

October 28, 2009

Section 1: Background and Purpose

The New Jersey System of Care:

In 1999, New Jersey was awarded a federal system of care grant from the Substance Abuse Mental Health Services Administration for Burlington County. The 2000 *Children's Initiative Concept Paper* detailed the development of a statewide integrated and comprehensive system of care including the Contracted Systems Administrator (CSA), Care Management Organizations (CMOs) and Family Support Organizations (FSOs). The principles of the system of care (presented later in this document) were also laid out.

A system of care is the network of mental health services available to children, youth, and their families. The use of community based and least restrictive services is essential. A key element of any system of care is a model of case management services which are youth and family guided. Family members are the acknowledged experts on the needs and strengths of their family. Service planning therefore is strength-based and need driven with the abiding goal of keeping youth in their homes, community, and school.

The Division of Child Behavioral Services (DCBHS) is the statewide administrator of the system of care. Through the public-private partnership with community-based mental health and social service agencies, the DCBHS creates access to services for over 30,000 youth each day. Less than 5% of these services are delivered in out of home settings. DCBHS institutes the policy, regulations, and best practice standards for the delivery of service. Through collaboration with private agencies, local planning bodies, advocates and other stakeholders throughout the state, DCBHS shapes the delivery of services in concrete and lasting ways. The goal of the system of care is to help youth with any intensity of mental health challenges achieve their goals – in or out of their home.

The youth involved in the system of care are similar in that they are all receiving some fashion of services – from “low intensity” like outpatient care to “high intensity” like hospital or out of home treatment care. For all these youth, the need and experience of receiving mental health services typically results in stigma. Youth feel “less than”, devalued, and stigmatized in varying degrees. Just as many parent/caregivers may be isolated and marginalized as they receive services, youth are disempowered from determining their care and shaping the system responsible for their care. The effect of this isolation and stigma on youth, whose wellness and recovery is the primary goal of the system, can be devastating. This guiding document is the first step of DCBHS toward systemically shaping the system of care to proactively combat stigma and most ambitiously, immunize youth against it.

History of youth involvement in New Jersey's system of care

The 2000 Concept Paper did not speak to the formal and informal roles of youth in the system of care development, governance, or implementation. In 2001, the grant leadership identified a need for meaningful youth participation in grant activities and provided support and funds to a core group of youth involved in services to develop a vision of youth involvement for the project.

An intensive planning process culminated in early 2002 with the launch of the Burlington Youth Partnership, a youth-driven, leadership-focused advocacy group for young people who identify as having mental health issues. In addition to the support provided through the grant, the Burlington Family Support Organization agreed to provide meeting space and other in-kind support to the Youth Partnership.

In 2003, youth leaders from the Youth Partnership and their recently hired Youth Coordinator met with the state management team to discuss the purpose and activities of the Youth Partnerships. As a result, the management team approved the expansion of the Youth Partnership model into all other areas served by a Family Support Organization, replicating the funding and support structure of the Burlington model in a manner that remains largely unchanged since.

As Family Support Organizations and likewise Youth Partnerships began to expand statewide, the NJ Alliance for Family Support Organizations stepped forward to support some statewide planning and technical assistance for Youth Coordinators across the state. These coordination opportunities also allowed the Youth Partnerships to collaboratively plan a statewide youth conference, the first of which was held in the summer of 2008.

The DCBHS Division Director met with the statewide planning group of youth and Youth Coaches in the spring of 2009. The feedback from that group of youth leaders and advocates made clear a desire and readiness to more meaningfully incorporate authentic youth voice and roles within the structure of the Youth Partnerships and other avenues throughout the system. The Youth Development Council was formed in the summer of 2009 in response to that clear message, with intent to engage a core group in outlining a plan and process for such involvement. The letter to the system of care community launching the work is found in the appendix.

The invited members of the Council included leaders engaged in youth development and not typically involved in the planning and administration of DCBHS: Girl and Boy Scouts, Boys and Girls Clubs, 4-H, and the Department of Health and Senior Services as the state's public health agent. The membership, comments from members, and a chronologically of the Youth Development's work is found in the appendix of this document. Readers are strongly encouraged to read and review the appendix. The process of the Youth Development Council as it undertook this work – how meetings were structured, the development of this document, the particulars about time and place – are illustrative of the core concepts detailed in this document. Further, the appendix

demonstrates the necessary (but not necessarily sufficient) elements of any youth development work undertaken with the intention of honesty and genuine change.

Mission

As a short-term group with the specific purpose of developing a plan for meaningful and authentic youth involvement for DCBHS, the Youth Development Council created a mission statement for the Division of Child Behavioral Health Services to embrace in order to move the plan forward. It is a mission for the Division and its system partners, and will serve as a guiding document for a standing Youth Council that reports directly to and holds accountable the Division Director.

Consistent elements of the stated missions of the local Youth Partnerships are:

- Educate communities about mental health issues facing young people
- Eliminate stigma by advocating for one another in the community
- Empower youth as self-advocates
- Foster connections between youth to support, educate, and advocate for and with one another

Taking up these themes, the Youth Development Council advises DCBHS to adopt the following Youth Development mission statement:

The Division of Child Behavioral Health Services will support youth who receive mental health services as full partners in the development, oversight, and delivery of all levels of care. The Division will ensure, through its management and monitoring functions of the service delivery system, that youth are decision-makers in their own care, empowered as self-advocates, and supported as a community of advocates with distinct voice. Youth Voice will be routinely and meaningfully sought by DCBHS. The Division will demonstrate, through policy and practice, its accountability to meaningful and authentic youth involvement.

Youth development takes all of us – adults and young people – out of our comfort zone. Each of us is obliged to consider our own values and principles – about authority, autonomy, “expertise”, and stigma – when genuine youth development is a focus of our work. The Youth Development Council experienced this departure from comfort and provides, in this document, strategies for ensuring that the discomfort of making progress on youth development is useful, not injurious, to both individual participants and the process.

A very real example of this is the challenge of crafting this document. At every step, all elements of this document are the direct recommendations and guidance of the Youth Development Council (as previously discussed, the notes contained within the Appendix are helpful in demonstrating the work of the group). The youth members of the Council asked that the adult partners be

responsible for drafting and building the document with the understanding that in order for it to be effective it must be 'familiar' and accessible to the system it hopes to change. As a document with such broad readership, there is a clear departure from youth-friendly and accessible language at times. The Youth Development Council employed a strategy recommended for all manner of youth engagement in addressing this challenge: using Youth Coaches and more experienced youth leaders as "cultural brokers" to act as a bridge between the oftentimes very different language and context of the system and those the system serves. Youth recommendations and ideas, informed by the expert understanding of their adult partners, remain the core of this document and its final authority.

Values and Principles

As a system of care for children with emotional/behavioral challenges and their families, DCBHS operates under the following values and principles, reviewed, supported and clarified by the Youth Development Council:

DCBHS Values:

Child-Centered and Family-Driven with families engaged as active participants at all levels of planning, organization and services delivery

Community-Based services coordinated and integrated at the community level with the locus of services as well as management and decision-making responsibility resting at the community level

Culturally Competent with agencies, programs, services and supports that are responsive to the cultural, racial and ethnic differences of the populations we serve. Cultural competence includes developing an awareness and understanding of individual as well as family culture.

DCBHS Principles:

Accessible: Clinically appropriate and accessible services, without regard to income, private health insurance or eligibility for Medicaid/NJ FamilyCare or other health benefits programs

Accountable: Accountable for transition planning and collaborative programming, and giving youth the right to enforce their plans. State agencies must work to prevent youth with behavioral and emotional health challenges from inappropriately entering the juvenile justice system, to provide them with appropriate services, and to collaboratively plan for transitions between departments and programs; DCBHS holds all service providers accountable to the outcome specified in the plan of care

Collaborative: Through a collaborative effort between DCBHS and local communities, comprehensive and effective services are provided to the youth and families we serve by working together toward common goals.

Comprehensive: Youth and their families should have access to a comprehensive array of services that addresses the child's physical, emotional, social, and educational needs across all areas/domains

Cost Effective: DCBHS ensures that quality and appropriate services are provided in the most cost effective manner.

Family Involvement: Families are active and involved partners in planning and implementing the system of care. DCBHS believes the family voice is essential in making managed care accountable and high quality.

Flexible: DCBHS encourages flexibility in its approach to treatment planning, to respond creatively to the special needs of the child, youth, young adult and family receiving services.

Home, School, and Community Based: Services are provided in the least restrictive, most natural setting appropriate to meet the needs of the child, youth or young adult and their family.

Individualized: Reflecting a continuum of services and/or supports, both formal and informal, based on the unique strengths of each child, youth or young adult and their family.

Needs Driven: Services are driven by the needs and preferences of the youth and family

Outcome Based: Integrate care management functions and objectives around outcome based plans of care.

Protective: of the rights of children, youth and young adults and their families

Strengths Based: DCBHS believes in focusing on the strengths (including interests, likes, and skills) of the child and the team to develop solutions to problems and needs

Additional Values/Principles

The Youth Development Council identified additional values and principles necessary in order to successfully provide for and partner with youth:

Informal Supports: youth must have opportunities to develop and maintain meaningful relationships apart from the service provider community. These relationships must be respected and valued by all members of the Child Family Team. Informal supports are essential members of the Child Family Team, of the youths choosing, and provide essential functions of advocacy, “normalizing”, and partnership to youth.

Youth involvement: Youth must be continuously invited and included in all levels of service planning, delivery, procurement, and regulation that has a direct or indirect impact on them

Youth engagement: Youth must be approached through validation of their experience, empathy, open and non-defensive listening, and with appropriate

peer-regulated supports to ensure that an open dialogue is created. Engagement is an ongoing process, and system partners are responsible for identifying and developing engagement strategies that meet the particular and individual needs of the youth they serve.

Working Definitions

For the purposes of developing this document and implementing the strategies outlined within, the Youth Development Council generally adopts the definitions and terminology of DCBHS, with the following additions, exceptions, and clarifications:

Youth or young person: an individual pre-teen through early adulthood. The Youth Development Council did not attempt to develop involvement strategies for children who are early elementary age or younger, though believes at least some of the strategies presented in this document could be effectively used with or adapted for younger children.

Young Adult: A young person over the age of 18. While the definition of youth is inclusive of young adults, there are sometimes unique considerations for those youth over 18 due to different legal status and systems that become involved with them.

Mentor: someone who is trustworthy and can offer guidance, a leader, someone who helps you figure out what to do without criticizing or judging. One who participates or aids in development. A role model, who doesn't necessarily tell you what to do but gives you suggestions, steers you in the right direction. A mentor is more of a natural/informal support than a professional and felt that professional mentors do not and have not met these criteria.

Community: is individually determined, broader than just geography and based on where and with whom youth feel safe and comfortable

Culture: "culture is a constantly changing, learned pattern of customs, beliefs, values and behaviors, which are socially acquired and transmitted through symbols, rituals, and events, and convey widely shared meanings among its members. Culture includes everything about people including food, traditions, celebrations, relationships, ideas and various choices we make in life" (attributed to UNICEF, 2002)

Family: typically this refers to the family of origin (whether biological, adoptive, or some other make up) that a youth is part of as they enter and navigate the service delivery system. It is a principle expectation that all youth served in the public-serving system have a legally defined relationship (i.e.: permanency) with committed family member(s). However, there are also often equally important kin-like relationships which must be recognized, including sibling-like bonds and adults who function as 'aunts' and 'uncles' without formal family ties. The creation of these relationships is developmentally appropriate and systemic support of these relationships is necessary for youth development. The Youth Development Council recognizes that former and current caregivers, as well as

other individuals within their self-defined 'community' can be important family along with or, when necessary and appropriate, instead of family of origin. At the center of this definition is the idea that youth feel that forming loving and supportive bonds with individuals outside of their families is helpful and does not replace nor weaken the bonds they have with their families.

Essential Partners/Key Players

The essential partners necessary to implement the systemic changes to the system (change) DCBHS Youth Strategic Plan are:

- Youth and young adults who are current recipients of services from DCBHS
- Youth and young adults who are former recipients of services from DCBHS
- Youth Partnership Coaches/Coordinators
- Parents and other family members of individuals who receive or have received services as a youth from DCBHS
- DCBHS Director
- DCBHS staff
- DCF/DCBHS contract staff
- DCF/DCBHS Contracted entities
- Youth involvement experts from within and outside the public child-serving systems
- Peer support experts
- DCF/DYFS Office of Adolescent Practice and Permanency

Audience

The audience for this plan is the Division of Child Behavioral Health Services, the agencies with which it contracts, and the youth and families it serves.

The Youth Development Council believes and hopes that this plan is useful to others as well in developing and implementing their own youth involvement strategies and welcomes others to use this document as a reference point for such a process. Educators, law enforcement, health care providers, faith-based providers, public health, and others whose work impacts the lives of young people are strongly encouraged to consider the recommendations in this plan.

Section 2: Core Concepts

Central and cross-cutting themes arise when looking at engaging and collaborating with youth in a meaningful, authentic way. These issues and themes, whether acknowledged or not, impact all aspects of service delivery and, most importantly, the experience of youth as consumers of care. In order to effectively partner with youth, these themes need to be brought to the forefront and addressed by all system partners.

This document does not provide the ‘answers’ or a single correct way to undertake youth development. It does however propose the following core concepts as essential to any type of youth development and fundamental to the work. It also offers a starting point, through these core concepts, of a continued community dialogue.

Developmental readiness

Youth Readiness:

Systems that serve young people often structure their policies and services around easily observable criteria such as chronological age, intensity of services received, etc. While this seems to simplify processes for the system, it creates a bewildering environment for those who are actually recipients in the system, and is far from the individualized approach embraced in system of care values. Rigid determinations of eligibility, especially those based on age, fail to take into account that all individuals develop at their own pace: some are ahead in some areas and others may be behind. The systems that serve young people need to be flexible enough to recognize and respond to the developmental readiness of a young person regardless of chronological age.

The concept of individual readiness is a core concept for engaging and meaningfully partnering with youth. Readiness for authentic involvement includes consideration of a number of key elements. These may include the knowledge available based on prior length and type of experiences (within the system and without), motivation, and commitment. Chronological age is of limited usefulness and is experienced often as being exclusionary or restricting access to opportunities for young people, often without a clearly justifiable explanation for such exclusion (for example, that youth under 18 can't have access to any type of clinical information in a review or support role due to 'confidentiality')

The challenge of identifying minimum, universal, and threshold criteria for certain types of youth participation seems opposed to the principle of individualized planning and care. However, objective criteria, based on the circumstances under consideration, are certainly appropriate. Rather than these being preset programmatic determinations, such objective criteria should be developed in partnership with youth and may most appropriately and realistically be evaluated by youth peers. Individual and community risk and safety should always be an

element of such decision-making, but never the sole deciding criteria, and only in the context of mediating factors.

