

Youth Behavioral Health Advisory Board (YAB)

Information & Application Packet

YOUR VOICE. YOUR COMMUNITY. YOUR IMPACT.

01 What is a YAB?

The YAB is a regional leadership group made up of junior high & high school students across North Arkansas who help improve mental health awareness, peer support, and youth well-being in their schools and communities.

02 Why join?



- Lead Change** Help design real mental health initiatives for your school
- Use Your Voice** Share what matters most to youth in your community
- Build Your Skills** Leadership, public speaking, advocacy, and teamwork
- Get Support** Mentorship from trained behavioral health professionals
- Earn Service Hours & Recognition**
Great for resumes and college apps
- Make a Difference** Support peers and strengthen youth mental health.

03 What will you do as a YAB member?

As a YAB member, you will guide real mental health (MH) projects in your schools & communities that may include:

- Create, plan, and lead schoolwide mental health awareness activities
- Guide youth-led BH groups in your school
- Advocate for students by helping to identify youth mental health needs
- Create solutions that actually matter to youth
- Collaborate with other student leaders across the region
- Work with community mentors

04 Youth Benefits:



- **Community service/volunteer hours**
- **Resume/College boosts:**
 - **College applications**
 - **Scholarship essays**
 - **Letters of recommendation**
 - **Certificate of participation**
- **Mental/Behavioral Health Knowledge**
 - **MH basics & warning signs**
 - **Resilience-building skills**

Who can apply?

- Junior high & high school students (grades 7-11)
- Students from all 6 participating counties
- Students passionate about MH, leadership, helping others
- No experience required!

05

How to apply?

- Click the link to complete the application
- If under 18, ask a parent/guardian to sign the consent form

Questions?

Contact: Miste Trent

Arkansas Behavioral Health Integration Network



Miste.Trent@abhnetwork.org



Arkansas
Behavioral Health
Integration Network

YAB Member Agreement & Expectations Form

What You Can Expect From Us:

✓ A welcoming, respectful environment

Where your voice matters, your experiences are valued, and your ideas shape real change.

✓ Leadership training & skill-building

Including public speaking, mental health literacy, teamwork, advocacy, & project planning.

✓ Mentorship & support

From trained adult advisors who use a trauma-informed, culturally responsive approach.

✓ Opportunities to make an impact

You'll help plan youth-driven mental health initiatives at your school and in your community.

✓ Service hours or recognition

Where available through the program or your school.

✓ A safe space

Psychological safety is our priority. No one is asked to share personal trauma or private information.

What We Ask From You:

1. Participation & Attendance

- Attend: quarterly, regional meetings (Zoom); monthly, in-person school specific meetings
- Notify an advisor if you will be absent.
- Attend pre-approved training sessions (you will be notified in advance) with school district).
- Participate actively & respectfully in group discussions & activities.
- Expect to spend 2-4 hours a month

3. Respect & Confidentiality

- Respect the privacy of others.
- Do not share personal stories or information outside the group.

4. Professionalism & Communication

- Respond to messages from advisors in a timely manner when possible.
- Use appropriate language and behavior during meetings and events.
- Ask for help when you need it academically, emotionally, or logistically.

2. Leadership & Collaboration

- Complete leadership training
- Take part in planning or supporting youth-led mental health activities.
- Represent your school and peers responsibly.
- Support a school-based Behavioral Health (BH) group (as needed)
 - Mentor middle school BH groups

5. Youth Leadership Values

Members agree to uphold YAB values:

✦ Youth Voice

Your firsthand knowledge has power.

✦ Responsibility

You are a role model for other students.

✦ Courage

Mental health conversations take bravery.

✦ Compassion

We lead with empathy, not judgment.

✦ Inclusivity

Everyone deserves to feel safe and welcome.

YAB Member Agreement

YAB Selection Criteria

YAB members are selected to ensure representation across counties, schools, grade levels, and firsthand experience. Selection is based on interest, commitment, communication, expression, and willingness to collaborate. Selection is **NOT** based on outstanding academic performance or prior experience.

YAB Application Instructions

The YAB application packet includes:

1. Signed YAB Member & Expectations Form (current form)
2. Signed Parent/Guardian Consent Form (if under 18)
3. Student Showcase Response (see directions below)
4. YAB Application/Submission

Before you begin the online YAB application, you need to have application materials 1-3 complete and submitted to <https://abhinetwork.org/youth-advisory-board/#apply>.

****Student Showcase****

The student showcase is your chance to show us your strengths, tell us more about yourself, your experiences, future plans, etc. If it's important to you and relates to this opportunity, it's important to us! Get creative for this one! Submit this response in a format that best represents you (video, brief essay, Podcast, Blog/webpage, infographic, etc.). Your response will NOT be made public.

Mandated Reporter Notice:

ABHIN staff and YAB advisors are mandated reporters. This means that any information shared with us that suggests a youth is being harmed, may harm themselves or others, or is in an unsafe situation, must be reported to the appropriate authorities to help ensure safety.

I understand that any information I share indicating that myself or another student is in danger, being harmed, harming someone else, or in an unsafe situation will be reported.

Printed name

Signature

Date

Member Agreement

I agree to complete the application packet in its entirety and to participate in the Youth Behavioral Health Advisory Board to the best of my ability. I understand that I am joining a leadership group designed to support mental health, wellness, and positive change. I agree to uphold the expectations above and contribute to creating a safe, supportive, and empowering environment for all youth participants.

Printed name

Signature

Date

Youth Behavioral Health Advisory Board (YAB) Application

BEFORE YOU SUBMIT THIS APPLICATION, MAKE SURE YOU HAVE COMPLETED ALL OTHER APPLICATION MATERIALS

Please review the instructions below to complete your application submission.

1. Please complete the YAB application in its entirety. Incomplete application packets will not be considered.
2. Before submitting this application, you should have already completed the following materials:
 - a. Member Agreement & Expectations Form
 - b. Parent/Guardian Consent Form (if under 18)
 - c. Student Showcase response (in your chosen format)
3. Please answer the following questions to the best of your ability. Once completed, upload all four application materials to <https://abhinetwork.org/youth-advisory-board/#apply>, or give it to your school YAB point of contact.

First name

Last name

Age

Grade

School District

County

Email

Phone

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Tell us about yourself!

1. Why do you want to join the YAB? (Use additional paper, as needed)

2. What mental health or well-being issues do you care about most, and why

3. How do you hope to make a difference in your school or community?

3. cont'd

4. What strengths, talents, or experiences would you bring to the board?

Experience & Leadership

5. Are you currently involved in any clubs, sports, or community activities? If yes, please describe:

6. Have you ever held a leadership role or participated in leadership activities?

7. Do you have any experience &/or knowledge in the following topics:

- Mental Health (anxiety, depression, etc.) Substance Use/ Alcohol Stigma Firsthand Knowledge Other

Please explain: