

DHS/ Addictions & Mental Health Division
Children’s System Advisory Committee
ISSUE BRIEF --- DRAFT
Youth Involvement – July 2007

Issue	<p>CSAC needs to clearly describe how the membership and AMH will support youth with mental health disorders including: defining responsibilities youth have in the system of care development, the Children’s System Change Initiative and the implementation of a statewide System of Care in Oregon. CSAC and AMH would also describe how embracing the term ‘youth-guided’ care is consistent with the System of Care core values and guiding principles.</p>
Background	<p>Currently there are three positions on Children’s System Advisory Committee; however youth have been unable to attend on a regular basis for a variety of reasons, including school schedules. Meeting times and transportation continue to be a problem for many youth. Throughout the State of Oregon, youth are under-represented on workgroups, advisory committees and boards, including local, regional and state.</p> <p>The Federation of Families for Children’s Mental Health (FFCMH), a national advocacy organization for family members who have youth with mental health disorders, have been supporting youth involvement for the past several years. Currently under the support of the FFCMH, YOUTH MOVE (Motivating Others through Voices of Experience) is replicated across the country. Youth participation involves the following ‘ladder’:</p> <ol style="list-style-type: none"> 1. Manipulation ⇨ Youth involvement used by adults to communicate adult’s messages. 2. Decoration ⇨ Adults use youth to promote or support a cause without informing the youth. Youth are not involved in the design or decision making. 3. Tokenism ⇨ Symbolic representation by few. Youth may not have a genuine voice. They may be asked to speak for the group they represent. 4. Assigned but Informed ⇨ Youth do not initiate, but understand and have some sense of ownership. 5. Consulted and Informed ⇨ Designed and run by adults who consult with youth. Youth make recommendations that are considered by adults. 6. Adult Initiated, Shared Decision with Youth ⇨ Designed and run by adults who share decisions with youth. 7. Youth and Adult Initiated and Directed ⇨ Designed and run by youth and adults in full partnership. 8. Youth Initiated, Shared Decisions with Adults ⇨ Designed and run by youth who share decisions with adults. 9. Youth Initiated and Directed ⇨ Designed and run by youth and

	<p>decisions made by youth.</p> <p>Youth inclusion and participation has been shown to improve a youth's ability to not only guide their own care as a youth, but to drive their own care as an adult consumer. Youth are able to develop their advocacy skills, ability to collaborate with multiple partners, improve their understanding of systems and improve outcomes for their own health.</p>
Policy Discussion	<p>Without a clear understanding by all organizations working with youth, the term 'youth-guided' has no meaning. Currently, there is no common framework in place for communities to use to ensure that youth have guided the planning, implementation and evaluation of their services. AMH would like to adopt a uniform definition and move forward a work-plan that would enhance the ability of the Office to promote youth involvement in all systems of care using the nine suggested principles in Youth MOVE.</p>
Recommendation/Rationale	<p>All agencies including AMH, MHO and sub-contracted programs, county mental health programs and family organizations will adopt the Youth MOVE policy. This policy will provide the framework for all youth serving agencies to move forward with youth guided care and true youth inclusion throughout the system. This policy will support the values and principles in the Children's System Change Initiative, and the implementation of a Statewide Children's Wraparound and System of Care in Oregon.</p>