

**Department of Human Services
Addictions & Mental Health Division
Children's Mental Health System Change Initiative**

**Meaningful Family Involvement
Policy Three
April 25, 2006**

It is the policy of the Office of Mental Health and Addiction Services (OMHAS) to support meaningful family involvement and family leadership at the child, state and local levels in the following ways:

1. OMHAS will develop formal linkages with the statewide family network(s) in order to:
 - a. Support participation in state level advisory councils, planning groups and workgroups, including pre-meeting visits and co-chair of such groups.
 - b. Engage family leaders in the provision of technical assistance and training to state and local providers:
 - Including recruiting and training of family care coordinators.
 - Provide family led training to all system participants on 'family driven' services, family involvement, etc.
 - c. Involve family members in site reviews of local Mental Health Organizations (MHO) and the Community Mental Health Programs (CMHPs).
 - d. Support participation in collaborative analysis and dissemination of outcome data to ensure the gathering of specific family outcomes and constructive use of data by the mental health system.
 - e. Develop capacity to subcontract with MHOs in provision of local family involvement coordination and leadership.
 - f. Develop capacity for family run psycho-educational groups, materials, and support services at the local level.

- g. Develop a resource guide for families that included information about public mental health, family rights, terms and definitions.
2. Identify an OMHAS staff person to function as a Family Partnership Specialist who is a family leader in the Children's Mental Health field.
3. MHOs will identify key personnel who will work with family members having difficulty accessing appropriate mental health services.
4. The Children's System Advisory Committee (CSAC) approved the definition and guiding principles of 'Family-Driven' Care in children's mental health. The CSAC used the Federation of Families Children's Mental Health national organization's statement on family-driven care as their model.

Definition of Family-Driven Care in Children's Mental Health

Family-driven means families have a primary decision making role in the mental health care of their own children as well as the policies and procedures governing care of all children in their community, state, tribe territory and nation. This includes:

- ✓ Choosing supports, services and providers;
- ✓ Setting goals;
- ✓ Designing and implementing programs;
- ✓ Monitoring outcomes; and
- ✓ Determining the effectiveness of all efforts to promote the mental health and well being of children and youth.

Definition of Family from the Intensive Community Treatment and Support Services rule: "Family" means the biological or legal parents, siblings, other relatives, foster parents, legal guardians, caregivers and other primary relations to the child whether by blood, adoption, legal or social relationships. Family also means any natural, formal, or informal support persons identified as important by the family.

Guiding Principles of Family-Driven Care in Children's Mental Health

1. Families and youth are given accurate, understandable, and complete information necessary to make choices for improved planning for individual children and their families.
2. Families and youth embrace the concept of sharing decision-making and responsibility for outcomes with providers.
3. Families and youth are organized to collectively use their knowledge and skills as a force for systems transformation.
4. Families and family-run organizations engage in peer support activities to reduce isolation, gather and disseminate accurate information, and strengthen the family voice.
5. Providers embrace the concept of sharing decision-making authority and responsibility for outcomes with families and youth.
6. Providers take the initiative to change practice from provider-driven to family-driven.
7. Administrators allocate staff, training, support and resources to make family-driven practice work at the point where services and supports are delivered to children, youth, and families.
8. Community attitude change efforts focus on removing barriers and discrimination created by stigma.
9. Communities embrace, value, and celebrate the diverse cultures of their children, youth, and families.
10. Everyone who connects with children, youth, and families continually advance their cultural and linguistic responsiveness as the population served changes.

Guiding Principles for Foster Care Youth, Homeless Youth and other Children and Youth who are disconnected from their blood relatives.

1. Children and youth who are wards of the state, who are homeless or who are not in their biological or adoptive parent's care for any reason need relationships with significant and consistent figures in their lives.
2. These children and youth are empowered by mental health providers and by their legal custodians to identify grandparents, aunts and uncles, foster parents, cousins, siblings, friends' parents, neighbors, teachers and others as surrogate parent or support figures.
3. Children and youth and these significant support figures identified by them are included by mental health providers in sharing decision-making responsibility regarding mental health care.
4. Mental health providers recognize that extended family, foster families and other significant adult figures often possess vital information

regarding the child/youth's developmental, health, mental health and educational history that is necessary to accurately evaluate, assess and treat children's mental health needs. Providers work to identify and contact individuals who have a significant or long-standing relationship with the child and who may have information that will contribute to accurate assessment and appropriate treatment and related services.

5. Good communication among the various figures in a child or youth's life is important to the child's mental and emotional well-being, and mental health providers play an important role in facilitating good communication between and among the child and the other important figures in their lives, including biological parents, foster parents, legal guardians, extended family and others.
6. When significant family figures are not present in a child's life, the child and family team, including mental health providers and state agencies who have legal custody, coordinate efforts to assist the child or youth to identify, contact and incorporate family and natural supports into the child's life and mental health treatment.
7. The Department of Human Services should access available technical assistance (such as The National Resource Center for Family-Centered Practice and Permanency Planning at Hunter College) to help establish systems for identifying and contacting family and natural supports for disconnected children and youth in the mental health system.

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