness and substance use disorders in ways that are specific to the needs of each individual including the following:

- Individualizing services with a recovery focus;
- Promoting a strengths based model and encouraging the use of natural supports and enhanced community living;
- Assisting in achieving goals and objectives set forth by the individual in their individualized treatment or recovery plan; and
- Emphasizing the opportunity for individuals to support each other as they move forward in their recovery.

### *Job Responsibilities*

- Providing one-on-one support, coaching, and advocacy
- Sharing stories of hope to promote resilience and support recovery
- Empowering and supporting youth to meet their needs
- Working with youth to identify their dreams, goals, and next steps
- Assisting young people as they navigate traditional systems
- Promoting the active participation of young people in conversations with system partners and other professionals
- Encouraging young people to work toward systems change
- Facilitating groups and coordinating community events for/with young people
- Promoting services that foster the full integration of youth in their communities
- Engaging in decision-making and policy-planning discussions at the local, state, and national level

### *Role as Member of a Treatment Team*

- Provide the youth with one-on-one peer support prior to a meeting, aiding them in understanding the team meeting process and preparing them to be their own advocate
- Advocate for the youth's perspective in the meetings, as needed
- Assist the youth in understanding each team member's role in supporting the goals the youth has established with the team
- Maintain professionalism in performing their role as a treatment team member

### *Benefits of Youth Peer Support*

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

#### *Breaking Barriers*

One of the most unique aspects of YPS is that it breaks barriers to resilience related to feelings of loneliness, shame, stigma, and low self-esteem. Youth Peer Supports (YPS) role model wellness and recovery, and empower youth to actively participate in their treatment.

#### *Engaging*

YPS is a great tool to engage youth in the public mental health and recovery system — especially those that are difficult to engage, because YPSs understand the feelings associated with these challenges, and have the ability to share experience. This perspective can change the way that youth look at their own resiliency journey. YPS may help youth peers that they work with in building trusting and progressive partnerships with individuals and other professionals in complex child-serving systems.

#### *Preventative Care*

YPS is a preventative service — youth that participate in YPS are more likely to acquire a set of resiliency tools, such as problem-solving, relationship building, self-care, and self-advocacy, which will set them up for future successes in adulthood. Because YPSs are able to build a unique relationship with youth peers, YPS may also prevent incidence of crises, hospitalization, and incarceration for youth involved in complex child-serving systems.

#### *Youth-Powered*

Communities that provide YPS build an invaluable relationship with youth by providing hope and opportunity to those that may have difficulty seeing a future. By hiring young people with mental health challenges, agencies promote recovery and provide a stepping stone for young adults toward fulfilling their goals and ambitions that otherwise may not be available.

## Integration with CCBHO

Missouri Certified Community Behavioral Health Organizations (CCBHO) can now employ YPSs as members of their treatment teams. In order to sustain the YPS Program, the Division of Behavior Health has established the following:

- YPSs are trained using a combination of an in-person training, an in-person exam and continuing supervision and education. The in-person training lasts five days and encompasses a number of competencies, which are tested later.
- YPS Supervisors are required to attend the YPS Supervisor training.
- Supervisors have a clear understanding of the value, role and functions of an YPS.
- Supervisors help integrate the YPS program into the agency but also provide support for the YPS to be a part of the child/family team.
- Guidance and support to the YPSs and the rest of the treatment team to help them understand the differences in their roles.

## SOC-CESS Activities

System of Care – Community for Early Signs and Symptoms (SOC-CESS) cooperative agreement funded by SAMHSA provided support for this project. Youth Peer Supports have been working with youth at the three CCBHOs participating in SOC-CESS. Here are some examples of their support:

- Providing direct support to youth
- Facilitating Youth Networking Groups
- Representing youth on System of Care teams in their community
- Planning and participating in community awareness events
- Participating in the development, pilot, and feedback of YPS data collection measures

The following information has been developed by staff of the SOC-CESS cooperative agreement to guide YPSs and their supervisors in methods of documentation and assessment for skill building and service development. FOR MORE INFORMATION: <https://dmh.mo.gov/mental-illness/soc-cess>

## Hiring & Retaining Youth Peer Support Providers

### Employing Youth Peer Supports

As the peer support field is growing, more and more people with lived experience in mental health, substance use disorders, and other youth-serving systems are being employed by agencies to provide support, care and navigation. In the specific case of Youth Peer Support, those employed in this position will likely be younger, although this is a guideline not a requirement, and may have more recent experience. This provides a special relevance to the youth they serve, and can mean YPSs are still actively involved in managing their own health and wellness. Ensuring the YPS has what they need to maintain their mental and physical health (including but not limited to time flexibility for appointments, safety planning, and other necessary supports as discussed with your YPS) is encouraged to prevent burnout and ensure the best working environment for all involved.

