FAMILY/PROFESSIONAL PARTNERSHIPS

Making Them Work:

An Implementation Guide for Family Partners and Agency Administrators

by

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Appendices are stored on the CD ROM that accompanies this manual or may be downloaded.[1]

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Additional Resources:

The following publications are included on the CD ROM that accompanies this manual:

- *Promising Practices Volume I. New Roles for Families in Systems of Care*, by Trina W. Osher, Erica deFur, Carolyn Nava, Sandra Spencer, and Deborah Toth-Dennis. Published by The Center for Effective Collaboration and Practice, American Institutes for Research, 1999.
- *Promising Practices Volume II. Learning from Families: Identifying Service Strategies for Success*, by Janice E. Worthington, MS, Mario Hernandez, PhD, Bob Friedman, PhD, and Douglas Uzzell, PhD. Published by The Center for Effective Collaboration and Practice, American Institutes for Research, 2001.
- *Learning from Colleagues: Family/Professional Partnerships Moving Forward Together.* Peer Technical Assistance Network, 1998.
- *Families at the Center of the Development of a System of Care*, by Naomi Tannen, MSW. Published by the National Technical Assistance Center for Children's Mental Health, April 1996.

[1] On line at <http://www.cimh.org>

Chapter 1: Introduction

This manual offers "**how to**" guidelines for establishing effective Family Partnership Programs. It was developed to assist those involved in the implementation of their county's Family Partnership Program. The manual is written with agency directors, children's services chiefs, deputy directors, and coordinators, administrators, family members, family advocacy organization representatives, and interested others in mind. The reader will find sample job descriptions, work plans, special program ideas, and other useful examples included to assist in the development of a Family Partnership Program.

This manual is intentionally concise to be readable in a single sitting. It is designed to offer the reader an overview of key concepts and to link to more detailed publications and samples from Family Partnership Programs. Recommended publications included on the CD ROM, or that can be downloaded[2] are:

- *Promising Practices Volume I. New Roles for Families in Systems of Care*, by Trina W. Osher, Erica deFur, Carolyn Nava, Sandra Spencer, and Deborah Toth-Dennis. Published by The Center for Effective Collaboration and Practice, American Institutes for Research, 1999. This volume "…explores ways in which family members are becoming equal members with service providers and administrators, focusing specifically on two emerging roles, family members as 'system of care facilitators' and 'family as faculty.'"
- *Promising Practices Volume II. Learning from Families: Identifying Service Strategies for Success*, by Janice E. Worthington, MS, Mario Hernandez, PhD, Bob Friedman, PhD, and Douglas Uzzell, PhD. Published by The Center for Effective Collaboration and Practice, American Institutes for Research, 2001. This resource "…examines the success stories of families with children who suffer from emotional and behavioral disorders. Family success, defined from the perspectives of the families and providers, occurs when systems of care focus on the entire family, meet families 'where they are', and emphasize the connection between the family and their community. The monograph emphasizes the crucial importance of strong bonds between families and providers."
- *Learning from Colleagues: Family/Professional Partnerships Moving Forward Together*. This forty-eight page document, prepared by the Peer Technical Assistance Network and published in 1998, "…presents research and commentary on the issues involved in utilizing a family/professional partnership systems approach in situations involving children who have developed or are at risk of developing serious emotional, behavioral, or mental health disturbances and their families."
- *Families at the Center of the Development of a System of Care*, by Naomi Tannen and published by the National Technical Assistance Center for Children's Mental Health. "This document builds on the work of many other pioneers in the movement to develop systems of care that are child- and family-centered. It also breaks new ground in describing the implementation of a paradigm shift

[2] On line at <http://www.cimh.org>

Chapter 1: Introduction (continued)

where, instead of families being blamed and stigmatized for their children's mental health problems, they become active participants in the development of services for their children. This shift is not easy. Systems change is enormously hard work and represents a dynamic process. As such, this document reflects a work in progress. Ms. Tannen and the families of Families First have shared in a very honest way the lessons they are learning.

Family Focused Practice

During the past twenty years federal and state human and social service innovations have been promoted to improve the delivery of care to children with severe and multiple needs. Examples of innovative programs include:

- **Children's Systems of Care** (see California Welfare and Institution Code 5850-5883[3], and Child and Adolescent Service System Program CASSP[4] and the Knowledge Exchange Network (KEN) website of the federal Center for Mental Health Services.[5])
- **Wraparound Programs** (see SB 163 Chapter 795 Statutes of 1997, and California Title IV-E Child Welfare Waiver Demonstration Project.[6])
- **Crime Prevention Programs** (see AB 1913 Chapter 353 Statutes of 2000.[7])

All of these programs involve improvements in the quantity and quality of services delivered to children and families. Quantitative improvements include (1) the development of new community-based interventions to fill "gaps" in the local continuum of care, and (2) flexible and creative supports. Qualitative improvements include (1) **family focused practice,** (2) cultural competence, (3) strength-based approaches, and (4) coordination of care across agencies.

Family focused practice involves partnership between families and providers. The partnership is critical for sharing of information, identifying child and family strengths, developing common goals, forming a child and family team, building trust, promoting hope, sharing decision-making, and enhancing commitment and participation. There is general agreement across consumers and providers that systems of care, and **family focused practice** in particular, improve outcomes for children and their families who experience severe and multiple needs. However, establishing authentic **family focused practice** is challenging.

