

584 – YOUTH INVOLVEMENT IN THE CHILDREN’S BEHAVIORAL HEALTH SYSTEM

EFFECTIVE DATE: UPON PUBLISHING¹

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I. PURPOSE

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS/CHP (CHP), DES/DDD (DDD) Contractors. This Policy is an optional resource for Fee-For-Service programs and is not a requirement for FFS providers. This Policy provides guidance for youth involvement in the children’s behavioral health system.

II. DEFINITIONS

Refer to the [AHCCCS Contract and Policy Dictionary](#) for common terms found in this Policy including:

CHILD FAMILY TEAM (CFT)	CONTRACTOR	MEMBER
PEER/RECOVERY SUPPORT SPECIALIST (PRSS)	SUBSTANCE ABUSE AND MENTAL HEALTH ADMINISTRATION (SAMHSA)	

III. POLICY

Youth involvement can benefit organizations and their programs as well as the youth themselves. Programs that are developed in partnership with youth are more likely to be effective at engaging the population and, therefore, to have a greater impact. Involving youth as partners in making decisions that affect them increases the likelihood that the decisions will be accepted, adopted, and become part of their everyday lives.

A. YOUTH PARTICIPATION

The Contractor shall ensure that there are various levels and types of youth participation in the Children’s System of Care, including:

1. Meaningful youth involvement in their own treatment.
2. Accessing peer support services and enlisting a youth’s natural supports.
3. Facilitating youth participation in committees and decision-making groups.

¹ Date Policy is effective.

² Date Policy is approved.

B. MEANINGFUL YOUTH INVOLVEMENT IN THEIR OWN TREATMENT

Engagement and meaningful involvement in their own treatment is important for children and youth. Child Family Team (CFT) facilitators shall determine based on each member's unique strengths, skills, maturity, chronological and developmental age, the appropriate ways to engage and encourage involvement.

Examples of meaningful involvement for children:

1. Effective use of self-advocacy skills to express personal preferences regarding their services.
2. Identification of CFT members.
3. Identification of strengths and needs.
4. Contribute to the family vision.
5. Understand the member's roles.
6. Understand and/or create their goals.
7. Be present and encouraged to participate in their CFT meetings.
8. Have a voice indicating what is or is not working.
9. Being assigned follow up items to complete at the next CFT meeting.

The CFT shall work together to create a plan for how to involve each child and youth that they serve. This Policy is specifically not age prescriptive to account for individual and developmental differences. CFT facilitators shall involve children to the fullest extent of their capabilities to allow them to acquire new skills that will lead to greater involvement in their treatment. CFT should encourage the utilization of the skills of each child and work to build upon these skills throughout treatment.

The remainder of this Policy, will use the term youth, referring to subset of children population that are approaching or have gone through puberty, but it is important to remember that laying the foundation for youth involvement in their treatment starts at the onset of services regardless of age.

Meaningful youth involvement entails active youth participation in decisions affecting all aspects of their care and treatment. Meaningful youth engagement is an inclusive, intentional, mutually respectful partnership between youth and adults whereby power is shared, their ideas, perspectives, skills, and strengths are integrated successfully.

This level of involvement means:

1. The CFT facilitator utilizes the nine essential activities outlined in AMPM Policy 580.
2. Youth and their family are treated as experts in their own treatment.
3. All CFT members will seek and respect the youth's input.
4. All CFT members will listen to and value the youth's opinions and preferences while involving the youth in the decision-making process.
5. CFT facilitators shall be an advocate for the youth in ensuring that this approach is utilized by each team member.
6. Youth will actively be involved and have a voice in selecting CFT members.
7. The CFT facilitators will engage and support the youth to identify natural supports, such as but not limited to extended family members, friends, coaches, school staff, community service organizations, and spiritual/religious representatives that can help to meet the youth, and family's needs.
8. Youth will have an active role and voice in the service planning process.
9. Youth will be supported in advocating for the services that they feel will meet their needs and participate in identifying the goals and strategies in their service plans.
10. The CFT meetings shall be scheduled to promote participation of youth, by making every reasonable effort to schedule at a time and location convenient to the youth and family.

C. YOUTH ADVOCACY DEVELOPMENT

This approach promotes autonomy and prepares each youth to take responsibility for guiding their own treatment and life.

