

Parent/Guardian Consent

The Youth Behavioral Health Advisory Board (YAB) is a youth-led leadership group serving middle and high school students across North Arkansas. Members participate in monthly meetings, help guide youth behavioral health programming, collaborate with schools, and lead wellness and mental-health awareness initiatives in their communities.

Participation is **voluntary**, youth-centered, and supported by *ABHIN staff, trained adult advisors using a **trauma-informed, psychologically safe** approach.

<input type="text"/>	<input type="text"/>
Youth First & Last Name	Youth School District

<input type="text"/>	<input type="text"/>
Parent/Guardian First & Last Name	Relationship to student

<input type="text"/>
Parent/Guardian Email Address

<input type="text"/>	<input type="text"/>
Parent/Guardian Phone Number	Preferred method of contact

Participation Details:

YAB members may participate in activities including but not limited to:

- Monthly advisory board meetings (virtual &/or in-person)
- Planning and supporting school-based behavioral health initiatives
- Leadership training and mentorship
- Community events, student groups, and youth-driven projects

Participation will never involve clinical treatment or asking youth to disclose private mental-health information.

Permissions

I give permission for my child to:

- | | | |
|--|------------------------------|-----------------------------|
| • Participate in YAB meetings and activities. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Attend community or school-based events supported by YAB. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Participate in supervised virtual meetings via Zoom or similar platform. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Parent/Guardian Consent cont'd

Permissions (cont'd)

YAB occasionally shares program highlights on printed materials, social media, or presentations.

- I give permission for my child's photo or first name to be used for program-related communications:

Yes No

Health & Safety

Please list any important medical, behavioral, or accessibility considerations that would help ensure your child's safety and participation: (Providing this information is optional and only used to support your child.)

***Who is ABHIN?**

Arkansas Behavioral Health Integration Network (ABHIN) is a nonprofit organization dedicated to integrating high-quality behavioral health care across the healthcare continuum to improve health outcomes for all Arkansans. ABHIN works collaboratively with providers, payors, health systems, schools, and community partners to strengthen access to effective, coordinated behavioral health services statewide.

ABHIN is the recipient of the federal Youth Behavioral Health Career Pathways Grant, an initiative designed to introduce middle and high school students across Northern Arkansas to careers in behavioral health while creating sustainable career pipelines to help address the region's critical mental health workforce shortage. Through this work, ABHIN provides mentorship, education, and leadership opportunities led by a highly qualified team of certified and licensed behavioral health professionals with extensive experience in trauma-informed, youth-centered practice.

To learn more about ABHIN and its programs, visit www.abhinetwork.org or contact Co-Founder & CEO Kim Shuler, LCSW at kim.shuler@abhinetwork.org.

By agreeing & signing this statement, I acknowledge that: participation in the Youth Advisory Board is voluntary. My child will receive leadership & training opportunities, not clinical treatment. Adult mentors will provide trauma-informed, age-appropriate supervision. I may withdraw my child from the program at any time. I may contact ABHIN with questions or concerns at any time.

I agree to let my child participate in the Youth Behavioral Health Advisory Board.

Parent/Guardian Signature

Date