Further, for a lot of young adults, this may be the first “professional” job they have experienced. Young people bring fresh eyes and ears to agencies, which is one major benefit of hiring a Youth Peer Support. Ongoing training and professional development is encouraged to ensure they have the best chance at success!

### Hiring

- Hiring department must have a clear job description
- Candidates between 18 and 26 years of age get preference. (Documentation needs to be kept at the agency explaining why they decided to hire a YPS outside of this age guideline.)
- Must be able to confidently and safely discuss their recovery, treatment experience, and personal strategies to maintain their mental health (self-care)
- Must have a high school diploma or equivalent
- Must have a desire to support youth and young adults in mental health recovers but sharing their own experience
- Must be provided with a living wage, support to maintain their own recovery, and adequate training

### Retention

- Must be respected as a full member of the treatment team
- Must be respected for the expertise of lived experience they bring to the team
- Must have opportunities to participate in agency program and policy development
- Must be support in using their voice to support the services and supports for youth and young adults not only at the agency, but also in the community
- Recognition of the need to maintain recovery and support in maintaining their physical and mental health

## Safety Planning

During each YPS training, YPSs create a safety plan for themselves to explore what their personal experiences of recovery look like and how to best care for themselves while employed in a job that actively requires them to discuss their lived experience. YPSs are often encouraged to make another plan that holds relevant information related to their recovery that is able to be shared with their supervisor.

Each safety plan is comprised of the following questions:

- **What are my potential triggers?** (In this space, YPSs write about the things that could potentially upset them in a way to necessitate self-care or support from others. Some responses include topic areas that they struggle hearing about or discussing, others include life challenges and environments that are difficult to withstand for them.)
- **What are my warning signs?** (Or – how can I tell when it's getting bad? This space encourages YPSs to write down signs that they observe or that others can observe that signal they are headed toward or in a crisis.)
- **What are my coping strategies?** (This is broken into two parts – one that focuses on support they may need from others, one that focuses on their own self-care strategies)
  - **What can others do to help?** (To assist others in knowing what to do in a potential crisis, YPSs fill in this section with strategies that help and strategies that hurt (i.e. some people do not like to be touched when they are emotionally activated, others prefer to be left alone and not asked about the issue unless necessary, etc.))
  - **What can I do to help myself?** (This provides a go-to list for the YPS to go back to their own strategies for taking care of themselves, i.e. contacting a therapist, taking a short break, going for a walk, writing in a journal, etc.)

The first version of the safety plan is strictly for the YPSs to use and refer to, to maintain privacy for some things that may not be necessary for anyone in the workplace to know. The second version provides information that pertains to supports and signals that may be necessary for a supervisor or other members of the treatment team to be aware of (i.e. that a YPS may need to take short breaks if they become emotionally activated by something in the workplace).

It is important when discussing safety planning for the YPS to know that nothing in their safety plan will be used against them – this is simply a tool to discuss any necessary supports an YPS may need to maintain their mental and physical health and safety as they do their job.



## Training

In order to provide services billable through Medicaid, a Missouri Youth Peer Support has to:

- Complete the Missouri YPS training
- Pass the training competency test and be recommended by the trainers for certification
- Complete ongoing education as established by agency policy

### What Makes a Training?

A Youth Peer Support training consists of 5-15 trainees and two trainers (one young adult/YPS and one adult ally/supervisor). Locations and dates will be announced by the Missouri Department of Mental Health.

If you have any questions, contact Statewide Family Coordinator Jill Richardson at [Jill.Richardson@dmh.mo.gov](mailto:Jill.Richardson@dmh.mo.gov).

### What Makes a Trainer?

A YPS training consists of two trainers;

- YPS — someone who is a youth or young adult, who has worked as a Youth Peer Support for 6 months, who has attended the YPS Train-the-Trainer, and who has been approved by their supervisor and DMH.
- Adult Ally — someone who is an ally to youth, has supervised Youth Peer Supports for at least 6 months, has attended the YPS Train-the-Trainer, and has been approved by their supervisor and DMH.