The Contractor shall ensure that its subcontracted network of providers support youth in advocacy development. The primary function of advocacy development is to help ensure that the youth's needs are being heard by behavioral health providers, as well as other CFT members.

1. Advocacy development requires that engagement and trust are established with the youth, and that effective rapport building has been established to build the relationships that are necessary among all CFT members. CFT facilitators will mentor the youth to advocate effectively for themselves through a variety of methods, including:
 - a. Involving youth in the creation of the CFT meeting agenda,
 - b. Providing one-on-one coaching on advocacy skills,
 - c. Modeling effective and respectful communication,
 - d. Helping the youth to prepare questions or statements in advance,
 - e. Role-playing to prepare for CFT meetings,
 - f. Teaching skills for negotiation and building team consensus, and
 - g. De-briefing after CFT meetings.

2. As youth begin to develop self-advocacy skills, it is important for the CFT facilitator to continuously reinforce the benefits of this empowerment to the youth and adult CFT members. This can be difficult if the youth's efforts are regularly met with resistance or disingenuous responses from other CFT members. The CFT facilitator can address this by:
 - a. Supporting the youth's perspective.
 - b. Helping to reinforce or reframe the youth's message.
 - c. Modeling for other adults how to effectively interpret youth voice, and
 - d. Meeting with other stakeholders outside of the CFT to hear any possible concerns or assist them in understanding the youth's needs.

While it is exercised and practiced during CFT meetings, much of the work associated with developing an effective youth voice is done outside of meetings through mentoring partnerships with natural or formal support providers.

D. ACCESSING PEER SUPPORT SERVICES AND ENLISTING NATURAL SUPPORTS

The Contractor shall ensure that behavioral health treatment aligns with the Arizona 12 Guiding Principles as outlined in AMPM Policy 580, which includes:

1. Best practices and connection to natural supports.
2. Peer support services, as they can have positive impacts in a variety of areas, including hope and belief in the possibility of recovery; empowerment and increased self-esteem; self-efficacy and self-management of difficulties; social inclusion; engagement; and increased social networks.
3. Peer support is also one of the six key principles fundamental to a trauma-informed approach recommended by SAMHSA Research and has shown that people with natural supports have a greater sense of belonging and more self-esteem.
4. Natural Supports are an important part of health and wellness, which is why they are recognized frequently as an important component to a comprehensive service plan.
5. How and to what degree natural supports are incorporated is determined by the needs and voice of the youth and family.

E. PEER SUPPORT SERVICES

The Contractor shall ensure:

1. The accessibility of peer support services for youth within the Children's System of Care.
2. Subcontracted providers are knowledgeable about peer support services and that these services are offered to youth.
3. Peer support services are provided by trained and credentialed individuals in sustained recovery from major life adversities under clinical supervision and/or oversight.

F. NATURAL SUPPORT

Natural supports refer to those people or groups that we choose to have in our life and that naturally flow from relationships developed in natural environments such as school, work, and community.

Natural support may be extended family, friends, faith community, school staff, coaches, youth peers, volunteer organizations, neighbors, mentors at school or work, or acquaintances who play a varying, but critical role in a youth's life.

The Contractor shall ensure that:

1. Behavioral health providers work to discover a youth's natural supports, and if necessary, help to build upon their existing natural supports.
 - a. The CFT Facilitators will have questions and activities that help youth to identify their natural supports. For some individuals identifying natural supports may require out of the box thinking or connections to community resources for the opportunity to increase one's social network, and
 - b. Providers will still identify natural supports and the role they play in the youth and family's life even if they will not be participating as a team member.
2. The CFT Facilitators are educated in how natural support can be enlisted to assist with service plan goals and be able to share the benefits of enlisting natural support with the families and youth.
3. The CFT Facilitators utilize the best practice of maintaining a balance of formal and natural support on the CFT; however, involvement of natural support is determined by the preference of each youth and family.

G. FACILITATING YOUTH PARTICIPATION IN CONTRACTOR COMMITTEES AND DECISION-MAKING GROUPS

Youth involvement in committees, boards, and community coalitions is of great benefit to the Children's System of Care. In part, this is because youth bring a different perspective to issues and can generate creative solutions relevant to their age group. Through this participation, youth who are receiving services within the public behavioral health system have the ability to be a positive influence on the services received by their peers.

