Listening to West Virginia Youth:

A Youth Focus Group Report

Summer 2021

MARSHALL

CENTER OF EXCELLENCE FOR RECOVERY

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Introduction

With a goal of incorporating youth voice into planning for prevention services for 9- to 20-year-olds in West Virginia, the Marshall University Center of Excellence for Recovery (MU) in partnership with the West Virginia Department of Health and Human Resources, Bureau for Behavioral Health (BBH) conducted a series of youth focus groups with high school age youth (ages 15-18) during summer 2021.

Understanding youth perspectives through youth voice is a vital aspect of understanding what system change and capacity building efforts are needed for prevention services throughout West Virginia (WV). The findings from listening to youth perspectives will be utilized to direct resources, improve services, and develop policy to serve the needs of youth in WV communities. This assessment may also be utilized to design and conduct capacity building activities to improve the understanding and practice of substance use prevention by community coalitions and other prevention and youth-serving organizations to better reflect youth needs.

Methods

MU and BBH partnered to identify topics and questions for focus groups of 15- to 18-year-olds as well as recruitment materials. A series of questions were developed along with a protocol for recruitment, parental consent, youth assent, group facilitation, and analysis. The Marshall University Institutional Review Board reviewed these documents and determined that this work was not human subjects research due to the quality improvement purpose.

The developed recruitment flyer shared the overall purpose for the focus group, who was encouraged to attend, and when the groups would be held via Zoom technology. The BBH and community partners recruited individuals aged 15-18 years for each of the focus groups through various community groups and youth-serving organizations. Volunteers were selected on a first come, first served basis to garner diversity in gender and race by completing a short, online demographic survey with the guardian consent being signed and either emailed or mailed to MU. Volunteers received a $30 Amazon e-gift card for participation. A total of five focus groups took place with 18 total youth participants.

MU tracked all consent forms and matched them to youth who signed up through the demographic survey or email. Members of the

Focus Questions

- What issues are of most concern to you and your friends?
- Do you think substance use and mental health issues are a problem for young people your age?
- What types of supports do you think would be most helpful to prevent substance use or mental health disorders?
- What ways would be most effective to get youth involved in activities to prevent substance use or mental health disorders?
- Who is your go-to person to talk to when you have a problem?
- What is one thing you want us to hear about your experience relating to COVID?
- What is your single biggest concern about graduating from high school and stepping into the work or higher education world?

research team filled various roles in facilitating the focus groups such as facilitating verbal youth assents prior to beginning, taking notes, and working with the technology. The sessions were not recorded but were live transcribed using Otter.ai software compatible with Zoom so that youth could turn on closed captioning and to facilitate data collection and analysis. MU staff hosted the focus groups through both Zoom videoconferencing and in person when requested. Staff ensured appropriate referrals for any behavioral health needs brought up in the groups. The notes and transcriptions from the focus group were analyzed using qualitative data analysis methods to identify themes in the data. From the data collected on these youth perspectives, the research team prepared this report of the findings to present to BBH and key stakeholders through the state to encourage integration of youth voice into the prevention service system and improvements in youth prevention services.

As with any research methodology, there were some barriers. Technology places limitations on the number of participants, which can limit the responses in terms of both quality and quantity. The groups represented a good cross-section of youth in the state, but the focus group methodology limits the amount of information gathered. There may be a difference between youth who choose to participate and those who do not, but it is not possible to know the nature of that difference. Overall, however, the groups sampled appeared forthcoming and shared relevant and detailed information about their experiences.

WV's Prevention & Early Intervention System

The infrastructure of prevention services and youth support in WV includes programs and efforts funded primarily through the WV Departments of Health and Human Resources (DHHR) and Education (DOE).

The DOE reported a total number of 261,633 students and 652 schools (elementary, middle, and high) during school year 2019-2020. There were about 1,600 student support staff that range from truancy diversion specialists to school counselors. The DOE also reports additional community-based supports for social, emotional, behavioral, mental health, and trauma.

