

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
Behavioral Health and Developmental Disabilities Administration**

FAMILY-DRIVEN AND YOUTH-GUIDED POLICY AND PRACTICE GUIDELINE

A. Summary/Background

The purpose of this guideline is to establish standards for the Prepaid Inpatient Health Plans (PIHPs), Community Mental Health Services Programs (CMHSPs), and their contract agencies regarding the delivery of family-driven and youth-guided services and supports for children and their families. This guideline will outline essential elements of family-driven and youth-guided policy and practice at the child and family level, system level, and peer-delivered level.

Person-centered planning (PCP) is the method for individuals served by the community mental health system to plan how they will work toward and achieve personally defined outcomes in their own lives. The Michigan Mental Health Code established the right for all individuals to develop individual plans of services (IPOS) through a PCP process regardless of disability or residential setting.

For children and families, the Person-Centered Planning Policy Guideline states: “The Michigan Department of Health and Human Services (MDHHS) has advocated and supported a family-driven and youth-guided approach to service delivery for children and their families. A family-driven and youth-guided approach recognizes that services and supports impact the entire family, not just the identified youth receiving mental health services. In the case of minors, the child and family are the focus of service planning, and family members are integral to a successful planning process. The wants and needs of the child and his/her family are considered in the development of the Individual Plan of Service.” As the child matures toward transition age, services and supports should become more youth-guided.

As a result of the effort to develop family-driven and youth-guided services, the Substance Abuse and Mental Health Services Administration (SAMHSA), in partnership with the Federation of Families for Children’s Mental Health, has developed a set of principles (described in section C of this guideline) which serve as the basis for the delivery of family-driven and youth-guided services. These principles comprise the standards which should guide the delivery of services to children and their families and are essential to the development of an effective system of care.

This guideline is consistent with the “Application for Renewal and Recommitment (ARR) to Quality and Community in the Michigan Public Mental Health System,” as issued by the MDHHS on February 1, 2009. The ARR formally introduced new and enhanced expectations of performance and revitalized the MDHHS commitment to excellence in partnership with PIHPs and CMHSPs.

While agencies are expected to collaborate, they are not intended to be the primary decision-makers on behalf of a child or family. It is important for systems to actively engage families in leading all decisions about the care of their child. Similarly, as appropriate, based on their age and functioning, youth should have opportunities to make decisions about their own care. Family and youth involvement are also important on a broader level with an expectation that they are active participants in system-level governance and planning (Wilder Foundation, Snapshot: Mental Health Systems of Care for Children, August 2009).

B. Policy

It is the policy of the MDHHS that all publicly-supported mental health agencies and their contact agencies shall engage in family-driven and youth-guided approaches to services with children and families and will engage family members and youth at the governance, evaluation, and service delivery levels as key stakeholders.

How this policy will be supported:

- The MDHHS staff in partnership with the family organizations will work with PIHPs, CMHSPs, and contract agencies to support successful implementation of the family-driven and youth-guided policy and practice guideline.
- The MDHHS will work with other system partners at the state level to ensure PIHPs, CMHSPs, and contract agencies can build an effective system of care.
- Through ARR progress reviews, updates, and technical assistance. The different sections of the ARR have applicability to family-driven and youth-guided care, e.g., stakeholder involvement, developing an effective system of care, improving the quality of services and supports, assuring active engagement, etc.

C. Family-Driven and Youth-Guided Principles

Family-driven and youth-guided principles should be measured at several different levels: the child and family level, the system level, and the peer-to-peer level. These principles incorporate all levels and will be detailed under section D: Essential Elements of this guideline.

- Families and youth as well as providers and administrators share decision-making and responsibility for outcomes.
- Families and youth are given accurate, understandable, and complete information necessary to set goals and to make informed decisions and choices about the right services and supports for individual children and their family.
- Families and youth have a biological, adoptive, foster, or surrogate family voice advocating on their behalf.

- Families and family-run organizations engage in peer support activities to reduce isolation, gather, and disseminate accurate information, and strengthen the family voice.
- Families and family-run organizations provide direction for decisions that impact funding for services, treatments, and supports and advocate for families and youth to have choices.
- Providers take the initiative to change policy and practice from provider-driven to family-driven and youth-guided.
- Administrators allocate staff, training, support, and resources to make family-driven policy and youth-guided practice work at the point where services and supports are delivered to children, youth, and families.
- Community attitude change efforts focus on removing barriers and discrimination created by stigma.
- Communities and public and private agencies embrace, value, and celebrate the diverse cultures of their children, youth, and families and work to eliminate mental health disparities.
- Everyone who connects with children, youth, and families continually advances their own cultural and linguistic responsiveness as the population served changes so that the needs of diverse populations are appropriately addressed.