The Contractor is required to have a process for meaningful youth participation in committees and advisory groups. The Contractor is required to establish structures to increase member and family voice in Contractor committees and boards which is to include youth members. Contractor's Office of Individual and Family Affairs (OIFA) will assist with connecting members, including youth, to Contractor committees and boards.

Some examples of participation may include, but is not limited to:

1. Participation in Stakeholder meetings.
2. Member Advocacy Councils.
3. Operating as consultants to the system of care to include the foster care system.
4. Development Disabilities Advisory Council.
5. Participating in Contractor Governance Boards on Youth issues.
6. Community substance use prevention coalitions.
7. Other relevant provider/contractor committees.

Meaningful involvement means more than just having a seat at the table, it means participation as an equal partner with equal voice. The Contractor shall ensure that youth member feedback is used to inform system and service delivery improvements.

H. RECOMMENDED PROCESSES /PROCEDURES

The Contractor shall ensure that the best practices outlined in this Policy are utilized by their subcontracted network of behavioral health providers.

IV. TRAINING AND SUPERVISION

The Contractor shall establish processes for ensuring all staff working with children and youth have been trained and understand how to implement best practices for engaging youth as specified in this Policy. Whenever this Policy is updated or revised the Contractor shall ensure their subcontracted network and provider agencies are notified and the required staff is retrained as necessary on the changes.

The Contractor, upon request from AHCCCS, is required to provide documentation demonstrating that all required network and provider staff have been trained in this Policy.

RESERVED³**~~250 – YOUTH INVOLVEMENT IN THE CHILDREN’S BEHAVIORAL HEALTH SYSTEM –~~**~~EFFECTIVE DATES: 07/01/16, 10/01/21~~~~APPROVAL DATE: 08/12/21~~**~~I. PURPOSE~~**

~~This Behavioral Health Practice Tool applies to ACC, ALTCS E/PD, DCS/Comprehensive Health Plan (CHP), DES/DDD (DDD), and RBHA Contractors; The Behavioral Health Practice Tool is an optional resource for the Fee For Service Programs and is not a requirement for the Fee For Service Programs. This Behavioral Health Practice Tool intends to:~~

- ~~• Define youth involvement as a necessary and effective component to AHCCCS System of Care.~~
- ~~• Promote understanding of the benefits of youth involvement in their own recovery and within the AHCCCS System of Care.~~
- ~~• Support the development and implementation of youth involvement throughout all levels within the AHCCCS System of Care.~~

~~II. BACKGROUND~~

~~Youth leaders in Arizona advocated for the development of a Behavioral Health Practice Tool providing guidance to improve youth involvement in the use and delivery of behavioral health services. Active youth involvement is congruent with evidence-based practice, promotion of resiliency and hastening of recovery. In 2016, when DBHS was incorporated into AHCCCS, the Behavioral Health Practice Tool was embraced as it specifies a variety of steps the AHCCCS System of Care will take to increase youth involvement at all levels.~~

~~Youth involvement can benefit organizations and their programs as well as the youth themselves. Programs that are developed in partnership with youth are more likely to be effective at engaging the population and, therefore, to have a greater impact. Involving youth as partners in making decisions that affect them increases the likelihood that the decisions will be accepted, adopted, and become part of their everyday lives. In addition, empowering youth to identify and respond to community needs helps them become empathetic, reflective individuals, setting them on a course to potentially continue this important work in their future. Meaningful youth engagement views youth as equal partners with adults in the decision-making process. Programs and activities are developed *with* youth, rather than *for* youth. In this kind of equal partnership, both adults and young people need to be fully engaged, open to change in how things are done, and share a unified vision for the partnership.~~

~~There are various levels and types of youth participation. The AMPM Behavioral Health Practice Tool is an opportunity for Arizona’s behavioral health providers to develop impactful roles and opportunities to enhance youth involvement, including:~~

³ AMPM Behavioral Health Practice Tool 250 is reserved as pertinent information has been incorporated in new AMPM Policy 584.

