

PROCEEDINGS FROM THE

TEXAS YOUTH PEER SUPPORT

# ROUNDTABLE

SEPTEMBER 2018



The University of Texas at Austin  
Texas Institute for Excellence in Mental Health  
*Steve Hicks School of Social Work*



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# Acknowledgement

Many individuals, agencies, and organizations have given unselfishly of their time and expertise to help ensure the Youth Peer Support Roundtable would be strategic, useful, and efficient. We are grateful to the leaders and staff of Texas youth-serving systems, community members, and other stakeholders who took time away from the exceptional demands of their jobs to contribute to these activities. We are particularly grateful to the young people who shared their experiences in treatment and recovery with us. Your time and contributions are greatly appreciated.

## Overview

Throughout Texas and nationally, it is rare to attend a meeting about youth behavioral health without hearing the term Youth Peer Support (YPS). However, there is often wide variety in its definition, purpose, and practice, sometimes even among people from the same organization.

The 2018 Youth Peer Support Roundtable was convened to examine opportunities and develop statewide consensus related to priorities to support near-age youth peer support across substance use treatment and mental health services in Texas. These conference proceedings provide background, an overview of the Roundtable, the evaluation of the event, and the stakeholders' recommendations for next steps.

The Roundtable was hosted by the Texas System of Care and the Alliance for Adolescent Recovery and Treatment in Texas, two initiatives supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) and implemented by the Texas Institute for Excellence in Mental Health (TIEMH). Key Texas stakeholders were recruited to participate in designing, planning, and participating in the Roundtable.

## Background of Youth Peer Support

SAMHSA defines peer support as services delivered by individuals who have common life experiences with the people they are serving. People with mental and/or substance use disorders have a unique capacity to help each other based on their shared experiences and understanding.

The Texas Statewide Behavioral Health Strategic Plan (2016) supported the development of a recovery-oriented system of care model emphasizing long-term peer recovery support services and the expansion of community-based recovery supports for people with substance use disorders (SUD), mental health (MH) disorders, or co-occurring disorders (COD). Additionally, in a 2016 survey, respondents identified peer services as one of the top four strengths of the behavioral health system in Texas.

Data gathered through the July 2018 Providing Opportunities for Partnership with the Alliance for Adolescent Recovery and Treatment in Texas (POP-AART) youth engagement activities indicated that young people with an average of three years in recovery identified recovery support services such as peer supports and alternative peer groups as some of the most important ways to improve recovery for young people.

In Texas, peer support specialists may be found in local mental health authorities, peer run service providers, local behavioral health authorities, state hospitals, recovery high schools, homeless serving organizations, advocacy agencies, and community-based substance use treatment and recovery organizations. Peer specialists inspire hope, help people self-advocate, connect people to resources, facilitate groups, provide recovery coaching, and help engage people in treatment and recovery.

While there is relatively little research on adolescent outcomes related to peer support, reviewing adult outcomes can indicate the likely effect on adolescents. According to a research summary by Mental Health America (Mental Health America, 2018), peer support has been shown to improve quality of life, improve engagement and satisfaction with services and supports, improve whole health, including chronic conditions like diabetes, decrease hospitalizations and inpatient days, and reduce the overall cost of services. Research has shown that peer support facilitates recovery and reduces health care costs.

Currently in Texas, there are some differences between peer support services provided for individuals with mental health issues and those provided for individuals with substance use disorders. Peer support services for individuals with mental health needs are provided through Certified Mental Health Peer Specialists while peer support services for individuals with substance use treatment needs are provided through Certified Recovery Support Peer Specialists (also known as peer recovery coaches). Peer support services for adults ages 21 and older became Medicaid reimbursable on January 2019. The following table summarizes Medicaid billable peer support services in Texas across mental health and substance use.

### Medicaid Billable Peer Support Services in Texas

Adults who can receive Medicaid services (age 21 and older)

Adults who can provide peer services (ages 18 and up)

There are currently no Medicaid billable peer services for those under the age of 21 in the state of Texas, although persons of 18 years of age and older can be certified to provide peer services. While peer support services for youth under the age of 21 are not currently billable under Medicaid, there are a number of other pathways through which youth may receive formalized peer support. Some of these pathways include YES Waiver, Youth Recovery Community grantees, state hospitals, homeless serving organizations, alternative peer groups (APG), recovery high schools, private hospitals, health clinics, and collegiate recovery programs. Individuals who wish to work with youth as a peer specialist may commonly receive the training and certification described below since there is not currently an official specialization to become certified as a youth peer support specialist. There is, however, a large amount of variance in training and supervision practices across youth peer support in Texas.

|                              | Mental Health  | Substance Use  |
|------------------------------|--|--|
| <b>Provided by</b>           | Certified Mental Health Peer Specialist (MHPS)   | Certified Recovery Support Peer Specialist (RSPS)  |
| <b>Medicaid Reimbursable</b> | Effective January 2019   | Effective January 2019   |
| <b>Certified by</b>          | Texas Certification Board<br>Wales Education Services  | Texas Certification Board<br>Wales Education Services  |
| <b>Training Requirements</b> | <p>The minimum requirements for certification of a MHPS shall include academic achievement and adherence to a code of ethics, including the following:</p> <ol style="list-style-type: none"> <li>1. Verification of a minimum education level of a high school diploma or General Equivalency Diploma (GED).</li> <li>2. Proof of initial online assessment</li> <li>3. Proof of core training</li> <li>4. Proof of core training knowledge assessment</li> <li>5. Supplemental training which is verification of at least 40 education hours specific to the MHPS approved certified MHPS trainer or training entity certified by TCB: Those already certified by VIA Hope will meet this requirement. Provide copies of training certificates by approved training entities.</li> <li>6. Verification of a successful score on MHPS knowledge assessment.</li> <li>7. Sign and agree to comply with the ethical standards pertaining to Mental Health Peer Specialist.</li> <li>8. 250 hours of volunteer or paid work experience specific to MHPS work will be required to maintain the certification and must be obtained and submitted to TCB within 6 months of issue of this certificate.</li> </ol> | <p>The minimum requirements for certification of a RSPS shall include academic achievement and adherence to a code of ethics, including the following:</p> <ol style="list-style-type: none"> <li>1. Verification of a minimum education level of a high school diploma or jurisdictionally certified high school equivalency. (Complete formal education form and include official documentation).</li> <li>2. Verification of at least 46 education hours specific to the RSPS domains. Provide copies of training certificates by certified training entity or certified instructor.</li> <li>3. Verification of a successful score on RSPS training knowledge assessment.</li> <li>4. Documentation of initial online assessment.</li> <li>5. Documentation of core training.</li> <li>6. Documentation of successful completion of core training knowledge assessment.</li> <li>7. Sign and agree to comply with the ethical standards pertaining to Recovery Support Peer Specialist.</li> <li>8. Documentation of 250 hours of Volunteer or paid work experience specific to RSPS domains. (Volunteer and work experience form is provided.)</li> </ol> |

|                      | Mental Health  | Substance Use  |
|----------------------|--|--|
|                      | 9. Documentation of criminal background check through the Texas Department of Public Safety or IdentoGo within 30 days of application.   | 9. Documentation of criminal background check through the Texas Department of Public Safety or IdentoGo within 30 days of application.   |
| <b>Supervised by</b> | A peer specialist supervisor, being at least 18 years of age, must be a QCC, LPHA, QMHP-CS with a QCC or LPHA supervising, or a QPS with a QCC or LPHA supervising. There is a grandfather provision that allows a person who has at least two years of experience supervising peer services, between January 2013 and January 1, 2018 to apply to a certification agency to be grandfathered into peer support supervision certification.   | A peer specialist supervisor, being at least 18 years of age, must be a QCC, LPHA, QMHP-CS with a QCC or LPHA supervising, or a QPS with a QCC or LPHA supervising. There is a grandfather provision that allows a person who has at least two years of experience supervising peer services, between January 2013 and January 1, 2018 to apply to a certification agency to be grandfathered into peer support supervision certification.   |
|                      | <i>As defined by Texas Administrative Code (TAC) Title 1, §354.3003:<br/>QCC – Qualified Credentialed Counselor<br/>LPHA -- Licensed Professional of the Healing Arts<br/>QMHP – CS – Qualified Mental Health Professional – Community Services<br/>QPS – Qualified Peer Supervisor</i>  |  |
| <b>Supervised by</b> | A person applying for peer specialist supervisor certification must complete training on peer services and the recovery model from a certified training entity. At the end of the training, an applicant must also pass a knowledge assessment. This assessment test is also required for individuals applying under the grandfather provision. (TAC §354.3105, §354.3163).  | A person applying for peer specialist supervisor certification must complete training on peer services and the recovery model from a certified training entity. At the end of the training, an applicant must also pass a knowledge assessment. This assessment test is also required for individuals applying under the grandfather provision. (TAC §354.3105, §354.3163).  |
| <b>Supervision</b>   | Peer specialist supervision must focus on a peer specialist's provision of services, including review of cases and activities, skill building, problem resolution, and professional growth. Supervision may also include aspects specific to the organization, such as following organizational policy or other administrative matters. Peer specialist supervision must occur at least weekly for a peer specialist with an initial certification, monthly for a peer specialist with a two-year certification, and more frequently at the request of the peer specialist. Supervision may be provided individually, in a group setting, by tele-conference, and through direct observation of the peer providing services. (TAC §354.3103) | Peer specialist supervision must focus on a peer specialist's provision of services, including review of cases and activities, skill building, problem resolution, and professional growth. Supervision may also include aspects specific to the organization, such as following organizational policy or other administrative matters. Peer specialist supervision must occur at least weekly for a peer specialist with an initial certification, monthly for a peer specialist with a two-year certification, and more frequently at the request of the peer specialist. Supervision may be provided individually, in a group setting, by tele-conference, and through direct observation of the peer providing services. (TAC §354.3103) |

Peer support services may be provided to young people, age 13-20, but these services have not yet received statutory authority to be Medicaid billable. In addition, Texas does not currently have a peer support training curriculum specifically for youth and young adults. In surveys and focus groups, young people have voiced their desires for increased access to peer supports, especially for near-age peers (young adults under the age of 30 years old).