Prevention services in WV are largely provided through funding from DHHR's Bureau for Behavioral Health (BBH). Some are also provided through funding from the WV DOE, the DHHR's Bureau for Public Health, WV Department of Administration, direct federal grants, various foundations, and fund-raising by youth/community groups. The BBH is the federally designated single state agency (SSA) responsible for planning, carrying out, and evaluating activities to prevent and treat substance misuse and related activities (42 U.S.C. 300x-30 and 45 CFR 96.121). BBH supports evidence-based practices that promote social and emotional wellbeing, prevention approaches, person-centered interventions, and self-directed or recovery-driven support services.

Prevention funding administered through BBH flows to six prevention lead organizations, which assist in providing prevention strategies, programs, training, and technical assistance. These six organizations are responsible for supporting primary prevention services in their catchment counties. Find more information at https://helpandhopewv.org/prevention-in-your-region.html.

Also housed within each region is a Regional Youth Service Center (RYSC), a statewide network that serve youth, families, and communities through outreach, engagement, and outpatient behavioral health services. The six RYSCs strive to strengthen community resource awareness and promote positive family outcomes through coordinated services using evidence-based programs and practices.

Findings

Key Findings & Recommendations Prevention System Improvement

1. During these times of isolation and stress, **mental health issues have increased for youth and their families.** While additional supports have been put in place such as the WV Children's Crisis and Referral Line launched in December 2020, students described still having difficulty in accessing supports. For some youth, COVID has increased isolation due to not being able to go out and see friends as much as usual. It has also created new struggles with adjusting to new normal with school and community while being inundated with misinformation resulting in decision fatigue which is a state of mental overload due to the complexity of new daily choices. Positives during this time for some youths were that they had more time to connect with their families.
    - **Recommendation 1.1:** Develop **mental health promotion and prevention** communication and activities with youth in mind and with youth at the table co-creating the content of messaging or selecting programming and determining avenues for delivery. ***Youth reported needing mental health promotion and prevention relevant to them provided in an easy-to-understand, up-to-date and interactive format. They particularly need these in times of stress and life transition.***
    - **Recommendation 1.2:** Support a range of **self-expression activities** in which youth are actively involved in developing and implementing those activities. ***Youth reported needing more informal supports (in addition to prevention and formal behavioral health services). Youth requested that activities be non-***

intimidating, approachable, inclusive, supportive, fun, free if possible, and interactive in a way that does not involve too much physical interaction to be cautious of COVID-19.

- **Recommendation 1.3:** Support services and programs that: 1) provide a **caring individual** to be present in the life of a child; and/or 2) facilitate helping caregivers, families and anyone working with youth to learn the **skills needed to be more supportive and present**. ***Youth reported needing supportive people in their lives. These were typically honest, straightforward individuals that are there when youth need them to listen, spend time with them and encourage them to be resilient.***
- **Recommendation 1.4:** Support services and programs that facilitate the development of **nurturing environments** in every domain of youth lives including family, friends, schools, and communities. ***Youth reported needing supportive, nurturing environments where there are healthy social norms around mental health, substance use, diversity, and inclusion and where bullying and lack of inclusion based on ethnicity/beliefs, life situation, sexual orientation, gender, body type, etc. are discouraged by strong adult and youth informal leadership as well as formal policies and programs.***

2. **Substance use disorders are a prevalent experience in WV youth lives**. Despite increased resources throughout the state, there is still stigma attached to seeking help for behavioral health problems, and there are still perceived geographical and financial difficulties with accessing appropriate treatments for youth and their families.
   - **Recommendation 2.5:** Support communications and system changes that normalize reaching out for help with behavioral health problems. ***Youth reported needing more direct access to services that they perceived as safe and confidential that could be utilized without the involvement of others. Peer mediation and mentoring models could be explored to address some of this need as peer mentors and counselors could act as guides to connect youth and allow them to feel comfortable seeking help from behavioral health professionals.***

Major Themes

This section provides specific information on themes gleaned from analyzing youth responses.

Influence of Substance Use Disorders

Several youths spoke about the fact that substance use and addiction are far more common than many would suspect. More than one mentioned lost friends and/or family members and the isolation they felt in not having a forum to seek assistance and support during the loss. They noted that some of their peers may lack self-awareness and not acknowledge the issues they are facing since the use of substances helps them to cope with ongoing stress and trauma.