Finally and equally, “readiness” is subject to the issues, challenges, and resources presently available to the young person. Youth managing behavioral health challenges while also in the midst of considerable ‘normal’ developmental change, are therefore “more ready” at some times rather than others. Readiness – full or partial – should be continuously evaluated by considering the present circumstance. Readiness is not evaluated on the basis of past experience, behavior, or functioning.

Adult and Organizational Readiness:

Along with the need to assess and support youth individual readiness, systems and individuals who wish to meaningfully involve youth must be aware of their own level of readiness and be willing to challenge their organizations to honestly self-assess and move toward greater involvement of youth. Necessary and helpful literature about assessing and developing organizational readiness is found in Appendix B of this document. The Youth Development Council recommends a thorough review of the materials cited there. The work of youth development is well documented and organized by many experts well beyond the reach of this Council. The insight, experience, and expertise of these experts were invaluable in this process.

Most adults and organizations are well-intentioned in their concepts of how to involve youth. It is easy to become comfortable on the lower and middle ranges of youth involvement and become ‘stuck’ feeling as though the work is completed. However, it seems many organizations have a tendency to slowly return to lower and less useful levels of youth involvement without active efforts and continual, honest self-assessment. All elements of the system have a responsibility to help adults and organizations move to higher, more authentic levels of youth involvement.

Mutual Accountability

Mutual accountability – being held responsible to one another for promises and commitments made – depends on clear roles, credibility, and honest communications. Each team member plays a particular role which can and should be defined. Roles are most often defined by a set of skills, knowledge, and resources of that member. Credibility is established when roles (and their definition) are clear and stated to all team members. It is reinforced when members are mindful of their roles – including limitations – and respectful of the roles of others. The role of youth is clear and their credibility must always be assumed and reinforced.

An old and commonly-known response to efforts to engage consumers in their care is: *“Don’t give the keys to the patients.”* The statement is obviously and offensively stigmatizing and unhelpful. It reveals however, the discomfort of many dedicated and compassionate providers when they consider a more

consumer-guided approach to service delivery. Youth involvement requires committed and honest youth-adult partnerships. It is the balance of voices from all system partners - youth included - that creates and maintains services and processes that are beneficial to all. Clarity of roles allows different expertise of members to come together. Youth and adults learn from each other and it creates opportunities for better informed planning and process. In this way, all members can respectfully hold each other accountable for mutual success. Elevating youth input to the exclusion of all other expert voices is inauthentic and ultimately does a disservice to the system and those it serves.

However, within the balance of voices, youth do have a privileged voice in two areas: identifying, describing, and responding to their own experience of services to which they are the sole or primary recipient (especially, but not limited to, out of home care), and as the ultimate 'customer' of the services and outcomes delivered through the system and within the individual planning process. Youth are privileged in that their right to be 'at the table' in any given aspect of the system should be presumptive, echoing the 'nothing about us without us' motto of many advocacy movements that have come before.

Independent Voice:

There are many valuable advocates and partners working on behalf of youth and they are critical and essential to holding the system accountable. While recognizing the important role of such advocates (including Youth Coaches/Coordinators, parents, and the entities that monitor the system), the Youth Development Council asserts that the independent voice of young people themselves remains a necessary element of any successful service delivery system. Young people who are current or former recipients of services are the only 'qualified' individuals to represent the youth voice within the system. System partners and advocates are essential to support and make room for youth 'at the table' as equal partners.

Stigma

Stigma is a core concept for youth involvement because it impacts the lives of every individual served by DCBHS. Creating an environment for youth involvement must address the reality, depth, and layers of stigma faced by youth in the system and their families. The Youth Development Council developed an activity to better understand and catalogue the stigma youth with behavioral health challenges face every day. All council members were asked to go back to their friends, community, and coworkers, show them a blank human figure, and say, "This is a youth in the system. What do you see?" The process of this activity both for the council and the people that they asked was powerfully illustrative of the stigma that is known to all professionals who work with youth. It was from the youth doing the activity that the majority of the strength-based and hopeful "labels" came. The process and results of this activity is further documented in the appendix.

Youth served by DCBHS are stigmatized by virtue of having an emotional/behavioral disorder or mental illness. There is of course, a broader

societal stigma affecting any individual and his/her family managing mental illness. The child-serving systems must also recognize the pervasiveness of stigma within their systems. The potential for change and future of youth should never be “predicted” for youth except on the basis of their strengths. Predicting potential and a young person’s future on the basis of their present challenges, “placement” history, and what can feel like a laundry list of “failures” is powerfully stigmatizing. This stigma becomes stronger the longer a young person remains in the system, and seems to have a greater impact on teenagers. Such stigma has no place in mental health settings or within the values and principles of systems of care, and must be confronted and addressed in all its subtle and not so subtle forms.

The well accepted axiom “there are no bad families, just bad plans” should be extended and understood to “there are no bad youth or families, just bad plans.” Too often, in the delivery of care under extremely challenging circumstances, the need to identify a “culprit” translates into the creation and maintenance of artificial divisions within a child family team. At the core of the team, indeed the principle agent and customer of the team, is the youth.

Youth can experience stigma in other significant ways that are independent of the stigma of having a mental health diagnosis or being involved in the mental health system. Many youth who receive mental health care experience the added stigma that can come from being part of other marginalized social groups (i.e., are sexual or gender minority) or having attributes that may be linked to their diagnosis or even be a result of mental health treatment (i.e., obesity, learning difficulties). Youth involved in more than one child-serving system have the compounding effects of the stigmas of each system in which they are involved, for example, the stigma of being an ‘orphan,’ ‘unwanted,’ or ‘foster kid’ for youth also in child welfare or the perception of danger, delinquency and recidivism for youth in the juvenile justice system.

The Council also considered the effect of self-stigma. Stigma is most insidious when it is internalized by the individual it victimizes. This occurs when individuals begin to believe and act the negative labels placed on them, becoming a self-fulfilling prophecy and creating a situation in which the only way youth can exert influence is in disruptive, risky, or unhealthy ways since the internalized label doesn’t allow for the possibility of wellness and positive choices. The emphasis of this plan on advocacy—self-directed and mutually supported by youth—is essential for combating self-stigma.

We cannot presume that societal and system stigma will be changed by this plan. The Council is firm however that the Division and all system partners have an obligation to create an environment which effectively immunizes youth against self-stigma. That is an environment where youth can see the power and effect of their active participation, are provided opportunity and support to genuinely connect with one another and their communities, and are recognized as self-advocates: experts about and for themselves.

While addressing and ending stigma is no simple task, one crucial element for the purpose of youth involvement is the awareness of language, labels, and

terminology. Youth should never hear language from those around them that degrades, dehumanizes, or marginalizes their experiences, nor hear such language used in relation to youth ‘like them.’ Having honest and on-going discussions with youth is the simplest way to ensure that language and terminology being used is appropriate and non-stigmatizing. This recognizes that the language that others prefer (including family members and prior cohorts of youth) may no longer be appropriate. Listening to youth is what is required most.

Adequate Preparation and Training

It is important to understand the tools necessary to engage youth as equal partners with a privileged and necessary central role in all aspects of planning and service delivery, it is important to understand the tools youth need to engage fully. It is a common and self-serving complaint of system partners (DCBHS planners, agency providers, even advocates) that youth are “non-compliant” and/or ill-prepared to receive the services/interventions offered to them. The presumption that youth must be compliant with a system-defined set of actions and responses ignores the essential task of the system and buffers system partners from the very real challenges and disappointments of the work. Youth can and will engage when provided with adequate preparation, training, and support. Youth deserve and require continual training opportunities and the proper tools to have meaningful roles in service design/delivery, governance, and their communities. Such tools and trainings must be delivered in an accessible manner that meets the developmental and contextual needs of the youth and provides youth skills that are applicable in other areas of their lives—like organizational, leadership, and advocacy skills. Youth are responsible for providing honest and thoughtful feedback for improvement on existing training opportunities and tools and for engaging to the fullest extent possible based on individual circumstances in the training opportunities offered.

Adults, agencies, and the broader system need training and tools to meaningfully prepare, engage, and partner with youth. This includes mechanisms to accurately assess and improve their current organizational environments in order to create increased opportunities for meaningful youth participation at all levels, as well as the training and tools to meet the dynamic needs of the youth they serve. Organizations are responsible for ensuring the training provided to staff meets these needs, and can best ensure this by including youth in their programs as key planners and decision-makers in determining the training needs of staff.

Section 3: Action Planning

A stated and primary goal of the Youth Development Council was to provide DCBHS with concrete short and long term actions steps necessary to integrate the core concepts of youth development into all of its work. The Council identified three broad areas which require the attention of the Division: Individual Care, Community Involvement, and System Governance. These areas were the result of a sequence of brainstorming activities that began with using the three categories of youth involvement outlined by Youth MOVE National, and ended up reorganized for clarity.

The Individual Care area focuses on the delivery of service to the individual. In this area, topics like treatment planning, service delivery, rights and responsibilities, grievance processes, and consent are considered.

The Community Involvement area is focused on understanding the essential roles of youth and adult partners in the system. Specific topics for consideration include youth-driven advocacy groups, social marketing and planning youth conferences.

System Governance is the area focused on the work of the Division and its system partners. This area includes how DCBHS “buys” services: the Request for Proposal (RFP) process, the process for writing and approving policy and regulations, and the oversight activities (site reviews and audits) of the Division with its contracted agencies. It also includes how agencies and system committees can provide meaningful roles for youth involved in their services.

The Youth Council discussed and described Action Items for each of these areas. The specifics are found below. It should be obvious that each Action Item is directly related to one or more core concepts. The core concepts emerged from recognition of issues and challenges that repeatedly arose during the brainstorming process of the Council. Perhaps one of the most challenging tasks of the youth Council was to translate those core concepts – like youth readiness or stigma – into concrete and attainable action steps for young people, their families, and the system of care. As with any activity which tries to make a concept more tangible, this was not always easy. When in doubt, the core concepts of this document and the principles of the system of care should serve as guides to users.

Finally, the Youth Council was a time-limited and goal-oriented group. From its first meeting, all members understood that the work of youth development within DCBHS will require a coordinated and long term approach. Many Action Items noted below are not fully developed and serve as guides rather than specifics. They remain, however, imperative steps for all system partners.

Action Planning Activities:

The Council spent the majority of the first two meetings brainstorming their ideas for youth involvement using a structured process that allowed for both small group discussion and large group feedback. This was accomplished through a three part process:

- The Council read the “Youth Guided” document developed by the SAMHSA National Youth Development Council (referenced in resource list) to get an idea of how young people might be involved in various ways throughout service delivery systems. This document identifies strategies for youth-guided, youth-directed, and youth-driven care at the individual, community, and policy levels.
- The Council divided into three groups to discuss in depth their ideas for the one of the categories. As the ideas were discussed, group members wrote them down on ‘stickies’ and post them by category on the walls. The facilitators were able to relocate ideas that the group decided

- belonged in a different category, and moved ‘stickies’ around as themes emerged across recommendations. In the first meeting each group rotated their discussion topic. In the second meeting groups were determined by interest and focused only on their one category.
- Each member of the Council was provided with stickers (colored dots) and given the opportunity to participate in ‘dot-mocracy’ or ‘sticker voting’: placing one or more of their colored dots on the recommendations they thought were most important in each category. In the first meeting all participants were given the same color of dots, but the Council decided that youth should have more total dots to vote with. In the second meeting, youth still had more dots to vote with, but youth and adult participants received different colors of dots. The tables that follow show the results of each meeting’s ‘stickies’ and the voting results. The different colored dots from the second meeting are represented by the breakdown of youth and adult scores in the second table.

The results of this process were used to develop an initial outline of action planning categories that was discussed at later meetings. Those discussions led to the identification of core concepts that seemed to be barriers or concerns regardless of action item. This process also led to the Council refining the initial categories of individual, community, and policy to the three action planning categories reflected in the guiding document: Individual Care, Community Involvement, and System Governance.

Individual Care Item A: Service Planning

Any youth who receives services, regardless of intensity, has some kind of service plan developed that identifies goals, strengths, needs, and strategies that combine the skills of service providers, families, youth, and informal supports to help the youth and family reach their goals. Regardless of what they are called (care plans, treatment plans, etc) the plan is at the center of the process of providing supports to meet youth needs. Some service plans are highly specific, such as crisis plans, transition plans for adolescents preparing for adulthood, or individualized education plans for schools. The recommendations in this document generally apply to all types of individual plans youth encounter.

Recommendations:

- Youth must always have meaningful input into their plan. A plan that does not have such meaningful input is likely to fail when a youth does not ‘own’ it. Team members have the responsibility to engage youth repeatedly and to the extent necessary for such meaningful input.
- Understand the plan as a ‘contract’ between members in which both the youth but also other members of the team have an obligation to keep their commitments to it. The youth should not be the only team member subject to ‘consequences’ for failure to meet the plan
- Informed consent/decision-making comes from offering reasonable choices at every opportunity and discussing the possible outcomes of those choices in a nonthreatening but realistic way. This includes

- presenting both formal services and informal support choices whenever possible to address an identified need.
- Transition planning (for preparation for adulthood) is an essential component of every young person's service plan.
 - Paperwork related to service planning should be kept to minimum necessary, but when necessary should be written and described in a manner that ensures true understanding before signing

Considerations/Questions:

- Coordination when one youth has multiple plans. How are youth asked and supported to prioritize these various plans?
- If a team member (school, clinician, etc) does not follow through on an item agreed to in a service plan, does the youth have the right to grieve or appeal? What if a service plan is developed without including the youth in a meaningful way?

Individual Care Item B: Grievance/Appeal rights:

The system of care has procedures in place for various "levels" of a formal grievance process. Every contracted entity, by virtue of the contract as well as licensing guidelines, is required to afford consumers of service a grievance process which includes objective review and response to the consumer. DCBHS also has a formal grievance process: first through the Contracted Systems Administrator, and then through an administrative review process. In all situations, consumers are required to receive a clear and accessible description of this process at the initiation of services. There is considerable work to be done, particularly in regards to the DCBHS grievance process, to be sure that processes are adequately and accessibly described to youth who receive services.

Recommendations:

- Ineffective grievance processes create unsafe situations for both youth and staff. This usually happens when neither staff nor youth take the grievance process seriously, due to perceptions of abuse of the process on either or both sides. Inappropriate grievances are usually a result of perceptions that 'nothing will be taken seriously anyway' and can lead to serious breaches in behavior of both service recipients and providers. The grievance process must be seen to have value to providers and youth, in that grievances are addressed in a timely, transparent, and responsive fashion.
- Imbalances in authority and perception of power by youth can lead to distrust of an internal advocate or grievance process. Access to an independent, outside advocate should always be available and request for such should be seen primarily as a lack of trust in the internal process rather than a manipulative response. (Office of Child Advocate and Child Abuse Hotline specifically mentioned as possible outside advocates)

Considerations/Questions:

- How are youth informed of their rights and by whom?
- When they need to make a grievance – should they have an advocate? Who is that?
- How does/should the grievance process protect youth? Specifically, how are youth protected from retaliation from staff or the system for making a grievance?