D. Essential Elements for Family-Driven and Youth-Guided Care

1. “Family-driven” means that families have a primary decision-making role in the care of their own children as well as the policies and procedures governing care for all children in their community. This includes:
 - Being given the necessary information to make informed decisions regarding the care of their children,
 - Choosing culturally and linguistically competent supports, services, and providers,
 - Setting goals,
 - Designing, implementing, and evaluating programs,
 - Monitoring outcomes, and
 - Partnering in funding decisions.

2. “Youth-guided” means that young people have the right to be empowered, educated, and given a decision-making role in their own care as well as the policies and procedures governing the care of all youth in the community, state, and nation. A youth-guided approach views youth as experts and considers them equal partners in creating system change at the individual, state, and national level (SAMHSA).
3. “Family-run organization” means advocacy and support organizations that are led by family members with lived experience raising children with severe emotional disturbance (SED) and/or developmental disabilities (DD) thus creating a level of expertise. These organizations provide peer-to-peer support, education, advocacy, and information/referral services to reduce isolation for family members, gather, and disseminate accurate information so families can partner with providers and make informed decisions and strengthen the family voice at the child and family level as well as the systems level.
4. Child and Family-Level Action Strategies:
 - Strength and Culture Discovery – Children, youth, and family strengths will be identified and linked to treatment strategies within the IPOS.
 - Cultural Preferences – The IPOS will incorporate the cultural preference unique to each youth and family.
 - Access – Children, youth, and families are provided usable information to make informed choices regarding services and supports and have a voice in determining the services they receive. Services and supports are delivered in the home and community whenever possible.
 - Voice – Children, youth, and families are active participants in the treatment process, their voice is solicited and respected, and their needs/wants are written into the IPOS in language that indicates their ownership.
 - Ownership – The plan compliments the strengths, culture, and prioritized needs of the child, youth, and family.
 - Outcome-based – The IPOS is developed to produce results that the youth and family identify with. All services, supports, and interventions support outcomes achievement.
 - Parent/Youth/Professional Partnerships – Parents and youth are recognized for having expertise, are engaged as partners in the treatment process, and share accountability for outcomes.
 - Increase Confidence and Resiliency – The IPOS will identify specific interventions that maximize the strengths of the child, youth, and family, increase the skills of the youth to live independently and advocate for self, and equip the family with skills to successfully navigate systems and manage the needs of their child and family.

- Participation in Planning Meetings – Youth and families determine who participates in the planning meetings.
- Crisis and Safety Planning – Crisis and safety plans should be developed to decrease safety risks, increase confidence of the youth and family, and respect the needs/wants of the youth and family.

5. System-level Action Strategies:

- Agencies have policies that ensure that all providers of services to children, youth, and families incorporate parent/caregivers and youth on decision-making groups, boards, and committees that support family-driven and youth-guided policy and practice.
- Agencies have policies that ensure training, support, and compensation for parents and youth who participate in decision-making groups, boards, and committees and serve as co-facilitators/trainers.
- Policies are in place within the agency to support employment of youth and parents.
- Youth and parents are part of the program and service design, evaluation, and implementation of services and supports.
- Children, youth, and families are provided opportunities to participate in and co-facilitate training and education opportunities.
- Services are delivered where the children, youth, and family feel most comfortable and in a way that is relevant to the family culture.
- All stakeholder groups include diverse membership including youth and family members who represent the population the agency/community serves.

6. Peer-delivered Action Strategies:

- Parents/caregivers and youth who have first-hand experience with the public mental health system are recruited, trained, and supported in their role as parent/peer support partners.
- Family Organizations are involved in the recruiting, supporting, and training of family members and youth peer-to-peer support partners. They may also serve as the contract employers of the parent support partners.
- Peer-to-peer support models approved by the MDHHS for parents and youth are available.

E. Bibliography

National Technical Assistance and Evaluation Center. A Closer Look: Family Involvement in Public Child Welfare Driven Systems of Care. February 2008.

<https://www.childwelfare.gov/pubs/acloserlook/familyinvolvement/familyinvolvement.pdf>

<http://www.samhsa.gov/>

Association for Children's Mental Health (ACMH) Youth Advisory Council Focus Group. January 16, 2010.

ACMH Staff Retreat. December 14, 2009.