Family Partnership Programs have evolved to help a variety of systems implement **family focused practice**. Family Partnership

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[3] *Online at <ftp://leginfo.public.ca.gov/pub/code/wic/05001-06000/5850-5851.5>*

[4] *See "A System of Care for Children and Youth with Severe Emotional Disturbances," by Beth A. Stroul and Robert E. Friedman, June 1994 reprint (July 1986 Revised Edition) at <http://www.georgetown.edu/research/gucdc/document.html>. This monograph explores the development of comprehensive systems of care for children and adolescents with serious emotional disturbances and their families. A generic model of a system of care is presented along with principles of service delivery and system management approaches.*

[5] *Online at <http://www.samhsa.gov/centers/cmhs/cmhs.html>*

[6] *Online at <http://www.dss.cahwnet.gov/cdssweb>*

[7] *Online at <http://www.bdcorr.ca.gov>*

Chapter 1: Introduction (continued)

Programs involve the activities of family members, paid or volunteer. Family Partnership Programs are premised on the singular knowledge and commitment families have regarding their children. In addition, these partnerships build on the experiences of parents and caregivers as consumers of services (see Appendix 1 for examples of how family focused practice is central to the implementation of Children's System of Care).

Historical Context of Systems of Care

California's Children's System of Care model was developed during the mid-1980's. In 1984, State Assembly Bill 3920 granted state general funds through the State Department of Mental Health to pilot a "new way of doing business" in child and family services. At that time, a State Advisory Board was also created to assess the model and evaluate its potential for possible statewide replication. Proponents of Children's System of Care championed what is currently well recognized: family partnership is an essential characteristic of a system of care (Jordan, 1998):

To develop and implement a system of care which will bring together the resources and expertise of families and appropriate public and private agencies to provide the highest quality services to the target population in the most efficient and cost effective manner.

The Advisory Board report and the evaluation results of this pilot documented the success of the Children's System of Care model. As a result, subsequent legislation was passed granting funds to expand the application of the model.

The goal of existing legislation and state policy is to implement Children's System of Care statewide.

Wraparound Programs are supported by the California Department of Social Services to strengthen families and secure permanency for the highest need children. Wraparound has been formally promoted since 1997 under two initiatives, SB 163 and the Title IV-E Child Welfare Waiver Demonstration Project. Wraparound is based on interventions that are collaborativ and community-based, emphasize the strengths of families and children, and include the delivery of highly coordinated, individualized services for children and families. By bringing individuals, agencies and the community together as a decision-making team, with the central focus being the concerns and issues surrounding the family, wraparound eliminates barriers to service delivery, strengthens and supports families and reduces the risk of out-of-home placement.

The California Board of Corrections is supporting Juvenile Crime Prevention Programs. These programs, funded by The Juvenile Justice Crime Prevention Act (AB 1913 of 2000), promote comprehensive continuums of local juvenile justice services to prevent crime. The law requires counties to develop a Comprehensive Multiagency Juvenile Justice Plan to synthesize the county's existing juvenile justice system services targeting at-risk youth and their families; to identify and prioritize neighborhoods, schools and communities facing significant juvenile crime and public safety risks; and to outline a local juvenile justice action strategy consisting of a continuum of responses to juvenile crime.

Chapter 1: Introduction (continued)

Family partnership is the common denominator across these initiatives. All of these programs target children who have severe, complicated, or cross-agency needs, and who fail to achieve expected outcomes, often despite the provision of services from one or more agencies. All of these programs emphasize the importance of individualized, strength-based family focused services that are developed and provided in partnership with the child and his/her family toward shared goals. Critical to the success of these reforms is family focused practice.

Chapter 2: Fundamental Principles

Family Partnership Programs are developing throughout the state and nation to help systems develop effective family focused practice and improved outcomes for children and their families. The following chapter will address fundamental principles vital to the successful development and implementation of Family Partnership Programs. Key principles include:

1. Recognition of the critical importance of Family Partnership Programs;
2. Supportive relationships between the family leaders and agency administrators;
3. A clear plan developed mutually by family members and agencies;
4. Training to support partnership between family partners and agency staff;
5. Well developed program structures; and
6. Clearly articulated program activities.

Recognition of the Importance of Family Partnership Programs

Family Partnership Programs are important to improve outcomes for children and their families. State and federal agencies have sponsored grants and legislation to support the development and implementation of systems of care, wraparound programs and related reforms. Family focused practice is a primary tenet of each of these initiatives and is often required as a condition of funding. There is growing recognition among providers that partnership with families at all levels results in improved outcomes for children and their families (Huff, quoted in Simpson, 2000):

> Family-Provider Collaboration in children's mental health services is the process that participants…in systems of care engage in to improve services for children and their families, and requires…that all participants in systems of care are seen as mutually respected equals. Efforts at collaboration must occur at all levels of the system of care, including evaluation, program design, implementation, and delivery of services. The central purpose of collaboration is to improve services for children and families, we assume that "parents know what is best for themselves and their children" and that professionals' "services exist to support parents as the primary agent in helping the child achieve his or her goals."