- ~~A. Impactful youth involvement in their own recovery,~~
- ~~B. Accessing peer support services and enlisting a youth's natural supports,~~
- ~~C. Establishing and participating in youth leadership groups, and~~
- ~~D. Facilitating youth participation in community coalitions, as well as provider and Contractor committees.~~

~~III. RECOMMENDED PROCESSES /PROCEDURES~~

~~A. IMPACTFUL YOUTH INVOLVEMENT IN THEIR OWN RECOVERY~~

~~The Contractor shall ensure these five activities are followed by behavioral health providers:~~

~~1. Impactful Youth Involvement in Recovery~~

~~Treatment is an important component of the recovery process. Impactful youth involvement in recovery entails active youth participation in decisions affecting all aspects of their care and the delivery of treatment services. This level of involvement means that youth share the role as experts in their own treatment. Responsibilities for youth as experts include selecting their own goals and deciding how those goals will be achieved. To promote this level of involvement, every person involved in a youth's treatment shall seek and respect the young person's input. Each behavioral health professional, medical provider, and others involved in the recovery process should make the effort to listen to and respect the youth's opinions and preferences and be prepared to involve the youth in the decision making process. This approach promotes autonomy and prepares each youth to take responsibility for guiding their recovery and life.~~

~~2. Child and Family Teams~~

~~The Child and Family Team (CFT) is one example of a process in which youth involvement is central to recovery outcomes. A CFT is a defined group of people that includes, at a minimum:~~

- ~~a. The child/youth, the youth's family,~~
- ~~b. A behavioral health representative, and~~
- ~~c. Any individuals important in the young person's life who are identified and invited to participate.~~

~~The level of participation of youth as part of their own CFT will vary depending on individual factors, but all youth are expected to have the opportunity to participate. Refer to AMPM Behavioral Health Practice Tool 220.~~

~~Youth should be involved in selecting the membership and guiding the work of their CFT. Natural supports, such as extended family members, friends, coaches, community service providers, and spiritual/religious representatives should be engaged in partnership with the youth to balance the presence of "formal" service providers. Meetings of the CFT should be scheduled to promote participation of youth, by making every reasonable effort to schedule CFTs outside of regular school hours, as specified in A.R.S. §§ 8-527, 36-3435 subsection B.~~

Development of youth voice at the CFT level can be fostered according to the following phases:

- a. Advocating for the youth;
- b. Assisting the youth in developing their own voice and self-advocacy skills; and
- c. Assuring that other CFT members are respecting and hearing the youth's voice.

Though this process is specified in three discrete phases, these are not actually rigid sequential steps. Instead, they are overlapping phases that, in many circumstances, may be occurring simultaneously and to varying degrees.

3. Youth Advocacy Development

The primary function of advocacy development is to help ensure that the youth's needs are being heard by the behavioral health provider, as well as other CFT members. Youth should be supported in advocating for the services that they have determined will meet their needs and participating in identifying the goals and strategies in their service plans. Through this process, youth are able to experience an active voice in the service planning process.

This process requires that engagement and trust are established with the youth, and models the relationship building that is necessary among all CFT members. Mentoring youth to advocate effectively for themselves may be accomplished through a variety of methods, including one-on-one coaching, modeling, debriefing after CFT meetings, and role playing. Skills acquired by young people during this phase may include:

- a. Advocating for CFT membership/participation
- b. Planning skills,
 - i. Advanced preparation of questions or statements,
 - ii. Drafting portions of the agenda,
- c. Learning effective communication strategies; and
- d. Building team consensus.

4. Co-facilitation

When performing advocacy functions, youth begin assuming many of the roles eventually associated with co-facilitation. Each youth transitions to the co-facilitation role at a pace that is appropriate and comfortable for him/her, while maintaining the potential for immediate assistance of adults through natural or formal supports. Though the function of the CFT facilitator remains largely unchanged during co-facilitation, the process supports opportunities for ongoing skill building on the part of youth. As co-facilitators, youth take an active role in planning their services, while also learning ways to build team consensus.

Acquiring co-facilitation skills requires support and collaboration on the part of all CFT members. Without this consensus, young people may experience challenges fulfilling their roles, and the functioning of the CFT may be adversely affected. Such situations may require intervention by the CFT facilitator to create alignment among team members by reinforcing the importance of the youth's active involvement.

Ongoing responsibilities of the youth role during this phase also include scheduling or rescheduling one's own CFT meetings, drafting the majority of the CFT meeting agenda, and determining CFT membership.

