



# Youth Peer Advocate PROFESSIONAL Credential Application

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Thank you for your interest in applying for the Youth Peer Advocate Professional Credential. We hope you share our excitement about this very important milestone in the history of Youth Peer Support in New York State! We are so glad that you are a part of the YOUTH POWER! network.

Before you begin, please read the Information for YPA Credential Applicants FAQ located on the Families Together in NYS website under the Workforce Development tab or [click here](#). This will help you determine if you are eligible to apply and give you a better understanding of the requirements and the process.

Please connect with your Regional Youth Partner and sign up for the Youth Peer Advocate listserv to receive the latest news and information about upcoming opportunities for young people.

If you have any questions, please feel free to contact us at [YPACredential@ftnys.org](mailto:YPACredential@ftnys.org) or call 518-432-0333 ext. 18.

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## Youth Peer Advocate (YPA) Professional Credential Application Instructions

### General Instructions

- ✓ Before you begin filling out the application, review the requirements to be sure you are eligible to apply.
- ✓ Be sure you have the current copy of the application packet. A copy of the application is on the Families Together in NYS website [www.ftnys.org](http://www.ftnys.org) under the Workforce Development tab.
- ✓ If you print and fill out this application, please use blue or black ink and PRINT neatly. The reviewers will be grateful for your help with this! If you plan to mail your application please also print your full name in every one of these boxes; it helps us if pages get separated.

Applicant's Full Name: *Your name here*

- ✓ Use the application checklist to be sure you complete every section and include all forms. Please do not submit your application until it is complete and has all the required signatures.
- ✓ You can email us a PDF file of your application at [YPACredential@ftnys.org](mailto:YPACredential@ftnys.org) with subject: 'YPA Provisional Application' or you can mail your application to Families Together in NYS, 737 Madison Ave., Albany, NY 12208, Attention: Department of Workforce Development. **BE SURE TO KEEP THE ORIGINAL FOR YOUR RECORDS.** If you are mailing us certificates, don't send originals; copies are fine.
- ✓ When we receive your application, we will send you a confirmation email within 5 business days. If you do not receive a confirmation email, please contact us.
- ✓ Once your application is complete, it will take 4-6 weeks to review.

**This application is broken up into the following sections.  
Please do not submit your application until it is complete and has all the required signatures.**

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## YPA Professional Application Checklist

Please use this checklist to keep track of your progress completing the application.  
Please submit only complete applications.

✓	Section	Notes
	Read the FAQ: Information for YPA Applicants first	
	Contact Information	
	Valid Youth Peer Advocate Provisional Credential	
	Final YPA Certificate of Completion	
	Verification of Age	
	Resume	
	Experience Verification Form(s) documenting 600 hours of experience providing YPST Services	<ul style="list-style-type: none"> <li>➤ Supervisor signature required</li> <li>➤ Applicant signature required</li> </ul>
	Job description	
	Supervisor recommendation attesting to ability in and suitability for the role of a YPA	➤ Supervisor signature required
	Signed Code of Ethics	➤ Applicant signature required
	Confidentiality Statement	➤ Applicant signature required
	Verification Signature	➤ Applicant signature required
	Keep the original for your records	➤ <b>DO THIS!</b>
	Email full application to <a href="mailto:YPACredential@ftnys.org">YPACredential@ftnys.org</a> with subject: <i>(YOUR NAME) YPA Professional Application</i>	➤ Check email for confirmation that it was received by Families Together in NYS

## Section 1: Contact Information

- Provide a reliable and up-to-date email address, as we communicate with you primarily by email.
- Please carefully write your name exactly as you wish it to appear on your certificate.
- Unless otherwise indicated, we will email your certificate to your agency email address and CC your supervisor.
- We will add your email to the YPA listserv and may share this with FTNYS staff, state and local agencies for the purpose of confirming your credential status, and to ensure that you receive up-to-date announcements about training, credentialing and other opportunities for continued professional development.
- **Important! It is your responsibility to update your contact information when there are changes.**

Personal Contact Information			
First Name:		Last Name:	
Personal Cell:		Home Phone:	
Personal Email:			
Home Address:			County:
City:	State:	Zip Code:	
Work Contact Information			
Your Title/Position:		Program Name:	
Work Email:		Office Phone:	Ext.
Work Cell:		Agency Name:	
Agency Street Address:			
City	State:	Zip Code:	
Supervisor's Contact Information			
Supervisors Name:		Supervisors Title:	
Work Email:		Office Phone:	Ext.
Work Cell:		Program Name:	
Agency Name:		Agency Street Address:	
City:	State	Zip:	