Although counties implementing these initiatives intend to promote family focused practice, often their first priority is to use additional funds to fill gaps in available services. It is commonly believed that youth do not achieve expected outcomes because there are not enough services. Adding new services then becomes the obvious solution. However, achieving expected outcomes often also involves improving the quality of existing services.

A growing body of literature on systems of care suggests that increases in services alone do not result in significant improvement of child outcomes. When the services provided by agencies do not build on strengths, when service plans do not reflect shared goals, or when the supports do not include those occurring naturally in a child's home or community setting, positive outcomes are far more difficult to achieve. The implementation of family focused practice is a "qualitative" change that is important in order for systems of care and wraparound programs to be successful with children who experience severe and multiple needs and their families.

Although expanding the continuum of services and implementing family focused practice are both important improvements, family focused practice has proven to be the more challenging

Chapter 2: Fundamental Principles (continued)

to implement. Effective implementation of family partnership starts with a sincere belief that family focused practice is essential to improved outcomes. Counties that adopt this value are determined to develop and implement a Family Partnership Program. Although counties often support implementing family focused practice because it is a funding requirement, family focused practice is essential for improving outcomes for children, with or without additional funding.

Supportive Relationships with Agency Administrators

Strong and supportive relationships between family partners and key agency administrators are critical to successful implementation of a Family Partnership Program. Top-level administrators need to understand family focused practice and actively promote the Family Partnership Program. Family partners will greatly benefit from direct access to, and open communication with top administrators. In a reciprocal way, by talking with family partners, administrators get invaluable insight about the quality of care provided by their agency. Moreover, promoting family partners' access to top administrators makes it clear that the Family Partnership Program is a high priority.

The supportive relationship between agency administrators and family partners is needed to successfully weather the inevitable challenges in implementation. Even with a thorough plan and broad support the program will likely encounter obstacles. For family partners, having a relationship with one or more top administrators is extremely important when obstacles are encountered. Often it is the relationship with a top administrator and strong resolve that will see a program through a rocky start. This is a critical component of an effective partnership program, which cannot be overstated, and is applicable to large and small counties alike.

A Clear Plan

The development of a Family Partnership Program plan that is based on shared expectations between the system of care, the wraparound program, or juvenile justice agency, and family partner(s) is critical to its success. The plan needs to be clear about Family Partnership Program structures, activities, and expected outcomes. Different expectations between parents and agencies about the roles and responsibilities of the Family Partnership Program lead to frustration and dissatisfaction. All parties need to view the work plan as dynamic, or a "work-in-progress." Everyone involved must be prepared to let the program grow and evolve over time.

For counties which are just beginning to implement a Family Partnership Program it is advisable to establish a team to develop the Family Partnership Program plan. This team would include parents and cross agency administrators, managers and line staff. Ideally, parents and caregivers will comprise at least half of the team. In the case of existing programs consider initiating a process to review the satisfaction and success of the current Family Partnership Program, and consider expanding or amending the program based on consideration of program goals, structures, and activities (described below).

Team-based planning can build consensus, commitment, hope and confidence in the Family Partnership Program. Alternatively, a single-family partner (often a local advocate) with a

Chapter 2: Fundamental Principles (continued)

single administrator (often a children's program administrator) can work together to develop the initial plan. This is particularly common and effective in rural counties with small populations (see Appendix 2 for examples of family partnership plans). The following is an overview of items from the family partnership plan created in one California County (Simpson, 2000):

- A committee of staff, contract providers, and families was established to track and evaluate the implementation of the family professional partnership plan.
- Staff and family training are promoted to increase competence in family centered service provision and understanding of system of care issues.
- Families are included in:
  - All levels of policy making;
  - The grievance structure;
  - Evaluation of the organization and of services; and
  - Human resource development activities including recruitment and hiring.
- Policy and procedures manuals must be examined to be sure they incorporate family professional collaboration activities.
- Family/professional partnership principles are included in contracts with community-based organizations.
- Family involvement must be assured in the contracting process.
- Job descriptions and performance expectations for staff are reviewed and revised to ensure that they reflect family professional advocacy principles.

Partnership Training

Family focused practice is a significant change in service delivery culture and may not be immediately valued or accepted. Family Partnership Programs have been successful in promoting the adoption of family focused practices. However, it is important that staff from public and private agencies receive orientation and training about family focused practice and the Family Partnership Program. Ideally a team of family partners and agency managers will provide these trainings together. The curriculum could include:

- System of care and wraparound program principles and practices,
- The Family Partnership Program plan,
- Roles and responsibilities of family partners, and
- Family focused policies and procedures

In addition to formal training, agency managers can model for their staff. Consider the following quotation by Charles Biss, Vermont Director of Children's Mental Health Services (quoted in National Peer, 1998):

> Meaningful family involvement is a simple concept that produces profound results. It starts from a place of looking beyond our roles and our credentials to finding the best way to problem-solve with another human being. It begins by developing a relationship of mutual respect, and means that we look at the whole person in their many environments with an emphasis on getting to know them by the things that are going well and that give them hope. As a professional, I think our main strength is our ability to listen, really listen, and then really, really listen. Only then should we respond with messages of hope and liberation. This attitude will also liberate us to be more effective.