In addition to seeing family members and members of their community's struggle with substance use disorder, several youths reported that "*a lot of teenagers, we use drugs and alcohol as a way to cope with mental*

health issues, family problems etc. And then they develop addictions." Youth reported significant loss and grief as a result. "One youth said, "*It's affected me like really personally. I've lost my best friend to overdose, and I've lost a few family members to it too*." Another youth agreed, "*I've seen a lot of that in school and it has affected me and my friends. It's been very stressful"* One youth spoke about their experience trying to help a friend, "*One of my friends is facing addiction. So, and you know when he's facing addiction, you're trying a lot to try and prevent it and sort of rehabilitation but find it very hard to recover*."

Several of the youth reported noticing that the pandemic increased substance use, even in their peer group or family. "*I just like noticed that people were purchasing more alcohol, or I noticed some people in my group were using marijuana more or vaping*." Another problem noted was the social sanctioning of alcohol use in particular. One youth noted that while many in the community condemn the use of illicit drugs and misuse of prescription medications, they will readily buy and overconsume alcohol with little awareness of the problems with dependence they exhibit.

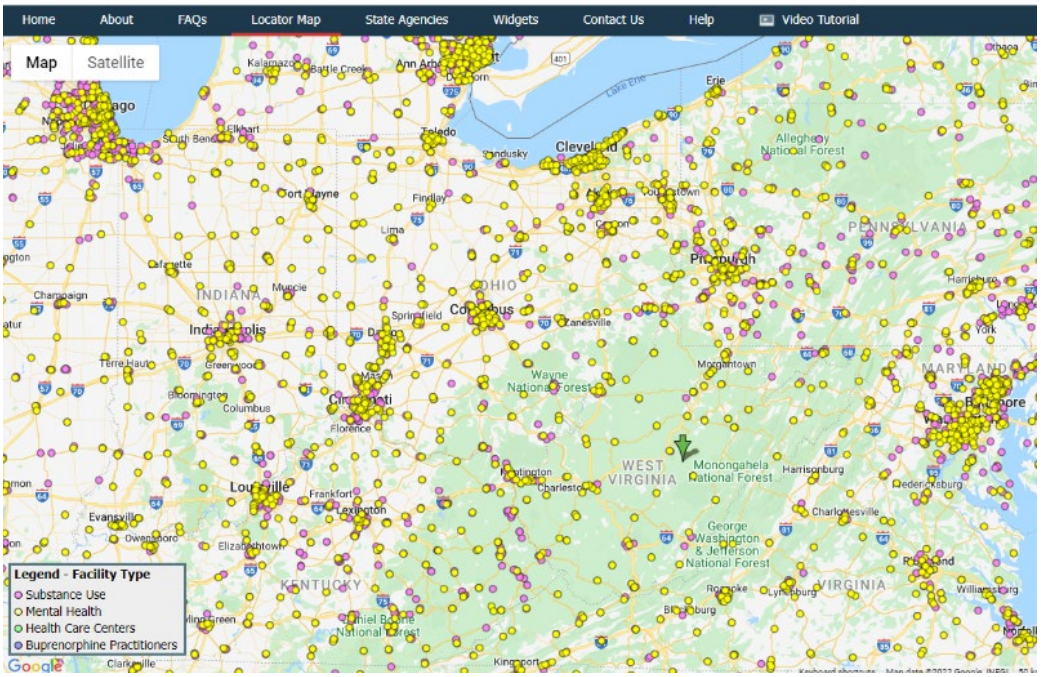
Youth also noted the role that stigma plays in reducing both the acknowledgment of the problem and the willingness to seek treatment when it is available. COVID was noted as a factor that both exacerbated the risk of substance use and the escalation of mental health problems. It was also mentioned as a factor that reduced access to the type of supportive services that would be beneficial to youth at risk for substance use and behavioral health crises. There is still stigma attached to seeking help for behavioral health problems, and there is still a lack of geographical and financial access to appropriate treatments for youth and their families. One student talked about stigma preventing younger students from coming forward and asking for help. Another student said, "*There's a negative stigma towards it, so people don't want to admit that they have this stigma, or that they fall under the stigma, because they will get judged based off of that."*

Despite a concerted investment of resources over the past few years, treatment for youth and families is often not available on demand. Youth and families still report having difficulties accessing behavioral health services that are the right fit for them. Although the number of Expanded School-Based Mental Health sites is growing, they are not available in every school or community. In 2022, there are 74 funded Expanded School-Based Mental Health schools. 56 sites are funded v by DHHR's Bureau for Behavioral Health, and 18 sites are funded via WV Project AWARE SAMHSA grants. Additional sites are self-implementing via diversified funding to deliver three-tiered system supports.

Though the barrier of parental consent is removed when treatment is available, the number of therapists and treatment professionals that are trained to treat substance use disorder (SUD) is low. While healthcare reform and Medicaid expansion in WV increased access to insurance covered OUD/SUD treatment services, they underscored WV's behavioral health workforce challenges. The small number (273 statewide in 2022) of SUD treatment professionals in WV and especially the small number of clinical supervisors (35 statewide in

2022) has created a staffing crisis that has limited the number of new programs that can be developed. There are only 14 Licensed Marriage and Family Therapists (LMFT) practicing in WV in 2022 according to online records provided by West Virginia Board of Examiners in Counseling (accessed 3/14/2022 at https://wvbec.org/counselor-and-therapist-license-verification/). Statewide, there are about 980 Licensed Professional Counselors, about 4,500 Licensed Social Workers and about 700 active Licensed psychologists (accessed 3/14/2022 at https://www.wvsocialworkboard.org/Licensure/License-Verification and https://psychbd.wv.gov/license-info/License-Search/Documents/2022-1-21%20Verification%20of%20Licensure.pdf).

Statewide in 2020, there were approximately 20 organizations providing treatment for OUD/SUD at 43 sites. The pink dots in the following SAMHSA treatment locator map show the locations when accessed at https://findtreatment.samhsa.gov/locator on 3/14/2022. Most (79%) of the organizations are private for-profits. Outpatient opioid and substance use disorder treatment services are largely provided through the Comprehensive Behavioral Health Centers (13 agencies serving all 55 counties). There are about 1,000 recovery beds providing substance-free environments with recovery supports. Additionally, OUD/SUD treatment is available in prisons and some regional jails operated by the WV Division of Corrections.



Geographical and financial barriers can impede access and many youths either do not have the financial resources in actuality or do not realize the resources are available to assist them in affording treatment. The scarcity of behavioral health professionals heightens stigma. Because rural communities often do not have trained professionals to address mental health issues in general or SUD specifically, there is less accurate, de-stigmatizing information available in these communities. In other words, there is no one to offer information and observations that may counteract stigmatized beliefs. As such, one barrier acts to accentuate the other.

In terms of solutions, several youths spoke of **the need for more mentoring and more focused supportive relationships** as prevention factors that may reduce the development of mental health issues and substance youth. The need for more accurate information and non-judgmental environments where treatment is available was also mentioned. The Help and Hope WV website at https://helpandhopewv.org/get-help.html and call line at 1-844-HELP4WV have been available for several years as a starting point for finding help.

Increase in Stress & Anxiety

When asked about problems youth had as a result of COVID-19, participants discussed a number of related issues centering on isolation, decision fatigue, problems adjusting to changing school platforms, and lack of connectedness with friends. However, positive themes also arose, including being able to **connect with families and appreciating time spent with others**.

Most participants felt they had spent an enormous amount of time staying at home with little to do, which did bring up issues of increased substance use, as well as eating disorder-related issues. The participants stated that isolation led to stress and mental health issues. One participant said that the isolation made them realize the need for interaction, stating: "*I guess I didn't realize how social I actually was until I was isolated. So, the social isolation, I feel, has also been a big part of everybody's mental health struggles*."

Online learning was a stressor that contributed to problems during COVID. Participants spoke about issues related to negative impacts on their grades due to needing structure for online learning. Some students found the experience "*overwhelming*" and that there were distractions as barriers to learning. A few participants had a particularly difficult adjustment to online learning, stating that they didn't really learn a lot and that grades suffered as a result of COVID.

