

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

EFFECTIVE DATE: 04/29/24

APPROVAL DATE: 02/29/24

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

The youth involvement can benefit organizations and their programs as well as the youth themselves. The 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.

B. MEANINGFUL YOUTH INVOLVEMENT IN THEIR OWN TREATMENT

The engagement and meaningful involvement in their own treatment is important for children and youth. The 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. It's essential for providers to communicate in a way that is understandable and empowering for the child, ensuring they feel included and informed in decisions about their care.

Examples of meaningful involvement for children and youth:

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. The 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. The 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. The 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. The CFT facilitators shall be an advocate for the youth in ensuring that this approach is utilized by each team member.
6. The 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. The youth will have an active role and voice in the service planning process.
9. The 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. 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.
2. 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.
3. 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.
4. 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. The subcontracted providers are knowledgeable about peer support services and that these services are offered to youth.

3. The 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 natural environments such as school, work, and community.

The 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. The 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. The 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

The 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.