Chapter 2: Fundamental Principles (continued)

Managers can lead by example in numerous ways:

- **Set a strong example for the staff.** Managers can ease the transition and help the family partner to establish credibility by demonstrating confidence in his or her abilities.
- **Be flexible in thought and open-minded to the suggestions of family partners.** The family partner's unique perspective can often generate fresh creative ideas.
- **Give the Family Partners a voice.** Managers can ask opinions, elicit responses, give credit for good ideas.
- **Provide opportunities and resources for the family partners to continually grow within the context of the system of care.** Managers can take a strength-based approach: seek out the family partner's unique talents and find ways to utilize those talents to enhance the program.

Family Partnership Program Structure

All Family Partnership Programs seek to build on the experiences and expertise of parents and caregivers whose special-needs children have received services from one or more local agencies. It is important for those involved in developing Family Partnership Programs to understand the possibilities for different structures and activities of the Family Partnership Program. It is also critical that a plan is created and implemented jointly by family members and agency administrators. The structure of the program centers on its administrative cohesiveness and autonomy. Family Partnership Programs may take three structures: common interest group, sponsored program, or autonomous private agency.

Common interest groups are loosely structured programs consisting of parent leaders and participants with similar goals. These groups may not have a firm administrative structure, and the divisions between leadership and participation may be blurred, as duties are shared across the group. These groups may be local "grassroots," or may be chapters of state or national organizations. The groups may not have budgets. If they do, the budgets are generally small in size, based on the fund-raising and contributions from participants.

Sponsored programs have definite agency structures, including one or more paid staff and defined roles and responsibilities. These programs may be sponsored by a county or private agency. In the first case, the county hires the family partners. In the latter case, the partners are hired by a private agency. When sponsored by a county, the Family Partnership Program benefits from the county's administrative strength; relationships with key county personnel are facilitated; the program funding may be more secure, and the influence of the family partners upon the county system may be more direct and profound. When sponsored by a private agency the Family Partnership Program may be more self-directed, with its own program budget within the larger agency budget; it may rely on the private agency only for support for administrative activities like budgeting, personnel, and facilities; it may be less encumbered by county policies and procedures; family partners will also have the opportunity to significantly impact the function and services of a provider agency. Family partner agencies may eventually "spin-off" from under the umbrella of a private agency to establish their own autonomous agencies.

Autonomous private agencies are fully independent, generally non-profit agencies. The boards of directors of these agencies are composed of

Chapter 2: Fundamental Principles (continued)

family members, either entirely or as a majority. Family professionals are paid staff. Roles and responsibilities are defined. These agencies have independent budgets and meet all of their own administrative needs.

Each structure has advantages and disadvantages depending on (1) the community in which they operate, (2) the activities they are expected to complete, (3) the goals they are expected to achieve, and (4) the developmental level of the service delivery system. Awareness of the different program structures is important in planning and implementing your Family Partnership Program.

Family Partnership Program Activities

In general, the goal of Family Partnership Programs is to improve outcomes for children and their families. There are many activities that can be completed by Family Partnership Programs to improve outcomes (see Appendix 4 for examples of family partnership activities). Family Partnership Program activities fall into six general categories:

- Informal support,
- Policy development,
- Administrative activities,
- Training,
- Direct service, and
- Advocacy.

Support activities consist of educational and supportive opportunities for children and their families. These activities educate and support family members to meet the needs of their children and to work effectively with agencies. Examples of support activities include newsletters, support groups, educational forums/conferences, and parent-to-parent support networks.

Those who care for children with severe and complicated needs often face substantial challenges. The support and advice offered by other family members who have raised children with similar needs or in similar circumstances can be of tremendous assistance to the family. In addition, these informal services and supports prepare parents to be actively involved in the development and implementation of their child's service plans. Family support programs can alleviate fears, enhance knowledge, build confidence and hope, prepare families to drive their child's care, and reduce their overall reliance on formal service providers.

Policy development consists of the establishment and/or amendment of policies. These activities incorporate a family/consumer perspective in the policies of agencies. Parents participate in policy level committees, executive meetings, and review of system of care/wraparound policies and procedures. To the extent that agencies and collaborative programs rely on policies to shape and guide the activities of their direct service staff, the involvement of parents will ensure that family focused practice is included.

Administrative activities consist of the development, implementation and oversight of direct services. These activities support agency administrators and managers in their implementation of family focused policies and procedures. Examples include family partners participating in such administrative activities as personnel selection, advisory committees, budgeting, contract management, outcome evaluation, quality improvement, and program design.

Chapter 2: Fundamental Principles (continued)

Participation in personnel selection is one of the most powerful opportunities to advance family focused practice. Family members offer new and valuable perspectives in hiring personnel who are prepared to work in systems of care or wraparound programs. Family partners can participate in all levels of personnel selection including recruiting, early screening, interviewing and selecting.

Family partner participation in oversight and advisory committees can ensure that family focused practice is included in discussions of agency performance. Oversight committees typically report to legislated authorities, to which they make recommendations. Their meetings are public. Advisory boards are typically created at the discretion of the local agencies to support planning and management of their services. The meetings may be public, and the recommendations are typically made to agency administrators.

Family partners have much to offer on budgeting priorities, contract requirements and compliance, quality improvement, and program design. The benefit of these activities is enhanced by the degree to which the parent's perspective is heard and incorporated in the operation of the agency.