If you want to become a trainer, contact your supervisor or the Statewide Family Coordinator at the Department of Mental Health.

## Training Guidelines & Requirements

Curriculum for certification and supervision developed through consultation with Youth ERA ([www.youthera.org](http://www.youthera.org)) and Youth MOVE National ([www.youthmovenational.org](http://www.youthmovenational.org)), agencies with extensive experience in providing a variety of youth support services.

The certification training was established based on research in youth mental health and recovery services. The curriculum covers:

- Cultural and Linguistic Competence
- Developmental assets
- Motivational interviewing
- Theory of change
- Abuse and Neglect
- Mandatory reporting
- Documentation
- Self-Care
- Crisis intervention
- Strategic Sharing
- Self-Advocacy
- Youth Service advocacy

Each trainee completes exercises during training that demonstrates their understanding of training concepts and ability to apply skills. Continuing education is required in areas specific to youth recovery.

Specific guidelines have been developed for recruiting, hiring, training, and supervising YPS staff. Supervisors must attend an overview of the YPS training and additional training in supervision specifically for the YPS position. The additional training emphasizes youth culture, the importance of accommodation and self-care planning, and working with individuals in first time employment roles.

## Evaluation

### Why is Evaluation Important?

Evaluation helps track progress and reports on whether or not outcomes can be attributed to Youth Peer Support. This is especially important in new and growing services, as more data is needed to assess how the service can continue to grow. Further, in terms of youth engagement, collecting data is important to ensure the services being provided are youth-guided and person-centered overall. The following measures have been developed to track, measure and report on Youth Peer Support's outcomes, training needs and the thoughts of those providing the service.

### YPS Provider Survey

The Youth Peer Support Provider Survey is a way to track progress and thoughts of Youth Peer Supports during their time providing the service. This survey collects demographic data of the YPS as well as the setting and specifics of the place of their work, gathers information on how they perceive their place on the treatment team and how they feel about their work's impact on their own recovery. Finally, the last part of the survey details which interventions are being used by the YPS in their work in the last 6 months.

### 40 Developmental Assets

The 40 Developmental Assets are a list of 40 items, compiled by the Search Institute in Minnesota, thought to contribute to mental and physical wellbeing. These checklists allow the youth receiving Youth Peer Support to rate the presence of each Asset on a scale from 0 (not fully present) to 5 (fully present). This assists the youth and the YPS to set goals based on the Assets or work to develop the Assets they feel are lacking. The accompanying tracking form allows the YPS to track each re-assessment (YPSs are encouraged to re-assess every 3 months or at intervals agreed upon by themselves and the youth) to measure progress.

### Encounter Tracking

This form was developed to help Youth Peer Supports track the encounters they have with youth — it allows the YPS to detail each intervention they use and the type of interaction they have as well as the place and duration of each meeting.

### Networking Survey

Youth Networking Groups were started through the SOC-CESS grant to increase resilience, leadership and self-advocacy skills as well as provide a supportive environment to youth. The following survey is designed to be taken at the beginning and end of each networking group to measure how well the intervention of that group helped meet the objectives. At this time, Youth Networking Groups are not billable through Medicaid but it is a possibility for future.

### YPS Outcome Survey

This survey was developed to measure self-reported thoughts and outcomes of Youth Peer Support from those receiving the service. It can be administered every 6 months (or at another agreed-upon interval) to measure progress but should not be administered by a YPS.

## Resources

### Missouri Department of Mental Health

- a. Mental Health/Behavioral Health: <https://dmh.mo.gov/mental-illness>
- b. Substance Use: <https://dmh.mo.gov/alcohol-drug>
- c. Developmental Disabilities: <https://dmh.mo.gov/dev-disabilities>

### Youth ERA (Oregon)\*

- a. Website: [youthera.org](http://youthera.org)
- b. Technical Assistance: <http://www.youthprogrambuilder.com/>
- c. Facebook: <https://www.facebook.com/TheYouthERA/>

### Youth MOVE National

- a. Website: <https://youthmovenational.org/>
- b. Consultation: <https://youthmovenational.org/consulting/>
- c. Resources: <https://youthmovenational.org/resources/>
- d. Facebook: <https://www.facebook.com/YouthMOVENational/>