Misinformation and decision-fatigue were also issues raised as problems exacerbated by COVID-19. An example given by a participant was "*where we're debating whether or not we should be able to go to the grocery store and get what we need for dinner or not just with the constant worrying of being, am I going to get exposed. Should I wear my mask, even though I'm vaccinated, like we are having to make many more decisions a day, and we're just getting fatigued from that alone*."

Misinformation was an issue that made several participants question previous relationships. One stated, *"scrolling through social media and seeing so many things that are posted, you know by people that I've known for so long, and that I used to have so much respect for that are just not true and they're honestly harmful."* This misinformation was stated as being negative on individual mental health. "*And I kind of let myself sometimes get really you know emotionally involved in these, you know, decisions of other people. And I've had to kind of take a step back and tell myself that I can't, you know, control everything like I can't, you know, make decisions for everyone."* The desire to end misinformation was cited as being an issue that would broadly improve mental health, "*I really wish that we could all reach some kind of like, at least common ground and*

just stop with the misinformation and the fighting and all the negativity because I think it's really damaging a lot of people." Thus, negative feelings over perceived unknowns led to perhaps unforeseen harms that may have long-lasting impacts after this pandemic.

Some of the participants said they enjoyed the time that they spent at home. They enjoyed being able to connect with family members. One participant described their experience as positive, "*COVID wasn't really that bad on my part. Because the more I did spend my time at home I was able to connect more with my parents because they weren't that much busy… they stayed more at home, compared to the amount of time they left the house, so we had some board games that we used to play. I do remember we used to play chess a chess at home. And we were able to connect as a family, much more compared to the prior COVID period*."

Participants discussed ways that they stayed in contact with friends and family, specifically mentioning the use of FaceTime as one way to feel connected to others. One participant specifically stated that FaceTiming with grandparents allowed them to stay connected, despite the distance.

Therefore, in identifying needs for resources, these focus groups indicate that mental and behavioral health issues increased during times of isolation and stress. Changing platforms and ways of learning and interacting with each other also increased stressed. Social media could be both much needed as a social platform, but also extremely negative when misinformation was spread. FaceTime and other electronic ways of staying connected. This indicates a need for strong technological availability, including internet infrastructure and technological resources like smartphones and computers.

Lack of Support

Youth reported not having enough support in various aspects of their lives including not having access to enough effective prevention, early intervention, and treatment services.

One youth said they were not getting enough unique information about behavioral health. "*Getting told the same thing over and over like a broken record, but really not that information that you need."* One youth suggested that behavioral health information should even be included in the school curriculum. Youth expressed that they want to be listened to and be involved in decision-making. "*Sometimes, listen to us. Just being teenagers, we can be able to make our own decisions*." Additionally, information about activities or services that are available are not being done in a way to appeal to youth and to reach most youth. *"I feel like the way most places in West Virginia advertise for help isn't appealing to teens."* One youth said, *"I feel like it's not that there's not opportunities. There's just none that really appeal to anyone. I feel like most of them are set for an older audience, that there's nothing really in the middle school to do."* One suggestion was to offer activities and services in the community and to various age groups of youth, not just in the schools.

Youth expressed that some of them and their peers do not have enough support from caring adults or mentors as well as a lack of more formal behavioral health services. "*Do we have enough activities? We don't.*

We clearly don't have enough services." Another youth said, "*I don't think there's enough things done." For example, "There's not like enough awareness, and in the school that I've seen, like there hasn't been no help. Like, there hasn't been, let's just say anyone to help those kids who have been going through a lot. And, like, foster adoption and stuff like that. It's been stressful for them, and they've been trying to fit in. It has never worked out for them as much and we, I try myself to be friends with them but they kind of keep to themselves a lot and I respect that, for them*."

Youth also talked about how that some of the services that were made available to them were not effective. One youth discussed how scare tactics were being used instead of evidence-based prevention, "*I feel like the scare tactics in the majority, I just feel like it just was really poor of our teachers in high school to do that."* Another young person said that scare tactics were used to try to prepare student for college when the youth would have preferred a more supportive, nurturing approach. Another youth talked about how just being provided information wasn't helpful. "*Well, I know we're always so used to just being handed these like pamphlets and stuff and just being told to like read them and all that, and I don't know. I just know that that doesn't work*." They requested prevention activities and information "*that's not just being thrown in your face*."