Individual Care Item C: Confidentiality/Release of Information and Informed Consent:

At the age of 14, youth legally hold their privacy rights – meaning: their consent must be given to release information about their personal information and treatment. This is an important legal protection. However, in order for youth to use their privacy rights in a way that protects them while also helping them gain responsibility for their care, it is essential that youth understand the limits of such confidentiality and are supported in making decisions about when and to whom to release such information.

It is also important that youth truly receive ‘informed consent’ in agreeing to treatment. This means adults take responsibility to ensure youth understand the potential risks and benefits of a type of treatment in a developmentally appropriate yet thorough and accurate manner. Merely having a youth sign a form acknowledging consent is not sufficient and family members have long been frustrated by the legalese of these documents when asked to sign the forms themselves. It is around consent for treatment and the release of records that a particularly damaging power struggle may ensue. Youth who hear that they are inadequate in some fashion (too “sick”, too oppositional, not “using good judgment”) are actively disempowered in the consent process. In the short term, this ensures that youth are “manageable” in the so-called treatment process. It should be obvious that little change can occur, little wellness and recovery achieved, in a dynamic dependent on power and control. In the long term and most troubling, this dynamic actively encourages the development of strategies to “get by” – dependency, excessive compliance, avoidance of challenging information – which are clear impediments to wellness, recovery, and healthy development for young people.

Recommendations:

- Confidentiality, release of information, and other consent forms should be written in language that is understandable to youth and families while still preserving the legal meaning of the documents
- Youth should have access to an advocate and/or some other mechanism in order to make informed decisions about consent and release of information. Understanding of the potential outcomes of decisions about when and to whom releases are made should be part of the informed decision.

- System partners must recognize when 'confidentiality' is used to avoid communicating with a youth about an uncomfortable decision. Confidentiality is meant to protect youth from their personal information being spread freely without their knowledge or consent, not to protect system adults from communicating with the youth they serve.

Considerations/Questions:

- Do youth know and understand their rights to confidentiality and what kind of information can or can't be released without their permission (and under what circumstances?)
- How and when should they be informed of these rights?
- Should the consent form be more specific about rights for those who are 14 years old and older?
- What are the questions a youth should ask him/herself before releasing consent?

Community Involvement Item A: Youth Support/Advocacy Organizations

As briefly stated in the introduction, NJ has supported Youth Partnerships as components of Family Support Organizations since early in the development of the system of care. Youth Partnerships provide support, education, advocacy, leadership, and social opportunities to youth who self-identify as having mental/emotional/behavioral challenges in a peer-to-peer environment that is voluntary and non-clinical.

Youth Partnerships create opportunities for youth to safely and meaningfully exercise increasing responsibility for their own care, as self-advocates, and to support one another as peer advocates, and finally, to serve as advocates for all youth with mental and/or behavioral health challenges within their communities. With very limited resources, Youth Partnerships have conducted workshops, partnered with other youth groups (including the DYFS-sponsored Youth Advisory Boards), engaged in public speaking and education, and planned and executed the first-ever DCBHS Youth Conference in 2008. An essential feature of the Youth Partnership is its governance structure which creates opportunity for all youth to be organizational leaders when, how, and as they prefer.

Recommendations:

- Youth boards set the agenda, calendar, and activity schedule for the group considerate of the various interests of the group & consistent with the mission statement. In selecting community outreach/education activities, it is essential to create meaningful roles for all interested participants
- The Youth Coach along with other Youth Partnership staff should be responsible for handling the Youth Partnership budget – in partnership with the agency Executive Director and supported by the Officers of the Agency (the Board of Directors), based on the stated goals and plans of the membership. While the Youth Coach is responsible for ensuring

- budgetary matters are properly addressed, youth leaders should have open access and understanding of their budgets, including justification for expenses and a central role in planning how funds are used.
- The Youth Partnership is accountable primarily to its membership and the youth coach/coordinator.
 - Youth establish leadership roles within the Youth Partnership based on length of time involved and level of interest demonstrated. While each Youth Partnership has different structures for its key leadership/'executive' board, many support the idea of a board without specific 'offices' or positions that allows everyone on the board to share responsibilities. Board meetings can be used to problem-solve, identify issues, and plan future activities.
 - Youth Partnerships may also have subcommittees – usually topic focused (volunteer, activity planning, recruitment) which report to the board

Considerations/Questions:

- How does DCBHS provide the Youth Partnership with a structured and supported framework for working toward increased organizational independence? Youth to develop with support of division. Division to provide existing frameworks of how this happens within organizations of youth partnered with adults. Organizational independence must be driven by each Youth Partnership's indication of readiness and interest in such a process.

Community Involvement Item B: Essential Roles for Youth Involvement

Peer support is a concept that has emerged as necessary and central to mental health service delivery in the past few decades, first with adult consumers of mental health services and then with family members of youth with emotional disorders. The peer-to-peer or family-to-family model is recognized as critical infrastructure to healthy systems of care for adults and children. Recognizing that sharing lived experience both normalizes the experience and provides hope for recovery and resiliency, peer support of some fashion has taken hold in nearly every state. In New Jersey, there is a strong peer support certification program and peer involvement is a fundamental principle of adult mental health services. Likewise, New Jersey has a strong family-to-family peer models in the Family Support Organizations, a key element of the children's system of care. In a state that so clearly embraces the value of peer roles, identifying, creating, and supporting peer roles for young people is the next logical step in sustaining a system that is accountable to the individuals it serves.

There should be multiple opportunities and types of peer support functions within the system. A central element of peer support is that the person filling such a role must have personal experience as a recipient of mental health services in order to qualify, in addition to other elements of the role. The following are peer roles for young people within the system:

1. **Peer Support** is a function that can be provided by any youth with minimal preparation. Peer support happens when one youth supports another in a developmentally appropriate and positive manner. This includes youth peers invited as informal supports on service planning teams, and youth providing unique insight and validation of experiences in a treatment setting.
2. A **Youth Partner** is a peer who receives formal training to serve in a supportive role to youth receiving services. A Youth Partner can be requested as an advocate in the service planning process (much as the Family Support Organizations provide parent partners) or assist youth in treatment settings with requests around individual care, including serving as a support and advocate in grievance processes when necessary. A Youth Partner works hand in hand with a youth to ensure the youth's voice is heard.
3. A **Youth Advocate** is a peer who receives formal training to serve as a representative of youth needs, interests, and expertise in agency or system-level settings. Within an agency, a Youth Advocate reports to executive management and is a core member of agency governance committees such as critical incident and quality assurance. A Youth Advocate provides feedback on processes that increase meaningful youth participation in their own care and is responsible to identify and bring other youth forward as leaders. The presence of a Youth Advocate does not absolve an agency or system from its obligation to include youth who do not have formal training from decision-making bodies or review of internal processes, but does ensure accountability to such involvement.

A **Youth Coordinator**, ideally a peer though not necessarily, is an essential role for youth involvement. The Youth Coordinator serves as organizer and supervision for youth advocacy organizations (i.e., Youth Partnership). This role requires strong experience and skill with engaging and working with youth, the ability to be non-clinical while still being able to make sound decisions around risk, effective coaching/supervision of youth in peer support roles, a great deal of flexibility and tolerance for uncertainty, and knowledge of how to develop relationships with community partners and seek out resources and opportunities to empower youth to be full participants and leaders. The Youth Development Council determined that the skill set required to be an effective Youth Coordinator was unique and advanced to the point that it is difficult to find a good match for the position even without restricting it to being a peer role. Therefore, Youth Coordinator is the one essential role for youth involvement in which personal system experience is preferred rather than primary

Recommendations:

- Review the existing peer support models in NJ and elsewhere to identify key elements for success. Utilizing the strengths of each option, develop a peer support model that meets the unique needs of young people.
- Identify strategies to support formal and informal peer support roles within DCBHS-contracted organizations

Considerations/Questions:

- What are the unique challenges of peer support among youth versus adult or family support models? How can those challenges be effectively addressed?
- What is the necessary training for each type of role? How is accessibility to such training ensured?

Community Involvement Item C: Social Marketing

Whether combating stigma or recruiting youth to engage in meaningful and available programs and services, effective social marketing (i.e., 'selling' an idea) is essential to success. Understanding the needs, desires, preferences, and culture of the audience is an important aspect of developing a compelling message around which one can build a social marketing campaign. Youth have many important skills and a wealth of expertise to bring to any social marketing project, including an understanding of 'what works' and often times specific technical and creative skills that can contribute to the successful reception of a new idea or program into a community. One example of such successful youth-driven social marketing partnerships is the award-winning community information video "Our Local System of Care" produced and edited by the Burlington Youth Partnership in 2004.

The Youth Development Council highlighted the importance of changing the perceptions of educators, police, media, and other system partners. Of particular concern was the focus on broadcasting the negative actions of young people, with little attention paid to their positive contributions and successes.

Recommendations:

- Involve youth in every stage of planning and implementation of social marketing projects, including the development of brochures and other marketing materials for programs and services offered in their communities.
- Ensure that youth skill sets are utilized and also compensated in a manner that both supports their needs for continual learning and practice at 'real world' applications but also values such skills as a commodity.
- When youth offer creative and/or uncomfortable solutions to communication/marketing problems, realistically explore whether resistance to the idea is based on the novelty or discomfort it creates rather than actual legal or other barriers. This applies in particular to using social media sites (i.e., Facebook, Twitter and YouTube) and other technological solutions as ways to reach young people.
- Find ways to consistently communicate youth successes to the community, including ensuring that youth are integrated into their communities in ways that provide opportunities to be recognized as individuals and of real value

Considerations/Questions:

Youth Council Public Relations Campaign

Overview: The Governor's Council on Mental Health Stigma has proposed to work with the Youth Council to create a public relations campaign.

For the purposes of this project, the Youth Council would be positioned as 'the client' and the Governor's Council on Mental Health Stigma as 'the ad agency'. With that in mind, it will be the job of the 'ad agency' to take 'the client' through the process of producing a public relations campaign. The goal of framing the relationship in this manner is to ensure that the Youth Council drives and informs the creative process to preserve the integrity and authenticity of the campaign.

This campaign would function in most respects no different than any commercial campaign whose goal is to 'sell' a product or concept. In this case, the 'product' we sell is the mission of the Youth Council. The campaign will be built around a message that clearly communicates the Youth Council mission in a manner that is true to the Youth Council identity. This message will be crafted as a 'tagline' that will resonate with all selected target audiences. The 'tagline' will be complemented by a compelling image that supports the text.

Campaign Objectives would include changing public perception, raising awareness, educating the community, and engaging and involving youth to create a unifying message for the Youth Council.

Action Steps would include identifying target audience, taking the Youth Council (or a subcommittee of) through a brand discovery process, developing and selecting a tagline and image for the campaign.

Community Involvement Item D: Youth Conference

In 2006 there was a separate youth track at the statewide New Jersey Alliance of Family Support Organization conference. The event was held at Rutgers University, Busch Campus Student Center. Forty youth were in attendance and after participating in the general opening (hearing DCBHS director speak) and learning about various topics affecting youth, they had their own workshops and prepared a creative presentation on youth issues at the end of the day for all. While not the first or only time New Jersey youth had presented at local, statewide, or even national conferences, this conference rooted many youth and adult partners in the desire to have a separate conference for youth.

In 2008, several Youth Partnerships collaboratively planned and conducted a weekend youth conference for their peers. On their own resources, they identified funders and other supporters, selected a college-based location that served the multiple purposes of the conference, developed workshops, recruited presenters, and outreached to their communities to advertise and support the event. The DCBHS Deputy Director was keynote speaker.

In 2009, DCBHS sponsored the youth conference with input from Youth Partnerships in the planning and design. While still a success by many measures, the core youth who participated in both conferences recognized a distinct difference in the level of authority and involvement in the process when it was DCBHS-led, and felt that the different role in the planning (as advisors to the process rather than central planners with key decision-making authority) led to choices that were less effective than they could have been, particularly around the structure of the workshops.

Recommendations:

- Central planning for the annual youth conference should be done by a committee made up of representatives from all Youth Partnerships, with support and sponsorship from DCBHS. Ultimate decision-making about the structure and outcomes of the conference rest with youth planners, within the limits of support made available by DCBHS and other sponsors. Adult partners provide important knowledge, skills, and access to resources essential to successful youth-driven conference planning.

Considerations/Questions:

- How does planning the conference happen in a way that models authentic youth involvement to the broader community?

Action Planning Category: System Governance

DCBHS is guided by DCF executive management, its Advisory Committee, and on-going communication with community partners to make decisions about policy and procedure. DCBHS “manages” the system of care through regulation, policies, and the continuous development and enhancement of services. Regulations are proposed by DCBHS through a public process which solicits public comment. Policies are developed by DCBHS, often in response to requests from the community, and often presented to stakeholders for comment and assistance. The development of new or expanded services is done through a Request for Proposals (RFP) process which has opportunities for youth to inform decision-making. It is imperative that youth are meaningfully involved in all levels of decision-making. To date, there is not an organized process for engaging youth in any of these activities. Below are the recommendations to remediate that.

System Governance Item A: DCBHS Youth Council

The Youth Development Council determined that DCBHS will have a standing Youth Council which meets routinely with the Director of the Division. This is an important and powerful step which will be institutionalized by virtue of this report. As earlier described, DCBHS maintains relationships with hundreds of service and advocacy agencies. Typically, these relationships are regulated through routine meetings with DCBHS staff. The Executive Directors of the Family Support Organizations meet directly with the Director on a routine basis. The function of this meeting is to maintain regular communication between the

Division and the FSOs, identify FSO goals, and accountability for those goals, and ensure the Division is accountable to the FSOs for coordination, support of best practices, and challenges of their work. Likewise, the standing Youth Council will meet directly with the Director of the Division.