5.—Supporting Youth

As a young person begins to develop his/her ability to self-advocate, it is important for the CFT facilitator to continuously reinforce the benefits of this empowerment to the youth and adult CFT members. This can be difficult if the youth's efforts are regularly met with resistance or disingenuous responses from other CFT members. The CFT facilitator can address this by:

- 1.—Supporting the youth in his/her self-advocacy;
- 2.—Helping to reinforce or reframe the youth's message;
- 3.—Modeling for other adults how to effectively interpret youth voice; and
- 4.—Meeting with other stakeholders outside of the CFT to hear any possible concerns or assist them in understanding the youth's needs.

While it is exercised and practiced during CFT meetings, much of the work associated with developing an effective youth voice is done outside of meetings through mentoring partnerships with natural or formal support providers. When a youth is in a remote out-of-home setting, someone in the youth's immediate area may be identified as a support person for the youth. This person may consent to be coached to support the purpose, goals and strategies for development of youth voice in the CFT.

Youth involved with Department of Child Safety (DCS) constitute a unique population, deserving special recognition and consideration. In those instances where DCS is the legal guardian, The CFT should work closely with DCS representatives regarding the participation of biological family members in the planning and implementation of behavioral health services. Please refer to: *AMPM Behavioral Health Practice Tool 260*. To the extent possible, the CFT should carefully consider all decisions about biological family involvement with the youth.

In summary, a CFT is built to help support and guide each youth to meet their unique needs. Encouraging expression of youth voice during CFT meetings demonstrates that others place value on and desire a better understanding of each youth's perspective. This can lead to greater engagement on the part of young people while increasing their sense of self-efficacy and resulting in more positive outcomes overall.

B.—ACCESSING PEER SUPPORT SERVICES AND ENLISTING NATURAL SUPPORTS

Peer support has been shown in multiple ways, to aid in the process of recovery from mental health and substance use disorders. It assists individuals to develop a better understanding and acceptance of their circumstances. It also provides opportunities to engage with others who are in recovery⁴. The Arizona Practice Model supports the philosophy that youth who employ healthy self-care and self-management techniques are capable of being helpful to their peers in a supportive context.

The Contractor shall adhere to this Behavioral Health Practice Tool to ensure behavioral health providers make peer support services available to youth and to enlist a youth's natural supports.

1. Natural Support

In many instances, “traditional” behavioral health services for youth have been provided on an individual basis or in the context of specific therapy groups in clinic settings. These approaches often offered youth limited opportunities to be full participants in creating their own behavioral health service plans. They also afforded minimal opportunities for engagement and socialization with other youth.

An alternative approach has been introduced among a number of providers in Arizona, which offers a greater level of youth involvement, including increased opportunities for informal, natural support. These programs provide opportunities for youth not only to act as co-authors of their service plans, but also to join with their peers in flexible group settings. Service provision utilizing such non-traditional models allows youth to engage in a manner that feels more natural to them, and it may help reduce the stigma associated with involvement in behavioral health services.

Structured group settings can also expand opportunities for youth to acquire social skills and develop supportive relationships with their peers in an informal context. Participants in these groups are able to “check in” as needed, regarding each other’s wellbeing. When concerns are identified, participants can readily communicate these concerns to program staff, averting potential crises. Because participants include youth at all levels of ability functioning and developmental stages, there are many opportunities for modeling positive interactions with their peers. This interaction provides opportunities to shape and reinforce individual strengths, and to facilitate acquisition of adaptive social behaviors in a “natural” and safe setting.

2. Peer Support Services

Peer support services are based on the principle that individuals learn best by observing the actions of others with similar characteristics¹⁸. Peer support services are provided in a formal setting by trained and credentialed individuals in sustained recovery from major life adversities under clinical supervision and/or oversight. Peer support services for youth typically involve an older or more experienced youth, or young adult credentialed as a Peer/Recovery Support Specialist (PRSS), in an intentional, therapeutic relationship with one or more younger or less experienced youth. In these formal contexts, education provided by their peers can be a highly effective method for young people to learn new life skills. This is especially true when a PRSS has experienced similar life challenges, because they may better relate to and guide the younger person. This peer-to-peer relationship is a key benefit of youth involvement and may be particularly important for youth who are in the process of transitioning to adulthood.

Historically, developing peer support services for youth has been a challenging endeavor within the behavioral health system. Examples of these challenges include the capability to identify, recruit, train and employ qualified individuals. Other barriers include contractual and licensing limitations prohibiting many behavioral health providers from employing youth under twenty-one years of age.

