

DBHS Practice Tool

Youth Involvement in the Arizona Behavioral Health System



Developed by the

Arizona Department of Health Services

Division of Behavioral Health Services

(ADHS/DBHS)

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Title: Youth Involvement in the Arizona Behavioral Health System

Goal/ What do we want to achieve through the use of this Tool?

1. Define Youth Involvement in Arizona’s public behavioral health system
2. Promote understanding of the benefits of youth involvement in their own recovery and within the behavioral health system of care
3. Support the development and implementation of youth involvement throughout all levels within the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) System of Care

Target Audience Tribal and Regional Behavioral Health Authorities (T/RBHAs) and their subcontracted network and provider agency behavioral health staff, state partner agencies, prevention providers, community substance abuse prevention coalitions, family organizations and youth advocacy groups.

Target Population(s) All TXIX and TXXI eligible children, youth and young adults, under the age of 21, receiving behavioral health services through the T/RBHAs.

Attachments

[Youth Tip Sheet](#)

Definitions

[Child and Family Team](#)

[Peer Recovery/Support](#)

[Youth Involvement](#)

[Youth Partner](#)

[Youth Voice](#)¹



Youth are agents of change... not just kids receiving services



Background

In 2009, a youth leader in Arizona advocated for the development of a practice Tool outlining guidance for how to improve youth involvement in the use and delivery of behavioral health services. Her recommendation was enthusiastically embraced by the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) because active youth involvement is congruent with evidence based practice, promotes resiliency and hastens recovery. This practice Tool describes steps Arizona’s behavioral health system can take to increase youth involvement at all levels.

¹ Youth Serve America Tool Box Youth Voice Definitions Tip Sheet. Refer to:
http://www.tapartnership.org/events/webinars/webinarArchives/presentationSlides/20120208_ArizonaYouthTA.pdf

Youth involvement serves the dual purpose of developing the resiliency of individual youth while simultaneously bringing about improvements in systems and communities.² Meaningful youth involvement promotes the development of knowledge, skills, confidence, self-efficacy, and pride.³ It also provides youth with opportunities for success by identifying and building on their strengths. This focus on talents as opposed to deficits promotes hope and optimism which in turn promotes resiliency, recovery, wellness and empowerment.^{4 5 6} An important aspect of youth development involves the acquisition of social skills and leadership abilities which can exceed what might be achieved through professionally- driven services alone.

There are various levels and types of youth participation. This Tool encourages Arizona’s behavioral health organizations to develop meaningful roles and opportunities that enhance youth involvement, including:



Evidence of effective youth involvement in Child and Family Teams:

- Agenda is drafted entirely or partially by youth
- Youth and service provider work in partnership together to prepare for CFT meetings
- Youth facilitate Child and Family Team meetings
- Youth invite members to join their Child and Family Teams
- Youth are able to comfortably voice the positives and negatives of their service experience



- 1) Meaningful youth involvement in their own recovery
- 2) Utilizing formal and informal peer support services
- 3) Establishing and participating in youth leadership groups
- 4) Facilitating youth participation in community coalitions, as well as provider, T/RBHA and ADHS/DBHS committees

Processes /Procedures

Meaningful youth Involvement in recovery

Treatment is an important component of the recovery process. Meaningful 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 of expert in their own treatment. Their responsibilities 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 must 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 the youth

regarding his or her opinions and preferences, and be prepared to involve the youth in the decision making process. The benefit of this approach is that it promotes autonomy and prepares each youth to take responsibility for guiding their recovery and life.

➤ Child and Family Teams

The Child and Family Team (CFT) is one example of a process in which youth involvement may be central to recovery outcomes. A CFT is a defined group of people that includes at a minimum, the child/youth and his/her family, a behavioral health representative, and any individuals important in the young

² Viner RM, Barker M. (2005) Young people's health: the need for action. *BMJ*; 330: 901-3.

³ Matarese, M., McGinnis L., & Mora M. (2005) Youth Involvement in Systems of Care: A Guide to Empowerment

⁴ Klau, M. (2006), Exploring youth leadership in theory and practice. *New Directions for Youth Development*, 2006: 57–87.

⁵ Viner RM, Barker M. (2005) Young people's health: the need for action. *BMJ*; 330: 901-3.