Recommendations:

- Function of council include: serving as representatives to DCBHS and to their respective communities of the expectations, importance, and progress of youth involvement in the system; develop and make available youth-defined definitions of “the system”; set priorities for meaningful youth involvement
- Youth members should be chosen through representation from across Youth Partnerships and others with demonstration of existing or prior local leadership/advocacy experience
- Approximately 20 members (youth to adult ratio is important) comprised of the following:
 - Youth in the system (including youth from Youth Partnerships), with diverse representation of system experience and geography
 - Youth Coaches
 - Office of Child Advocate member and Governor’s Council on Mental Health Stigma member
- Meets monthly or every other month (perhaps more often to catch up – especially in the beginning)
- Council holds quarterly or semiannual ‘town hall’ seeking diversity of input from larger group of youth and other stakeholders
- Council should identify and/or develop curricula of youth development trainings (especially for formal peer support and advocacy roles) with the support and work of the division’s training contractor and other experts

Considerations/Questions:

- Consistent participation will be affected by: transportation, time of meeting. Technology solutions are critical here.
- How many meetings do “active members” have to make per year?
- Membership/ratios: 3 youth to 1 adult? Do adults have ‘voting rights’ or just advisory?
- Separate forum for Coaches/youth or combined?
- Are there standing agenda items and what are they?
- Does it present a report and how often?
- Does the Director provide it a report?
- How do other items get on the agenda?
- As time goes on and (ideally) youth begin to step up into Youth Coach positions, how does this impact the adult/youth ratio and the role of the Youth Coach in the Council?

System Governance Item B: Regulations and Request for Proposals

Recommendations:

- Ensure regulations are accessible to youth, both in knowing where to access them and providing support to understand what they are for and what they mean. DCBHS should make sure to actively reach out to youth stakeholders when seeking comments on regulations rather than presuming that passive methods of making them available are accessible or sufficient for youth to be aware.
- DCF regulations are the priority for feedback, but other partner systems that impact the supports/services youth receive may also be considered (such as Department of Human Services and Department of Education)
- Youth should be essential and fully privileged members of any Division RFP review panel

Considerations/Questions:

- How can youth review and publically comment on published regulations?
- Who makes the regulations available to youth?
- How are their comments organized?
- How are their comments submitted?
- Consider the federal Administration for Children and Families Student Grant Reviewer pilot program as a possible model for ensuring that young people have meaningful preparation and support in understanding and being involved in the RFP review process

System Governance Item C: Quality Assurance

Recommendations:

- Young adults should participate in site reviews and quality assurance reviews of DCBHS services. As with any involvement outlined in this plan, training and support is critical.
- Potential types of programs to review certainly include out-of-home and hospital-based services, but also community-based services.
- Developing mechanisms to meaningfully include youth as reviewers is essential: youth who've received services are able to recognize issues and concerns that may not be apparent to other members of a review team.

Considerations/Questions:

- Involving youth in site reviews poses several challenges to addressing the concerns of all parties (such as maintaining confidentiality), as well as ensuring safety and well-being for the youth who participate. Precedent exists for using peer reviewers (including youth peers) in even the most restrictive settings. However, defining the parameters of such

involvement must be carefully considered and based on strong understanding of the successes and failures of existing models.

System Governance Item D: Agency and Community Governance

Every agency has a governance structure. Agencies have Board of Directors or Trustees who, as “officers of the corporation”, are the final decision-makers on policy, procedures, and budgeting. Executive management of agencies evaluate and respond to the needs of the agency and its recipients. This can mean writing new policies, allocating resources, and changing or enhancing practices. Agencies also solicit the guidance and assistance of their service consumers. This is often done through satisfaction surveys, formal and informal “feedback” opportunities, and sometimes active and proscribed governance roles for consumers within the agency hierarchy.

Community governance occurs through local Mental Health Boards and Children’s Inter-Agency Coordinating Councils (CIACC). Each brings together broad representation of community members – providers, consumers, advocates, family members – to address local issues related to youth with behavioral health challenges. Many include youth in some fashion at this time though the roles of those youth not always fully or adequately defined.

Recommendations:

- Youth (who are and/or have been ‘customers’) should sit on agency Boards.
- Youth should have a formal advisory role to executive management
- Create meaningful and empowered roles and access for youth on system decision-making and advisory bodies. This includes full voting privileges on decision-making bodies.
- Ensure youth receive the information, and logistical and other supports necessary to sustain participation on such bodies.
- There must be multiple positions for youth membership to avoid tokenism. This allows youth to support each other to speak up and be meaningful involved in the meetings.
- If necessary, identify one or more adult members of each committee who is responsible for ensuring youth have the information they need and who makes sure that youth are given the space in the meeting to be heard when and as they chose.
- Ensure that the role expected from youth is made clear to youth and to other members. Orient new members to that role and remind members as necessary. Remember that in these functions, the role of adults is not to ‘fix it’ for that particular youth, but to use youth perspective of their experiences to develop local or system-wide strategies to better serve all youth.
- Recognize that youth and families sometimes have distinct and separate concerns to voice, and that ‘family involvement’ or ‘family positions’ on a committee does not qualify as having youth voice represented.

Considerations/Questions:

- Are agencies required to set up Youth Councils? (With privileged relationship with CEO and executive management? Responsible to address day to day functions, policies and practices, etc)
- Are agencies required to have a “Youth Advocate” position (one with experience of that setting and independent of the setting); must be a defined role; agency would be obliged to include the Advocate on risk management, unusual incident reporting and trending; direct contact with consumers;
- How does DCBHS ensure that? Through contracts, instructions to providers, audits and site reviews?
- Should youth review policy and procedures of agencies? Which ones?
- What should be included for and by youth in agency handbooks?
 - Rights & responsibilities?
 - Grievance?
 - Advocate contacts?
 - Important policies?

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APPENDIX A

Dear Colleague,

The Division of Child Behavioral Health Services (DCBHS) is taking an important step toward further engaging and committing to youth within the system of care in New Jersey. In recent years, the national focus on consumer-driven care and especially youth-guided governance has taken shape. The tasks of youth development are fundamental to the principles of the system of care: as the primary consumers of services, youth must be engaged to identify their strengths and those of their team members, name needs and how to satisfy those needs, and, in the most fundamental way, craft and direct the team around them as their work toward wellness and recovery. In a broader arena, youth must be included in policy and planning decision-making – as full members and expert consultants to the process. A robust system of care is evidenced in the inclusion of youth in every layer of decision-making: from governance structures to individual planning.

Recent meetings with youth have helped to shape the appropriate next steps in this initiative. The youth and youth coaches met with in recent days are very excited and invested in this work. Momentum has built in recent months and DCBHS would like to take advantage of this great opportunity to further engage our youth. Commissioner Kimberly Ricketts and Division Director Nadezhda Robinson have prioritized this initiative, in the midst of many other important projects, because it is imperative that New Jersey remains at the forefront of system of care development and taking the next step with youth development is demonstration of the innovation found in this state.

The full participation of youth in directing the mental health care systems helps to combat stigma and isolation; creates opportunities for our youth to develop a stronger sense of belonging, purpose, and self-esteem; and ensures that we remain honest and focused in our work. The benefits of youth development reach beyond the individual: the entire system profits when youth are given opportunities to make authentic contributions to quality of care.

DCBHS will begin by convening several meetings of youth and stakeholders, particularly those with an historical investment in youth development, to craft the Youth Development Strategic Plan for DCBHS. A draft of the plan will be vetted through a larger group of stakeholders: families, local decision-makers, and service providers. Meetings with youth and stakeholders will occur during the summer. The Strategic Plan will be available for further input and discussion in the autumn. We look forward to broad release in the autumn as well with implementation set for spring 2010. We are confident that a realistic, achievable, and solution-focused plan, which capitalizes on existing structures and resources while challenging all of us to do better, will be enthusiastically received by the New Jersey community of providers, advocates, families, stakeholders and, most of all, youth.

APPENDIX B

List of Invitees

David Anderson	Boys and Girls Club of America
Pastor Darryl Armstrong	Shiloh Baptist Church
Bonita Barnhart	Girls Scouts of Northern NJ
Samantha Jo Broderick	Division of Youth & Family Services
Peter Burgos	Camden County Youth Partnership
Robert Clark	Boys and Girls Club of America
Kathy Cloninger	Girls Scouts of the USA
Mary Connell	Girls Scouts of Central/Southern NJ
Angie Cross	National Network for Youth in Care (Canada)
Elfrieda Francis	Burlington Health Department
Alyssa Funke	Camden County Youth Partnership
Lorin Gehring	Federation of Families for Children's Mental Health
Walter Genery	Camden County Youth Partnership
Rha Goddes	Hip Hop Mental Health
Celina Gray	Governor's Council on Mental Health Stigma
Jamison Gsell	Burlington County Youth Partnership
Anne Greenwood	Family Services of Burlington County
Triciaouise Gurley	Youth Move Maryland
Michael Higginbotham	Division of Prevention and Community Partnership
Matilda Howell	Division of Child Behavioral Health Services
Mike Ippolitti	Burlington County Youth Partnership
Susan Lemenstrel	Department of 4-H Youth Development
Daniel Leibowitz	Youth Build
Alyssa Leon	Atlantic/Cape May Youth Partnership
Tatianna Leon	Atlantic/Cape May Youth Partnership
Brian Lombrowski	Community Alliance for the Ethical Treatment of Youth
Eli Lopez	Hudson County Youth Partnership
Curtis Myers	Aspire Youth Development
Joseph Newton	Essex County Youth Partnership
Jackie Oliver	Essex County Youth Partnership
Robert Oliver	Ewing Residential Treatment Center
Marlene Penn	Family Technical Assistance Consultant
Virginia Powell	Department o 4-H Youth Development
Reyhan Reid	Federation of Families for Children's Mental Health
Gloria Rivera	Atlantic/Cape May Youth Partnership
Goriellies A. Rosario	Atlantic/Cape May Youth Partnership
Jessica Rucell	Hip Hop Mental Health
John Sizemore	Burlington County Youth Partnership
Stephen Smith	Boys Scouts of America – Mercer District
Roxanne Spillette	Boys and Girls Club of America
Amber Vandegriff	Burlington County Youth Partnership
Jennifer Waterman	Hudson County Youth Partnership
Howard Wingrad	Community Access Unlimited

APPENDIX C

ACKNOWLEDGEMENT

The following individuals merit special acknowledgement for their investment of enthusiasm, courage, and honesty during the many meetings held since June 30, 2009.

Samantha Broderick,	Division of Youth & Family Services
Peter Burgos,	Camden County Youth Partnership
Elfrieda Francis,	Burlington Health Department
Alyssa Funke,	Camden County Youth Partnership
Walter Genery,	Camden County Youth Partnership
Celina Gray,	Governor's Council on Mental Health Stigma
Jamison Gsell	Burlington County Youth Partnership
Michael Higginbotham	Div of Prevention & Community Partnership
Matilda Howell	Div. of Child Behavioral Health Services
Mike Ippolitti	Burlington County Youth Partnership
Daniel Leibowitz	Isles YouthBuild Institute
Brian Lombrowski	Community Alliance for the Ethical Treatment of Youth
Alyssa Leon	Atlantic/Cape May Youth Partnership
Tatianna Leon	Atlantic/Cape May Youth Partnership
Eli Lopez	Hudson County Youth Partnership
Joseph Newton	Essex County Youth Partnership
Jackie Oliver	Essex County Youth Partnership
Marlene Penn	Family Technical Assistance Consultant
Gloria Rivera	Atlantic/Cape May Youth Partnership
Goriellies A. Rosario	Atlantic/Cape May Youth Partnership
John Sizemore	Burlington County Youth Partnership
Amber Vandegriff	Burlington County Youth Partnership
Jennifer Waterman	Hudson County Youth Partnership
Howard Wingrad	Community Access Unlimited

APPENDIX D

Reflections of the Participants

".....It was a privilege to be able to speak amongst so many great people who want to make a difference in our system. I liked that each youth had a chance to share their likes and dislikes and how some of our key adult peers were open to all the youths and were not afraid to take off their leadership "hat". I felt happy when the youth worked together on a common goal and achieved what many had only dreamed of before, developing a plan that will work for youth..... We appreciate your leadership and guidance.....We do "Thank You" and hope to be considered in the future for any further assistance that we may be able to provide to our State or system".

"I liked it when the youth were asked constantly for their input and suggestions and ideas. We were asked before any decisions were made and we got the chance to go over some things that would not have come to our attention before".

"As an advocate for youth and young adults for over 19 years, I have participated in numerous systems of care initiatives that focused on youth empowerment. While we made tremendous progress with many of these efforts, the outcomes usually fell short in authentic and meaningful youth empowerment and involvement. However, the DCBHS Youth Development Council was not only comprised of mostly young persons, the resulting document was built on the voices of those young persons. It is evident from the mission, values and principles, and the totality of the document that we have created a situation where the New Jersey Division of Child Behavioral Health Services and its contracted agencies have a genuine opportunity to be accountable to the young people it serves."

"Like most youth groups I have encountered there are both active and passive participants. It was wonderful to see those less vocal find their voice throughout the Youth Council process. Taking on an observer role, which I like to do initially, I was touched to see the transformation of our youth. They truly took the time to think critically about what they were doing and utilize problem solving skills. I was impressed by that."

APPENDIX E

Suggested References and Resources

Strategic Sharing Booklet

<http://www.fostercarealumni.org/userfiles/file/Strategic%20Sharing%20Booklet.pdf>

<http://www.tapartnership.org/content/youthInvolvement/resources.php>

<http://www.systemsofcare.samhsa.gov/headermenus/youthguided.aspx>

(the resource we used for the action planning breakdown is here:

<http://www.systemsofcare.samhsa.gov/headermenus/docsHM/youthguidedlinkBreakdown.pdf>

www.youthonboard.org (Youth Build site for youth participation in organizational boards)

http://www.theinnovationcenter.org/files/Reflect-and-Improve_Toolkit.pdf

Reflect and Improve: A Tool Kit for Engaging Youth and Adults as Partners in Program Evaluation

(The Innovation Center has a number of other Youth Engagement Tool Kits available for free download)

Casey Family Programs - Improving Outcomes for Older Youth in Foster Care

www.casey.org

National Resource Center for Youth Services at the University of Oklahoma

(www.nrcys.ou.edu)

Paving New Ground: Peers Working in Inpatient Settings (National Association of State Mental Health Program Directors Office of Technical Assistance)

http://www.nasmhpd.org/general_files/publications/ntac_pubs/Bluebird%20Guidebook%20FINAL%20041508.pdf

Strengthening the Consumer Voice in Managed Care: VII. The Georgia Peer Specialist Program

<http://psychservices.psychiatryonline.org> ♦ April 2003 Vol. 54 No. 4

Youth Development Institute Advancing Youth Development A Curriculum for Training Youth Workers

www.state.nj.us/dcf/behavioral/providers/YDICurriculum.pdf

APPENDIX F

Adult Attitudes Toward Young People

It is extremely important to recognize that our attitudes affect the way we interact with others, particularly with young people. If we are interested in building a healthy and genuine partnership with young people, then we must understand how a particular attitude might affect the way we build that partnership. The following information explores the "spectrum of adult attitudes toward young people" and offers some rational ideas to help us successfully build youth and adult partnerships.