### Youth and Young Adult Peer Support Facebook Group

- a. Link: <https://www.facebook.com/groups/yayaps/>

### ViaHope (Texas)\*

- a. Website: <https://www.viahope.org/>
- b. Resources: <https://www.viahope.org/resource/peer-support/>
- c. Online Trainings: <https://viahope.litmos.com/online-courses/>
- d. Peer Voice Blog: <https://www.viahope.org/category/peer-voice-project/>

### Trauma Specific Resources

- a. Missouri Department of Mental Health: <https://www.dmh.mo.gov/trauma>
- b. National Child Traumatic Stress Network: [www.nctsn.org](http://www.nctsn.org)

## References

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## Appendices

Appendix A: YPS Provider Survey

Appendix B: The 40 Developmental Assets

Appendix C: Encounter Tracking

Appendix D: Networking Groups

## YOUTH PEER SUPPORT PROVIDER SURVEY

### YPS Provider Survey

1. How old are you?
  - a. Under 18
  - b. 18-20 years old
  - c. 21-23 years old
  - d. 24-26 years old
  - e. 27-29 years old
  - f. 30 + years old
2. What is your gender?
  - a. Male
  - b. Female
  - c. Non-binary/gender nonconforming
  - d. Other (please specify) \_\_\_\_\_
3. Are you Hispanic/Latino?
  - a. Yes, I am Hispanic or Latino
  - b. No, I am not Hispanic or Latino
4. Which of the following best describes you?
  - a. American Indian or Alaska Native
  - b. Asian
  - c. Black/African American
  - d. Native Hawaiian or other Pacific Islander
  - e. White/Caucasian
  - f. Other (please specify) \_\_\_\_\_
5. Which describes the area you work in?
  - a. Urban
  - b. Suburban
  - c. Rural
6. When were you trained to be a Youth Peer Support?
  - a. Date (mm/yy) \_\_\_\_\_
7. Please check the trainings you have participated in (check all that apply)
  - a. Family Support Provider/Community Support Specialist cross-training
  - b. First Episode Psychosis
  - c. Mental Health First Aid
  - d. Youth Mental Health First Aid
  - e. Certified Peer Specialist
  - f. WRAP — Wellness Recovery Action Planning
  - g. Smart Recovery
  - h. MARS (Medication Assisted Recovery Specialist training)
  - i. Other (please specify) \_\_\_\_\_
8. Have you taken the Missouri Youth Peer Support Certification exam?
  - a. Yes
  - b. No

9. Are you currently working as a Youth Peer Support?
  - a. No (if no is selected go to the end of the survey)
  - b. Yes (if yes is selected continue to the next question)

**The following questions ask about your current position as a Youth Peer Support provider.**

1. What is your current employment status?
  - a. Paid full time employment
  - b. Paid part time employment
  - c. Unpaid full time volunteer
  - d. Unpaid part time volunteer
  - e. Other (please specify) \_\_\_\_\_
2. What was your employment/volunteer start date?
  - a. Date (mm/yy) \_\_\_\_\_
3. Which type of organization do you work at?
  - a. Community Mental Health Center/CCBHO
  - b. Family or youth organization
  - c. Other (please specify)\_\_\_\_\_
4. Please choose the category that describes the youth served where you are employed/volunteering (check all that apply).
  - a. Children (ages 0-5)
  - b. Older children/adolescents (ages 6-12)
  - c. Adolescents (ages 13-17)
  - d. Young adults (ages 18-25)
  - e. Adults aged 26 and above

**Please indicate to what degree you agree with the following statements.**

1. I am recognized as a valuable member of the team by the non-Peer/YPS staff.
  - a. Strongly agree
  - b. Somewhat agree
  - c. Somewhat disagree
  - d. Strongly disagree
2. I think I am a positive role model for a child or youth with mental health issues, substance use issues, or developmental disabilities in recovery for the non-peer/YPS staff.
  - a. Strongly agree
  - b. Somewhat agree
  - c. Somewhat disagree
  - d. Strongly disagree
3. I feel like a colleague with the other staff.
  - a. Strongly agree
  - b. Somewhat agree
  - c. Somewhat disagree
  - d. Strongly disagree