Typically, 50% of behavioral health challenges develop by the age of 14 and 75% develop by the age of 24. Additionally, the Center for Disease Control (2018) identified suicide as the second leading cause of death in young people, with more than half (53%) not having a mental health diagnosis at the time of their death. While youth and young adults are at high-risk of developing behavioral health challenges, they are the least likely age group to

receive services and supports. Of those that do receive services, many quickly disengage because the services were developed for older adults and are not developmentally and culturally appropriate. Youth peer support services can fill this gap and improve outcomes for not only the young people involved but also the service delivery system itself.

## Youth Peer Support Roundtable

Given the interest in increasing access to peer support services for young people with mental health and/or substance use disorders, the Texas System of Care and the Alliance for Adolescent Recovery and Treatment in Texas joined together to host the Youth Peer Support Roundtable. This Roundtable was designed to help stakeholders identify the priorities and next steps related to advancing youth peer support efforts in Texas.

The Youth Peer Support Roundtable was held in Austin, Texas on September 27-28, 2018. The agenda and all supporting documentation for the day and a half Roundtable is provided in the appendix.

After extensive cross-discipline discussions, Roundtable participants agreed on five specific priorities to help guide the design, development, and implementation of youth peer support services across mental health and substance use treatment systems in Texas.

- A. There is a need for a youth/young adult-led consortium to plan the development of training, certification, fidelity, and oversight for youth peer support recovery services.
- B. Special attention should be paid to ensure training is youth-driven and that the supervision and certification processes meet the needs of youth peer support specialists.
- C. To ensure sustainability of efforts, Texas needs to identify stable and sustainable funding mechanisms, including seeking Medicaid reimbursement, block grants, and general revenue funds.
- D. Youth-driven organizational readiness and change processes are needed to support youth peer support recovery services across systems.
- E. Comprehensive approaches to incorporate youth peer support training and services into education systems should be explored.

*I took a great deal from the Roundtable and look forward to continuing the work. I really enjoyed being on the panel, getting to contribute my expertise, and all of the discussions. I'm super interested in working on developing curriculum to explore how to introduce peer support as an elective in high schools. Whether people become peer support specialists or not, having that peer perspective will help society as a whole to become more trauma informed.*

CASSY RAMIREZ  
PEER SUPPORT SPECIALIST  
DEL RIO, TEXAS

## Participants of the Roundtable

Fifty-two individuals participated in the Youth Peer Support Roundtable, representing state youth-serving agencies, community providers, collegiate recovery programs, peer support providers, peer workforce training, families of young people in recovery, young people in recovery, alternative peer groups, advocacy organizations, and recovery-oriented systems of care. Individuals represented young people and providers from multiple areas of the state, including Del Rio, Plainview, Houston, San Marcos, Austin, Littlefield, Terrell, Lufkin, and Dallas.

Subject matter expert panel participants included: Jessi Davis (Houston), Elyse Greenamyre (San Marcos), Stephen Hinojosa (San Marcos), Jess Mullinks (Terrell), and Cassy Ramirez (Del Rio).

## Description of Presentations

Following introductions and welcome statements on the morning of September 27, 2018, the Roundtable began with two panels featuring young adults. The first panel was comprised of young people who had received peer support. They shared their experiences and spoke of the benefits of receiving peer support, and then provided their recommendations for promoting peer support services for young people.

During the second panel, young people who provide peer support services offered participants information about the art and science of providing peer support services and then answered written questions submitted by audience members. The list of all questions submitted is provided in the appendix. Brie Masselli, Youth Program Director for Youth M.O.V.E. National then provided the national perspective on best practices in youth peer support. She described the unique needs of youth and young adults, the need for youth and young adult peer support availability across the child- and adult-serving systems, and considerations required when developing and implementing youth peer support services

The Roundtable concluded on Day 1 with participants dividing into small groups and rotating through topic-specific discussions. For each topic, a pre-selected facilitator helped summarize current practice related to the topic and then facilitated discussion around the related questions. Topics and related questions included:

### 1. Workforce development and training

- a. Should work towards youth peer support specialists be collaborative across mental health and substance use disorder treatment and recovery or should the work be separate and parallel processes?
- b. What process should Texas use to establish a curriculum? Should we use an adult version or create a youth-specific version?

### 2. Funding and Policy

- a. Should youth peer support (YPS) specialists be a Medicaid-billable service?
- b. What other sources of funding could support youth peer supports (YES waiver? Block Grant?)
- c. What are the next steps towards gaining access to other sources of funding?
- d. How many billable hours should young people receive?
- e. What steps should be taken to reconcile the differences in age requirements? (Current policy indicates young people must be older than 18 years old to provide peer support and older than 21 years old to receive peer support. Medicaid policy says adolescents can go up to 21 years of age; SAMHSA says under 30 years of age).

### 3. Supervision of Youth Peer Support Specialists: Best Practices

- a. What are the characteristics of the best YPS Supervisors? (Probe licensure or not, amount of experience, etc.).
- b. What are the best supervisory purposes and practices? (Probe knowledge of boundaries, self-care, etc.)
- c. What training is necessary for excellent YPS Supervisors?
- d. Does Texas have it or do we need to develop it?



#### 4. Outcomes/Evaluation

- a. What data are currently available? (Ensure data are person- and recovery-centered.)
- b. What outcomes could best inform discussions about the effectiveness of YPS?
- c. How do we use the data?

Using a Liberating Structures technique called crowdsourcing, Day 2 of the Roundtable began with asking participants to:

*Take a couple of minutes to reflect on what we know and what we learned from our panelists yesterday. Thank about all of the strengths Texas already offers in the way of youth peer supports and all of the young people in our state who are still in need of peer support services for mental illness or substance use disorder issues. We heard that there needs to be a lot of things in place – what we think of as infrastructure - to make expanding youth peer support successful. **What is your best and boldest idea for what the state should do in the NEXT TWO YEARS to prepare for successful expansion of peer support services for youth with mental health and/or substance use disorder challenges?***

Participants wrote their “best and boldest ideas” on index cards, then participated in four rounds of reading and scoring ideas on a scale ranging from 1 to 5, where 1 is “this is a fine idea” and 5 is “this is an exciting idea and I can’t wait to work on it.” All participant-generated ideas are provided in the appendix.

During group discussion, some of the ideas were combined, integrated, or slightly revised into the top priorities agreed upon by participating stakeholders. This combined list included:

1. Explore and identify sustainable and stable funding,
2. Develop statewide requirement for youth peer support at no cost to schools,
3. Develop youth-driven youth peer support certification, training, and supervision training,
4. Offer youth peer support as elective courses, and
5. Develop a statewide consortium to guide development of training, certification, fidelity, and oversight for youth peer support recovery services.

*Having the opportunity to get together with youth, young adults, and professionals in the field to brainstorm how we can best improve and move forward with expanding youth services is such an honor and I am so grateful that youth voices are being heard!*

ELYSE GREENAMYRE  
PEER SUPPORT SPECIALIST  
SAN MARCOS, TX

Participants self-selected into small groups based on their interest and knowledge in one of the crowd-sourced five topics. The young people in recovery were asked to join groups in such a way as to ensure each group received the benefit of their expertise and participation.

Facilitators and scribes were pre-assigned to each small group for the two-hour work session. (Facilitator questions and summary documents for the crowdsourced small groups are provided in the appendix.) Facilitators began by ensuring there was a common understanding of the specific strategy identified and then worked with the group to:

- Identify the specific steps to accomplish that strategy.
- Identify the potential barriers to accomplishing the steps and potential workarounds to those barriers.

- Identify outcomes of a successful approach.
- Identify additional stakeholders who would need to be involved/engaged.
- Discuss whether there was already an existing workgroup who might take ownership or whether a new workgroup should be formed.

The *Roundtable Results* section summarizes the discussions from the group work.

## Roundtable Results

Several overarching themes became apparent in the facilitated group discussions. Major themes included workforce development, development of a youth peer support curriculum, training and certification, funding and policy, best practices, sustainability and evaluation of the model to be used. Summaries of each group's work are provided in the appendix.

### Workforce Development

Participants gained a level of understanding about the current state of the peer support workforce and training processes. Some people were not aware that there is already a youth peer support workforce for both mental health and substance use. Young people (18 and up) have been taking the adult peer support curriculum in Texas (or in some cases other states) and modifying what they learned as needed to work with youth when their jobs required it. Many young people that have been trained to provide mental health support work mostly with adults. There was also a general consensus that youth peer support for young people with substance use disorder (SUD) is more developed than peer support for young people with mental health (MH) disorders.

Not everyone was aware that there are separate curricula for SUD and MH peer work or that the SUD training has a one-day endorsement for transition-age youth. A very small number of people were familiar with the Houston Health Department's youth peer support training developed with funding from the Hogg Foundation. To add to the confusion, the title of the Hogg based certification is Peer Wellness Specialist, which is a title often used by agencies for peer support employees who have taken one of the two statewide trainings.

During the discussion on workforce development, there was great variation in ideas about what training would provide the best basis from which to develop a training on YPS in Texas. Some participants expressed their view that Houston Health Department's training should be the basis because that training was developed with youth input, was specifically for youth, and combined mental health with substance use peer support. However, that training was developed without input by the developers of the two statewide trainings. Other participants offered that the Intentional Peer Support training would be a good basis for a youth training.

A majority agreed that youth peer support workforce training should cover both SUD and MH, with some also expressing that doing this would also reduce stigma by implicitly acknowledging the prevalence of dual diagnoses. However, others felt that the MH and SUD tracks should remain different, and that each could incorporate a module on co-occurring disorders.