Please PRINT your name exactly as you would like it to appear on your YPA Credential Certificate:

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Applicant's Full Name:

## Section 2: Youth Peer Advocate Credential Requirements

- In order to obtain a YPA Professional Credential, you must have a valid YPA Provisional Credential. Please include a copy of your Provisional Certificate with this application.
- Submit a copy of your Level Two certificate of completion that you received after the consultation calls. Please contact us if you have not received your certificate.
- To hold a Youth Peer Advocate Credential you must be 18-30 years of age.

<input type="checkbox"/> I hold a valid Youth Peer Advocate Provisional Credential	Date of Completion:	Certificate Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> I have completed the Full YPA Training Process including Consultation Calls and received my Final YPA Certificate of Completion	Date of Completion:	Certificate Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> I am currently 18-30 years of age and understand that my credential expires on my 31 <sup>st</sup> birthday	Date of Birth: _____	

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## Section 3: Resume

- Please include an up to date copy of your resume with your application.
- Be sure to include your work as a Youth Peer Advocate including relevant lived experience, volunteer experience and relevant skills. There is no required format, but it should include all of the usual elements of a standard resume.

**REMOVE THIS PAGE AND INSERT YOUR:**

- **Valid Youth Peer Advocate Provisional Credential**
- **Final Youth Peer Advocate Certificate of Completion**
- **Resume**

**You must meet the requirements and complete all 6 Steps to Becoming a Credentialed Youth Peer Advocate to be eligible for the Youth Peer Advocate Professional Credential.**

**\*IF YOU HAVE NOT COMPLETED ALL OF THE 6 STEPS YOU CAN FIND MORE INFORMATION BY CLICKING ON THE WORKFORCE DEVELOPMENT TAB ON THE FTNYS WEBSITE.**

Applicant's Full Name:

## Section 4: Current Experience and Verification Forms

There are 2 parts to this section:

- Complete the current experience and hours of service provided pages. When 'adding up' your hours of experience, please count only your work (paid or volunteer) as a Youth Peer Advocate.
- You and your supervisor(s) complete the Experience Verification Form.
- You can copy the Current Service Status and Experience Verification Forms if you need more than one employer to verify your experience to reach the required 600 hours.
- Please be sure all boxes on these forms are filled in and that the Experience Verification form is signed by both you and your supervisor.
- Include a copy of your job description or work summary.

### Part 1: Current Service Status

*Check all that apply.*

- I am currently employed as a Youth Peer Advocate
- I am currently volunteering as a Youth Peer Advocate
- I have relevant experience providing or supporting the YPA role
- I am currently in the process of being hired as a Youth Peer Advocate

Future Employer Name: \_\_\_\_\_

- I am looking for employment as a Youth Peer Advocate
- I am formerly employed or volunteered as a Youth Peer Advocate

Past Employer/Volunteer Organization: \_\_\_\_\_

### Part 2: Total Hours of Experience Providing Youth Peer Support Services

- In order to be professionally credentialed as a Youth Peer Advocate, applicants are required to have a total of 600 hours of paid or formal volunteer work experience providing Youth Peer support and Training services. Give the Experience Verification Form (next page) to your supervisor(s) to have them document your experience.

*Check the box to indicate how many hours you have provided.*

- I have 600+ hours of paid or formal volunteer experience providing or supporting Youth Peer Support services. I am attaching the Experience Verification Form(s) to my application. We recommend that you document as much of your experience (even over and above 600 hours).

**You can use more than one position to equal the required 600 hours. For each position, you will need to complete the Experience Verification Form on the next page.**

Applicant's Full Name:

# Youth Peer Advocate Experience Verification Form



Make multiple copies of this form as needed to document the required number of hours of experience.

1

**APPLICANT:** I authorize FTNYS to contact employers listed on my application to give any and all information concerning my current and previous employment or volunteer experience and any pertinent information they may have, personal or otherwise, and hereby release FTNYS from all liability for any damage that may result from utilization of such information.



