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2 **584 YOUTH INVOLVEMENT IN THE CHILDREN'S BEHAVIORAL**
3 **HEALTH SYSTEM**

4
5 EFFECTIVE DATE: TBD

6 REFERENCES: AMPM 584

7 **PURPOSE**

8 This policy applies to the Division of Developmental Disabilities' (Division)
9 Administrative Services Subcontractors (AdSS) and establishes requirements
10 for the duties and responsibilities delegated to the AdSS for youth
11 involvement in the children's behavioral health system of care.

12 **DEFINITIONS**

- 13 1. "Child and Family Team" means a group of individuals that includes, at
14 a minimum, the child and their family, a behavioral health
15 representative, and any individuals important in the child's life that are
16 identified and invited to participate by the child and family. The size,
17 scope, and intensity of involvement of the team members are
18 determined by the objectives established for the child, the needs of
19 the family in providing for the child, and by who is needed to develop
20 an effective Service Plan, and can expand and contract as necessary to
21 be successful on behalf of the child.
- 22 2. "Natural Support" means extended family, friends, faith community,
23 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.

3. "Provider" means, for purposes of this policy, an agency or individual operating under a contract or service agreement to engage in the delivery of services, or ordering or referring for those services, and is legally authorized to do so by the State.

POLICY

A. YOUTH PARTICIPATION

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.

1. The AdSS shall ensure that there are various levels and types of youth participation in the Children's System of Care, including:
 - a. Meaningful youth involvement in their own treatment.
 - b. Accessing peer support services and enlisting a youth's natural supports.
 - c. Facilitating youth participation in committees and decision-making groups.

B. MEANINGFUL YOUTH INVOLVEMENT IN THEIR OWN TREATMENT

The AdSS shall ensure Child and Family Team (CFT) facilitators determine, based on each member's unique strengths, skills, maturity, chronological and developmental age, the appropriate ways to engage and encourage involvement, including:

- a. Effective use of self-advocacy skills to express personal preferences regarding their services.
- b. Identification of CFT members.
- c. Identification of strengths and needs.
- d. Contribute to the family vision.
- e. Understand the member's roles.
- f. Understand and/or create their goals.
- g. Be present and encouraged to participate in their CFT meetings.
- h. Have a voice indicating what is or is not working.
- i. Being assigned follow up items to complete at the next CFT meeting.
- J. CFT works together to create a plan to involve each child and youth that they serve.
- k. CFT facilitators 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.

- I. CFT encourages the utilization of the skills of each child and works to build upon these skills throughout treatment.

C. YOUTH SUBSET OF CHILDREN POPULATION

The remainder of this Policy will use the term “youth” referring to the 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.

1. The AdSS shall ensure meaningful youth involvement entails active youth participation in decisions affecting all aspects of their care and treatment.
2. The AdSS shall ensure 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:

- a. The CFT facilitator utilizes the nine essential CFT activities outlined in AdSS Policy 580.

- b. Youth and their family are treated as experts in their own treatment.
- c. All CFT members seek and respect the youth's input.
- d. All CFT members listen to and value the youth's opinions and preferences while involving the youth in the decision-making process.
- e. CFT facilitators advocate for the youth in ensuring that this approach is utilized by each team member.
- f. Youth are actively involved and have a voice in selecting CFT members.
- g. The CFT facilitators 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.
- h. Youth have an active role and voice in the service planning process.
- i. Youth are 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.

- j. The CFT meetings are scheduled to promote participation of youth, by making every reasonable effort to schedule at a time and location convenient to the youth and family.

D. YOUTH ADVOCACY DEVELOPMENT

1. The youth advocacy development approach promotes autonomy and prepares each youth to take responsibility for guiding their own treatment and life. The AdSS shall ensure 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.
2. The AdSS shall ensure the following best practices are applied:
 - a. 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.
 - b. CFT facilitators mentor the youth to advocate effectively for themselves through a variety of methods, including:
 - i. Involving youth in the creation of the CFT meeting agenda,

- ii. Providing one-on-one coaching on advocacy skills,
 - iii. Modeling effective and respectful communication,
 - iv. Helping the youth to prepare questions or statements in advance,
 - v. Role-playing to prepare for CFT meetings,
 - vi. Teaching skills for negotiation and building team consensus, and
 - vii. De-briefing after CFT meetings.
3. 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 AdSS shall ensure CFT facilitators 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.

4. 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.

E. ACCESSING PEER SUPPORT SERVICES AND ENLISTING NATURAL SUPPORTS

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

- a. Best practices and connection to natural supports.
- b. 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.
- c. Peer support is also one of the six key principles fundamental to a trauma-informed approach recommended by Substance Abuse and Mental Health Service Administration research and has shown that people

with natural supports have a greater sense of belonging and more self-esteem.

- d. 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.
- e. How and to what degree natural supports are incorporated is determined by the needs and voice of the youth and family.

F. PEER SUPPORT SERVICES

The AdSS shall ensure:

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

G. 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 environments such as school, work, and community. The AdSS shall ensure that:

- a. Behavioral health providers work to discover a youth's natural supports, and if necessary, help to build upon their existing natural supports.
- b. CFT Facilitators have questions and activities that help youth to identify their natural supports. Some individuals may need assistance with identifying natural supports or connections to community resources for the opportunity to increase one's social network, and
- c. Providers also 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.
- d. 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.
- e. 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.

H. 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.

1. The AdSS shall have a process for meaningful youth participation in committees and advisory groups.
2. The AdSS shall establish structures to increase member and family voice in committees and boards which is to include youth members.
3. The AdSS Office of Individual and Family Affairs (OIFA) shall assist with connecting members, including youth, to AdSS committees and boards. Some examples of participation may include:
 - a. Participation in Stakeholder meetings,

- b. Member Advocacy Councils,
 - c. Operating as consultants to the system of care to include the foster care system,
 - d. Developmental Disabilities Advisory Council,
 - e. Participating in Governance Boards on youth issues,
 - f. Community substance use prevention coalitions, and
 - g. Other relevant provider/AdSS committees.
4. Meaningful involvement means more than just having a seat at the table, it means participation as an equal partner with equal voice. The AdSS shall ensure that youth member feedback is used to inform system and service delivery improvements.

I. RECOMMENDED PROCESSES/PROCEDURES

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

J. TRAINING AND SUPERVISION

1. The AdSS shall establish a process to ensure 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.
2. Whenever this Policy is updated or revised, the AdSS shall

ensure their subcontracted network and provider agencies are notified and that the required staff is retrained, as necessary, on the changes.

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

Signature of Chief Medical Officer:

Draft Policy for Public Comment