There were a variety of views on how to develop a youth peer support training, ranging from (1) there is a need to develop a new youth peer support training from the ground up or (2) a youth peer support training can be developed by modifying one or more existing trainings. Everyone agreed that a youth training would need to reflect more of a “youth look” and be designed to respond to the specific needs of youth, including the intentional incorporation of material for different learning styles and attention spans.

The discussion group offered the following recommendations:

- Bring in different sets of youth over a period of time to establish a rolling participant workgroup to better accommodate schedules and ensure more widespread participation.
- Ask ACCEPT (statewide youth-led planning and advocacy group) to take the lead on developing a youth peer support training, with outreach to ensure statewide representation.
- Offer flexible access to training, including nights or weekends rather than workdays.
- Host trainings locally or regionally to accommodate people from different parts of Texas.
- Design and administer surveys to find out where interest in youth peer support is.
- Explore ways to accommodate geographic diversity while offering opportunity for face-to-face learning, interaction, and practice.
- Capitalize on established events (e.g., Big Texas Rally) as interested parties will be more likely to attend and provide training/outreach there.
- Have innovative outreach strategies such as partnering with schools to offer youth peer support as an elective course, house peer support instructors at Educational Service Centers, and create peer support as a prerequisite for college coursework for human service fields.
- Find ways to offer stipends for youth participation.

## **Youth Peer Support Curriculum Content and Approach**

Group members discussed the potential logistics in developing youth-driven YPS certification, training, and supervision. To support foundational learning, group members identified several types of skills and background knowledge that would be necessary for youth peer support, including networking and marketing, life skills, trauma, motivational interviewing, youth empowerment, positive youth development, cultural and linguistic competency, including working with youth who identify as lesbian, gay, bisexual, transgender, or questioning, conflict management, self-care, family systems, and drug use.

Participants underscored the importance of defining specific expectations related to YPS supervision and training, with the goal that YPS supervision is implemented in ways that are most relevant to youth peer support and provided by individuals who have previous youth peer support experience or adult peer support experience. It is worth noting that providing “clinical supervision” in the traditional methods was not identified as the most useful to the youth peer support providers.

The discussion group on youth peer support training, certification, and supervision offered the following recommendations:

- Create a consortium for oversight of curriculum/training certification and supervision expectations.
- The consortium's role should be to identify specific YPS training and certification requirements for YPS.
- Identify and define supervision and training and expectations (youth/young adult / peer support advised) necessary for the positions.
- Develop a data and evaluation plan, including the use of pre and post-tests, measurements of success of YPS support, treatment evaluations and YPS job satisfaction surveys.

## **Youth Peer Support and Schools**

Two groups worked on ideas related to youth peer support and schools, with one group focusing on the statewide requirements for youth peer support provided in schools and the other focused on developing an elective course to provide interested students with youth peer support training that could offer high school credit, college credit, or both. Participants noted that some states, including Arizona, provide up to 24 college credits for peer training.<sup>1</sup>

The discussions overlapped around certain themes. Participants discussed the need to provide pathways for the development, coaching, teaching and career paths for youth peer support. The group identified the need to develop a Texas Education Agency (TEA) approved curriculum for elective credit, description of prerequisites (for example, lived experience), and the design, development, and implementation of the required curriculum along with supervised hours of experience. Both groups discussed the need to develop a framework that highlights the benefits of YPS and how schools, colleges, and communities would benefit from offering these courses.

Participants also discussed the importance of including community champions in the process to increase support and buy-in. Combined recommendations included:

- Begin discussions with identified resources to find credible voices and champions.
- Identify funding (private grants, crowd-funding, or others) to initiate project development.
- Propose a pilot curriculum and test study to offer to TEA for consideration.
- Consider targeting initial rollout at alternative schools and/or juvenile justice alternative education programs.
- Outreach to major stakeholders (YMCA, juvenile justice, child protective services, churches, parks and recreation departments, libraries, Texas Education Agency, etc.) about the importance of youth peer support.
- Collect baseline data (pre-post test scores, academic improvement, attendance) to compare after implementation of YPS.
- Conduct a pilot program might at high schools and junior colleges. Community conversations and consistent messaging would be developed within the first year; curriculum would be developed. Following two years of implementation, data would be analyzed and lessons learned would be compiled.

## **Need for Sustainable and Stable Funding Mechanisms**

Group members brainstormed a variety of potential sources of funding and identified the importance of communicating to potential funders that youth peer support should be a reimbursable behavioral health care

service. Group members identified potential barriers to achieving a funding source for youth peer support and potential opportunities and specific next steps to advance the goal. They noted that by identifying and implementing sustainable and stable funding mechanisms, Texas would see increased availability and accessibility of youth peer support in managed care organizations and youth-serving state agencies, increased acceptance for youth peer support across both the mental health and substance use treatment/recovery systems, and improved outcomes for young people accessing youth peer support services.

Their recommendations included:

### **1. General Funding Recommendations**

- State agencies should request state general revenue through a rider(s) in the state legislative appropriations requests.
- Request Health and Human Services Commission (HHSC) allocate substance abuse and mental health block grant funds to YPS.
- Request Texas Workforce Commission (TWC) allocate workforce block grant funds to YPS.
- Explore possible funding through substance abuse prevention coalitions, private foundations, youth transitional programs funded through the Department of Family and Protective Services, halfway houses funded through the Texas Juvenile Justice Department, school funding, sliding fee scales.
- Request HHSC appropriation for Transition-Age Youth (TAY) focused clubhouses.
- House Bill 13 from 85th Legislative session could be a source of funding. Marketing may encourage organizations to apply for youth peer support services.

### **2. Communication and Marketing Recommendations**

- Create a brochure or one-page document that describes what youth supports are and “tells a story” about the impact that youth peer support can have. Multiple options may be necessary that tailor the message to the audience.
- Focus communication efforts on how youth peer support will save money, prevent long-term costs for health care, criminal justice, lost work, etc.
- Use communication materials to highlight how youth peer support can reduce current barriers, such as reducing treatment dropout and reducing social isolation.
- Identify everyone in Texas who is currently providing youth peer support and examine what is working about their funding and what is not.
- Educate and support existing youth peers on how to identify and apply for grant money.
- Identify youth peer support as an available service within the HHSC Texas Recovery and Resiliency (TRR) Level of Care-Transition Age Youth (TAY), allowing providers to use contract funding for this service.
- Sponsor a pilot study of youth peer support to gather data and build implementation processes and lessons learned.
- Set the stage for funding through a focus on workforce development and training to create a source for well-trained providers.
- Examine opportunities to support a remote peer support program, using HIPAA-compliant tools (e.g., Skype).
- Support the development of young adult peer-run organizations including the “how-to” of non-profit management. Organizational development could set the stage for these organizations to provide drop-in centers, peer support, etc.

- Create a two-page marketing flier to tell the story of youth peer support, what it looks like, and the benefits.
- Explore a legislative rider that would direct HHSC to engage stakeholders in a process to examine the costs and benefits, feasibility, and best practices for funding youth peer support through Medicaid, inclusive of youth peer support providers.

## Statewide Youth Peer Support Consortium

The small group began the discussion with an exploration into whether other current initiatives or groups might already fit the description of a statewide consortium focused on youth peer support. While a number of groups were identified as key stakeholders in this work, the group determined a new group would best meet the specific needs to be able to discuss and strategies around youth peer support.

The group quickly identified the importance of having authentic youth voice at the table to guide, inform, and direct decisions related to youth support expansion in Texas. This is particularly important given that having too many older adults at the table in the early stages of developing a consortium might inhibit young people from driving the decision making. ACCEPT, a statewide movement of youth and young adults in Texas who are working to ensure youth can live healthy lives and pursue their dreams, was identified as an established, youth and young adult-led vehicle to help guide the development of training, certification, fidelity, and oversight for youth peer support services.

A number of ACCEPT members participated in the Youth Peer Support Roundtable, have lived experience in mental health and recovery, and work in peer roles across the state. The group discussed the importance of ensuring youth and young adults have the resources needed for making recommendations on youth peer support. Some of the identified resources included access to state and national leaders in youth peer support, a facilitated advisory council, and access to supportive adults. Discussions in other groups, such as funding/policy, also noted a need for funding to support participation, such as providing stipends for youth to participate, and funding to purchase the snacks or meals which make meetings more attractive to youth.

## Planning for the Roundtable

The planning committee for the Youth Peer Support Roundtable included representatives from youth-serving agencies, young people in recovery from mental health and/or substance use disorders, non-profit providers, and a trade organization representing Texas community centers. Initial activities focused on identifying the goals of the Roundtable, the stakeholders to be invited, and event logistics such as contracting processes, date, and location and agenda structure, speakers, and planning activities. Between August 1 and October 3, 2018, the planning committee scheduled and held near-weekly meetings, held in-person and broadcast online. Planning committee members included:

- **Suzanne Alley**, Health and Human Services Commission (HHSC), Substance Use Treatment
- **Arnold Amador**, Texas Institute for Excellence in Mental Health (TIEMH), Texas System of Care
- **Cris Burton**, TIEMH, AART-TX
- **Jessica Davis**, UT Physicians, Peer Support Specialist and Peer Recovery Specialist

- **Glenn Dembowski**, TIEMH, Texas System of Care
- **Kaleigh Emerson**, TIEMH, Texas System of Care
- **Elyse Greenamyre**, Cenikor, Peer Recovery Coach
- **Tina Hosaka**, HHSC, Substance Use Treatment
- **Kamala Joy**, Via Hope, Family and Youth Programs
- **Kisha Ledlow**, HHSC, Texas System of Care
- **Tracy Levins**, TIEMH, Texas System of Care and AART-TX
- **Molly Lopez**, TIEMH, Texas System of Care and AART-TX
- **David McClung**, TIEMH, Texas System of Care
- **Cory Morris**, TIEMH, Texas System of Care
- **Laura Munch**, HHSC, Substance Use Treatment
- **Cassy Ramirez**, Hill Country Communities Mental Health and Developmental Disabilities Center, Peer Support Specialist
- **Leela Rice**, Texas Council of Community Centers
- **Amelia Somers**, HHSC, Children’s Mental Health Services
- **Tovah Woodson**, HHSC, Children’s Mental Health Services

## Evaluation of the Roundtable

Seventeen participants responded to a post-Roundtable survey. 100% of the respondents indicated that they learned something new about youth peer support at the event, the topics and activities kept respondents engaged, they would participate in something similar again, and that would stay involved in the development of youth peer support. Participants appreciated the overall structure and implementation of the Roundtable, especially the opportunity to network with others and to hear directly from youth and young adults and indicated that they would advocate more for youth peer support and bringing more youth peer support into their workplaces. Participants indicated that the YPS Roundtable could be improved by providing better preparation before the Roundtable, informing participants of the “State of the State” with regard to youth peer support, and additional information related to how the work from the Roundtable will be used. Evaluation information is provided in the appendix.