Once qualified youth are trained and credentialed as PRSS, they may be employed by providers in a variety of roles. These include:

- a. Functioning as trainers in the provision of Peer Support Services,
- b. Working as direct providers of peer support services in both individual and group contexts, and/or
- c. Working as Youth Mentors, to assist youth with socialization and developing life skills. These activities contribute to increasing self-sufficiency and become increasingly important as young people begin the transition to adulthood.

C. ESTABLISHING AND SUPPORTING YOUTH LEADERSHIP GROUPS

“Youth Development” can be defined as a deliberate process of providing youth with the support, relationships, experiences, resources, and opportunities needed to become successful and competent independent adults.

Youth leadership groups support young people in contributing to the resolution of social and behavioral health issues in their community. This includes working to prevent substance use and to reduce stigma associated with behavioral health services. Youth who become involved in making positive change are more likely to feel a sense of pride and ownership regarding their communities. Furthermore, engaging in, and being recognized for pro-social activities has also been shown to contribute to the development of resiliencyⁱⁱⁱ. In this context, resiliency may be defined as the ability to rebound from adversity, trauma, tragedy, threats, and other stresses, and to proceed with life with a greater sense of mastery, competence, and hope^{iv}.

Through involvement in youth leadership development, young people contribute to their communities, gain experience in decision making, and form important youth-adult partnerships. These partnerships provide youth with the tools and support to be more successful in their lives. Over the past two decades, youth leaders in Arizona have achieved a variety of important outcomes. These include successfully developing substance use prevention curricula, as well as participating in the design of prevention programs. Youth leaders also provided trainings to other youth and adults across the state. In addition, they have participated in writing grants, which were subsequently awarded, as well as in drafting legislation which was enacted into law. Youth leaders have also acted as co-chairs in multiple community coalitions and committees.

1. Universal capacity for leadership development

Youth leadership programs are inclusive and accessible to any youth who wishes to participate. An additional principle of youth leadership groups is the belief that no young person should be denied membership because of a behavioral health condition. This diversity makes these groups stronger and the experience of participants richer. Youth should be provided opportunities to grow into more advanced leadership roles as they mature. Research shows that prolonged involvement in youth leadership programs has the potential to increase positive outcomes,^{vii}

2. Youth Leadership Group Structure

Young people participate in groups to provide them with an increased sense of well-being. This gain is an intangible reward, which stimulates intrinsic motivation, as well as the perception that the information and skills provided are worth learning. Group involvement fulfills a number of important developmental needs. These include the feeling of doing something positive for others, satisfying curiosity, as well as providing opportunities to have fun, build friendships and get supportⁱⁱⁱ. Youth leadership groups constitute a unique opportunity to utilize these intrinsic rewards to further the goals of recovery and promote a heightened sense of self-worth among young people.

While youth leadership programs may reflect a high level of flexibility in their make-up, the one aspect that should remain consistent across all groups is their leadership structure. Given that a primary function of these groups is to aid in development of leadership skills, the organization and operation of each group should be managed by the youth themselves.

Another important aspect of youth leadership groups is the timing of scheduled meetings. Regular meeting times are beneficial, as they help to avoid conflicts with other important life activities, such as school attendance and family routines. As an aid to participation, youth leadership groups held at mealtimes should include healthy food or snacks. Maintaining ongoing communication among participants is important for sustaining groups, phone calls, e-mail, texts, etc., are recommended as a means of reminding participants about the group and of supporting continued interest and involvement.

The intent of youth leadership groups is developing the skills, insight, and confidence to address social issues in the community, while also maintaining a focus on personal and group wellness. The goal of increased wellness is supported by the development of positive relationships between members. These positive peer relationships can provide a base of acceptance and emotional support to help youth become more focused and motivated in developing their individual strengths. To facilitate this development, leadership groups should include a strong social component, making groups both positive and fun, and utilizing humor as a key element.

The development of urban and rural youth leadership groups can differ greatly. When youth live great distances from the community's center, attention should be given to the scheduling, frequency and location of group meetings. Scheduling meetings around already occurring community activities (e.g. school or sports activities) can make it easier for youth to participate.

3. Support for youth leadership groups by committed adults

Adults have an important role in youth leadership groups. They are collaborators who share equally with youth in decision-making power. Adults are also helpful in overcoming barriers to participation, which can include providing safe transportation and moderating potential conflicts with other important life activities.