Youth expressed a request for supportive activities that would be non-intimidating, approachable, inclusive, supportive, fun, free if possible, and interactive in a way that does not involve too much physical contact due to COVID-19. One student said that youth, "*need to have a good outlet, something that they can, you know, lean on. That makes them feel good about themselves*." One specific request was for a support group for youth affected by loss due substance use disorder. "*So, the whole point of this is to build a community where people who are affected by that can feel welcome or feel safe and actually get help from their problem, but it also is important, you know, to have some activity so I guess, main thing I'm saying here is we should make it fun. I guess you make it fun for different groups of our peers. That way they can soak up that information*." One older youth said that fun activities stick with them especially if they are participating with their friends or other people they feel safe with. A few youths talked about how much they enjoyed activities in their community's such as fairs, festivals, parks, and activities where youth could express themselves creatively.

Several youths cited a parent as their main source of support, while other youth did not have strong relationships with their family. An example is one student said, "*My father is one of the most important people who always advises me on the negative impact of drugs in the community and what loss can really bring to my health*." Another youth said, "*I get a lot of support from my friend group. They understand. Friends will be honest. A lot of times, sometimes whether you want them to be or not. So, so that's good*." Another student talked about the need for people to be trained in how to listen and be more supportive. "*I think it's important to like sit and talk to them, and like understand them more, because some people try to support people and they don't even like understand what they're trying to be supportive for in it, like it just, it's kind of just a lot*."

Participants expressed several fears when asked about their thoughts after graduation. Fears of trying to find a job, not being near family, and being unable to make new friends in new places were mentioned across the focus group sessions. However, the most notable fear was that of loneliness. Loneliness was the predominant theme which included aspects of lacking familial support and having a difficult time meeting new people. Some participants spoke about their families providing substantial support, from siblings who provide for them to parents who always had a "vision" for their life. The idea of moving away or not being around their families as often after graduation seemed to relate to the general fear of loneliness. Several participants indicated that they may lack the social skills necessary to form new relationships on their own. This idea of being unable to make new friends also appeared to contribute to the general fear of loneliness after graduation.

Lack of Nurturing Environments

Several focus group participants mentioned other issues occurring outside of those associated with addiction and substance use. Bullying and a general lack of inclusion among students based on ethnic background and beliefs as well as life situations such as being in foster or kinship care or experiencing homelessness appeared to be a predominant theme. It was mentioned that although youth have attempted to challenge such intimidation, their efforts are of no avail. According to participants, these efforts may also be further thwarted by a lack of perceived support from authority figures in the school concerning issues of bullying. "*There's all the bullying that has been going on a lot in schools, and it's hard to kind of fight back. Because, like, I've seen kids like, try to but it's never worked out for them because they keep on getting bullied*." Likewise, participants note from their observations how other youth who have diverse backgrounds and/or beliefs similarly face exclusion and a lack of support.

Other predominant themes were issues concerning nutrition and body image. These issues seemed to be related to the COVID-19 pandemic as well as the increased influence of social media on youth. It was stated that anxiety and stress appear to play a contributory role when it comes to poor nutrition. One participant stated that she has friends and family who forget to eat due to experiencing significant amounts of stress. Another participant said, "*This may be just me but when I'm bored, I have nothing else to do, I get hungry and I eat, and I'm not necessarily hungry, per se, I'm just bored, and I suffered a lot in quarantine. Like I ran out of things to do very quickly."* Yet another participant reported that the increase in social media use has led to negative evaluations of body image among her peer group.

Summaries of Major Themes

During these times of isolation and stress, mental health issues have increased for youth and their families but access to supports have not increased in proportion with the need.

- Youth reported needing mental health promotion and prevention relevant to them and provided in an easy-to-understand, up-to-date, interactive format. They particularly need these in times of stress and life transition periods.