The opportunity to influence the manner in which services are delivered by participating in administrative activities can be profound. The level of participation of the family partner may range from being asked to offer advice to active involvement in decision-making. Moreover, participation of family partners may range from one or two, to fifty percent or more of the participants.

Training consists of pre- and post-professional learning opportunities for direct service staff, managed administration, as well as educational opportunities for other family partners. Training may be pre-professional as part of an undergraduate or graduate program with the hope of preparing future providers. In addition, training may take the form of in-services and continuing education with the goal of influencing the practices of current providers in the field. Training for staff educates them about systems of care/wraparound programs, and how to establish effective partnerships with families. Training for family partners teaches them to be effective in all of their roles. Family partners can develop curriculum as well as be instructors.

Direct Service consists of the provision of formal services and supports. Family partners typically are involved in case-management, counseling, and service plan development. Family partners may participate in or facilitate wraparound meetings. They may also accompany families during service plan meetings, special education Individual Education Plan (IEP) meetings, or court hearings. Family partners who provide direct services are usually full members of the interagency service teams, and as such, they attend staff meetings. Other examples of services provided by Family Partnership Programs include, mobile crisis services, respite and child care programs. Their service delivery activities are also documented in the child's chart. Formal services provided by family partners are qualitatively unique from similar services provided by traditional agencies, because of the family partner's personal experiences as a consumer of services for his/her own child. They can be particularly effective in bridging the gap between agency staff and

Chapter 2: Fundamental Principles (continued)

families, resulting in the sharing of information and shared decision-making. In this role, family partners work to make assessments strength-based, to eliminate blame, and to promote family decision-making in the selection of goals and development of care plans.

Advocacy consists of activities that help families be assertive about the rights of their children for services and accommodations. Family partner advocacy may be on behalf of an individual child/family or in support of programs and initiatives. In the first case, family partners advise and support families to ensure that their children receive full and appropriate care. Activities may include assisting families in understanding and benefiting from entitlement programs, supporting or representing families in service plan or IEP meetings, and accessing local services. At times family partners who are advocates may serve as "watch dogs," holding the system accountable and ensuring that the rights of children and families are protected.

Family partners may also participate in activities designed to influence public policy, including creation and authorization of program legislation and funding appropriations. The targets of these activities include local, state, and federal officials. The advocacy activities may include public forums, information letters, and briefings of elected officials. Advocacy for family friendly legislation may be completed independent of or in tandem with provider agencies and other proponents of family focused practice. When the Family Partnership Program is funded by federal, state or county funds, it is important for family partners to be aware of and in compliance with any prohibitions that may exist against lobbying with public funds.

Chapter 3: Developing a Family Partnership Plan

A well-developed plan will make implementation of the Family Partnership Program easier and more successful. Broad-based planning with family members and representatives from stakeholder agencies and groups is ideal. At a minimum, it is critical that families be fully involved in planning the Family Partnership Program. The plan will need to be tailored to the unique strengths, needs, and characteristics of the local community. Program goals and expectations need to be unmistakably clear, and those involved need to agree on program structures and activities. Agency administrators and family partners need to be fully committed to the plan and the program.

Inclusion of Families in the Planning Process

The first challenge in developing or amending a Family Partnership Program will be to ensure that the parents are full members with equal voice in the planning process. Parent participants may not have experience with planning teams. They will need orientation to the process and their roles and responsibilities as members of the team. The acceptance and support for parents as part of the planning team is an initial accomplishment. The success of the planning process often foreshadows the ease of the implementation to follow.

Solicitation of parents can be formal, including newspaper announcements and posting of flyers, or informal, based on the recommendations of provider agency staff and existing advisory commissions. In either situation, it is ideal to have representation from mothers, fathers and kin caregivers across all ethnic/cultural groups. In addition, it may be important to reimburse family members for their time or expenses incurred (like transportation, child care, meals), and to adjust the time and location of meetings to obtain and maintain full participation.

Appraisal of Families, Communities, and Services

The Family Partnership Program needs to be tailored to needs and interests of each community. Achieving family-provider collaboration is a community-specific process. Family-provider collaboration is a process that occurs from within a particular system of care, emerging out of the work of a specific group of people (Simpson, 2000). Areas of consideration include demographics, cultural diversity, geography, availability of local resources, and local need. Following are the kinds of questions that need to be asked in order to plan effectively.

- **Target Community and Demographics/Economics:** Who will be recipients of the system of care/wraparound programs? What are their needs? Where do they live? How do age and income distributions relate to the county service system? What is the economic health of the community? Is the county's population growing? How do local industries influence the economic picture?

- **Ethnic/Cultural Composition:** Are there high concentrations of certain ethnic or cultural groups within the county? What are the linguistic considerations (threshold languages)? Is it critical for one or more of the Family Partner(s) to be multilingual?

- **Topography/Accessibility:** Do special topographic or transportation considerations impact access to services? Are the communities urban or rural?

- **Local Resources:** What is the availability of services and supports in the

Chapter 3: Developing a Family Partnership Plan (continued)

community? Are services equally accessible throughout the county? Which agencies will be involved in the provision of services? Are services traditional and clinic-based, or non-traditional, offered in homes and schools? How well funded are the local schools? What is the level of support for special education, and specifically, services for seriously emotionally disturbed special education children?