The Spectrum of Adult Attitudes toward Young People

The Spectrum of Adult Attitudes toward Young People identifies three styles or approaches to working with young people. These styles are described below. Actually, these three styles can be related to any relationship between or among two or more people. Our concern, however, is with relationships between adults and young people within the context of planning, operating and evaluating organizations whose mission is to promote the well-being of young people.

<u>Style</u> <u>#1:</u>	<u>Style</u> <u>#2:</u>	<u>Style</u> <u>#3:</u>
Young People Viewed as OBJECTS <ul style="list-style-type: none">• The adult is in control with no intention of youth involvement.• The objective: Personal growth of young people.• The byproduct: Conformity of young people and acceptance of the program as it is.	Young People Viewed as RECIPIENTS <ul style="list-style-type: none">• The adult is in control and allows youth involvement• The objective: Personal growth of young people.• The byproduct: Increased organizational effectiveness.	Young People Viewed as RESOURCES <ul style="list-style-type: none">• There is a youth/adult partnership (shared control).• The objective: Increased organizational effectiveness.• The byproduct: Personal growth of young people and adults.

Style #1: Young People Viewed as Objects

Within this part of the attitudinal spectrum there are several postures. One of these, most definitely an extreme, sees young people as the "property" of the adult and serves as a justification for abusive treatment of various kinds. The adult sees little value in the young person except as the young person serves the desires of the adult. As a result, the adult controls the young person to serve whatever interests the adult may have. This may include such behavior as child abuse and the use of young people for pornographic purposes, both of which are criminal behavior.

Less extreme, but within this same part of the spectrum, is the attitude that adults know what is best for young people and see young people as the objects of their good intentions. This is not an uncommon parental attitude, and it is also often seen in adults who work professionally and as volunteers with young people. Within this attitude there is little room for consideration of what young people think about the design of the program or opportunity.

As the adult sees it, the responsibility of the young person is to take advantage of the program or opportunity designed by the adult.

Style #2: Young People Viewed as Recipients

The emphasis within this part of the spectrum is on young people as the recipients of the benefits of the program or opportunity. This may include youth participation in the design of the opportunity, but the primary emphasis of this attitude of the controlling adult(s) is on how the young person will benefit from participation and not on what the young person has to offer to the design process. The adult is still well in control of the conditions under which the young person participates, but allows youth participation because of the value of the experience to the young person. This attitude is also based upon the notion that adults know what is best for young people, and may lead one cautiously to begin to open the door to youth participation on the adult's terms. This relationship cannot reasonably be described as an adult/youth partnership, though there is some opportunity for the building of a sense of youth ownership in the outcome of the decisions made.

This attitude demonstrates a concern for preparing young people for the future as responsible decision makers.

Style #3: Young People Viewed as Resources

This attitude is based upon respect for the contribution young people can make to the planning, operation and evaluation of a youth-focused organization (or family or community) in the present. It acknowledges that any leadership and decision-making roles involved can be shared by adults and young people. This may mean that both young people and adults need to learn the skills and attitudes necessary for shared decision-making, and it may require some change in policy and administrative practice within the organization or perhaps a reformulation of the organization's mission if there is to be a shift toward this attitude from one of those described above.

Questions for Discussion

1. How do you think the young people of your community generally view youth organizations in the community in relation to the spectrum of adult attitudes and behavior?
2. What are some adult behaviors which would be characteristic of each part of the attitudinal spectrum?
3. What part of the spectrum best describes the manner in which your organization operates?
4. What policies, administrative practices, traditions and staff practices support that way of operating?
5. What kind of adult leader attitudes do you think can best pursue the stated mission of your organization?
6. Does this discussion suggest a change from one part of the spectrum to another would be desirable? If so, what kinds of specific steps would be useful to move responsibly in that direction?
7. If a change to another part of the spectrum is not indicated, what are some ways in which your organization might strengthen its current way of working?
8. What are the implications of the spectrum of adult attitudes for the task of creating conditions that promote the well-being of young people in a democratic society?
9. How does the spectrum of adult attitudes relate to efforts to prevent such symptoms as substance abuse, teen pregnancy, child abuse, delinquency, underachievement and other school related problems, suicide, emotional problems, eating disorders and others?

Theory: If we are interested in promoting personal growth and increased organizational effectiveness, it is more effective to create genuine experiences wherein people are engaged

as resources, seeing personal growth as a byproduct, than by an attempt to produce personal growth as a direct objective.

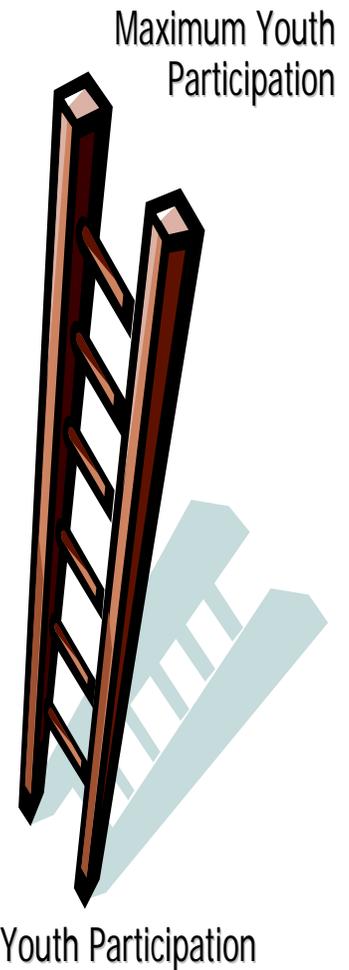
(Source: "The Spectrum of Adult Attitudes toward Young People," *The Technology of Prevention Workbook*, William A. Lofquist, Associates for Youth Development, Inc., 1989, pages 47-50.)

APPENDIX G

Ladder of Young People's
Participation

Ladder Of Young People's Participation

9. Youth Initiated and Directed
8. Youth Initiated, Shared Decisions with Adults
7. Youth and Adult Initiated and Directed
6. Adult Initiated, Shared Decisions with Youth
5. Consulted and Informed
4. Assigned and Informed
3. Tokenism
2. Decoration
1. Manipulation



Adapted from "Hart's Ladder"

APPENDIX H
Youth Development Council Expectations/Contributions (7/9/09)

Expectations	What Bring/Contribute
Figure out how to be more involved	Experience working with youth (6)
Be told what to do	Experience with youth councils (2)
Nurture youth involvement via family involvement expertise	Personal experience and expertise (4)
That this is a room of consultants that can learn from	My voice and the voice of others in the system (2)
To get a 'message' to take out to the community	Personal interest and concern
A successful outcome from this process	Knowing when to back off
To change the system for the next youth (2)	Understanding that community is not 'one size'
Increased youth voice and youth involvement	What I like/don't like about the system
Better understanding of youth	Support for youth
To see youth voice in action in the system (5)	Juvenile justice/probation framework
That this plan won't be put on a shelf and become dusty	Public health framework
Youth are heard and listened to	Connections to the Boys and Girls clubs
Knowledge that can be taken back to youth in the community	Experience with youth advocacy work (REBEL)
Increased youth decision-making	Mind and soul
A clear vision to move forward	Organizational experience with media and legislative advocacy on behalf of youth in residential care
A clear process	Power to speak up
The right people in the room	Respect for youth and understanding of the wraparound process
Better understanding of the behavioral health system and youth issues to do better in my work	Sense of privilege to be part of this process
Interact with youth in a positive way	
Techniques to take back to youth	
Youth outnumbering adults and driving the process	
Not sure/don't know	
<i>Expectations from 6-30-09 meeting</i>	
Increased youth voice in system of care/Division of Child Behavioral Health Services (4)	
Prioritize youth voice (3)	
Understanding of what is ahead for us (4)	
Have a say (2)	
Here because someone told/asked me to come (7)	
So youth can know they are empowered	
Make things better for everyone	
Recruitment/retention of youth	
Social skills	
Moving Youth Partnership forward	
Hear new ideas	

APPENDIX I

Action Planning “Dot-mocracy” 6/30/09

Individual Care	# Votes (Youth/Adult)	Community Involvement/Agency Governance	# Votes (Youth/Adult)	System Governance	# Votes (Youth/Adult)
Subcategory: Training		Subcategory: Social Marketing and Addressing Stigma		Tell government funding priorities for youth	9 (5/4)
Youth to be taught and given the tools to be effective trainers	12 (8/4)	Changing perceptions of: educators (4), police (1), sponsors (1) *4 stickies combined*	10 (9/1)	At least 3 counties must agree on decisions before considered for approval	8 (5/3)
Youth training each other and adults (parents, care managers, providers) *4 stickies combined*	16 (5/11)	Positive media awareness *2 stickies combined*	4 (2/2)	Geographic input: for example, by county	8 (1/7)
More youth training	5 (1/4)	Facebook	7 (6/1)	16 to 18 year olds in meetings	11 (10/1)
Youth training youth to become leaders	4 (1/3)	Myspace	7 (6/1)	15 and below give input	6 (6/0)
Database of resources from past trainings	1 (1/0)	YouTube	4 (4/0)	Is there something 'magic' about turning 18 re: ability to make system-level decisions	3 (3/0)
		Twitter	2 (2/0)	Adult to youth ratio (must be 3 youth to each adult)	7 (3/4)
Subcategory: Peer Support		Website	0	Youth have power to create agenda	6 (2/4)
Youth mentoring and guiding each other through the system of care while identifying individual needs	8 (4/4)	Create a film	4 (3/1)	Each youth group come in once a month at a time to a meeting	5 (4/1)
Youth empowerment among each other to express their experiences, emotions and feelings on the system of care	8 (7/1)	Success stories: too much focus on kids that don't turn it around, need more focus on kids who've turned negative to positive *3 stickies combined*	5 (5/0)	Other youth in group	5 (5/0)
Youth empowering each other on each other's rights to speak and say out loud how thy feel, how a situation is affecting them	4 (2/2)	No one knows about all the help out there: advertise help for youth on tv since everyone watches it	5 (2/3)	Developmental readiness of system and youth	4 (3/1)
Youth become a partner	3 (3/0)	Create a tagline, a portable message *2 stickies combined*	4 (2/2)	Mutual accountability	4 (1/3)
				Checks and balances	3 (2/1)
Subcategory: Service Plans		Subcategory: Community Outreach		Set meeting schedule	2 (2/0)
Youth input in plan	4 (1/3)	Connect to state and national, network at conferences: Youth POWER, Youth MOVE, SAFETY (Community Alliance for the Ethical Treatment of Youth), NILA (National Independent Living Association) *6 stickies combined*	10 (8/2)	Responsibility vs privilege	1 (1/0)

Transition plan	6 (2/4)	Youth can set up booths or any source, to inform their other friends or peers	3 (2/1)	Institutionalize agenda items (standing items on the agenda that must be addressed)	1 (1/0)
Follow through on contract that have been prepared with the youth voice and participation (including IEP)	5 (4/1)	Youth-driven youth conference	2 (1/1)		
Knowledge on youth and parents and know where to go to have an appeal process. Right to appeal process *3 stickies combined*	5 (3/2)	Speaker's Bureau	2 (0/2)	Moved from Individual Care:	
Giving youth choices at every opportunity--along with potential outcomes of those choices *ie, truly informed consent*	2 (1/1)	Present how youth would do better with more resources	1 (1/0)	Changing contracts for youth programs to include current and 'alumni' youth voice in policy development, changes	3 (2/1)
		Members from a school should speak to their peers	1 (1/0)		
Subcategory: Service Delivery Design/Improvement		Venues for advocacy/outreach: schools, churches, group homes	4 (2/2)		
Survey youth	5 (2/3)	Equip community programs with tools to handle 'system' kids	3 (3/0)		
Identify steps in the process in which youth feedback could be provided: intake (2), orientation (1), recruitment/outreach to youth (2), program design (3), facility (0) *6 stickies combined*	10 (5/5)	Youth need to understand why their advocacy matters	2 (2/0)		
		Raise awareness amongst agencies	2 (2/0)		
Subcategory: Other		Connect to Boys and Girls clubs	2 (1/1)		
Youth informed of rights	7 (2/5)	Community agencies involved in system	2 (1/1)		
Understand youth and parents have different ideas	1 (1/0)	Who do we want to reach?	2 (2/0)		
Youth and parents understand each other, honor it	1 (0/1)	Community programs asking for involvement and support from youth	2 (2/0)		
New paperwork (pamphlets, experiences, reflections, etc) developed by and for youth entering CMO, YCM, RTC, etc	0	Youth getting more involved with the community	2 (2/0)		
		Partner with parents	6 (3/3)		
		Barriers: finding people who see this as a priority	1 (0/1)		
		Subcategory: Youth Support Organizations			
		Youth Partnership getting more funds and more sponsors from community	11 (7/4)		

		Youth Support Org: Youth Advocate, Youth Partner, Youth Coordinator, Peer Support (encircling YSO)	7 (4/3)		
		Having support from other youth	5 (4/1)		
		Youth need to advocate more	4 (4/0)		
		Gather more youth	3 (2/1)		
		Working cross-county between youth support organizations	3 (3/0)		
		Formalize a council of councils	3 (0/3)		
		Outreach to Youth Councils	0		
		Convince parents to bring youth into the group	0		
		Subcategory: Other			
		\$\$	6 (4/2)		
		One agency--one need	0		
		clearing house	0		
		Children's Tolerance Museum	0		
		Reach government	0		

APPENDIX J

Individual Care	# Votes (Y/A)	Community Involvement/Agency Governance	# Votes (Y/A)	System Governance	# Votes (Y/A)
Subcategory: Training		Subcategory: Social Marketing and Addressing Stigma		Tell government funding priorities for youth	9 (5/4)
Youth to be taught and given the tools to be effective trainers	12 (8/4)	Changing perceptions of: educators (4), police (1), sponsors (1) *4 stickies combined*	10 (9/1)	At least 3 counties must agree on decisions before considered for approval	8 (5/3)
Youth training each other and adults (parents, care managers, providers) *4 stickies combined*	16 (5/11)	Positive media awareness *2 stickies combined*	4 (2/2)	Geographic input: for example, by county	8 (1/7)
More youth training	5 (1/4)	Facebook	7 (6/1)	16 to 18 year olds in meetings	11 (10/1)
Youth training youth to become leaders	4 (1/3)	Myspace	7 (6/1)	15 and below give input	6 (6/0)
Database of resources from past trainings	1 (1/0)	YouTube	4 (4/0)	Is there something 'magic' about turning 18 re: ability to make system-level decisions	3 (3/0)
		Twitter	2 (2/0)	Adult to youth ratio (must be 3 youth to each adult)	7 (3/4)
Subcategory: Peer Support		Website	0	Youth have power to create agenda	6 (2/4)
Youth mentoring and guiding each other through the system of care while identifying individual needs	8 (4/4)	Create a film	4 (3/1)	Each youth group come in once a month at a time to a meeting	5 (4/1)
Youth empowerment among each other to express their experiences, emotions and feelings on the system of care	8 (7/1)	Success stories: too much focus on kids that don't turn it around, need more focus on kids who've turned negative to positive *3 stickies combined*	5 (5/0)	Other youth in group	5 (5/0)