⁶ Gyamfi, P., Keens-Douglas, A., & Medin, E. (2007). Youth and youth coordinators’ perspectives on youth involvement in systems of care. *Journal of Behavioral Health Services and Research*, 34, 382–394.

person's life that are identified and invited to participate.⁷ The level of participation of youth as part of their own CFT will vary depending on individual factors, however all youth are expected to have the opportunity to participate.

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 representatives from churches, synagogues or mosques 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, which includes avoiding scheduling CFTs during school hours⁸.

Development of youth voice at the CFT level can be fostered according to the following phases: 1) Advocating for the youth; 2) Assisting the youth in developing their own voice and self-advocacy skills; and 3)

Assuring that other CFT members are respecting and hearing the youth's voice. Though this process is described 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. These three phases are described in detail below.

➤ Youth Advocate Development

The primary function of this phase 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 they have determined will meet their needs, as well as in 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 phase 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 effectively advocate for themselves may be accomplished through one-on-one coaching, modeling, de-briefing after CFT meetings, and through role playing. Skills which may be acquired by young people during this phase include:

- Advocating for CFT membership/participation
- Planning skills
 - Advanced preparation of questions or statements
 - Drafting portions of the agenda
- Learning effective communication strategies
 - Building team consensus

➤ Co-facilitation

Hearing means: understanding

1. Paying attention to words, body language, and emotions
2. Listening with an open mind
3. Withholding judgment
4. Summarizing
5. Asking if you understand correctly

⁷ ADHS/DBHS Practice Tool *Child and Family Team Practice*. Refer to: <http://www.azdhs.gov/bhs/guidance/cft.pdf>.

⁸ Arizona Revised Statutes, Relating to Dependent Children, A.R.S. §§ 8-527, 36-3435 subsection B (2011).

While performing many of the same roles as in the advocacy phase, the youth begins assuming increased responsibility through 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, this phase 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.

It should be noted that acquiring co-facilitation skills requires support and buy-in 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.

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:

- Supporting the youth in his/her self-advocacy
- Helping to reinforce or reframe the youth's message
- Modeling for other adults how to effectively interpret youth voice
- 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 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 consent to be coached to support the purpose, goals and strategies for development of youth voice.

Unique populations, such as youth involved with Department of Child Safety (DCS), deserve special consideration. For instance, the CFT needs to closely coordinate with DCS as the guardian to evaluate the appropriateness of ongoing involvement of biological family members.⁹ To the extent possible, the CFT should process 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, in turn, can lead to greater

⁹ DBHS Practice Tool *The Unique Service Needs of Children, Youth and Families Involved with DPS*. Refer to: http://www.azdhs.gov/bhs/guidance/unique_dps.pdf.

investment on the part of young people, increase their sense of self-efficacy, and result in more positive outcomes overall.

Utilizing Formal and Informal Peer Support Services

Youth peer support has been shown to aid in the process of recovery from mental health and substance abuse disorders in multiple ways. It helps individuals develop a better understanding and acceptance of their circumstances, and also provides opportunities to engage with others who are in recovery.¹⁰ The Arizona Practice Model supports the philosophy that youth who employ healthy self-care and self-management techniques are capable of being helpful to others in a peer support context.

Peer support occurs in both formal and informal contexts. With formal peer support, peers are hired to provide Medicaid reimbursable services such as life skills training and family support. Peer support can also occur in less formal contexts. In these instances, sources of “informal” support may be drawn from the youth’s relational network.

1. Informal Peer Support

In many instances, “traditional” behavioral health services for youth have been provided on an individual basis or in the context of delimited therapy groups in clinic settings. These approaches often offered youth limited opportunities to be full participants in creating their own behavioral health service plans, and 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 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 also helps reduce the potential for stigma associated with involvement in behavioral health services.

Structured group settings can also expand opportunities for youth to acquire social skills and develop supportive peer relationships in an informal context. As an example, participants in these groups are able to regularly “check in” regarding eachothers’ wellbeing. As a result, when concerns are identified, participants can readily communicate them to program staff, averting potential crises. In addition, because participants include youth at all levels of functioning and developmental stages, there are ample opportunities for modeling positive peer interaction. This provides opportunities to shape and reinforce individual strengths, and to facilitate acquisition of adaptive social behaviors in an “informal” and safe setting.