A “Plus/Delta” discussion (What did you like? What could be improved?) at the event yielded three primary positives: (1) the interaction/composition and communication related to the event; (2) the execution of the event; and (3) the opportunity for young people to be at the table as full partners. The discussion also yielded two categories of improvements – (1) The overall need for introductions – to each other, to the event, to the state of youth peer support in Texas and (2) venue-related issues, such as the lack of coffee, temperature of the room, and similar issues.

## Next Steps

After the Roundtable, planners reviewed all of the suggestions and recommendations of the Roundtable participants, organizing and synthesizing the information into the following five consensus-based recommended activities.

To advance youth peer support, Roundtable participants recommend that Texas:

- A. Develop a statewide consortium, along with a youth advisory council, to guide development of training, certification, fidelity, and oversight for youth peer support recovery services.
- B. Develop youth-driven training, supervision, and certification processes.
- C. Identify stable and sustainable funding mechanisms, including seeking Medicaid reimbursement, block grants, and general revenue funds.
- D. Develop youth-driven organizational readiness and change processes to support youth peer support recovery services across systems.
- E. Explore comprehensive approaches to incorporate youth peer support training and services into education systems, including colleges, universities, high schools, recovery high schools, juvenile justice alternative education programs, disciplinary alternative education programs, etc.

In partnership with other interested allies, ACCEPT, a statewide movement of youth and supportive adults across Texas partnering for community change will take the lead to initiate planning, design, development, and implementation of the statewide Youth Peer Support Consortium.



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# Appendices

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**YOUTH PEER SUPPORT ROUNDTABLE  
AGENDA**

**DAY 1**

**THURSDAY, SEPTEMBER 27, 2018**

- 9:00am**      **Introductions and Welcome**  
Kisha Ledlow, Office of Mental Health Coordination  
Texas Health and Human Services Commission
- 9:30**            **Voices of Treatment and Recovery**
- 10:15**          **Break**
- 10:30**          **Youth Peer Support Panel**
- 11:30**          **Lunch (On Your Own)**
- 1:00**            **National Perspective: Best Practices In Youth Peer Support**  
Brie Masselli, Youth Program Director, Youth M.O.V.E National
- 2:30**            **Break**
- 2:45**            **Topic Circuit**
- 4:30**            **Day 1 Report Out and Plans for Tomorrow**

**DAY 2**

**FRIDAY, SEPTEMBER 28, 2018**

- 8:30**            **Crowdsourcing**
- 9:15**            **Small Group Work**
- 11:00**          **Report Out**
- 11:45**          **Small Group - Plus Delta**
- 11:55**          **Youth Peer Support Roundtable Wrap Up**

**YOUTH PEER SUPPORT ROUNDTABLE  
QUESTIONS FROM THE YOUTH PEER SUPPORT PANEL**

1. What are the many pathways to recovery for youth?
2. How can we get the community more involved in the youth journey of recovery?
3. Talk about the transition to college for those who want to go.
4. Is it better to engage youth during treatment or afterwards?
5. How can we better include the family in the young person's recovery?
6. What are the top three things that are most impactful in the peer-youth engagement?
7. What would you like to see put in place to assist with self-care and avoiding burnout in youth peer support roles?
8. How do we continue to educate youth on substance use and misuse? How can we do this in a meaningful and non-condescending way?
9. What is one thing that you wish a supportive person would have told you about youth peer support?
10. What are the strengths youth peers can bring to help youth and children in recovery?
11. What makes a youth want to get services beyond children's mental health services after they're no longer made to do so from their parents?
12. What needs do you notice for youth peer support that is not necessarily needed for adult certified peer support?
13. Some people believe youth younger than 21 are not ready to be peer providers. What would you recommend to overcome this barrier for youth?
14. What do we need to do in order to move the eligible age for a certified peer support specialist to 18 years?
15. You were trained with an adult curriculum. What would have made that more helpful to you?
16. When you got trained, did you feel you had enough skills for the job? What might you have wanted to learn more about?
17. What is the most rewarding experience that you have had?
18. What are some things you wish someone had told you about the treatment/recovery process in the beginning?
19. What additional training would you like to see to prepare peer recovery support specialists for the challenges they will face?
20. What do you think LMHAs should or could do to transition young people from youth services to adult services?
21. How much supervision support do you get a month? Is that enough?
22. What are good qualities of a youth peer support supervisor?

**YOUTH PEER SUPPORT ROUNDTABLE  
QUESTIONS FOR SMALL GROUP WORK – DAY 1**

**Topic: Workforce Development/Training**

1. Should work towards youth peer support specialists be collaborative across mental health and substance use disorder treatment and recovery or separate and parallel process?
2. What process should Texas use to establish a curricula? Should we use an adult version? Create a youth-specific version?

**Topic: Funding and Policy**

1. Should youth peer support specialists be a Medicaid-billable service?
2. What other sources of funding could support youth peer supports (YES waiver? Block Grant?)
3. What are the next steps towards gaining access to other sources of funding?
4. How many billable hours should young people receive?
5. What steps should be taken to reconcile the differences in age requirements? (> 18 years old to provide peer support; > 21 years old to receive peer support. Medicaid policy says adolescents can go up to 21 years of age; SAMHSA says under 30 years of age).

**Topic: Supervision of Youth Peer Support Specialists: Best Practices**

1. What are the characteristics of the best YPS Supervisors? (Probe licensure or not, amount of experience, etc.).
2. What are the best supervisory purposes and practices? (Probe knowledge of boundaries, self-care, etc.)
3. What training is necessary for excellent YPS Supervisors?
4. Does Texas have it or do we need to develop it?

**Topic: Outcomes/Evaluation**

1. What data are currently available? (Ensure data are person- and recovery-centered.)
2. What outcomes could best inform discussions about the effectiveness of YPS?
3. How do we use the data?

**YOUTH PEER SUPPORT ROUNDTABLE**  
**SMALL GROUP DISCUSSION SUMMARY – DAY 1**

Topic: Workforce Development

**Discussion:**

There was wide variety in understanding of current workforce development and much of the discussion was focused on bringing everyone up to speed by repeating the current state of the workforce and training a number of times during each set of table participants.

Many people did not know that youth (18+) have been taking adult peer support curricula in Texas for about 10 years and modifying what they learned as needed to work with youth – when they do. Many youth (>18) that have been trained work mostly with adults. Some work also with youth, but usually not intentionally – it is when youth are coming in for MH services. Youth peer support for SUD is more developed.

Not everyone was aware that there are separate curricula for SUD and MH peer work, or that the SUD training has a one-day TAY endorsement (Catalyst). A very small number of people were familiar with the Houston Health Department youth peer support training that was developed with funding from the Hogg Foundation. Some thought that Houston’s training should be the basis for a statewide youth peer support training because that training was developed with youth input, was specifically for youth, and combines mental health with substance use peer support. A majority agreed that the training should cover both SUD and MH, with some also expressing that doing this would reduce stigma (I don’t know exactly how or why). However others felt that the MH and SUD tracks should be different, and that each could incorporate a module on co-occurring disorders.

There were a variety of views on how to develop a youth peer support training. Some advocated for modifying the adult trainings with a youth workgroup. Some thought starting from scratch would be better. Some advocated for using the Houston youth training as the basis. A few thought that the Intentional Peer Support training would be the best to start with as a basis for a youth training. Everyone agreed that a youth training would need to reflect more of a “youth look” and be designed to respond to the shorter attention spans of many youth.

There was a side discussion on competencies and that possibly youth training might have slightly different competencies.

On the “modify-the-current-adult-peer-training” side, many people thought it would be ill-advised to not modify the current adult trainings for youth, given that they have been developed and refined over a long period of time and given that there are more similarities between youth and adult peer support providers than there are differences. Those recommending this model thought that a youth workgroup could help refocus the adult trainings and, if needed, add or remove things that were not relevant to youth peer support.

Many other participants thought it would be better to start from scratch using a youth workgroup. These people felt that models should look different from what adult models were responding to in the past. Although time consuming to build from scratch, certain new themes are needed, and the population now could be different from the population the adult peer trainings were designed to address. This discussion focused on

how youth now have grown up with a new set of attitudes about MH, SUD, recovery, and stigma. The concept of recovery was revolutionary when the current training models were developed; now it seems to be the more expected outcome.

**Process:**

- Bring in different youth members over a period of time. Have a rolling participant workgroup to better accommodate schedules and ensure more widespread participation. (On the second day of the roundtable, a consensus emerged that ACCEPT would take the lead on developing a youth peer support training, and do outreach to ensure statewide representation.)
- Access to training (accommodations) – youth cannot necessarily take a training offered during the workweek and perhaps trainings offered on nights or weekends would work better.
- Doing trainings locally to accommodate people from different parts of Texas. There was widespread agreement about the need for this until it was pointed out that job opportunities are not necessarily concentrated where people are. For example, youth from El Paso might want a training in El Paso but organizations wanting to hire youth peer support people might only have capacity for one or two and trainings would generally be offered to larger groups.
- Surveys to find out where interest is (geographically). There was no discussion about who would develop and post these surveys. Perhaps this could be done with technical assistance funds available to TIEMH.
- Online trainings were discussed as a way to accommodate geographic diversity, although a potential disadvantage could be the loss of face to face interaction. Some discussion arose about having live video feed of instructors to provide for live interaction, but the trainings are heavily reliant on group exercises and discussion to learn the concepts more deeply. Some suggested partial online trainings and some face to face. One person said that Magellan has an online peer course.
- Big Texas Rally – big gathering, maybe use as a training ground? Or provide an introductory training during the event?
- Community health workers – how their obstacles were overcome. Not sure what this bullet point is about.