4. I have adequate training to be competent in my role as a Youth Peer Support.
  - a. Strongly agree
  - b. Somewhat agree
  - c. Somewhat disagree
  - d. Strongly disagree
5. I have adequate supervision to be competent in my role as a Youth Peer Support.
  - a. Strongly agree
  - b. Somewhat agree
  - c. Somewhat disagree
  - d. Strongly disagree
6. I have adequate opportunities for professional development.
  - a. Strongly agree
  - b. Somewhat agree
  - c. Somewhat disagree
  - d. Strongly disagree
7. Agency policies are supportive of my responsibilities to my own mental health and/or substance use recovery.
  - a. Strongly agree
  - b. Somewhat agree
  - c. Somewhat disagree
  - d. Strongly disagree
8. Has working as a YPS affected your own recovery/treatment management?
  - a. No
  - b. I don't know
  - c. Yes
    - i. If yes, how has being a YPS affected your own recovery/treatment management? Please explain.

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1. How might your relationship with non-peer/non-YPS staff be improved?

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2. Do you have any suggestions for improving the peer/Youth Peer Support program for youth and/or their families and/or system-wide?

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3. What new programs for youth and/or their families would fill a gap in services for youth? Please describe why you feel the program(s) would be important and necessary for youth and/or their families.

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Please mark each item “yes” if you have engaged in the activity over the past 3 months. Keep in mind that this is not an evaluation of your work as a Youth Peer Support; sometimes there are outside factors that prevent engagement in a specific activity.

<b>Please answer “YES” or “NO” to the following questions:</b>	<b>YES</b>	<b>NO</b>
I spent time listening to a youth’s concerns and building relationship with the youth.		
I helped a youth identify ways to practice self-care.		
I helped a youth create an individualized WRAP plan.		
I helped a youth set a goal.		
I helped a youth identify steps to reach their identified goal.		
I spent time setting priorities with a youth.		
I followed up with a youth about a previous goal.		
I gave a youth the 40 Developmental Assets survey.		
I used the 40 Developmental Assets to identify a goal.		
I provided information to a youth about a service they are seeking or starting.		
I helped a youth with vocalizing their needs.		
I role played with a youth about talking with a member of their treatment team.		
I role played with a youth about talking with their parent or caregiver.		
I advocated for a youth’s perspective on a treatment team with the youth’s permission.		
I helped a youth advocate for their perspective.		
I actively listened for information that might indicate an unmet need in a youth’s life.		
I spent time helping a youth identify an unmet need.		
I talked with a youth about available resources and supports in their life.		
I supported a youth who is living with the impact of trauma.		

I helped a youth identify barriers to reaching their goals.		
I have shared my story to build rapport.		
I have shared my story to inspire hope and resilience.		
I have engaged in suicide prevention conversations using the ASIST framework.		
I have helped a youth feel empowered to advocate for their needs.		
I helped a youth identify their strengths.		
I have used Motivational Interviewing to talk to a youth about making a change in their life.		
I have helped a youth make a crisis or safety plan.		

## **The Asset Process**

*The 40 Developmental Assets® process will look different each time you complete it. These steps are designed to help you support youth in their commitment to the process and help them achieve the best possible outcomes.*

### **1. BUILD RAPPORT**

- ➡ Schedule your first one-on-one
- ➡ Tell them about yourself
- ➡ Ask them about themselves

### **2. MINIMIZE INTAKE ANXIETY**

- ➡ Try to use as little paperwork as possible; if paperwork is necessary, offer to work with them as they complete it
- ➡ Offer to fill out the necessary paperwork with them
- ➡ Avoid going over too many instructions/rules

### **3. COMPLETE CHECKLISTS**

- ➡ During your second or third visit, ask them if they want you to go through the checklists with them
- ➡ Complete an initial assessment based on your previous interactions with the young person
- ➡ Each item should be marked on a scale from 0 (this Asset is not present at all) to 5 (this Asset is fully present)
- ➡ If a young person feels an Asset is not applicable, this Asset can be marked with an “X” or an asterisk (\*)

### **4. REVIEW ASSETS**

- ➡ Ask the young person how they felt about the checklist and if they were surprised by any of the answers
- ➡ Ask the young person how they felt about the survey items and if there were any which they felt did not apply to them
- ➡ Explain that Assets can also be thought of like skills or protective factors
- ➡ Ask the young person if they agree with what was put down

### **5. CELEBRATE WHERE THEY ARE!**

- ➡ It is important not to make the young person feel like they are a problem in need of fixing
- ➡ Every young person has existing strengths, skills, and accomplishments; celebrate them!