Applicant Signature

Applicant Name (Printed)

Date

Position Title:		This position is: <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	
This position is primarily: <input type="checkbox"/> Direct Service (Advocate) <input type="checkbox"/> Supervisor <input type="checkbox"/> Other _____			
Date Started Position:	Date Left Position:	# Hours Worked:	
Agency Name:		Agency Phone:	
Agency Address:			
City:	State:	Zip:	Country:
Supervisor's Name & Title:			
<b>PLEASE ATTACH JOB DESCRIPTION OR SUMMARY OF WORK DUTIES.</b>			

2

**SUPERVISOR:** The above individual is applying for a *Youth Peer Advocate Professional Credential*. At this time, we are verifying their employment or formal volunteer experience and that the employment or volunteer experience is/was in the field of peer-to-peer youth support and advocacy. (Formal volunteer experience is defined as a regular, sustained commitment with a specific role, not occasional or intermittent volunteer assignments.)

Please check the appropriate statement, and return this form to the applicant as soon as possible.

- YES**, the above employment/volunteer information is accurate, and this position involved providing or supporting youth peer support services for young people with social, emotional, behavioral and developmental challenges.
- NO**, the above employment/volunteer information is inaccurate or this position is not related to providing or supporting youth peer support services for young people with social, emotional, behavioral and developmental challenges. The correct information is as follows:

\_\_\_\_\_



Supervisor's Signature/Title

Date

Supervisor's Email Address

Work Phone



**REMOVE THIS PAGE AND INSERT YOUR JOB DESCRIPTION**

Applicant's Full Name:

## Section 5: Letter of Recommendation

- Each applicant for the Youth Peer Advocate Professional Credential is required to submit a letter of recommendation from someone who supervised/directed your work (paid or volunteer) providing youth peer support.
- You must complete and sign the top portion of each Recommendation Form. This gives us permission to contact your reference if necessary.
- Give your Supervisor the Recommendation Form to complete and sign. They must also provide you with a separate typed and signed letter of recommendation for you to include with your application. No application will be reviewed without this letter.
- **Please instruct your supervisor to specifically address the experience and skills you have exhibited that are relevant to your application for the Youth Peer Advocate Professional Credential.** We recommend that you provide your supervisor a copy of the Youth Peer Services Definition provided so they will have a better understanding of the skills required of a Youth Peer Advocate.

### Supervisor Recommendation:

Supervisor's Name:		Supervisor's Title:	
Work Email:		Office Phone:	Ext.
Work Cell:		Program Name:	
Agency Name:		Agency Street Address:	
City:	State	Zip:	

**Give your supervisor the Supervisor's Recommendation Form.**

***Please do not submit your application without enclosing your supervisor recommendation.  
Both the form and the letter are required.***



**REMOVE THIS PAGE AND INSERT YOUR SUPERVISOR'S TYPED LETTER OF  
REFERENCE ON AGENCY LETTERHEAD**

**Applicant's Full Name:**

## Section 6: Confidentiality and Sharing of Information

- Families Together in New York State (FTNYS) maintains strict privacy and confidentiality policies to ensure the personal privacy of all YPA Credential applicants.
- Please initial each statement in this section to indicate your understanding of who will have access to the information in your application.

Please initial in spaces provided to indicate your understanding and consent. Please review the FAQ sheet or contact us if you have any questions. All places must be initialed for review.


\_\_\_\_\_ Unless you provide us with written permission to share your application with others, the only individuals who can view your application are: The Youth Peer Services Training and Credentialing Coordinator, FTNYS Workforce Development Program Coordinator or other FTNYS staff, members of the Youth Peer Services Advisory Council and Youth Peer Support Service Coordinators in collaborating state/local agencies (e.g. NYS Office of Mental Health Division of Children and Families and New York City Department of Health and Mental Hygiene) at the direction of the Youth Peer Services Training and Credentialing Coordinator, Each of these individuals will sign a confidentiality agreement if they are required to review your application.

\_\_\_\_\_ Information contained within my application will not be disclosed to any other individuals or organizations without my consent.

\_\_\_\_\_ My name and email address will be used by FTNYS to create a Directory of Credentialed Youth Peer Advocates which will be publicly available.

\_\_\_\_\_ My name and email address may be provided to state and local agencies, FTNYS Chapters to provide me with information on upcoming events that may benefit my professional development.

\_\_\_\_\_ My name and email address will be added to the YPA listserv. I realize that I can 'opt out' at any time.