- Youth reported needing more informal supports (in addition to prevention and formal behavioral health services). Youth requested that activities be non-intimidating, approachable, inclusive, supportive, fun, free if possible, and interactive in a way that does not involve too much physical interaction to be cautious of COVID-19.
- Youth reported needing supportive people in their lives. These were typically honest, straightforward individuals that are there when youth need them to listen, spend time with them and encourage them to be resilient.
- Youth reported needing supportive, nurturing environments where there are healthy social norms around mental health, substance use, diversity, and inclusion, and where bullying and lack of inclusion based on ethnicity/beliefs, life situation, sexual orientation, gender, body type, etc. are discouraged by strong adult and youth informal leadership and formal policies and programs.
- Youth reported needing more direct access to services that they perceived as safe and confidential that could be utilized without the involvement of others. Peer mediation and mentoring models could be explored to address some of this need as peer mentors and counselors could act as guides to connect youth and allow them to feel comfortable seeking help from behavioral health professionals.

Discussion

Youth Empowerment

Young people in communities can serve as a catalyst for change when given the platform, opportunity, and resources. Youth serving as change agents in the community rather than mere participants of the environment is known as youth empowerment (Snavely & Rigby, 2017). Applying this empowerment approach to youth prevention programs develops social and political awareness in youth which enhances their skills in driving positive change within the community (Zimmerman, 2000). Youth empowerment shifts the perspective of young people from being a collection of problems to being resources to the community (Holden, 2004).

Pairing a framework that emphasizes youth empowerment facilitated by adult allies, also known as Youth Empowerment Conceptual Framework (YECF) (Holden, et al., 2004), with a framework rooted in prevention education, such as the Strategic Prevention Framework (SPF), can inform youth prevention practice that can bring about sustainable and purposeful change in the community (Brown, Crosby, & Hampton, 2019).

Positive Youth Development

The current understanding of youth has paved the path for positive youth-development (PYD). PYD has a focus on youth strengths instead of deficits, the need to serve all youth and not just at-risk youth, and the establishment of the community being responsible for youth development (Logwood & Thomas, 2017). This definition is broad enough to promote both problematic behavior reduction and adulthood preparation. Another definition by the Interagency Working Group on Youth Programs (2017) details PYD as "an intentional prosocial approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, utilizes, and enhances young people's strengths, and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strength." Prevention in general and

youth-led prevention specifically is rooted in PYD and embraces the notion of youth voice and empowerment through involvement in engaging community models (Logwood & Thomas, 2017).

Principles of PYD include the following: youth are actors in their own development, the focus is on all youth, everyone in the community is responsible for PYD, and multiple contexts impact youth development. A critical foundation of PYD include the features of positive developmental settings for all youth. Positive developmental settings emphasize physical and psychological safety, appropriate structure, supportive relationships, opportunities to belong, positive social norms, support for efficacy and mattering, skill building opportunities, and the efforts of multiple systems in the development of youth (Logwood & Thomas, 2017).

Youth-Led Prevention

Although many programs in a community aimed at youth may provide safe spaces for belonging, very few provide a chance to empower the youth and to address pressing issues in the youth's community (Talbert, 2017). Youth-led programs (YLPs) serve to empower young people by developing their knowledge, skills, and attitudes to drive community change. YLPs are a community-based process (CBP) whereby young people determine a problem of practice, identify the root causes, and select and implement evidence-based strategies to address those root causes (Talbert, 2017). At the core of YLPs is data-driven organizing, planning, collaboration, and implementation. Youth-led prevention is an ideal vehicle to support youth empowerment.

To maintain these core principles, YLPs are informed by two theoretical frameworks: the Strategic Prevention Framework (SPF) and the Youth Empowerment Conceptual Framework (YECF) (Brown, Crosby, & Hampton, 2019). The SPF framework is widely used throughout prevention education. It is used by coalitions to assess, plan, implement, and evaluate preventative strategies to drive community-level change (Brown, Crosby, & Hampton, 2019). This comprehensive, evidence-based, and data-driven approach to YLPs includes 5 fluid steps: assessment of community needs, resources, and readiness for change, building capacity within the community, effective planning, implementation, and evaluation of success from the programs (Talbert, 2017). The principles that guide SPF are cultural competence, or the ability for these programs to relate to youth in the community, and sustainability, the likelihood that the program will be maintained into the future (Talbert, 2017). Considering this, it is important for youth to be involved in selecting prevention program curriculum, especially if the target audience is youth (Valentini-Lackner & Wolanski, 2019).