The skills and attitudes of the adults who provide ongoing support to youth leaders are critical to the success and sustainability of youth leadership groups. These adults should understand and respect youth culture, youth development and love working with young people. Each youth has innate intelligence, resiliency, talent and capacity for success. One of the most important things an adult leader can do is to help each youth find their strengths and learn how to use those strengths and talents to their own best advantage.

Adult support for youth leadership group also includes the responsibility to act as role models and exemplify positive, healthy living and behavior. This includes maintaining professional boundaries and following strict ethical standards both in and outside of work. Adults working in rural communities where there is little anonymity need to be especially aware of how their behaviors outside the work setting can influence the youth with whom they work.

~~D. FACILITATING YOUTH PARTICIPATION IN DECISION MAKING GROUPS~~

Youth involvement in committees, boards, and community coalitions is of great benefit to the AHCCCS System of Care. In part, this is because youth bring a different perspective to issues and can generate creative solutions relevant to their age group. Through this participation, youth who are receiving services within the public behavioral health system have the ability to be a positive influence on the services received by their peers.

Some examples of participation include:

- ~~8. Participation in Behavioral Health/Stakeholder meetings,~~
- ~~9. Operating as consultants to the foster care system regarding services to transition-age youth,~~
- ~~10. Participating in RBHA/Contractor Governance Boards on Youth issues, and~~
- ~~11. Community substance use prevention coalitions~~
- ~~12. Other relevant provider/contractor committees.~~

Genuine youth involvement is of great benefit to the AHCCCS System of Care when youth have an impactful role in the work of committees, boards or coalitions. Impactful involvement means more than just having “a seat at the table”. In practice, it means shared power and decision-making, as well as participation as an equal partner with equal voice.

Youth need support from adults to be successful in this role and ensure they have an equal voice. Encouraging supportive adult participation in a youth leadership group can support a young person’s development of the skills necessary to interact effectively with others. This can include learning how to be persuasive and how to ensure their voices are heard. Debriefing with a supportive adult after events and meetings can help a young person review what worked well, as well as opportunities for skill building. When appropriate, adults should be ready to speak on behalf of youth with other adults on committees, boards, or coalitions. This helps to ensure power is shared fully and youth are treated with equal respect and dignity.

~~E. TRAINING AND SUPERVISION RECOMMENDATIONS~~

~~Contractors shall establish processes for ensuring all staff working with children and young adults has been trained and understand how to implement the practice elements as specified in this document. Whenever this Practice Tool is updated or revised, Contractors shall ensure their subcontracted network and provider agencies are notified and required staff is retrained as necessary on the changes. Contractors, upon request from AHCCCS, are required to provide documentation demonstrating that all required network and provider staff have been trained on this Practice Tool.~~

ⁱ Catalano, R. F., Berglund, M. L., Ryan, J. A. M., Lonczak, H. S., & Hawkins, J. D. (2002). Positive Youth development in the United States: Research findings on evaluations of positive youth development programs. *Prevention & Treatment*, 5, Article 15

ⁱⁱ Hill, W. [1990]. *Learning A Survey of Psychological Interpretations* Harper Collins Publishers, New York, New York

ⁱⁱⁱ Catalano, R. F., Berglund, M. L., Ryan, J. A. M., Lonczak, H. S., & Hawkins, J. D. [2002]. Positive youth development in the United States: Research findings on evaluations of positive youth development programs. *Prevention & Treatment*, 5, Article 15

^{iv} New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America. Executive Summary*. DHHS Pub. No. SMA-03-3831. Rockville, MD: 2003

^v Gorman, D.M. (2007). Changing Service Systems for High Risk Youth Using State Level Strategies. *American Journal of Public Health*, 97 (4) Refer to:

<http://ajph.aphapublications.org/cgi/reprint/97/4/595>

^{vi} Zeldin, Bestul, Powers [2012] Youth-Adult Partnerships in Evaluation—A Resource Guide For Translating research into Practice

^{vii} Gorman, D.M. [2007]. Changing Service Systems for High Risk Youth Using State Level Strategies. *American Journal of Public Health*, 97 (4) Refer to: <http://ajph.aphapublications.org/cgi/reprint/97/4/595>