 \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Applicant's Full Name:

## Section 7: Agreement to Abide by the YPA Code of Ethics

- Each applicant for the Youth Peer Advocate Credential is required to abide by the Youth Peer Advocate Code of Ethics.
- Please read the Code of Ethics carefully before signing. Include a full, signed copy in your application packet and be sure to keep a copy for your records.
- A copy of the Code of Ethics, with a place for your signature, can be found at the end of this application.

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## Section 8: Signature and Verification of Information

- Please initial all sections, then sign and date.
- Applicants are expected to provide complete, truthful information. Any application found to contain fraudulent information will not be considered.

*Please place your initials in the space provided and sign below.*

\_\_\_\_\_ I understand that, in order to evaluate my application, Families Together in New York State will verify the information I have provided including my employment, references and completion of required training.

\_\_\_\_\_ I agree to cooperate in such review and allow others to provide information regarding my abilities and education.

\_\_\_\_\_ I hereby solemnly declare and affirm that the facts and matters contained in the foregoing application are true and correct.



\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# Youth Peer Advocate Code of Ethics



## Preamble

The work of Youth Peer Advocates (YPA) is rooted in the values of Youth-Guided practice and Family-Driven Care, as well as the Principles of the Child and Adolescent Service System Program (CASSP) (See Appendices). The work of the YPA supports the belief that young people must have a meaningful voice and a primary decision making role in their care. Young people should also have a role in designing and evaluating services and developing the policies and procedures governing the care of all young people in their community, state, tribe, territory and nation. The concepts of empowerment, recovery, and resiliency are central to the work of YPAs. As peers, YPAs use their personal lived experience and training to inspire hope and empower young people to have voice and choice in their care and treatment. YPAs focus on strengths and needs, assist young people in setting priorities and goals, provide information, and help young people navigate multiple complex service systems. YPAs support young people to strengthen their connections to community resources and their natural supports. YPAs work in collaboration with clinicians and other service providers to enhance engagement and partnership in order to improve both the experience and outcomes for young people.

This code of ethics is intended to serve as a guide to the professional conduct of YPAs. It offers principles to guide conduct in situations that have ethical implications.

## Youth Peer Advocate Code of Ethics

The conduct of a YPA will be consistent with the following ethical standards:

- A. Commitment to youth and young adults
  - Primary responsibility is to promote the well-being and independence of the young people with whom the YPA works in keeping with all applicable laws.
  - Promote youth-guided, family-driven, cultural competence, trauma informed practices that focus on the strengths of the young person, view their families as a part of the solution, and support young people to be informed participants in all aspects of their care.
  - Engage in efforts to reduce stigma and blaming of young people, their <sup>†</sup>families and natural supports.
  - Seek to resolve any situations in which meeting the YPA responsibility to the young person comes into conflict with other obligations or requirements of the agency or Code of Ethics.
  - When a team or employer decision raises ethical concerns, attempt to resolve the disagreement through <sup>†</sup>appropriate channels. If the disagreement cannot be resolved, the YPA should pursue other avenues to address their concerns with the goal of promoting the well-being of youth and families.
- B. Empowerment and Self-Determination
  - Promote and support approaches that foster hope, independence, empowerment, and self-determination, the development of self-advocacy skills, resiliency, and recovery.
  - Promote youth-guided practice whereby the young person is able to voice their needs, ideas and participate as an informed member of all processes/teams where decisions are being made about their treatment, services and other aspects of their care.
  - Remain thoughtful and respectful of families' decisions. Support young people to develop skills to communicate, collaborate, resolve and cope with conflicts within families.
  - Support the young person in shaping their service plan and setting their goals.
  - Promote approaches that provide youth and families with the support they need in the *\*least restrictive and least intrusive environment* possible. \*See: Least restrictive/least intrusive in Appendix B CASSP Principles
  - Provide current, accurate, transparent information to young people and their supports.

<sup>†</sup>see: Appendix C: definition of terms

C. Respect for Diversity

- Do not practice, condone, facilitate, or collaborate in any form of discrimination on the basis of ethnicity, race, sex, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical disability, military and/or veteran status, socio-economic status, immigration status, or any other preference or personal characteristic, condition, or state.
- Seek to understand and identify situations in which one's biases are interfering with the ability to work with a young person and their natural supports and seek guidance from a supervisor.
- Seek to understand and demonstrate insight, knowledge, and awareness of one's own power and privilege.
- Respect the rights, dignity, cultural identity and preferences of those with whom the YPA works.
- Advocate for and promote respect, cultural and linguistic competence at all times and in all relationships.
- Recognize cultural, individual, and role differences and demonstrate competence in providing services that are sensitive to the individual's cultures.
- Seek to understand, accept and appreciate one's own culture as the basis for relating to the cultures of others.
- Seek training and consultation to improve one's ability to work effectively with individuals from diverse groups.