The Youth Empowerment Conceptual Framework (YECF), also known as the Holden Model (Holden, 2004), details structure and group processes that adult allies facilitate and aid youth in developing necessary skills to bring about community-level change (Raffle & Leach, 2015). This is the framework that takes youth from participants to empowered agents of change in the community (Brown, Crosby, & Hampton, 2019). YECF conceptualizes key processes and outcomes of YLPs. Empowerment is central to YECF, and adult allies use this framework to inform YLPs, evaluate existing YLPs, and articulate the purpose of YLPs (Talbert, 2017).

This emphasis on empowerment in youth is what sets YLPs apart from typical youth programs (Snavely & Rigby, 2019). In this framework, youth cultivate individual development through experiential learning opportunities that emphasize group participation and contribution (Snavely & Rigby, 2019). With YECF, adult allies play a pivotal role whereby they create an empowering group setting and create empowering roles for youth to engage in (Talbert, 2017). Adults do this by having a general respect for youth, utilize active listening and open mindedness, and have relatability with youth (Snavely & Rigby, 2019).

According to Snavely & Rigby (2019), the YECF, which considers three levels of change: at the individual, group, and community levels (Holden, 2004); and consists of two parts: group empowerment and individual empowerment. Within group empowerment are two processes. Group structure, which is active involvement of youth in decision-making processes, or giving youth a voice and platform to speak up is one process. The other process is group climate, or the emotional atmosphere and tone created by the groups. Group climate is an umbrella term that involves the following principles for the group: resiliency (ability of group to overcome obstacles), cohesion (cooperation of the group), collective efficacy (the value of teamwork), and outcome efficacy (the idea that actions of group will bring change) (Snavely & Rigby, 2019).

Individual empowerment involves emotional empowerment, cognitive empowerment, and behavioral empowerment (Zimmerman, 2000). The hallmarks of emotional empowerment include belief in ability to make sociopolitical change in a community, improved skills in public speaking, and active participation in the community. Cognitive empowerment occurs when youth are aware of what is necessary to change systems; they understand community problems, are aware of available resources and issues, and know how to use the resources to address the issues. Behavioral empowerment is noted by increased participation of youth in the community setting, volunteering, and/or engaging in discussions (Zimmerman, 2000).

Youth-led programs that are informed by both the SPF and the YECF have immense value for the community (Fellows, Petersen, & Stevens, 2020). YLPs provide a platform to actively engage youth, include youth in policy development, consider all youth in a community, and can be implemented in all geographical contexts (Fellows, Petersen, & Stevens, 2020). Key ingredients of YLPs include experiential learning, data-driven investigations, consideration of what a community has to offer, and the shortcomings of the community.

Youth benefit by being in safe, structured, supportive environments created by adult allies where they are given a platform to speak up. This enhances leadership skills, confidence, civic skills, and critical analysis of the community in young people. Youth also learn the value of teamwork, engaging in sociopolitical discussions, and using data to drive decisions (Fellows, Petersen, & Stevens, 2020).

The community benefits because YLP efforts have been shown to lead to healthier communities (Fellows & Jeffers, 2019). YLPs also help in bringing the unique perspective of youth in a community to the fore which can help in shifting perceptions of the youth as assets to a community and not just recipients of the

services a community provides (Fellows, Petersen, & Stevens, 2020). YLP youth nurture connectedness and are likely to develop into community-contributing adults. The evidence-based nature of YLPs makes it likely that youth will implement YLP practices in their lives and communities as adults (Fellows, Petersen, & Stevens, 2020). YLPs are also sustainable and cost effective (Fellows, Petersen, & Stevens, 2020).

These programs empower youth and drive positive change in the community. They also serve to shift perceptions that adults may hold on to about adolescents thereby allowing adults to remove historical biases against youth and aid in their development. Everyone, youth, and adults, play a pivotal role in YLPs that allow for significant community change. YLPs are evidence-based and data-driven which allows for sustainability for the long-term and cost effectiveness, in spite of limited resources. The youth are the future of the community and through YLPs adults can contribute to fostering a more positive future for everyone.

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