Youth empowering each other on each other's rights to speak and say out loud how they feel, how a situation is affecting them	4 (2/2)	No one knows about all the help out there: advertise help for youth on tv since everyone watches it Create a tagline, a portable message *2 stickies combined*	5 (2/3)	Developmental readiness of system and youth	4 (3/1)
Youth become a partner	3 (3/0)		4 (2/2)	Mutual accountability Checks and balances	4 (1/3) 3 (2/1)
Subcategory: Service Plans		Subcategory: Community Outreach Connect to state and national, network at conferences: Youth POWER, Youth MOVE, SAFETY (Community Alliance for the Ethical Treatment of Youth), NILA (National Independent Living Association) *6 stickies combined*		Set meeting schedule	2 (2/0)
Youth input in plan	4 (1/3)		10 (8/2)	Responsibility vs privilege Institutionalize agenda items (standing items on the agenda that must be addressed)	1 (1/0)
Transition plan Follow through on contract that have been prepared with the youth voice and participation (including IEP) Knowledge on youth and parents and know where to go to have an appeal process. Right to appeal process *3 stickies combined*	6 (2/4) 5 (4/1) 5 (3/2)	Youth can set up booths or any source, to inform their other friends or peers	3 (2/1)		1 (1/0)
		Youth-driven youth conference	2 (1/1)		
		Speaker's Bureau	2 (0/2)	Moved from Individual Care: Changing contracts for youth programs to include current and 'alumni' youth voice in policy development, changes	3 (2/1)
Giving youth choices at every opportunity- along with potential outcomes of those choices *ie, truly informed consent*	2 (1/1)	Present how youth would do better with more resources Members from a school should speak to their peers	1 (1/0) 1 (1/0)		
Subcategory: Service Delivery		Venues for advocacy/outreach:	4 (2/2)		

Design/Improvement		schools, churches, group homes	
		Equip community programs with tools to handle 'system' kids	3 (3/0)
Survey youth Identify steps in the process in which youth feedback could be provided: intake (2), orientation (1), recruitment/outreach to youth (2), program design (3), facility (0) *6 stickies combined*	5 (2/3)		
	10 (5/5)	Youth need to understand why their advocacy matters	2 (2/0)
		Raise awareness amongst agencies	2 (2/0)
		Connect to Boys and Girls clubs	2 (1/1)
Subcategory: Other			
Youth informed of rights	7 (2/5)	Community agencies involved in system	2 (1/1)
Understand youth and parents have different ideas	1 (1/0)	Who do we want to reach?	2 (2/0)
Youth and parents understand each other, honor it	1 (0/1)	Community programs asking for involvement and support from youth	2 (2/0)
New paperwork (pamphlets, experiences, reflections, etc) developed by and for youth entering CMO, YCM, RTC, etc	0	Youth getting more involved with the community	2 (2/0)
		Barriers: finding people who see this as a priority	1 (0/1)
		Partner with parents	6 (3/3)
		Subcategory: Youth Support Organizations	

Youth Partnership getting more funds and more sponsors from community	11 (7/4)
Youth Support Org: Youth Advocate, Youth Partner, Youth Coordinator, Peer Support (encircling YSO)	7 (4/3)
Having support from other youth	5 (4/1)
Youth need to advocate more	4 (4/0)
Gather more youth	3 (2/1)
Working cross-county between youth support organizations	3 (3/0)
Formalize a council of councils	3 (0/3)
Outreach to Youth Councils	0
Convince parents to bring youth into the group	0
Subcategory: Other	
\$\$	6 (4/2)
One agency--one need clearing house	0
Children's Tolerance Museum	0
Reach government	0

APPENDIX K

Child Behavioral Health (CBH) Youth Council Meeting Notes July 23, 2009

Introductions

New Member: Dan Leibowitz, Isles, YouthBuild, Trenton

Framing Plan

- Outline of plan developed from brainstorming sessions of first two meetings; Samantha and Nadia built outline based on those sessions and the CBH context.
- The work now is to fill in the content of the plan.
- Reviewed with Council CBH's role in the NJ child-serving system and as the primary audience of the plan
- The plan will include a mission statement: It will not be a statement of the mission of this group. It will be a statement of the mission of the state to "do" youth development: it will tell the state what is most important about youth development and why.

Plan Progress

(Preamble/context/frame)

- Frame is necessary because the audience will not all be familiar with the context or how we got to this point.
 - Samantha will provide content for the History of NJ youth involvement from a prior document. Council (especially Youth Partnerships) will update to ensure it is current and accurate.
 - The mission needs to articulate CBH's responsibility regarding youth involvement. Council members are to submit their own missions for future mission development activity.
 - Reviewed CBH's system of care values/principles. Council accepted principles as appropriate and central. Several values/principles were noted as 'missing:' Informal Supports, Youth involvement. Youth engagement requires: Validation, peer-regulated and supported practice, empathy, listening, and respect.
 - There is general agreement that the plan will not offer solutions or "fixes" for many issues or challenges. That is not the goal. It is appropriate for the plan to state important issues and challenge CBH to be responsible for figuring them out.
 - Working definitions for the plan are those words/phrases that need to be clarified for the audience either due to common misunderstanding or because the Council needs to propose a definition that not may be the commonly understood one. Several terms emerged for inclusion: youth, youth-serving agency/organization, and mentor.

- Importance of saying who the audience is as it drives how the plan will develop as well as calls out specific entities who need to pay attention to it.
 - Primary audience is CBH and the partners it works with (service providers and advocacy groups)
 - Secondary audience to include other youth serving agencies and systems. Specific suggestions included educators, health care providers, law enforcement, faith-based and public health.

Core Concepts

- Council began working through Core Concepts. Came to basic understanding that for most of the Core Concepts the plan will address what needs to be considered rather than suggesting specific methods or answers at this point.

Developmental Readiness.

- Significant discussion around youth developmental readiness for certain levels of involvement.
 - Chronological age of very limited usefulness in determining readiness. Often used as a restrictive mechanism.
 - Suggested factors included determining how task-focused (ie, 'completer'), motivation, commitment, and types of experience (including experience within the system). Maturity was suggested with some struggle with how the term is used.
 - What 'threshold' guidelines, if any, should exist.
 - Objective criteria (what should they be?) can ensure that there is a truly individualized determination of readiness. Peers may be most appropriate as realistic evaluators of readiness using objective criteria, rather than adults.
 - Striking the balance between empowering youth and taking care of risk was identified as a challenge to be named.
 - Role of young alumni as leadership 'mentors,' supporting less experienced youth in a 'guide, don't execute/do for' model. Importance of diversity of ages represented and supported.
- For organizational and adult readiness, Council walked through two frameworks for understanding how adults and organizations approach youth involvement: the Lofquist Spectrum of Attitudes and Hart's Ladder. Both frameworks were supported for inclusion in the plan.
 - Adults are well-intentioned in their default concepts of how to involve youth. They are also comfortable with being in the middle ranges of youth involvement and somewhat 'stuck.' Helping adults and organizations move to a higher, more authentic level of youth involvement.
 - Lofquist developed a self-assessment for adults to see where they are on the Spectrum. This should be described in the first part of the Governance Action Planning Category.

Sharing Power/Mutual Accountability

- The Council will address this category in depth during the next meeting with small group discussions. However, some discussion occurred during the review of this category.
 - Acknowledging the power imbalance in the ‘client—professional’ relationship and the consequences/considerations of such.
 - Will provide scenarios for the small groups to help walk through these considerations.
 - Think about who is entitled to speak on behalf of youth, who can represent authentically youth needs/voice.

Stigma

- Reinforce the primary stigma of mental illness and how that impacts youth.
- Misconceptions and myths; provider previous experience with ‘youth like that,’ labeling.
- Self-stigma was identified as very powerful. It happens when individuals begin to believe and act the negative labels placed on them, ie. Internalized oppression, becoming a self-fulfilling prophecy and creating a situation in which the only way youth can exert influence is in disruptive, risky, and/or unhealthy ways since the stigma/label doesn’t allow for the possibility of wellness and positive choices.
- Also list other types of stigma that impact youth in combination with stigma of system involvement. Examples included race, diagnosis, placement history, access to money, education, language, adultism, gender, sexual orientation.
- Council collaboratively and spontaneously developed a task to take back to their peers to help enumerate (list) the types of stigma that need to be considered regarding system-involved youth
 - “Stigma Dude” or “Stigmanator”: create an outline of an individual to represent youth and introduce to peers, asking for them to ‘dress’ the figure with labels that come to mind. Can specifically suggest that it is a youth in the system to help draw out system-specific stigma. Can ask “What do you see? What comes to mind?”
 - Will compile labels at next Council meeting to draw out most common types of stigma faced by youth, including specific language and labels that allow stigma and oppression to continue.
- Question for the plan: “How does CBH immunize young people against stigma?” and “How does an individual arm his or herself against labels/stigma?”
- It was obvious that group was also talking about cultural competence as a central value. Cultural competence needs definition in this plan and further discussion as it relates to stigma.

Next Steps

- Prior to next meeting:
- Complete stigma activity with peers
- Submit (via email To: Matilda.Howell@dcf.state.nj.us) your mission statements and/or ideas for a mission statement
- Review Council notes for accuracy and submit corrections if necessary

- Samantha and Nadia will begin to draft content for the parts of the plan discussed so far.
- Start thinking about and writing down action items for the Action Planning Categories
- Next Meeting will be held

Thursday, August 6, 2009 at 3535 Quakerbridge Road (our usual spot)

- Tentative agenda:
 - 5pm to 6pm: Youth Planning Session
 - 6pm to 8pm: Compile stigma activity; Core Concepts: Youth Culture and Shared Power/Mutual Accountability

Child Behavioral Health Youth Council (CBHYC)
Meeting Notes
August 6, 2009

YOUTH COUNCIL MEETING

- Each youth was ask to go around the room and list comments in the Action Planning Categories as it relates to stereotypes. The categories are:
 - Clothes/Apparel
 - Beliefs/Assumptions
 - Language
 - Music/Art/Media
 - Celebrations/Milestones

- After all the youth commented in the various categories a discussion was held with the youth regarding the items listed in the various categories. Youth felt the categories were meaningful.

GENERAL COUNCIL MEETING

Nadia felt the plan should include the essentials of a Strategic Plan and should address the following:

- The should's and must do's.
- Should serve as a guiding document
- Plan should address youth activity (action steps).

- Group as to think about what the plan is and what it should be called
- Nadia reviewed the agenda for the evening's meeting which consisted of the following:
 - **Youth Culture:** the youth were asks to talk about what youth culture means to them and what does it consist of?
 - **Action Planning Categories**
 - **Guidance Document:** What does planning look like? Who gets to be at the table? Who gets to make decisions? RFPs, Regulations, etc.

Youth Culture

- Assumption: A distinct youth culture exists.
- Youth culture is constantly and rapidly changing
- Youth culture can be view by some as a means of power; distinct or a subculture

Elements of Youth Culture

- Clothing/Apparel

- Beliefs/Assumptions – more universal/constant across time
- Celebrations/Milestones
- Music/Arts/Media
- Language
- Technology has influenced the popularity of youth culture
- Exploitation of youth culture by media/advertisers
- Youth currently influences the media, marketing, society
- Youth culture can be viewed as influenced and influential

Youth Culture and Assumptions/Beliefs

- As part of last weeks assignment council members when back to their organizations and completed a “stigma exercise” with various staff members, trainees, colleagues, etc.
- Outcomes of the exercise:
- Some people used positive social work terminology to describe what they saw
- People under 25 years old who were interviewed appeared to be critical of the parents at the onset of the interview and later talked about the parents/family strengths.
- When a group of “girls” and “guys” were interviewed, the “boys” talked about all the negatives, while the “girls” looked for the positives. The “girls” felt, while the person appeared “bad” on the outside there was probably “good” on the inside.

Findings:

- At the onset of the interview, some people seemed to need permission to be honest about what they saw.
- People have a tendency to make assumptions about our youth that are not necessarily true.
- A person’s assumptions/beliefs about youth can be based on the persons age, gender, and experience.
- People have a tendency to ignore our youth.
- Our youth sometimes have to deal with: bullying, shame, and de-personalization.
- Nadia advised the group that she did not want stigma to be in the room she wanted to have an honest conversation with everyone.

Action Plan

- **Individual:** The youth voice should be heard when planning for the youth. The youth should be allowed to determine who speaks, or acts at the CFT. The youth should have the final.
- **Community:** Agencies should allow youth to serve as representatives for other youth during the planning process.
- Discussed various youth roles: **Peer Support, Youth Advocate, Youth Partner** and **Youth Coach/Coordinator**. The group felt that the Youth Advocate should

be well verse in policy/procedures and the system of care. The person should possess the ability to engage others. The group felt the Youth Partner should have experience working with youth and be recognized as an important part of the organization. The Youth Coach/Coordinator does not necessarily have to know all of the system of care. A youth and not adults should provide peer Support. It was felt that a persons experience was more important than a person's age.

- The group felt that the skill set of all the youth should be used as a resource for youth. All youth have ownership and a role as well as various skills.

Governance/Agency & System

- Youth should be involved in things affecting youth. Youth should be allowed to have a voice and voting rights on various committees, boards, legislations, etc.

Next Steps:

- A draft of the plan will be submitted via email to the group for review and comments.
- Committee members were ask to bring their comments to the next meeting.
- At the next meeting, the draft plan will be reviewed and discussed with the group. At this time suggested ideas, changes, etc. will be incorporated into the plan.
- Next meeting dates:

August 18, 2009

- **5pm – 6pm: Youth Planning Session**
- **6pm – 8pm: General Council Meeting**

August 26, 2009

- **5pm – 6pm: Youth Planning Session**
- **6pm -8pm : General Council Meeting**

APPENDIX L

Stigma Dude Exercise

The “Stigma Dude” exercise was spontaneously developed in response to an in depth discussion of stigma by the Council. Figures 1 – 4 illustrates “Stigma Dude” which is an outline of an individual to represent youth. The youth council members were ask to introduce the “Stigma Dude” to peers, and ask them to ‘dress’ the figure with labels that came to mind. The youth council members could specifically suggest that the Stigma Dude was a youth in the system to help draw out system-specific stigma. They could ask “What do you see? What comes to mind?” Upon completion of this task, at the following council meeting the labels were compiled to draw out most common types of stigma faced by youth , including specific language and labels that allow stigma and oppression to continue.

