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## **584 YOUTH INVOLVEMENT IN THE CHILDREN’S BEHAVIORAL HEALTH SYSTEM**

EFFECTIVE DATE: TBD

REFERENCES: AMPM 584

### **PURPOSE**

This policy applies to the Division of Developmental Disabilities (Division) and establishes requirements for youth involvement in the behavioral health system. This policy is an optional resource for fee-for-services programs and is not a requirement for fee-for-service providers.

Further, this policy sets forth the Division’s responsibilities for oversight and monitoring of its Administrative Services Subcontractors regarding the contractual delegation of duties specific to this policy, the AdSS contract, and AdSS Medical Policy 584.

### **DEFINITIONS**

1. “Child and Family Team” means a group of individuals that includes, at a minimum, the child and their family, a behavioral health representative, and any individuals important in the child’s life that are identified and invited to participate by the child and family. The size, scope, and intensity of involvement of the team members are determined by the objectives established for the child, the needs of the family in providing for the child, and by who is needed to develop

an effective Service Plan, and can expand and contract as necessary to be successful on behalf of the child.

2. “Natural Support” means an 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.
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 IN TREATMENT**

Programs 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. 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.
2. Child and 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:
- 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.
3. The CFT shall work together to create a plan for how to involve

each child and youth that they serve.

4. 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.
5. CFT shall encourage utilization of the child's skills and work to build upon these skills throughout treatment.

**B. YOUTH SUBSET OF CHILDREN POPULATION**

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.

1. Meaningful youth involvement entails active youth participation in decisions affecting all aspects of their care and treatment.
2. 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 activities outlined in Division Medical Policy 580.

- b. Youth and their family are treated as experts in their own treatment.
- c. All CFT members will seek and respect the youth's input.
- d. All CFT members will listen to and value the youth's opinions and preferences while involving the youth in the decision-making process.
- e. CFT facilitators shall be an advocate for the youth in ensuring that this approach is utilized by each team member.
- f. Youth will actively be involved and have a voice in selecting CFT members.
- g. The CFT facilitators will engage and support the youth to identify natural supports, such as extended family members, friends, coaches, school staff, community service organizations, and spiritual/religious representatives that can help to meet the youth and family needs.
- h. Youth will have an active role and voice in the service planning process.
- i. 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.

- j. 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.

1. The Division requires that the AdSS' 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 and other CFT members.
2. 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.
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 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.
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.

**D. ACCESSING PEER SUPPORT SERVICES AND ENLISTING NATURAL SUPPORTS**

The Division requires that the behavioral health treatment aligns with the Arizona 12 Guiding Principles as outlined in Division Medical 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 SAMHSA 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.

#### **E. PEER SUPPORT SERVICES**

The Division requires:

- a. The accessibility of peer support services for youth within the Children's System of Care.
- b. 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.

#### **F. NATURAL SUPPORT**

Natural support refers 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 Division requires 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 will 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.
- c. Providers will 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 family and youth.
- e. 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 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 Division shall establish structures to increase member and family voice in Division committees and boards which is to include youth members.
2. The Division's Office of Individual and Family Affairs (OIFA) shall assist with connecting members, including youth, to Division committees and boards. Some examples of participation may include:
  - a. Stakeholder meetings,
  - b. Member Advocacy and Advisory Councils,
  - c. Operating as consultants to the System of Care, to include the foster care system,
  - d. Governance Boards on youth issues,
  - e. Community substance use prevention coalitions, and
  - f. Other relevant provider/contractor committees.
3. Meaningful involvement means more than just having a seat at the table. It means participation as an equal partner with an

equal voice. Youth feedback is used to inform system and service delivery improvements.

#### **H. TRAINING AND SUPERVISION**

1. The Division shall require the AdSS to 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 AdSS Medical Policy 584.
2. The Division shall notify the AdSS whenever this Policy and the AdSS Policy is updated or revised. The AdSS are responsible for notifying their network providers and ensuring applicable staff are retrained, as necessary, on the changes.
3. The Division shall provide, upon request from AHCCCS, documentation of staff trainings relevant to this policy.

#### **I. DIVISION OVERSIGHT AND MONITORING OF AdSS**

The Division shall provide oversight and monitoring of compliance by the Administrative Services Subcontractors serving Members enrolled in a Division subcontracted health plan with respect to any contractual delegation of duties specific to this policy and as specified in AdSS Medical Policy 584 using one or more of the following methods:

- a. Complete annual operational reviews of compliance.
- b. Review of applicable policies and procedures.

- c. Review of deliverable reports and other data as applicable.
- d. Conduct oversight meetings with the AdSS for the purpose of reviewing compliance and addressing any access to care concerns or other quality of care concerns.
- e. Review Behavioral Health Clinical Chart Audit results.

Signature of Chief Medical Officer:

Draft Policy for Public Comment