- **Community Relations:** What organizations within the county are actively addressing issues relating to children with special needs? Does the county have active local chapters of the Mental Health Association (MHA), National Alliance for the Mentally Ill (NAMI), Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD), Federation of Families, Foster Family Association, Child Abuse Council, Children's Network, Parent and Teachers Association (PTA), Juvenile Justice Commission or United Advocates for Children of California (UACC)? Are there other child specific advisory groups or planning committees?

- **Reliance on Informal Supports:** Is it typical for child and family teams to be established? Is there an appreciation for the importance and value of informal supports? Are informal supports actively identified and included in care plans?

Here is an abbreviated sampling of what such an assessment might reveal:

Sample County has over 200,000 residents in all, living in one of three medium-sized cities (populations of about 50,000). City A has a high concentration of residents who speak *Spanish*; City B has a high percentage of citizens of *Filipino* descent; City C is geographically isolated from the rest of the county, has mostly low income residents, and has no connecting public transportation system. Cities A and B have numerous public and private agencies offering both traditional and non-traditional services, and City B includes a special education program run by the county's Office of Education. City C is impoverished, with few local jobs; the local schools are struggling to keep open its community resource center, and most of the local services are traditional. However, the community has an unusually strong and effective *CHADD* group.

Based on this information a partnership program might be developed as follows: At least two, and possibly three, part- to full-time family partners will be needed to implement an effective program for the whole county. One partner will need to be *Spanish* speaking. Ideally, one would be *Filipino*. A parent who has direct experience with *Attention Deficit/Hyperactivity Disorder* would be helpful, particularly in City C. One partner might be located in each of the three cities. At least one of the three will need to be mobile (and therefore will need transportation and communication supports).

Agreement on Goals

Although systems of care and wraparound programs are designed to improve outcomes for children and their families, it is important to be clear on the specific goals of your local system of care and Family Partnership Program. Agreement on both the system of care goals and the Family Partnership Program goals needs to exist between family members and across agencies. Moreover, it is important to develop shared expectations about how the Family Partnership Program will promote achievement of the system of care goals. Considerable frustration and dissatisfaction can result when family members and agencies hold different goals and expectations. It is a common mistake to simply assume that the goals are shared. Take the time to define and document goals and to make sure that all are in agreement.

Chapter 3: Developing a Family Partnership Plan (continued)

Agreement on Structures and Activities

After a consideration of the goals of the system of care/wraparound programs and the characteristics of the target community, the team can make decisions concerning structures and activities of the Family Partnership Program. Each of the possible structures and activities varies in terms of costs, ease of implementation, and acceptance by local consumers and providers. The agreements can be written into a formal plan of operation that describes the nature of the Family Partnership Program and the specific roles and responsibilities of the family partners.

Some counties have formalized the relationship between family partners and the system of care by documenting their shared goals and core values (Simpson, 2000). Although drafting such documents as a Memorandum of Understanding (MOU), a Family Partnership Development Plan, or a Family Partnership Master Plan may be tedious, these instruments can be critical cornerstones (see Appendix 2 for examples). Frequent turnover of both staff and family members occurs in community programs. Formal documentation of the Family Partnership provides a sense of security for everyone involved and ensures that despite the inevitable change in participants, the objectives of the partnership and program structures will endure.

Commitment

Authenticating family-focused practice can require substantial change. Although a well-developed plan is invaluable, difficulties in implementation are to be expected. Overcoming these inevitable challenges will require both a strong commitment to family-focused practice and close attention to the strategic steps set forth in the Family Partnership Program plan .

It is difficult to fully describe the commitment and effort that family-provider collaboration requires. Those who have worked at collaboration know it demands considerable time and energy, a willingness to take risks, and a commitment to a long-term process… Through our conversations with participants in systems of care, we learned that family members and providers committed to collaboration continue to work at articulation of vision and goals, power sharing, and how to address and resolve conflict (Simpson, 2000).

It is important that those responsible for the plan agree to stay the course, and to reconvene as needed to make mid-course corrections to ensure that the Family Partnership Program is successful.

Chapter 4: Implementing a Family Partnership Plan

Family Partnership Programs commonly begin with the hiring of one or more family partners. There may be relatively little advanced planning around roles and other programmatic issues. The family partner(s) then work with the children's program administrator to develop the Family Partnership Program, and in the process define their roles and address related programmatic issues. This approach has been successful in a number of counties, particularly smaller rural counties, and in such cases the success appears to be based on the strength of the relationship between the children's program administrator and family partner(s). This approach has the advantage of being highly flexible. However, the lack of a clear plan has led to frustration and disappointment on some occasions.

A clear plan based on shared expectations and agreements will make implementation easier, whether the plan is developed through a large stakeholder group or the children's program administrator and one family partner. The following implementation issues deserve special attention: personnel, training, supervision, office space, equipment, policies and procedures, budget, evaluation and orientation of agency staff.

To be sure, no manual should attempt to offer a "one-size-fits-all" plan. California counties and their needs come in many shapes and sizes—a geography that is small or large, mountainous or flat, and within which may live a tiny or large population that may be centralized or scattered, expanding or stable—every county is unique. However, it is important for parents to be recruited, selected, and hired to succeed in the roles as outlined in their county's Family Partnership Program plan.