All Council members were ask to introduce the “Stigma Dude” to peers, and ask them to ‘dress’ the figure with labels that came to mind. The Council members could specifically suggest that the Stigma Dude was a youth in the system to help draw out system-specific stigma. They asked peers, “This is a youth (in the system). What do you see?”

At the next Council meeting the “Stigma Dudes” were hung on the wall and Council members had an opportunity to describe the results and what the process of asking their peers was like. The exercise drew out some of the most common types of stigma faced by youth , including specific language and labels that allow stigma to continue.

Outcomes of the exercise:

- Some people initially used positive social work terminology to describe what they saw
- People under 25 years old who were interviewed appeared to be critical of the parents at the onset of the interview and later talked about the parents/family strengths.
- When a group of “girls” and “guys” were interviewed, the “boys” talked about all the negatives, while the “girls” looked for the positives. The “girls” felt, while the person appeared “bad” on the outside there was probably “good” on the inside.
- At the onset of the interview, some people seemed to need permission to be honest about what they saw and tended to say the ‘right thing.’
- People have a tendency to make assumptions about our youth that are not necessarily true.
- Even when a person has positive assumptions about youth; they can very easily identify and connect with the negative assumptions that exist
- A person’s assumptions/beliefs about youth can be based on age, gender, and experience.
- People have a tendency to ignore our youth.
- Our youth sometimes have to deal with: bullying, shame, and de-personalization.

Figure1

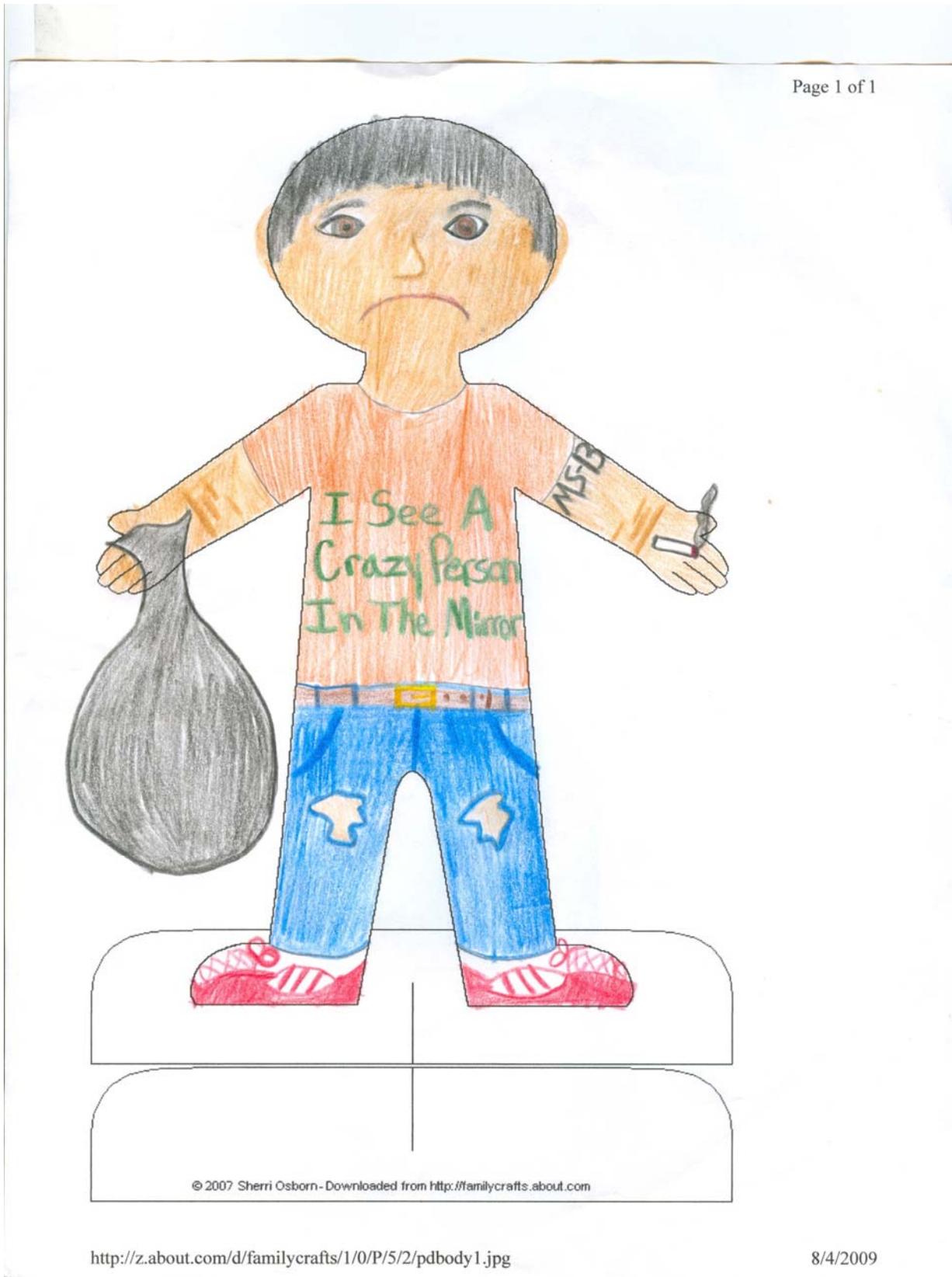


Figure2

STIGMA DUDE



STIGMA DUDE

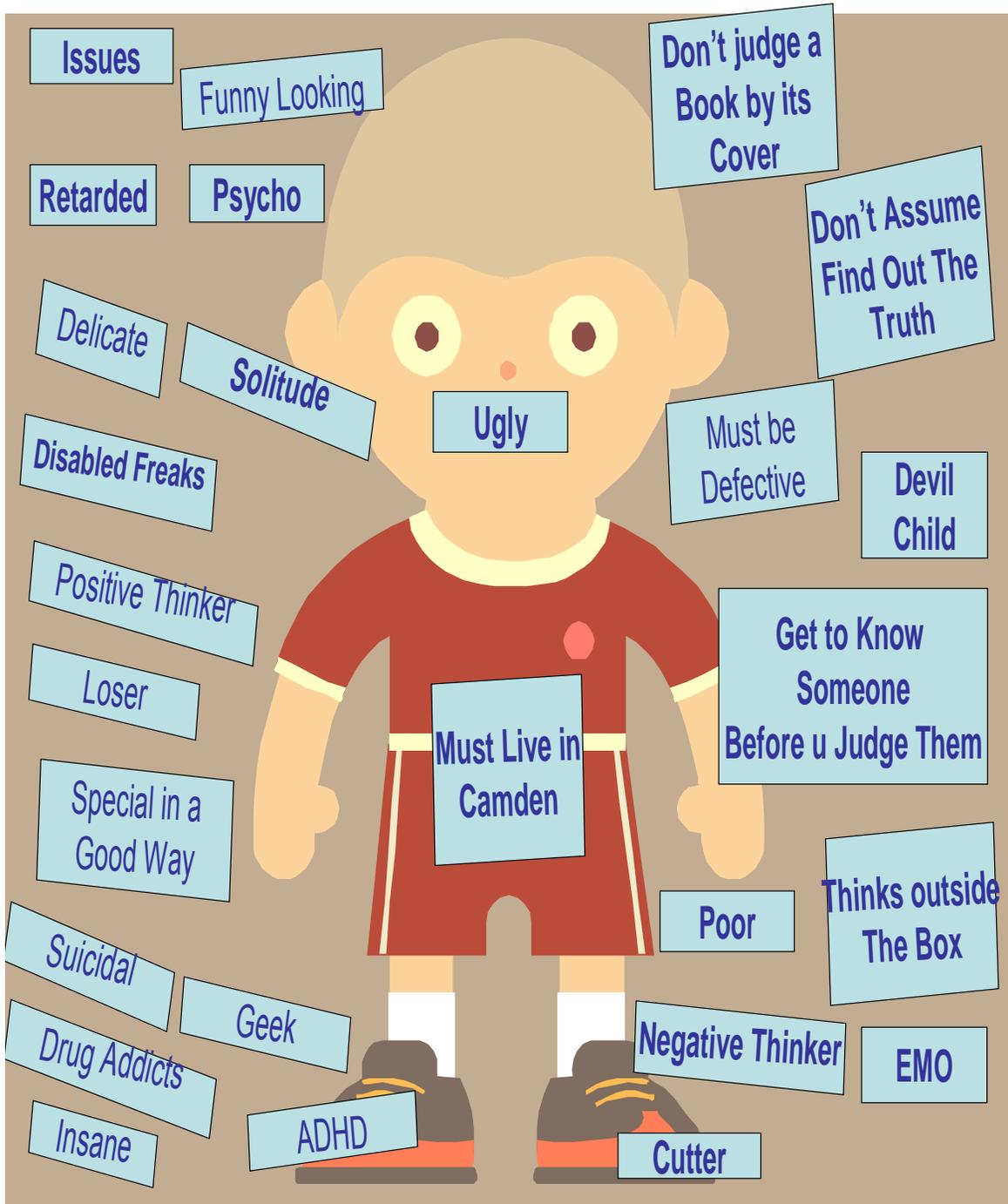


Figure 3

STIGMA DUDES

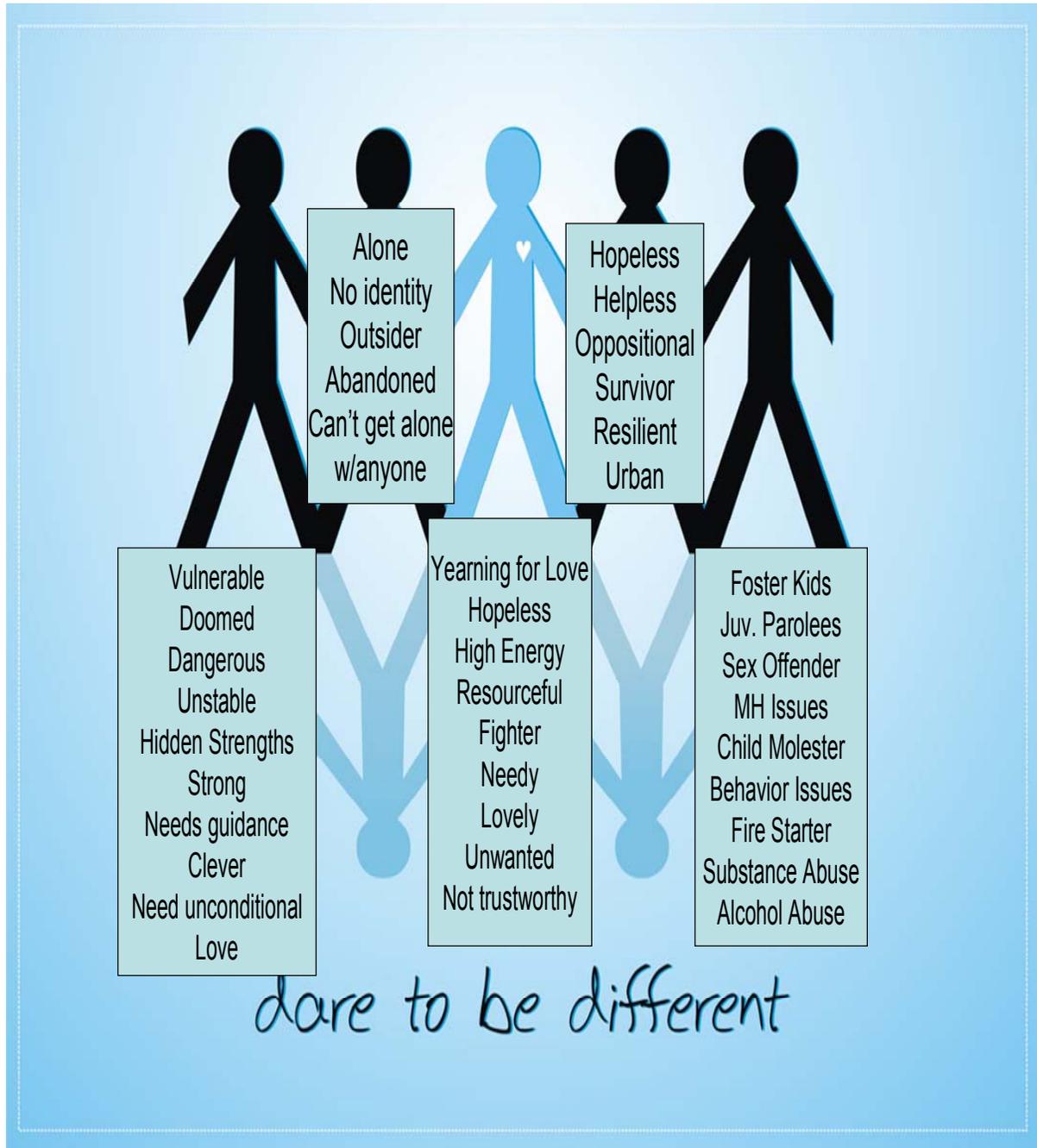


Figure 4

APPENDIX M

Youth Culture Exercise

During a Youth Development Council meeting large sheets of paper were posted around the room with the following category headers:

- Clothes/Apparel
- Beliefs/Assumptions
- Language
- Music/Art/Media
- Celebrations/Milestones

Youth and adults were asked to list comments under the various categories at it related to their understanding of current youth culture. Following the exercise, a discussion was held with the youth regarding the various categories and their responses. There was agreement that youth culture represents a unique set of behaviors, customs, celebrations, language, etc (as captured in the definition of culture the Council adopted), however some members felt that youth culture is a distinct and separate culture and others felt it was more of a subculture.

This exercise was adapted from the Positive Youth Development curriculum developed for child welfare staff by the National Resource Center for Youth Services at the University of Oklahoma (www.nrcys.ou.edu).