Community Service Agencies (CSAs), based on their licensing guidelines, are able to identify and train young adults to serve in peer support roles beginning at age 18. Other outpatient Behavioral Health treatment Centers licensed by the Division of Licensing Services (DLS) are able to employ staff beginning at age 21.

¹⁰ 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.

2. Formal Supports: Peer Support

Formal peer support services are based on the assumption that individuals learn best by observing the actions of others with similar characteristics.¹¹ Formal peer support services typically involve an older or more experienced youth in a therapeutic relationship with one or more younger or less experienced youth. In these contexts, peer-facilitated education can be a highly effective method for young people to learn new life skills. This is especially true when a peer has experienced similar life challenges, as a result of which they may be better able to 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 formal peer support for youth has been a challenging endeavor within the behavioral health system. Examples of these challenges include the capability for identifying, recruiting and training qualified individuals. Other barriers include contractual and licensing limitations prohibiting many behavioral health providers from employing youth under twenty one years of age.

Fortunately, organizations committed to the goal of youth development have developed a variety of strategies to address these barriers. Examples include investment in recruiting youth workers, and creating opportunities for youth to provide peer supports in the context of specialized community-based organizations. Specialized providers have also developed training and supervision for youth to function as formal peer supports. Key to the success of this type of training is ensuring that is “youth friendly” as possible, which includes making provisions for participants in training to receive stipends during the training period.

Once youth are trained and prepared to function in peer support roles, they may be employed at providers in a variety of roles. These include: 1) Functioning as qualified trainers in the provision of Peer Support Services; 2) As direct providers of peer support services in both individual and group contexts; and/or 3) As Youth Peer Mentors, whose intended role is to assist youth with socialization and developing life skills. These attributes contribute to increasing self-sufficiency, and become increasingly important as young people begin the transition to adulthood.

Establishing and Supporting Youth Leadership Groups

Youth development can be defined as; *a deliberate process of providing youth with the support,*



Youth leadership is:

“a part of the youth development process which supports the young person in developing: (a) the ability to analyze his or her own strengths and weaknesses, (b) set personal and vocational goals, (c) have the self-esteem, confidence, motivation, and abilities to carry them out (including the ability to establish support networks in order to fully participate in community life and effect positive social change), (d) the ability to guide or direct others on a course of action, (e) influence the opinions and behaviors of others, and (f) serve as a role model”

-National Alliance for Secondary Education and Transition. [National Standards and Quality Indicators of Youth Development and Youth Leadership..](#)



¹¹ Hill, W. (1990). [Learning A Survey of Psychological Interpretations](#). Harper Collins Publishers, New York, New York.



The *Youth Involvement in Systems of Care: A Guide to Empowerment* includes a number of helpful suggestions for developing and sustaining a youth group including: taking a positive, strengths based approach, hiring an adult coordinator who values and understands youth culture, developing a group vision and mission, identification of community needs and gaps, developing group goals, planning activities, establishing a realistic budget, and collaborating with the community.



relationships, experiences, resources, and opportunities needed to become successful and competent 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 abuse 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 resiliency.¹² 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.*¹³

Through youth leadership groups, young people are able to contribute to their communities, gain experience in decision making, and form important youth-adult partnerships. These partnerships provide them with the tools and support to be more successful in their lives. Over the past decade, youth leaders in Arizona have achieved a variety of important outcomes. These include successfully developing substance abuse 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. All youth have capacity for leadership

By definition, youth leadership programs are inclusive, and are 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. In fact, an operating assumption of youth leadership groups is that diversity makes these groups stronger, and the experience of participants richer.

2. Structure

¹² 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.

¹³ 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.

Young people participate in groups because doing so provides 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 are worth learning, a feeling of doing something positive for others, curiosity, and/or opportunities to have fun, build friendships and get support¹⁴. 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.

Youth leadership programs may reflect a high level of flexibility in their make-up, however, one aspect that should remain consistent across all groups is the structure of their leadership. 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 the of youth leadership groups is the timing of scheduled meetings. Regular meeting times are beneficial, as is avoiding conflicts with other important life activities such as school attendance and family routines. As an aid to participation, youth leadership groups held at meal times should include healthy food or snacks. Also, since maintaining regular communication among participants is also important for sustaining groups, phone calls, e-mail, 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 the 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 social component, making groups both positive and fun, and utilizing humor as a key element.