**Some innovations mentioned included:**

- Remote partnered trainings – partner with schools as an elective course (including counselors and peer specialists in schools)
- Education service centers to have peer support instructors there
- Early college start – community college (11th/12th grades)
- Have colleges create peer support as a prerequisite for human service track
- Involve school systems
- Allow youth to give input over social media; take perspectives of youth from different places (travel)
- Input from youths already trained
- Utilize existing resources
- Have non-negotiables – add/subtract from values/principles
- Get buy-in from other populations
- Have activities at different existing centers for input (a host center)

- Video
- Reach out to Houston Health for input
- Collaboration across agencies and communication to create consistency
- Finding what works for a particular community
- Should be a holistic approach
- Two separate tracks but maybe an extra pt. for co-occurring
- Some resonate more towards keeping them separate due to physiological vs coping mechanism
- Feels that it would naturally come (MH & SU)
- Core curriculum for peers first

**Process for Developing Curriculum:**

This discussion was where the lack of knowledge among the participants about what is currently happening was most impactful

- Texas should come up with own, but remembering that we have three available already: Via Hope Mental Health, Peer Recovery Support Specialist training and the Houston Health training (which combines elements of Via Hope and Peer Recovery Support Specialist plus other content suggested by the small expert panel).
- Can be modified from adult training. Some thought this would be the best way to proceed, so as not to reinvent the wheel, especially since the adult trainings have been regularly updated with extensive input from the practitioners.
- One that's already working and adapt from that and add to it – utilize existing models (some bullets repeated themselves)
- Start with Intentional Peer Support curriculum – essence of intentional peer support; very little differences between adult/youth values
- Would like to add SU model. Not sure what was meant by this.
- Offering college class (weekends/evenings over time, i.e., ACC, meet people where they are)



**YOUTH PEER SUPPORT ROUNDTABLE**  
**SMALL GROUP DISCUSSION SUMMARY – DAY 1**

Topic: Funding and Policy

**Discussion:**

This group work was tasked to discuss possible funding opportunities for youth recovery services and to identify policy changes that could impact funding or help to provide recovery services. There was more discussion around funding opportunities than policy development or changes. The main policy change discussed was around the age limit in the new peer Medicaid bill.

*Funding.* The group discussed options for future funding of youth recovery support services (YRRS) and how YRRS funds could be accessed. Based on the recent Medicaid billing hours for adults there was a lot of discussion on the number of hours a youth should be able to bill for through Medicaid funding. There was discussion on how to blend funding and involve more community partners to help fund and provide YRRS.

*Policy.* The group discussed policy changes in the current peer Medicaid bill around age limit requirements, specifically discussing the notion of reducing the age from 21 to 18 and having the state acknowledge the federal age of 30 versus 21 years of age.

**Specific ideas/recommendations included:**

**Funding Types for future YRRS**

- Medicaid
- Block grant
- 1915 Waiver
- County funding
- General revenue – (legislative approved)
- Education
  - 504 accommodations funding
  - Texas Education Agency: non-education funding
- Grants
- Private Foundations
- Juvenile Justice
- House Bill 13 community grants
- Private Foundations
- Child Protective Services
  - Title IV E - is an important funding stream for foster care costs. It provides for federal reimbursement for a portion of the maintenance and administrative costs of foster care for children who meet specified federal eligibility requirements

**Access to funding**

- Collect data on YRRS to present to legislature
  - Develop a data collection system
- Work on resource mapping to identify services, money and gaps
- Develop talking points for future funders
- Youth tell their stories to future funders -youth telling their stories is very powerful, the youth become more than a statistic
- Youth stakeholders need to be involved in the development of a state written plan for Medicaid

**Access to Community Resources**

- Community Resource Coordination Groups - work together with the person, or the family to find help for their unique needs. The representatives each meet different needs the person, or the family might have
- Youth Empowerment Services Waiver – provides comprehensive home and community-based mental health services to youth between the ages of 3 and 18, up to a month before a youth's 19th birthday, who have a serious emotional disturbance. The YES Waiver not only provides flexible supports and specialized services to children and youth at risk of institutionalization and/or out-of-home placement due to their serious emotional disturbance, but also strives to provide hope to families by offering services aimed at keeping children and youth in their homes and communities.
- Early and Periodic Screening, Diagnostic, and Treatment - provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services.

**Suggested policy changes:**

YRRS suggested billable Medicaid hours for youth ranging from 240 - 36,000 billable hours

- Change the age from 21 to 18 in the current peer Medicaid bill

**Notes:**

To obtain Medicaid funding for YRRS, the fiscal amount will need to be approved through the legislature. It might be useful to organize a group of youth stakeholders to determine how many billable hours should be associated with this service type, the age of those who could receive services and how many individuals are projected to receive services. **Be clear in the asking of the funding for this service type.**

Block grant is already funding some youth recovery services. Again, having a stakeholder group that could write to SAMSHA asking for more money to be allocated to youth recovery would be beneficial. Developing a comprehensive data system and tracking that system for several years will not only indicate that types of services needed but also the funders' return on investment.

There are state and community resources available however many of those resources are for a specific need. Teaching communities how to develop their own resource mapping could be a valuable tool to move towards the community being a recovery-oriented community.

**YOUTH PEER SUPPORT ROUNDTABLE**  
**SMALL GROUP DISCUSSION SUMMARY – DAY 1**

Topic: Supervision of Youth Peer Support Specialists: Best Practices

**Discussion:**

We discussed: What are the characteristics of the best YPS Supervisors? What are the best supervisory purposes and practices? What training is necessary for excellent YPS Supervisors? And finally, does Texas have a YPS supervisor certification or do we need to develop it?

**Specific ideas/recommendations included:**

The group consensus was that supervisors must have the following characteristics and qualities:

- Be open minded and a good listener
- Flexible
- Risk taker
- Culturally competent
- Use a client-centered approach and have an available open-door policy
- Show empathy
- Have awareness of youth and their world
- Enjoy adolescents
- Be strengths-based
- Be a motivator/leader
- Be patient
- Have lived experience and/or support
- Be accessible
- Be trustworthy
- Be able to cultivate growth
- Like to play
- Be validating and supportive
- Must advocate to higher ups
- Be a mediator
- Have willingness to disrupt the status quo

For purpose and practices, the group unanimously agreed that supervisor should have experience in development of youth and young adults and peer support and should be certified as a peer themselves.

The last question: Texas needs to have a YPS certification.

**YOUTH PEER SUPPORT ROUNDTABLE**  
**SMALL GROUP DISCUSSION SUMMARY – DAY 1**

Topic: Outcomes/Evaluation

**Discussion:**

The participants discussed opportunities to evaluate both the process of implementing youth peer support services and outcomes experienced by young people participating in the services. Much of the discussion focused on how the evaluation needs to tell a story. Participants discussed that implementing a new practice can take time, and that the outcomes may take a while to be realized. They noted how the evaluation should capture the story of rolling out youth peer supports, describing the accomplishments as well as the barriers that organizations or youth peer support providers experience and the lessons learned along the way. Individuals identified that it could be helpful to examine how other states have measured success and use these evaluations to benchmark Texas' progress. Discussion also focused on ensuring that the outcomes that are measured are based upon the young person's goals, and not what others have defined as success. While all agreed that measuring person-centered outcomes was critical, some participants also highlighted the importance of measuring outcomes that are important to funders, such as high school graduation and hospitalization.

Participants also shared that the evaluation should include the measurement of organizational variables that are critical for supporting youth peer support, such as an organizational culture that values youth voice. The discussion also included identification of several variables related to the youth peer support workforce that should be measured, such as the adequacy of training and supervision, job satisfaction, and staff retention. Participants also highlighted the importance of sharing individual success stories from young people sharing their personal goals and ability to achieve these goals with the support of youth peer support providers. Participants also discussed how the youth peer support and alternative peer group movements are still quite new, and that many things are changing rapidly. They shared the importance of documenting the changes that are happening and not getting "stuck" in how things are defined, as that definition may no longer be relevant in a year. Overall, the participants concluded that many different facets of youth peer support should be evaluated to provide a full picture, and that dissemination of the findings should be intentionally targeted to specific audiences.

**Potential Process Measures Identified**

- Peer support workforce competencies or skill development
- Adequacy of training
- Adequacy of supervision
- Job satisfaction and retention
- Occurrence of peer support services (need explicit codes for tracking)
- Service use, including hospitalization and ER
- Out-of-home placement
- Cost and cost avoidance; cost per change in outcome
- Efficiency to achieve outcomes (with available workforce)
- Perception of individualized care
- Trauma-informed culture of organization

- Self-directed nature of care
- Changes to recovery wellness plans over time (demonstrating growth)
- Maintaining contact with peer support provider over time
- “Fidelity” to youth peer support
- Reciprocity and mutuality of relationship

#### **Potential Outcome Measures Identified**

- Program completion or “successful” graduation
- Personal rating of goals met
- Functioning in home, school, and community
- Engagement with positive peers
- Participation in school or community activities
- Youth risk and protective factors
- Global functioning or wellness
- Recovery capital
- Quality of life
- High school graduation and secondary education or vocational training
- Self-efficacy; empowerment
- Civic participation

#### **Potential Variables to Measure that May Impact Outcomes (Moderators or Mediators)**

- Quality of supervision may impact youth outcomes
- The time at which peer supports are accessed (e.g., beginning of treatment, post-treatment) and the time when peer supports end may impact outcomes
- Voluntary nature of involvement (versus parent or court mandated)
- Organizational variables should be measured from both youth peer support providers and clinical staff to examined agreement/disagreement

#### **Some Considerations about Gathering Data**

- Use open-ended questions so as not to influence responses.
- Current mood can significantly impact responses.
- Don’t ask same questions in different ways; youth see that as a trick.