MUSIC/ART/MEDIA



Figure 5

MUSIC/ART/MEDIA

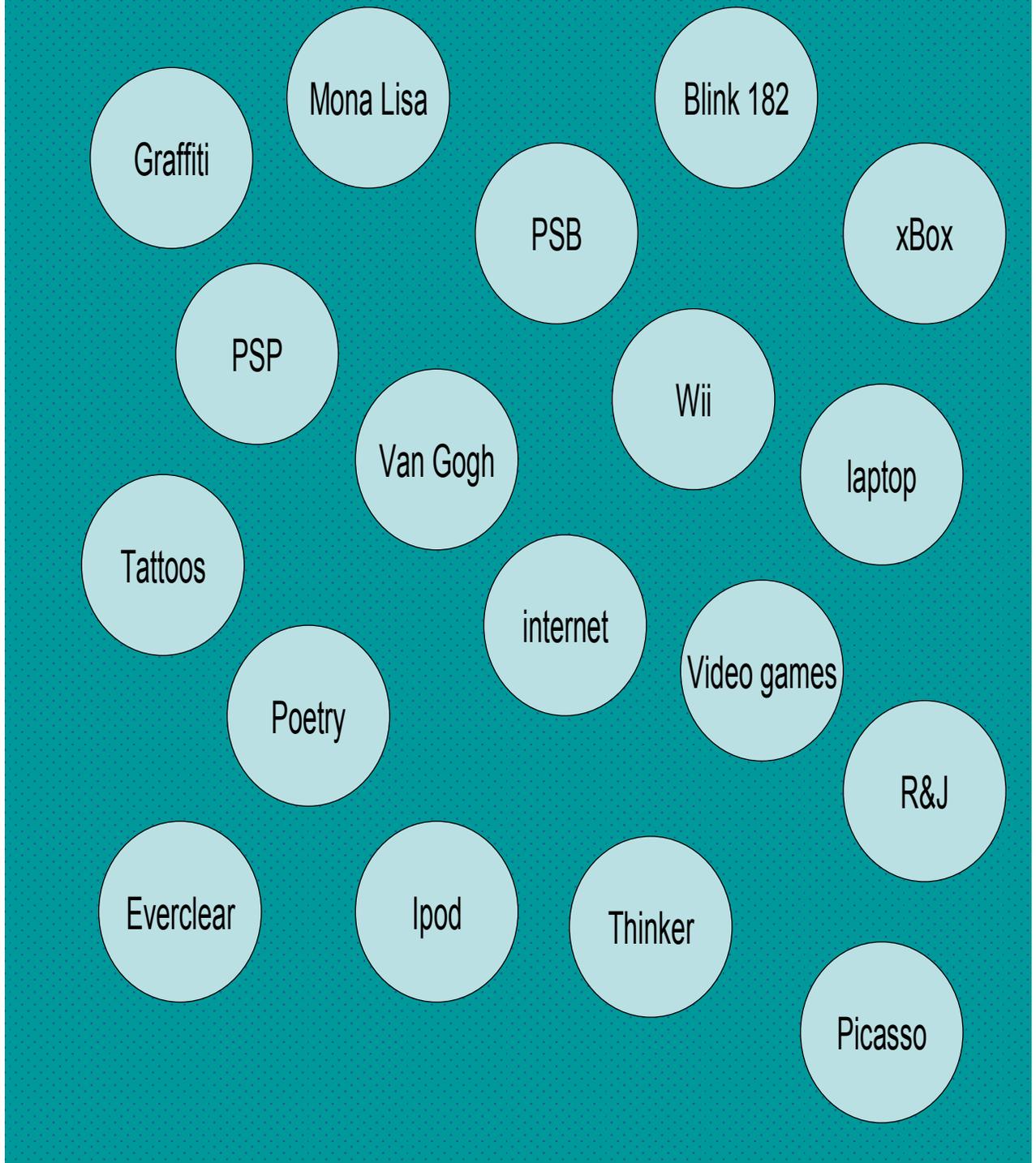


Figure 6

MUSIC/ART/MEDIA



Figure 7

CELEBRATIONS/MILESTONES

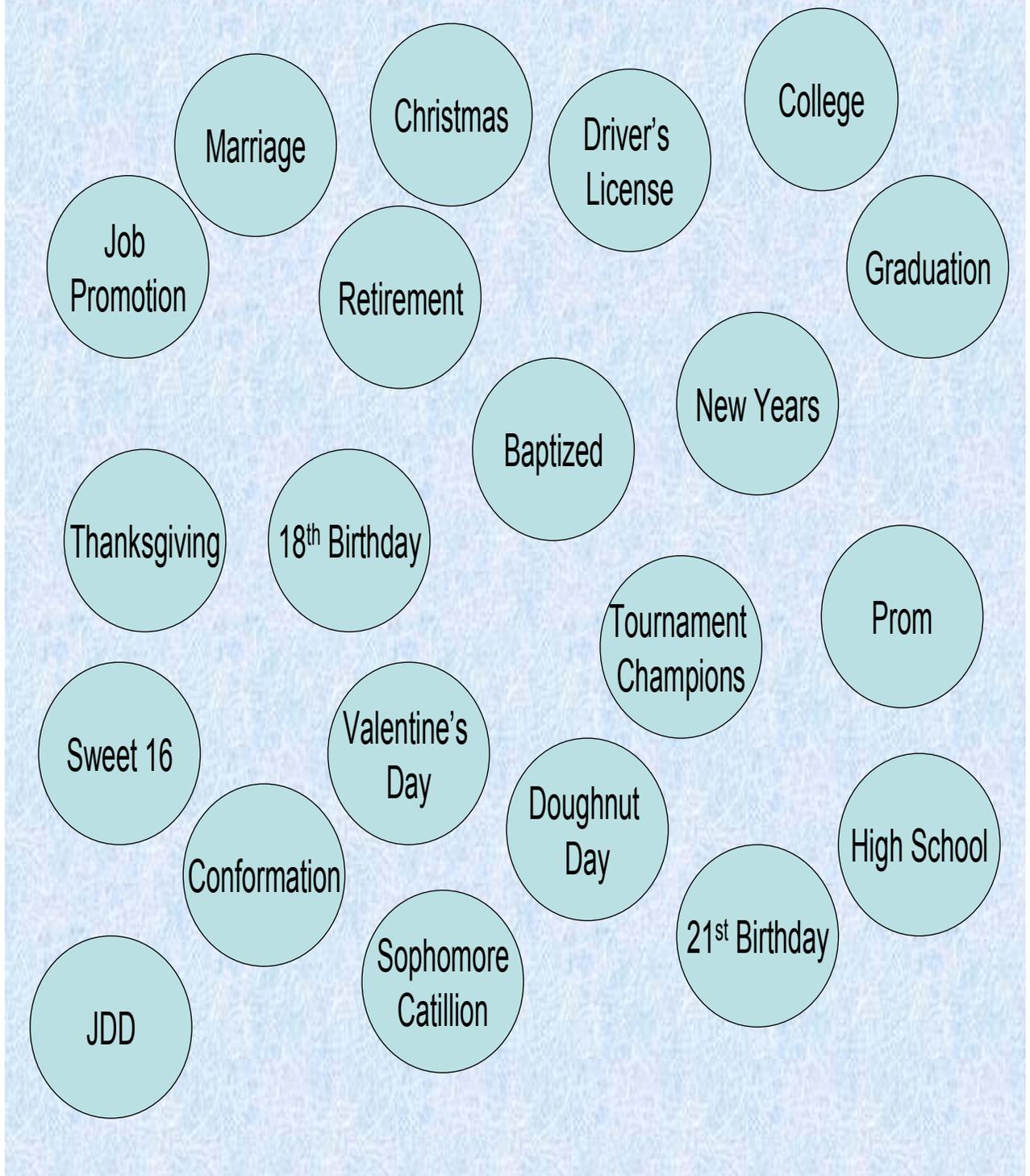


Figure 8

CELEBRATIONS/MILESTONES

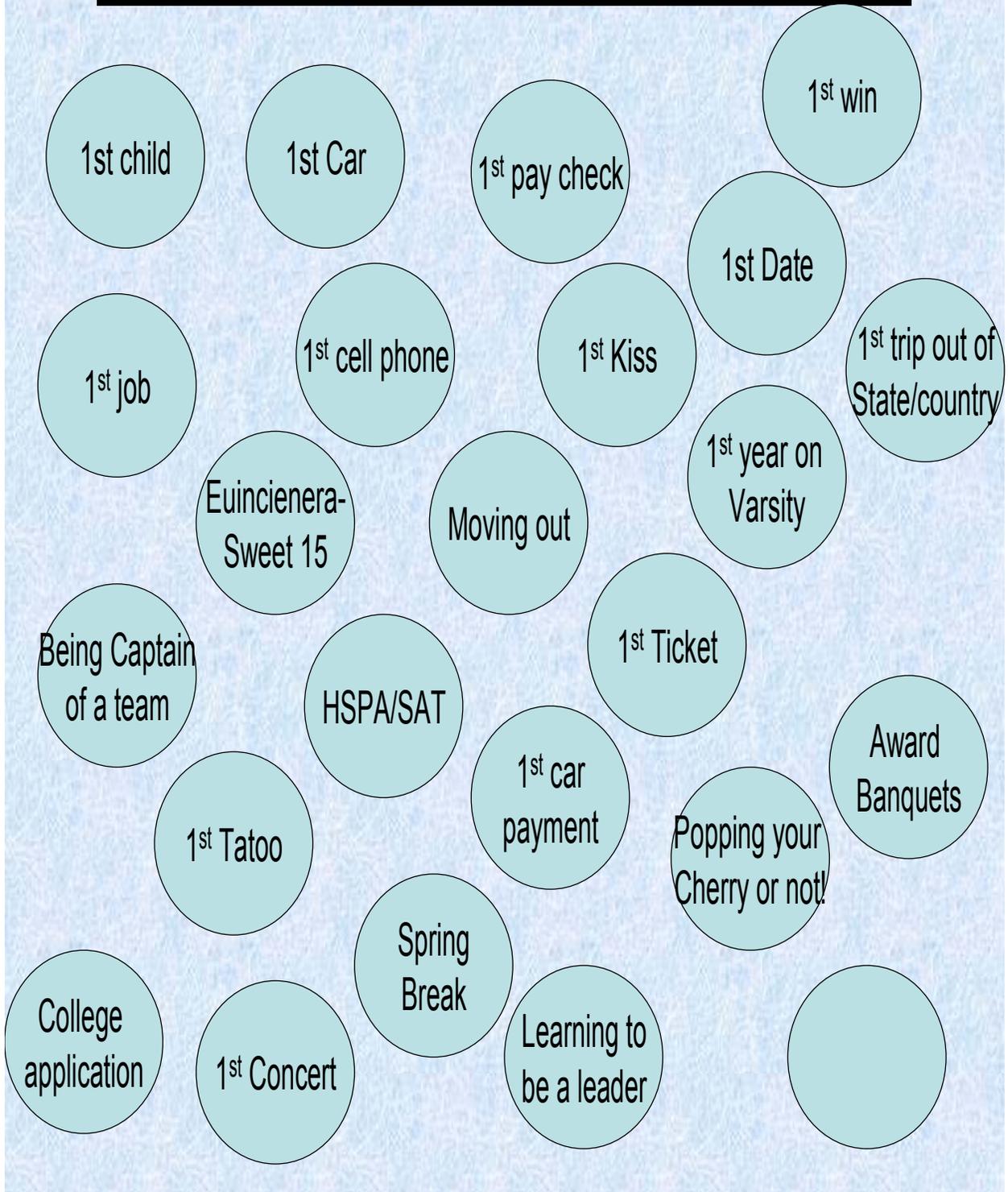


Figure 9

BELIEFS/ASSUMPTIONS



Figure 10

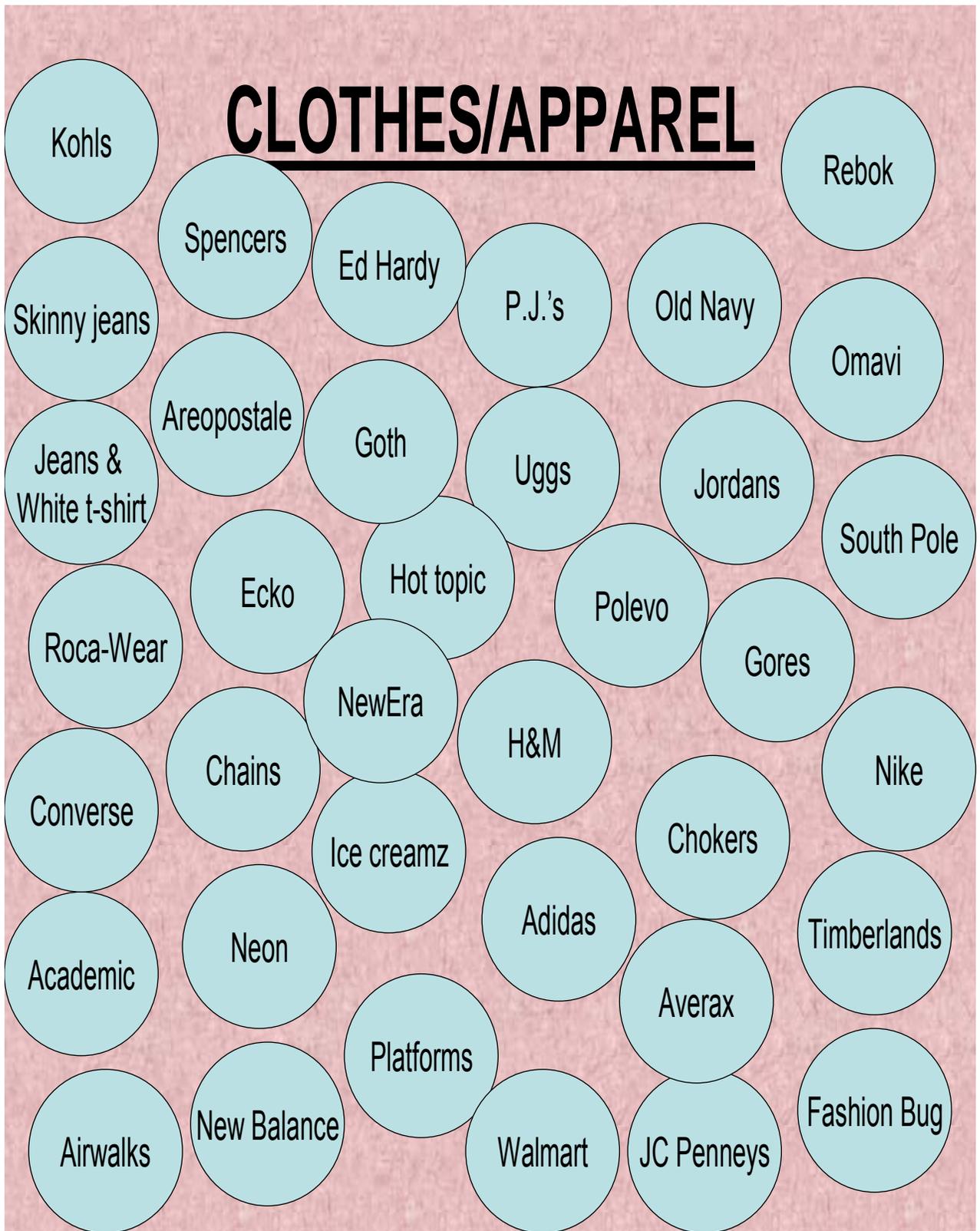


Figure 11

LANGUAGE



Figure 12

LANGUAGE



Figure 13