Recruiting, Hiring and Retaining Family Partners

Family partners may be recruited from amongst those who participated in the planning process and/or from the community of consumers at large. In either case, it is desirable to select parents with the experience, skills and interests that match the program expectations. Recruitment strategies include (1) advertising/ flyers directed at families who are current or past consumer of services, (2) inquiring of provider agency staff about current or former consumers, and (3) newspaper or radio advertisements (see Appendix 5 for examples of recruitment notices and job descriptions). The nature of the recruitment will vary, depending on the nature of work: whether it is full or part-time, paid or volunteer, through the county or a private agency. In each case it will be important to be clear about the following characteristics when advertising, job interviewing, and selecting family partners:

- Characteristics of the ideal candidate,
- Roles and responsibilities, and
- Compensation.

Positions may be full or part-time. Hiring may be extra-help, contract, or regular employment with benefits and job security. Extra-help or contracting may be the quickest way to hire; however, these tend to be temporary classifications that are typically the first to be eliminated during budget deficits. In addition, it is difficult to retain employees who are not offered secure positions (see Appendix 5 for examples of job classifications).

Half-time positions have the benefit of allowing for more ethnic, cultural, linguistic, geographic, socioeconomic and experiential diversity among family partners. Half-time positions are also

Chapter 4: Implementing a Family Partnership Plan (continued)

beneficial for parents who need the time and flexibility in work hours so that they are available to meet the needs of their own children. However, half-time family partners may have more difficulty managing the many demands of their jobs. In addition, half-time family members may have difficulty in devoting the time to establish and maintain critical relationships with staff and administrators from partner agencies.

Training

Hiring talented parents is only the first step in initiating a successful program. It is critical that family partners are offered training, supervision, office space and equipment to succeed in their new roles. The individuals selected to fill these new roles bring a hopeful attitude and lessons learned from their personal experiences as family members and consumers.

Orientation and training prior to initiating work with families is essential. Other family partners, as well as cross agency staff can present training curriculum (see Appendix 6 for examples of training curriculum). A foundation curriculum for family partners could include the following:

- Principles and practices of the county's system of care, wraparound, or juvenile justice program;
- Family partner roles and responsibilities;
- Cross agency services including mental health, social services, probation and schools;
- Professional ethics;
- Mandated reporting;
- Confidentiality;
- Cultural competence;
- Quality improvement;
- Relevant laws and regulations;
- Team-based/consensus decision-making;
- Crisis planning and management;
- Medi-Cal managed care; and
- Special education law.

Having family partners "shadow" provider agency staff and agency managers/ administrators has proven to be a very effective training activity. Typically, shadowing involves quietly watching the activities of another staff person for periods of time, for example one or two days. Touring is another effective training approach. Family partners benefit from a guided tour through a mental health clinic, child welfare department, probation office, juvenile hall, courtroom and private mental health agency program. In addition, less formal training in system of care practices may be provided through mentoring from more experienced family partners, through organized peer-to-peer trainings, through opportunities to network with other family members, or through workshops organized specifically for the system of care or wraparound family partners. Continually looking for ways to expand the Family Partners' training base is of enormous benefit. The following annual conferences may provide important training opportunities to family members. Scholarships are often available for family members.

Examples of Training Conferences Used by California Counties

- California Mental Health Advocates for Children and Youth Conference (Monterey, CA)
- Rose Jenkins Conference (Sacramento, CA)

Chapter 4: Implementing a Family Partnership Plan (continued)

- Cultural Competence & Mental Health Summit (CA)
- Federation of Families for Children's Mental Health Conference (Washington, D.C.)
- Carpe Diem Conference (Ventura, CA)
- Portland Family Research Institute Conference (Portland, OR)
- Family Strengths Conference (Sacramento, CA)

Supervision

Family partners need ongoing supervision and support as they take on the challenges of their new jobs. A family partner manager or a manager/administrator from one of the partner agencies may provide supervision. The selection of a supervisor will vary depending on the structure and activities of the Family Partnership Program. Family partners need regular, scheduled opportunities to meet with their supervisor to discuss their work and interactions with families and staff. In addition, the family partners will need to be able to contact their supervisors as needed. Many of the duties of the family professional are new. Regular, diligent, and supportive supervision is important to ensure that the family partner is successful in carrying out his/her activities. The supervisor needs to be well versed in family focused practice in general, and the county's Family Partnership Program specifically.

Office Space and Equipment

Family partners need to be provided suitable office space and the work equipment to conduct their jobs. The nature of the workspace and equipment will vary depending on the nature of the program. Family partners may be co-located with personnel from other agencies, or operate out of their own location. They will likely need access to computers, copy machines, office phones with voice mail, and cellular phones. The dedication of space and equipment is important. Appropriate space and equipment promote efficient use of time and completion of work; moreover, these allocations communicate to others the importance given to the family partner's role.

Policies and Procedures

Given the newness of family partner programs and the potential for conflicts, detailed policies and procedures that clarify key program operations, as well as interactions with other agencies are important. Policies and procedures can include topics such as managing confidential information, dual roles, paperwork, and team-based decisions. Family partners need to be actively involved in the development of these policies and procedures.