As a final comment on the structure of youth leadership groups, it is worth noting that the approach to development of urban and rural youth leadership groups can differ (see side bar above). Also, since research shows that prolonged involvement in youth leadership programs has the potential to increase positive outcomes,¹⁵ youth should be provided opportunities to grow into more advanced leadership



Unique considerations in rural Arizona:

- 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 such as school or sports can make it easier for youth to participate.
- Develop "partners" amongst community members outside of the group who can be effective ambassadors for the group when attempting to make progress on group goals and objectives that relate to the community at large.
- To maximize access to resources; the group can market their goals and objectives to community partners in ways that identify their potential value to the general community.



¹⁴ Kohn, A. (1993). Punished by Rewards. The trouble with gold stars, incentive plans, A's, praise, and other bribes. Houghton Mifflin Company, Boston.

¹⁵ 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>.

roles as they mature. Finally, though youth leadership programs ought to include an explicit anti-alcohol, tobacco, and other drug (ATOD) message, use of a *formal* life-skills curriculum is seen as inconsistent with the intent of youth leadership groups, and is therefore not encouraged.

3. Youth leadership groups are supported by committed adults

Adults too can have a role in youth leadership groups. Ideally, they can be 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. Additionally, they should approach all youth with the assumption that each 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 to find his or her strengths and learn how to use those strengths and talents to their own best advantage.

The role of an adult engaged in supporting a youth leadership group also includes the responsibility to act as a role model and exemplify positive, healthy living and behavior¹⁶. This includes maintaining professional boundaries, and following strict ethical standards both in and outside of work. Adults who work in rural communities where there is little anonymity need to be especially aware of how their behaviors outside of the work setting can influence the youth with whom they work.

Facilitating Youth Participation in Community, Provider, T/RBHA and ADHS/DBHS level committees

Youth involvement in committees, boards, and community coalitions can be of great benefit to Arizona's behavioral health system. In part, this is because youth bring a different perspective to issues and can generate creative solutions that are relevant for their age group. Through this participation, youth who received services within the public behavioral health system have the ability to impact the services received by other peers. Some examples of participation include:

- Participation in Behavioral Health Stakeholder meetings
- Operating as consultants to the foster care system regarding services to transition-age youth
- Participating in RBHA Governance Boards on Youth issues
- Community substance abuse prevention coalitions

Genuine involvement requires is of great benefit to Arizona's behavioral health system via that youth have a meaningful role in the work of the committee, board or coalition. Meaningful involvement means more than just a seat at the table. It means shared power and decision making, as well as participation as an equal partner with equal voice. Positive adult-youth partnerships build leadership skills through mentoring and sharing power.¹⁷

¹⁶ *ibid*

¹⁷ Libby, M., Sedonaen, M. and Bliss, S. (2006), *The mystery of youth leadership development: The path to just communities*. *New Directions for Youth Development*, 2006: 13–25.

Youth need support from adults to be successful in this role and to ensure they have an equal voice. Simultaneous involvement with adults in a youth leadership group can support a young person's development of the skills necessary to effectively interact 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 identifying ways they could improve these skills. When appropriate, adults should be ready to speak on behalf of youth with other adults on committees, boards, or coalitions. This helps to ensure that power is shared fully and that youth are treated with equal respect and dignity.

Training and Supervision Recommendations

This Practice Tool applies to T/RBHA and their subcontracted network and provider agency behavioral health staff who serve TXIX and TXXI children, youth and young adults, under the age of 21 including prevention providers and coalitions. Each T/RBHA shall establish their own process for ensuring that all staff has been trained and understand how to implement the practice elements as outlined in this document. Whenever this Practice Tool is updated or revised, T/RBHAs must ensure their subcontracted network and provider agencies are notified and required staff are retrained as necessary on the changes. Each T/RBHA, upon request from ADHS/DBHS, is required to provide documentation demonstrating that all required network and provider agency staff have been trained on this Tool.

Anticipated Outcomes

- Increased youth participation in CFTs as measured by the System of Care Practice Review (SOCPR).
- Increased peer support roles within the Children's Behavioral Health System, as measured by the Annual Statewide Network Inventory.
- Improved services and systems for youth and young adults.
- Increase in the number of youth participating in leadership groups.
- Increased awareness by behavioral health staff on the importance of youth involvement.
- Improved treatment outcomes.
- Increased number of youth involved in community advocacy.