## QUESTIONS AND RESULTS FROM CROWDSOURCING ACTIVITY – DAY 2

*Take a couple of minutes to reflect on what we know and what we learned from our panelists. Think about all of the strengths Texas already offers in the way of youth peer supports and all of the young people in our state who are still in need of peer support services for their mental illness or substance use disorder. We heard that there needs to be a lot of things in place – what we think of as infrastructure - to make expanding youth peer support successful. **What is your best and boldest idea for what the state should do in the NEXT TWO YEARS to prepare for successful expansion of peer support for youth with mental health and/or substance use disorder challenges?***

- Develop statewide requirement for Youth Peer support (ages 13-21) to be available at no cost at schools and mental health agencies.
- Create training curriculum by youth peer support specialists, for youth to become peer supports, while simultaneously allocating funding for youth peer supports to be placed in the school systems and then implement it.
- Youth Peer Support to be available to all youth and young adults ages 10-21 years within the communities in which they live, i.e., church, YMCA, schools, etc.
- Prepare an elective course in high schools and college course available for people to take the trainings necessary to become peer providers providing adequate services and optimal services and possibly even station one or multiple peer providers in schools and colleges depending on size of campus and need.
- Expand the Medicaid service to include 16 - 20. Create or modify peer created training for both peer supports and their supervisors. Start with showcasing a few pilot sites that include data and strong marketing to share across the state -- outcomes and benefits of peer support.
- Develop a youth-driven youth/young adult peer support certification and training program and supervision training, and conduct organizational readiness assessments.
- Create a youth and young adult council to guide development of each component (e.g. training, supervision, policies).
- Develop a statewide consortium to train, certify, implement, place and provide on-going training, fidelity, and oversight for youth peer support and recovery services. The consortium is led by youth peers.
- In order to successfully expand youth peer support, continue listening to what youth want, we should have some guidelines and standardized training to help the people providing the peer support and create positions that have the opportunity for those peer supporters to move up in their position to increase their longevity in the field.
- Create a peer support infrastructure in all public institutions just as there is an HR department that is in all workspaces; there should be a Department of Peer Support Services in all work (school, etc.,) spaces.
- Place youth peer support services in the Medicaid State Plan and then require each LMHA to have at least two youth peer support providers on staff.
- Certification for youth peer leaders and money for youth recovery communities expansion.
- A model of youth peer support that uses blended funding methods so that peers can "follow youth" and work with them across systems/services – thereby aiding in transition and providing continuous, consistent support.

- To further train and educate youth peer support leaders. More specifically, offer opportunities for these individuals to get more licenses and certifications so that this person can become a professional in the mental health community; this in turn will build up on their relationships with youth in order to ensure better matriculation and less recidivism. Additionally, it will also expand the workforce.
- While keeping the "just go out there and have fun" attitude, begin implementing some data collection to prove to the state that peer leaders are a necessity.
- Convene a cross agency group (providers, state, ACCEPT, etc.) of folks to propose and map out multiple funding strategies to fund peer services.
- It should be provided to youths in a way that is individualized to meet their needs, across a setting that is conducive to their appropriate environments (not offices) and funded by many sources.
- We can start gathering data, collecting any curriculum that has been created/implemented and taking inventory of existing training. Start having conversations with all agencies that serve our clients to prepare for effective implementation and start looking at financial information to better determine and plan how it can be used to pay for youth peer support.
- All school districts and all institutions of higher education must have a peer supporter (peer recovery coach or certified peer specialist) available for students; one to start, ideally more.
- Expand billable coverage to be from ages 18 and up; provide all necessary training and supervision to all peer support specialists; and develop curriculum to tailor to the needs of the youth specifically.
- Pool of certified training providers, expand youth up to 21 years of age, coordination/networking group hosted by an entity that is not part of the state.
- To move youth peer support forward we can implement the programs that have been successful to new places; we can also bring about data to show success rates to help push for more programs with evidence.
- Start to provide focus groups; begin to align treatment with recovery.
- Develop leadership opportunities within child-serving organizations to prepare young people to take on peer roles. Begin providing training and offering chances to provide input in service design, etc.
- Direct adequate funding to support services.
- A model of youth peer support that allows the peer to work across agencies/systems to help the youth better navigate systems/services using blended funding.

## PROCESS AND QUESTIONS FOR SMALL GROUP WORK – DAY 2

Participants will self-select into small groups based on their interest in one of the crowd-sourced four or five topics. Each group will have a designated team of a facilitator and a scribe of YPS workgroup members. Facilitators will help lead the group through a brief strategic planning type process related to their main strategy identified in the crowdsourcing exercise.

### Selected action items for small group discussion were:

1. Explore and identify sustainable and stable funding,
2. Develop statewide requirement for youth peer support for free to schools,
3. Develop youth-driven youth peer support certification, training, and supervision training,
4. Offer youth peer support as elective courses, and
5. Develop a statewide consortium to guide development of training, certification, fidelity, and oversight for youth peer support recovery services.

| Time          | Facilitators Will...   |
|---------------|--|
| 9:15 – 9:20   | Spend 3-5 minutes making sure there is a common understanding of the strategy identified.  |
| 9:20 – 10:10  | Spend 40 – 50 minutes identifying the specific steps to accomplishing that strategy.<br><i>What needs to happen to allow us to complete this &lt;crowdsourced strategy&gt;? What are the specific steps needed? Probe for additional steps or “lead-up” steps. What is the timeframe that we can work towards?</i> |
| 10:10 – 10:30 | Spend 20 minutes identifying the potential barriers to accomplishing the steps and potential workarounds.<br><i>Where are the possible barriers to accomplishing this? Is there a workaround?</i>  |
| 10:30 – 10:40 | Spend 10 minutes identifying the outcomes for each step.<br><i>What outcome would we be able to point to for each step?</i>  |
| 10:40 – 10:50 | Spend 10 minutes identifying who else needs to be involved.<br><i>Who else is a major stakeholder in this strategy?</i>  |
| 10:50 – 10:55 | Spend 2-3 minutes identifying if there is an existing workgroup who might take ownership or should a new workgroup be created? Prepare to report out.  |

At the end of the scheduled work period, all groups will transition to a report out process. **Facilitators** will be the reporters, unless another member of the group would like to do so. Please allow 10-12 minutes per group for report out and questions. **Scribes** are encouraged to try to capture the information on the flip chart in a way that mimics a table. For ease of transcription, please initial and number each flipchart.



**YOUTH PEER SUPPORT ROUNDTABLE**  
**SMALL GROUP DISCUSSION SUMMARY – DAY 2**

Strategy: Develop statewide requirement for youth peer support (ages 13 to 21) for free to schools.

**Discussion:**

Participants talked about the need to provide pathways for the development, coaching, teaching and career paths for youth peer support. These pathways were seen as primarily developed through education and volunteer systems.

**Specific ideas/recommendations included:**

- Criteria for beginning this process would start ideally in the school systems via a TEA approved curriculum for elective credit.
- Candidates would be required to have some sort of lived experience (personal or family, SUD, trauma, mental illness, etc.).
- Completion of the required curriculum along with required hours of training or practicum experience would allow a high school graduate to enter into a career path directly out of high school, completion of a GED or other defined criteria at the age of 18.
- Ideally, a certified, credentialed YPS could provide services in all middle and high school environments.
- Statewide data could be gathered to support the benefits of YPS as well as county specific data.

**Participants brainstormed ideas that might pose as barriers to reaching the objectives.**

- In the initial stages of getting the word out and making the voices heard and convincing stakeholders of the need for the Certified YPS position participants recognize the difficulty in convincing the stakeholders (legislators, TEA Commissioners, licensing authorities, HHSC etc.) of the need and of the positive outcomes.
- Of particular note, participants voiced concerns about the stigma and the lack of understanding on the part of stakeholders to understand the dis-association with SUD and MH issues.
- As with any new initiative especially one that requires a mandate or statute, funding for the development, implementation and sustainability pose one if not the greatest barrier to making the initiative a reality.
- Finding champions and credible voices to help promote and explain that peer support is all encompassing and will ultimately save lives and money in the long run and having the data to support these claims.
- New initiatives will require space, time and human resources in order to succeed – again - more funding issues.
- Participants recognize there is an inherent risk to becoming a certified YPS and stigma, bias and negative attitude and beliefs will all be part of taking on this challenge.
- Along with the risks identified above, participants recognize there will be hurdles convincing not only regulatory stakeholders but more intimate stakeholders (parents, teachers, family members, friends etc.) of the need and benefits to creating these pathways.

Participants recognize the need to come to the table prepared to discuss options and solutions to some of the barriers and at the same time understanding that many of the answers will come as more discussion and expertise bring their knowledge and wisdom to the table. With that in mind we begin to offer some ideas for moving the process forward.

**Specific steps might include:**

- Begin preliminary discussions with resources to find credible voices and champions for the cause.
- Crowd funding for grass root support to take the discussion to those who will advocate for the development of the position.
- Propose a pilot curriculum and test study in order for a fully developed TEA approved curriculum that is evidence-based for elective class re: R/S. to include:
  - Enrichment period led by PSS pilot program starting in alternative schools and JJ.
  - Measuring outcomes: pre/post-test, test scores and attendance.
- Begin developing the major stakeholders: YMCA, juvenile justice, child protective services, churches, parks and recreation departments, libraries, TEA, legislators that will bring credibility and a larger voice to the final conclusion.