D. Competence as a Youth Peer Advocate

- Provide services with the maximum skill, competence, knowledge, and advocacy.
- Provide services within the boundaries of YPA training and expertise.
- Embrace expertise of one's recovery/resiliency story.
- Have insight and awareness of one's well-being and actively practice these skills to ensure a high standard when working with young people. See: Self Care in definition of terms.
- Practice appropriate sharing of one's story to young people and their families that will contribute to their own hope, wellbeing and recovery/resiliency.
- Keep current with emerging knowledge related to peer services, youth-guided, family-driven care, community resources, empowerment strategies, and evidence-based/best practice treatment and support approaches.
- Seek out opportunities to enhance one's knowledge and skills through training, self-study, professional development and collaboration.
- Seek out opportunities to collaborate with other peer professionals.
- Always seek to incorporate effective practices and seek guidance and feedback from young people, colleagues, and supervisors to improve effectiveness.
- Engage in ongoing discussions with people you support, employers, and colleagues regarding the YPA role to achieve the maximum benefit to young people and their natural supports.

E. Ethical Integrity

- Act in accordance with the laws and statutes regarding all issues that affect the YPA's work.
- Assure that one's conduct does not compromise the fulfillment of responsibilities as a YPA.
- Promote and support honesty, integrity, and transparency. Do not participate in, condone, or be associated with dishonestly, fraud, or deception.
- Distinguish clearly between statements made and actions taken as a private individual and a representative of the YPA workforce, employer, or credentialing organization.
- Do not exploit professional relationships for personal gain.
- Do not use undue influence or in any way exploit the trust of young people, their families or to whom one is providing services.
- Do not accept gifts of *significant value* from those with whom the YPA works and consult with the YPA's agency policy.
- Recognize situations that involve ethical dilemmas and consult with supervisors and colleagues to seek appropriate resolutions.

<sup>†</sup>see: Appendix C: definition of terms



- F. Informed Consent
- Provide information about the YPA service to young people and their families in a manner that is thorough and understandable to them (reading level, native language, verbal explanations).
  - Advocate for youth and families to receive current, accurate, transparent information from other providers.
  - Support young people and families to ask questions and obtain more information to help them participate in the planning and service delivery process.
- G. Access to Records
- Assist young people in obtaining access to records regarding their care as needed, advocating for their rights and addressing concerns.
  - Keep notes concerning work with the young person in a manner that is transparent and done in partnership with them.
- H. Confidentiality and Privacy
- Respect the right to privacy and confidentiality of young people and their families in accordance with the law.
  - Disclose <sup>†</sup>*confidential* information only when necessary and only with valid consent (unless disclosure without consent is warranted to prevent serious, foreseeable, imminent harm and/or as required by law.) Explain to young people and their families the circumstances in which one is required to report or act in order to maintain safety to oneself or others.
  - Inform young people and their families with discretion whenever confidential information is disclosed (either with consent or due to a legal requirement).
  - Safeguard all records to assure they are not accessed by unauthorized individuals. This includes the use of electronic methods of storing and sharing information such as email, fax, etc.
  - Refrain from discussion of confidential information in any setting unless privacy can be assured.
  - Never discuss confidential information in public spaces.
- I. Conflicts of Interest
- Be alert to and avoid <sup>†</sup>*conflicts of interest* and inform your supervisor, the young person and their families if the potential for such a conflict exists.
  - Resolve conflicts of interest in a manner that protects the young person and their families' interests.
  - Do not engage in <sup>†</sup>*dual relationships* with young people and their families if there is any risk of harm to the family. If these relationships are unavoidable, take steps to protect the young person and set clear boundaries.
- J. Personal Relationships
- The YPA shall not engage in sexual activities or sexual contact with any member of a family currently or formerly receiving services.
  - Do not provide services to young people or their family members with whom the advocate has had a prior sexual relationship.
  - Do not engage in sexual activities or sexual contact with relatives or others with whom the young person or family members have close personal relationships when there is risk of potential exploitation or harm to the young person.
  - YPA should follow agency policies in regard to personal relationships.
- K. Commitment to Partnership
- Work to enhance one's understanding of all 'systems' involved in the lives of young people and their families with complex needs including, but not limited to: education, youth welfare, mental health, juvenile justice, probation, family court, health, substance abuse treatment, and youth development.
  - Actively seek out opportunities to partner with clinicians and other professionals.