**6. DISCUSS EXISTING GOALS**

- ➡ Assess established goals and evaluate them for effectiveness
- ➡ Help them decide if the goals are things they're still inspired by and want to achieve

**7. CONFIRM GOALS**

- ➡ Review and finalize the young person's goals
- ➡ If necessary, work with their team to revise the plan until they do agree

**8. IDENTIFY TARGET ASSETS**

- ➡ Ask the young person to identify Assets that they'll need to accomplish their goals
- ➡ Make sure that the young person feels ownership over their Asset development

**9. CREATE OPPORTUNITIES**

- ➡ Work with the youth to find development opportunities that suit their values and interests
- ➡ Research opportunities in the community and connect with your network of providers to see if any programs suit the youth's needs

**10. RE-EVALUATE**

- ➡ Every three months (or at an interval agreed upon by yourself and the young person), re-evaluate by asking the youth to fill out the Asset checklists again
- ➡ Discuss areas of growth and set new goals to develop other Assets

**11. PERSIST & CELEBRATE!**

- ➡ Celebrate where they are at; acknowledge their existing skills and make sure they know that you believe in them
- ➡ Frame every setback as an opportunity for growth and encourage their continued commitment to the development process

Client ID: \_\_\_\_\_

**40 Developmental Assets Tracking Form**

Each time the youth completes the 40 Developmental Assets, record their responses for each item (on a scale from 0-5) under the corresponding column (A1 would be the initial assessment, A2 would be the second assessment, etc.).

Initial Assessment Date: \_\_\_\_\_

2<sup>nd</sup> Assessment Date: \_\_\_\_\_

3<sup>rd</sup> Assessment Date: \_\_\_\_\_

4<sup>th</sup> Assessment Date: \_\_\_\_\_

5<sup>th</sup> Assessment Date: \_\_\_\_\_

6<sup>th</sup> Assessment Date: \_\_\_\_\_

<b>Item</b>	<b>A1</b>	<b>A2</b>	<b>A3</b>	<b>A4</b>	<b>A5</b>	<b>A6</b>
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						

Client ID: \_\_\_\_\_

<b>26</b>						
<b>27</b>						
<b>28</b>						
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<b>38</b>						
<b>39</b>						
<b>40</b>						

## Networking Pre-Survey

Thank you for coming to our networking group! Please fill in the blanks below.

First three letters of your first name:

First two letters of your last name:

Birth year:

Seminar topic: \_\_\_\_\_

Leader/speaker: \_\_\_\_\_

Date: \_\_/\_\_/\_\_

1. I am confident being a leader.

                                                                                                                                                        

Very Unconfident   Unconfident   Somewhat Unconfident   Somewhat Confident   Confident   Confident   Very Confident

2. I know ways to use leadership skills.

                                                                                      

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

3. I know strategies for advocating for myself.

                                                                                      

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

4. I am confident I can advocate for myself.

                                                                                                                                                        

Very Unconfident   Unconfident   Somewhat Unconfident   Somewhat Confident   Confident   Confident   Very Confident

5. I have the tools to cope with things going on in my life.

                                                                                      

Strongly Disagree   Disagree   Neutral   Agree   Strongly Ag

## Networking Post Survey

Thank you for coming to our networking group! Please fill in the blanks below.

First three letters of your first name: \_\_\_\_\_ First two letters of your last name: \_\_\_\_\_ Birth year: \_\_\_\_\_

Seminar topic: \_\_\_\_\_ Leader/speaker: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

1. I am confident being a leader.

Very Unconfident Unconfident Somewhat Unconfident Somewhat Confident Confident Very Confident

2. I know ways to use leadership skills.

Strongly Disagree Disagree Neutral Agree Strongly Agree

3. I know strategies for advocating for myself.

Strongly Disagree Disagree Neutral Agree Strongly Agree

4. I am confident I can advocate for myself.

Very Unconfident Unconfident Somewhat Unconfident Somewhat Confident Confident Very Confident

5. I have the tools to cope with things going on in my life.

Strongly Disagree Disagree Neutral Agree Strongly Agree

6. I am likely to use some of the skills I learned during the networking group.

Extremely Unlikely Unlikely Neutral Likely Extremely Likely

7. I am likely to participate in another networking group.

Extremely Unlikely Unlikely Neutral Likely Extremely Likely

8. I was satisfied with the networking group.

Strongly Disagree Disagree Neutral Agree Strongly Agree







## References

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