**YOUTH PEER SUPPORT ROUNDTABLE**  
**SMALL GROUP DISCUSSION SUMMARY – DAY 2**

Strategy: Develop youth-driven YPS certification, training, and supervision training and conduct organizational readiness and assessments.

**Discussion:**

There were a range of broad themes discussed with respect to the strategy of developing youth-driven YPS certification, training, and supervision expectations. Group members discussed the types of training that should be included in the curriculum and certification for youth peer support specialists, and who would primarily provide oversight to ensure an effective curriculum, certification (such as a consortium/advisory committee) and commissioning body.

**Specific ideas/recommendations included:**

- Identify trainings necessary:
  - The following were deemed of utmost importance by several youth peer support specialists:
    - Networking and marketing
    - Life skills
    - Trauma
    - Motivational interviewing
    - Youth empowerment/positive youth development
    - Cultural and linguistic competency (Working w/LGBTQ, gang affiliations and culture, for example)
    - Conflict management
    - Self-care
    - Family systems
    - Drug use
- Identify specific curricula
- Have a data plan (success of support, data on effectiveness, etc.)
- Define specific YPS supervision, training and expectations. ( it was highly stressed that supervision training and expectation not be traditionally clinical but relevant to youth peer support and by a person who was either an adult coach, or had previous youth peer support experience)

**Steps identified to move forward in this strategy:**

1. A Consortium needs to be created for oversight of curriculum/training certification and supervision expectations
2. The consortium will Identify specific YPS training and certification requirements for YPS
3. Identify supervision and training and expectations (youth/young adult / peer support advised) necessary for the positions
4. Develop a data /evaluation plan – by using pre and post-tests, measurements of success of YPS support, treatment evaluations and YPS job satisfaction surveys.

**A key barrier was emphasized by all group members:**

There was concern that a highly regulated and clinical curriculum might limit those who have socio-economic, education, and/or life barriers and where one's lived experience might be disregarded. All group members agreed that this barrier might diminish the possibility to find strong peer support specialists.

**YOUTH PEER SUPPORT ROUNDTABLE**  
**SMALL GROUP DISCUSSION SUMMARY – DAY 2**

Strategy: Develop a statewide consortium, along with a youth advisory council, to guide development of training, certification, fidelity, and oversight for YPS recovery services.

**Discussion:**

The original suggestion was to develop a statewide consortium that included a youth advisory council component. We began addressing this topic with a discussion about whether there are current initiatives or groups that might already fit the description of a statewide consortium. While a number of groups were identified to be key stakeholders in this work (such as Via Hope, Youth Recovery Community grantees, Association of Alternative Peer Groups and Recovery High Schools), the group believed a new group might be needed to best discuss and strategize around youth peer support.

The group discussed the importance of ensuring that a consortium of this type would be able to have adequate youth representation and a level of influence. The Child and Youth Behavioral Subcommittee (CYBHS) and Behavioral Health Advisory Council (BHAC) were identified as possible sources to whom a consortium could make recommendations about youth peer support. The BHAC was believed to have some level of power since their recommendations are directly given to the Executive Commissioner with Health and Human Services. Still, there was a common understanding that these recommendations are provided at an advisory level, which may or may not always hold influence. There were also some questions as to whether the BHAC has the ability to vote to establish a subcommittee of this type.

In our discussion, the group quickly identified the importance of having authentic youth voice at the table to guide, inform, and direct decisions related to youth support expansion in Texas. This decision was made out of a concern that having too many adults at the table in the early stages of developing a consortium might inhibit youth from being able to drive decision making. Members of the group shared that youth and young adult voice may sometimes be tokenized and lack authentic representation.

ACCEPT was identified as a resource for beginning these conversations in a way that would honor authentic youth voice. ACCEPT is a statewide movement of youth and young adults in Texas who are working to ensure that youth can live healthy lives and pursue their dreams. A number of ACCEPT members participated in the Youth Peer Support Roundtable, have lived experience in mental health and recovery, and work in peer roles. ACCEPT currently consists of a number of youth and young adults who work in peer support roles across diverse settings including a local mental health authority, state hospital, and community nonprofit organizations. For these reasons, ACCEPT was believed to be a good starting point for guiding the development of training, certification, fidelity, and oversight for youth peer support services.

The group also identified the importance of ensuring diversity in youth representation to hold these conversations. While ACCEPT's membership includes a number of peers, ACCEPT's membership does not have as much representation from peers working in recovery high schools, alternative peer groups, peers working in state hospitals, and settings beyond the traditional scope of mental health and recovery systems. The group discussed the importance of working to ensure that these voices and perspectives are utilized within the conversations. David McClung, youth engagement specialist with Texas System of Care shared that ACCEPT will

be meeting in person during February 2019 and that there may be opportunity for preliminary conversations to begin during this time. David also stated that a process could be developed to invite other peers to participate in these conversations.

The group also discussed the importance of ensuring that youth and young adults have the appropriate resources needed for making recommendations on youth peer support. One of the ways to ensure that these resources are available is to invite state and national leaders in youth peer support to speak on specific topics. During these meetings, members of the advisory council will have the opportunity to ask questions and consider strengths and limitations of different approaches and methods for implementing youth peer support in Texas. After the workgroup feels that there is adequate information on specific topics, the advisory council will work to reach consensus on what practices and approaches are seen as best.

When the advisory council is close to consensus, the group will develop a process for inviting supportive adults to these conversations. Supportive adults should make up no more than 49% of the workgroup. The group may determine that a formal application process is needed or decide to use a less formal method for determining who should be included in these conversations. The advisory council will develop a short report for supportive adults that include a summary of the process that has been utilized to inform decision making, recommendations for youth peer support, and rationale for why each of the recommendations are being made. Supportive adults will be invited to ask questions, provide feedback, and make additional recommendations based on what they have seen and read of the report. Youth and supportive adults will work together to make any needed modifications, finalize recommendations, and provide recommendations to the BHAC and any other identified groups or individuals.

**YOUTH PEER SUPPORT ROUNDTABLE**  
**SMALL GROUP DISCUSSION SUMMARY – DAY 2**

Strategy: Develop elective courses for training necessary to become youth peer support providers while in high school or college.

**Discussion:**

The group discussed the steps necessary to be able to develop elective courses for youth peer support. It was noted that a framework needs to be developed that highlights the benefits of YPS and how schools, colleges, and communities would benefit from offering these courses. This framework could then be included in consistent messaging efforts. The group also discussed the importance of including community champions in this process in order to increase buy-in. Once champions and stakeholders have been identified, a workgroup should be formed to assist in the development and implementation process. Some identified tasks of the workgroup include translating the peer support training into a curriculum, determining who will teach the courses/what are the qualifications of the teachers, and identifying other models that may assist in the development process.

Some of the barriers that were identified included time and availability of workgroup members. However, it was suggested that the provision of stipends and offering virtual participation may be a way to overcome those barriers. Another barrier included a potential lack of funding to develop and implement the curriculum. In addition, there were concerns about the fidelity/consistency of teaching the curriculum across various instructors.

**Specific ideas/recommendations included:**

- Some specific ideas include looking at private grants to fund the development and implementation
- Reaching out to community leaders in order to have seat at a table and be heard
- Ideal stakeholders would be: schools/administrators, students, parents, school board, addiction community (DBSA/NAMI/MHA) and higher education.
- A pilot program can be conducted at a high school and junior college at three sites whereby there would be conversations within the community and message(s) being developed within the first year. During this time, the curriculum itself would also be developed. After two years of implementation, lessons learned would be compiled and the program would be evaluated. This information would then inform the expansion of the program to additional communities.

**YOUTH PEER SUPPORT ROUNDTABLE**  
**SMALL GROUP DISCUSSION SUMMARY – DAY 2**

Strategy: Develop/explore/identifies sustainable and stable funding mechanisms to provide peer supports across systems (consider Medicaid and other sources).

**Discussion:**

Group members brainstormed a variety of potential sources of funding and identified the importance of communicating to potential funders that youth peer support should be a reimbursable behavioral health care service. Group members identified potential barriers to achieving a funding source for youth peer support and potential opportunities and specific next steps to advance the goal. They noted that by identifying and implementing sustainable and stable funding mechanisms, Texas would see increased availability and accessibility of youth peer support in managed care organizations and youth-serving state agencies, increased acceptance for youth peer support across both the mental health and substance use treatment/recovery systems, and improved outcomes for young people accessing youth peer support services.

**Specific ideas/recommendations included:**

1. Participants brainstormed a variety of potential sources of funding for youth peer support.
  - Managed care organizations
  - Medicaid/CHIP
  - Request as a rider in the state legislative request (state general revenue).
  - Block grant funds (substance abuse, mental health, workforce)
  - Substance abuse prevention coalitions
  - Private foundations
  - DFPS focused on youth transitional programs
  - TJJD focused on halfway houses
  - School funding
  - Implementing a sliding fee scale.
  - Some families can and would pay for youth peer supports and placing the location on the edge of a wealthier neighborhood (but still accessible to lower income populations) can help subsidize services.
  - HHSC appropriation for TAY-focused clubhouses
  - House Bill 13 allowed communities to apply for innovative projects and this could be a source of funding. Marketing may encourage organizations to apply for youth peer support services.
  
2. Participants identified the importance of communicating to potential funders that youth peer support should be a reimbursable behavioral health care service.
  - We should create a brochure or one-page document that describes what youth supports are and “tells a story” about the impact that youth peer support can have. Multiple options may be necessary that tailor the message to the audience.
  - Communication efforts need to focus on how youth peer support will save money, prevent long-term costs for health care, criminal justice, lost work, etc.
  - Need materials that clearly articulate what peer services are and are not; lots of confusion.