<sup>†</sup>see: Appendix C: definition of terms

- Keep informed about colleagues' areas of expertise and competencies. Seek assistance and support from those who have demonstrated knowledge, expertise, and competence related to the subject.
- Participate in and lead *interdisciplinary teams* that include young people and their families to promote holistic, cross-system solutions.
- Partner with a wide range of community organizations and resources to support young people to make connections to ongoing natural supports that reflect their culture, interests, preferences, etc.
- Work with young people to develop their constructive self-advocacy skills to support their interactions with a wide range of professionals.

L. Integrity

- Uphold and advance the values, ethics, knowledge, and mission of the YPA movement by working towards the highest standard of YPA practice.
- Participate in opportunities to advance the YPA movement through learning collaborative activities, mentoring colleagues, research, presentations in the community, publications, training, etc.
- Continue to develop leadership skills when appropriate and demonstrate those skills.
- Seek leadership roles and empower youth leadership and youth-guided practices at all levels whenever possible.
- Promote and facilitate evaluation and research to contribute to the development of knowledge and improved practice of youth peer support and advocacy.
- Act with integrity in relationships with young people, colleagues, families, community members, other providers, organizations, referral sources, and other professionals in a way that promotes respect for the YPA workforce and improved outcomes for young people and their families.

M. Responsibilities when Credentialed

- As an applicant or credentialed individual, I will:
  - Maintain current on any applicable fees
  - Comply with the Code of Ethics and requirements set by the Youth Peer Services Advisory Council
  - Only use the designation of Youth Peer Advocate, or represent myself as having a credential when I am in full compliance with the credentialing requirements
  - Cooperate with any ethics investigation by any credentialing organization or government agency, and truthfully represent and disclose facts to such.

*By signing this Code of Ethics, I affirm that I have read through and understand all of the information provided in this document including Appendix A, Appendix B, and Appendix C. By signing below, I also understand that I will be held responsible and accountable to the above mentioned principles, rules and procedures. If a complaint is made, or it is alleged that I have broken any of these principles, rules or procedures, I agree to have these actions or inactions reviewed and assessed in accordance with the complaint guidelines of the Code of Ethics Disciplinary Policies and Procedures. If it is found that I have violated any of these principles, rules and/or procedures, then I understand that measures will be taken against me by the Youth Peer Services Advisory Council, up to and including the revocation of my Youth Peer Advocate and Training Credential.*

\_\_\_\_\_  
 Advocate Name (Printed)

\_\_\_\_\_  
 Advocate Signature

\_\_\_\_\_  
 Date

<sup>†</sup>see: Appendix C: definition of terms

## CASSP Principles

CASSP (Child and Adolescent Service System Program) is based on a well-defined set of principles for mental health services for children and adolescents with or at risk of developing severe emotional disorders and their families. These principles are summarized in six core statements.

### **Child (Youth)-centered**

Services are planned to meet the individual needs of the young person, rather than to fit the young person into an existing service. Services consider the young person's family and community contexts, are developmentally appropriate and youth-specific and build on the strengths of the young person and their families to meet the mental health, social and physical needs of the young person.

### **Family-focused**

The family is the primary support system for the young person and it is important to help empower the family to advocate for themselves. The family participates as a full partner in all stages of the decision-making and treatment planning process including implementation, monitoring and evaluation. A family may include biological, adoptive and foster parents, siblings, grandparents, other relatives, and other adults who are committed to the young person. The development of mental health policy at state and local levels includes family representation.

### **Community-based**

Whenever possible, services are delivered in the young person's home community, drawing on formal and informal resources to promote the young person's successful participation in the community. Community resources include not only mental health professionals and provider agencies, but also social, religious, cultural organizations and other natural community support networks.

### **Multi-system**

Services are planned in collaboration with all the child/youth-serving systems involved in the young person's life. Representatives from all these systems and the family collaborate to define the goals for the young person, develop a service plan, develop the necessary resources to implement the plan, provide appropriate support to the young person and their family, and evaluate progress.

### **Culturally competent**

Culture determines our worldview and provides a general design for living and patterns for interpreting reality that are reflected in our behavior. Therefore, services that are culturally competent are provided by individuals who have the skills to recognize and respect the behavior, ideas, attitudes, values, beliefs, customs, language, rituals, ceremonies and practices characteristic of a particular group of people.

### **Least restrictive/least intrusive**

Services take place in settings that are the most appropriate and natural for youth and families and are the least restrictive and intrusive available to meet the needs of youth and families.

## **Youth-Guided Practice and Family-Driven Care Principles**

Youth-guided and Family-driven means young people and their families have a primary decision making role in the care of their own lives as well as the policies and procedures governing care for all youth in their community, state, tribe, territory and nation.

This includes:

- Choosing culturally and linguistically competent supports, services, and providers;
- Setting goals;
- Designing, implementing and evaluating programs;
- Monitoring outcomes; and
- Partnering in funding decisions.

### **Guiding Principles of Youth Guided Practice and Family Driven Care**

1. Youth and families, providers and administrators embrace the concept of sharing decision-making and responsibility for outcomes.
2. Youth and families are given accurate, understandable, and complete information necessary to set goals and to make informed decisions and choices about the right services and supports for individual youth and their families.
3. All children, youth, and families have a biological, adoptive, foster, or surrogate family voice advocating on their behalf and may appoint them as substitute decision makers at any time.
4. Youth and families and youth and family-run organizations engage in peer support activities to reduce isolation, gather and disseminate accurate information, and strengthen youth and family voice.
5. Youth and families and youth and family-run organizations provide direction for decisions that impact funding for services, treatments, and supports and advocate for youth and families to have choices.
6. Providers take the initiative to change policy and practice from provider-driven to youth guided and family-driven.
7. Administrators allocate staff, training, support and resources to make youth guided and family-driven practices work at the point where services and supports are delivered to children, youth, and families and where youth and family run organizations are funded and sustained.
8. Community attitude change efforts focus on removing barriers and discrimination created by stigma.
9. Communities and private agencies embrace, value, and celebrate the diverse cultures of their children, youth, and families and work to eliminate mental health disparities.
10. Everyone who connects with children, youth, and families continually advances their own cultural and linguistic responsiveness as the population served changes so that the needs of the diverse populations are appropriately addressed.

## Definition of Terms

### **Appropriate Channels**

This is speaking to respecting the chain of command and recognizing those channels. When trying to resolve an issue that raises ethical concerns by a team or employer's decision, the YPA should raise this concern with the team or employer before raising this concern to other complaint or governing committees.

### **Self-Care**

YPAs should have knowledge of oneself, including one's stressors and stress reactions, one's coping skills, and one's personal support network. YPAs have access to more information and resources on self-care in Level 1: Module 4 of the YPA online Credentialing.

### **Significant Value**

The Youth Peer Services Advisory Council has placed a cap of no more than \$15.00 value on gifts that YPAs can accept. If the agency with which the YPA works does not allow gifts to be accepted, the YPA should adhere to the agency's policy. If the agency allows gifts to be accepted over the \$15.00 cap the YPA must adhere to the YPA Code of Ethics. In summary, the YPA must adhere to the lesser value.

### **Confidentiality**

YPAs must legally protect a young person and their families' privacy, by not revealing any information about the young person and their family without their written consent. YPAs have access to more information on confidentiality in Level 1: Module 4 of the YPA online Credentialing. If a YPA has further questions on confidentiality they should seek guidance from their supervisor.

### **Conflicts of interest**

Any situation that puts a YPA in an opposing role that can make it difficult to fulfill one's responsibilities. This can include; dual relationships, working with someone who is in the YPAs family, a family friend, or if the YPA is or was in any relationship with the young person or their family member.

### **Dual relationships**

When one is in a dual relationship, this means that they have more than one relationship with a family. This can include working with a young person whose family also attends the same church or utilizes the same resources or supports such as self-help/support groups. In these circumstances a YPA should seek further guidance from their supervisor.

### **Interdisciplinary teams**

A coordinated group of experts from several different fields and backgrounds who come together to work towards a common goal. Interdisciplinary teams should also include youth and family voice.