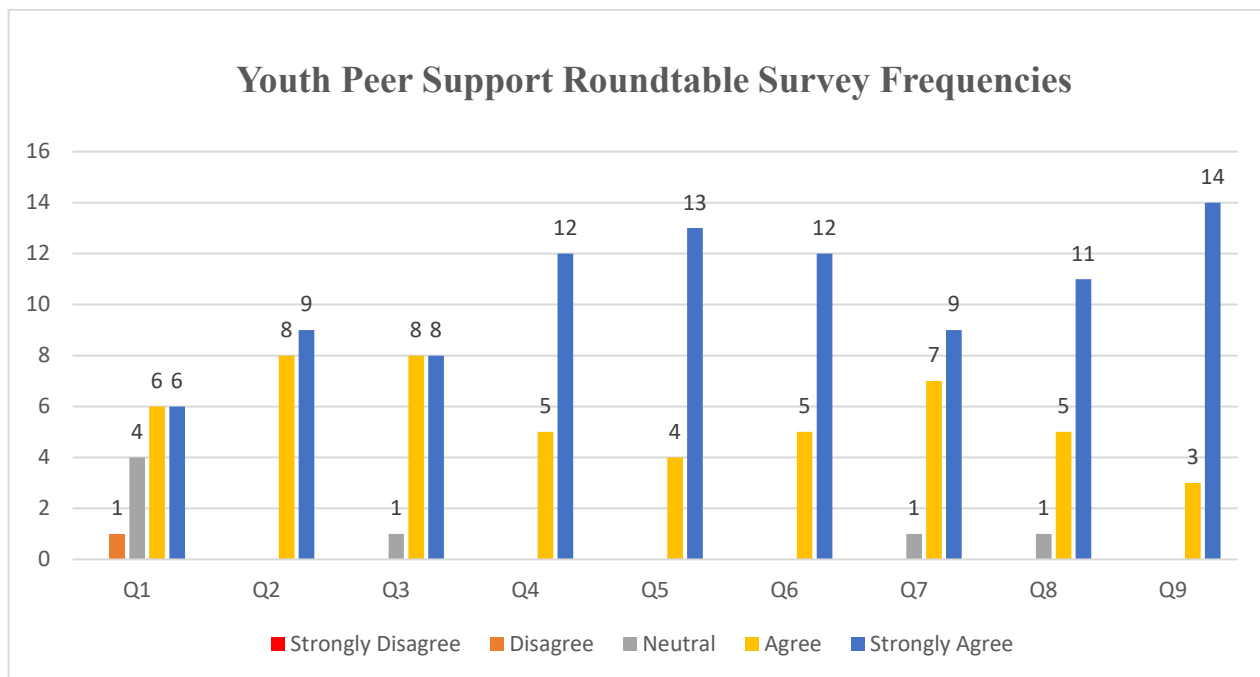
- Communication materials should highlight how youth peer support can reduce current barriers, such as reducing treatment dropout and reducing social isolation.
  - Communication could use data that is already in place and collected, such as data collected by recovery high schools.
  - Participants identified that the state should play a large role in raising awareness about the importance of youth peer support and education about what it is and the outcomes
3. Participants identified a variety of barriers to achieving a funding source for youth peer support.
- Stigma continues to be a barrier, especially within school systems.
  - Youth peer support providers need to make a living wage – comparable to other professionals and industry. It will not be feasible if rates are based around minimum wage, as the work is too specialized and demanding and there will be no retention.
  - There are competing priorities for limited behavioral health dollars in Texas.
  - Most organizations and communities are not yet prepared or ready to integrate youth peer support within their organization
  - Parents can be a barrier to funding for youth peer support, as they may not see the value, may have concern about the peer relationship, etc.
  - There is stigma associated with being a youth, which makes it more challenging to fund/support youth peer supports. This is the base upon which stigma around lived experiences of mental health and substance use issues are added.
  - Funders can sometimes negatively impact the characteristics of the service. Consideration should be made that funding does not limit the goals of youth peer support.
  - Funding should not be restricted to a particular setting or system, but rather allow the youth peer support staff to continue the relationship if involvement in a particular system ends.
4. Participants identified potential opportunities and next steps to advance this goal.
- Identify everyone in Texas who is currently providing youth peer support and examine what is working about their funding opportunities and what is not.
  - Educate and support existing youth peers on how to identify and apply for grant money.
  - Youth peer support could be identified as an available service within the HHSC Texas Recovery and Resiliency (TRR) Level of Care TAY, allowing providers to use contract funding for this service.
  - The state could sponsor a pilot study of youth peer support to gather data and build implementation processes and lessons learned.
  - A focus on workforce development and training would help set the stage for funding, by creating a source for well-trained providers.
  - Examine opportunities to support a remote peer support program, using HIPAA-compliant tools (e.g., Skype). The peer provider could be funded directly and it could be more accessible and cost effective.
  - Support the development of young adult peer-run organizations including the “how-to” of non-profit management. Organizational development could set the stage for these organizations to provide drop-in centers, peer support, etc.
  - Create a two-page marketing flier to tell the story of youth peer support, what it looks like, and the benefits

- Explore a legislative rider that would direct HHSC to engage stakeholders in a process to examine the costs and benefits, feasibility, and best practices for funding youth peer support through Medicaid, inclusive of youth peer support providers
5. Participants identified the outcomes that they would hope to see as a result of the efforts to identify financing strategies for youth peer support.
- Reduced stigma and increased acceptance and awareness for youth peer support across both mental health and substance use systems
  - Funding entities would be motivated to fund youth peer support
  - Managed care organizations would offer youth peer support within their systems
  - All child-serving state agencies provide some funding to support youth peer support across systems
  - Youth peer support is identified within the HHSC TRR Level of Care TAY as an available service
  - There is a greater variety of funding sources for organizations implementing youth peer support
  - Peer support and youth peer support are more accepted and an expected part of the service array.

## YOUTH PEER SUPPORT ROUNDTABLE EVALUATION RESULTS

**Survey Questions:**

- I consider myself to be a: Youth/Young Adult (N=5); Supportive Adult (N=8); Missing (N=4)
1. I consider myself to be knowledgeable about Youth Peer Support.
  2. I learned something new about Youth Peer Support at this event.
  3. I will integrate information, tools and or approaches I learned from this event in my role.
  4. I would like to stay involved in the continued development of Youth Peer Support.
  5. The speakers demonstrated good knowledge of the subject matter.
  6. The topics and activities kept me engaged.
  7. Everyone’s point of view was heard and acknowledged.
  8. The group facilitators kept us on task and productive.
  9. I would participate in an event like this again.



## YOUTH PEER SUPPORT ROUNDTABLE THEMATIC ANALYSIS

### 1. What topics and approaches that were discussed did you like the most?

- The overall structure and implementation (activities/groups) of the Roundtable allowed participants to engage with one another. It gave them the opportunity to network with various other guests and allowed them to hear other perspectives on Youth Peer Support
- Being able to hear Youth voice and have them as part of the groups was something that guests also enjoyed.
- As a result of being able to have discussions within groups, the ideas about implementation also allowed our guests to explore ideas on how to expand Youth Peer Support- potentially expanding the workforce as a result.

### 2. How will you apply what you discussed/ learned at this event going forward?



- Guests will advocate more for Youth Peer Support, tying it back in with how to incorporate youth voices in their discussions and as a result, bring YPS into their workplace.
- Keeping the conversation going forward as you try to gain support of state agencies.

### 3. Do you feel like the voices of our Youth/Young Adult presenters were properly included and acknowledged?

- All but one person responded with a "yes"
- However, some felt that there could've been more youth and more time for them to talk about their experiences.
- Additionally, some guests brought up the case for having some sort of preparation for the youth in attendance. A preparation that familiarizes them more with processes in the decision-making arena (see quotes below)
  - *"but I think it would have been better if they could have some type of training that involves understanding how things work with the state or with implementing a program so they can feel more comfortable in providing feedback."*
  - *"I was part of a group that had a youth at the table and they told me they didn't really have much to say because they didn't even understand what we were talking about. Specifically around funding, which I know is not very clear to many, but maybe just basic training around those topics so they feel more equipped to bring their perspective and can see that we value them enough to take the time to prepare them for the discussions."*

### 4. Are there any thoughts or ideas about Youth Peer Support that you would like to share that wasn't shared at the event?

- During the introduction, inform the audience where YPS is currently at in Texas.
- Inform the audience on where to go from the conclusion of Roundtable
- Bridge the perspective that YPS is just for substance abuse, but also mental health.

|    |    |
|---|---|
| <p><b>+ Communication – Interaction:</b></p> <ul style="list-style-type: none"> <li>• Participants really liked the “composition” of the event, wherein they were able to interact with other “passionate” stakeholders.</li> <li>• They were able to interact with others and get their perspectives on how to further “brainstorm, collaborate, and network” in order to continue this conversation going forward.</li> </ul> | <p><b>Δ Introductions – Going forward:</b></p> <ul style="list-style-type: none"> <li>• Participants would have liked an introduction to what Youth Peer Support is, where it currently is at in Texas, and what the purpose of the Roundtable was.</li> <li>• They would also like to have been able to introduce themselves.</li> <li>• Lastly, they asked about what happens next after the conclusion of the first Roundtable.</li> </ul> |
| <p><b>+ Preparation – Execution:</b></p> <ul style="list-style-type: none"> <li>• Participants really enjoyed how the Roundtable was planned and carried out.</li> <li>• They highlighted the organization and structure of the event as a plus, “Planning committee did a great job”.</li> <li>• Additionally, they appreciated the table material that was provided.</li> </ul>   | <p><b>Δ Venue-specific:</b></p> <ul style="list-style-type: none"> <li>• Participants expressed their displeasure with regards to the lack of coffee, temperature of the room, and distance from restrooms.</li> <li>• Additionally, they would also prefer different times for next time so that they are not caught in traffic and can pick up their children.</li> </ul>   |
| <p><b>+ Youth:</b></p> <ul style="list-style-type: none"> <li>• Lastly, the youth themselves were highlighted as a positive for the Roundtable.</li> <li>• They liked being able to get their perspective and hear about their experiences.</li> </ul>  |   |