Budget

Budgeting sufficient funds to staff and equip family partners is critical to success. Family-focused practice and Family Partnership Programs hold tremendous promise for improving outcomes and reducing escalating costs. Although family member involvement is primarily supported by system of care and wraparound funding, counties can expand and sustain these programs through other funding streams, for example, by billing to Medi-Cal. [8]

[8] *For more information about funding Family Partnership Programs through the public mental health system, see "Financing Partnerships with Family Members as Medi-Cal Reimbursable Mental Health Service Providers," Cathie Wright Technical Assistance Updates Volume 2, Issue 6, November/December, 1999. (Available at <http://www.cimh.org>)*

Chapter 4: Implementing a Family Partnership Plan (continued)

Family partners need to aware of their budget, any financial insecurity, and empowered to assist in efforts to sustain and enhance the program.

Evaluation

New programs often receive extra scrutiny, particularly when the program challenges long held practices. As a consequence, an ongoing evaluation of the program's success is important. Information about program operation, as well as attainment of goals can be gathered. This data can be used to more fairly appraise the program, make mid-course adjustments, and justify program expansions. The approach to evaluation does not need to be complex. However, family partners and provider agencies do need to be diligent about collecting and using basic data.

Chapter 5: Overcoming Obstacles

The following is a review of common barriers experienced in the implementation of Family Partnership Programs, and suggested solutions. Although recommended solutions are provided to address each of the specific obstacles, the most successful strategies are based on:

- Strong commitment to the value of family focused practice;
- Supportive relationships between family members and agency personnel;
- Training of family partners and agency staff;
- Supportive supervision; and
- Flexibility in overcoming obstacles.

The following quotation from *Learning from Colleagues* (National Peer, 1998), highlights important attributes for successful implementation:

The basic principles… for building sustainable systems include interdependence, the cyclical flow of resources, partnership, flexibility, diversity, and, as a consequence of all those, sustainability. These principles apply to our work of building sustainable systems of care for children, their families, and communities.

Tokenism

Tokenism can result when family focused practice is not considered to be essential to improving outcomes, and when there are misunderstandings about expected roles and responsibilities of family partners. Family partners may feel exploited by provider organizations that use their support to win grants, while failing to include families in decision-making, planning, and implementing of the grant projects. Families may also feel intensely vulnerable when they are called upon to publicly share their personal stories for the sake of exposing system inadequacies.

Tokenism is avoided when the commitment to the Family Partnership Program is authentic, premised on the understanding that family focused practice is critical to improving outcomes for children and families, and family partners are valued participants in planning, decision-making, and implementation activities.

Devaluation

Provider agencies may be concerned that families will make unreasonable requests for services or discount staff input and expertise (National Peer, 1998). Devaluation can result when implementation of family focused practice and Family Partnership Programs are mandated from the top with little input from line staff, or when family involvement is misunderstood as excluding or replacing clinical judgment. Devaluation can be avoided by sponsoring a broad-based Family Partnership Program planning process, which includes line staff and ensures that the system of care/wraparound reform builds on the strengths of the current system. Those involved must develop a clear understanding that partnership is about families and providers making shared decisions. Training around partnership skills and orientation to the roles and responsibilities of family partners will assist in overcoming this obstacle.

Parent Representation

The number and diversity of family partners involved in the system of care and wraparound programs may be limited by two factors. First, the Family Partnership Program may be small, involving one family partner completing all tasks. In this circumstance, family member influence may be too narrow, as one family member cannot adequately represent the interests and concerns of the entire county. This is a particular

Chapter 5: Overcoming Obstacles (continued)

risk factor in rural counties. When a program has a single-family partner the risk of tokenism (described above) is also increased. Moreover, the input of a lone family partner is seldom as diverse as the county's clientele. Finally, a lone family partner is at risk of becoming overwhelmed by the challenges of the position. Parents who have a child currently receiving services can advance a Family Partnership Program, but may not be able to accept regular, full-time employment.

Building flexibility into the Family Partnership Program can increase parent representation. Programs can include full and part-time positions, and volunteers. Programs can recruit parents with children who are currently receiving services, as well as those who have received services in the past. Paid and volunteer work can be matched to the interests, skills, and availability of numerous family partners. These opportunities might include attending trainings and education conferences, serving on committees, participating in focus groups, assisting with special events, and facilitating support group meetings. By making a variety of smaller opportunities available on a continuous basis, the program is assured of having broad family representation. In addition, it will be important to have the capacity to make reasonable accommodations for the demands associated with parenting a child with special needs.

Jargon

Every field is characterized by jargon, including special terminology, acronyms, and abbreviations that facilitate communication among others in the field, but exclude those outside the field. Jargon can be a subtle barrier between providers and family partners. Parents may or may not understand the terminology and acronyms being used by providers. Parents may feel excluded as a result.

Communication can be facilitated when family partners receive training in the unique terminology[9]. However, mastery over relevant content is more than learning acronyms and abbreviations, and will require time on the job. Therefore, it is also important that family partners be encouraged to seek out explanations for terms they do not understand, and to keep their own glossary of terms. Providers need to be patient and supportive during this learning process.

Confidentiality

Concern may be expressed about family partners having access to confidential client information. The need to respect client information and adhere to legal and professional confidentiality regulations is a critical responsibility. All members of a treatment team, including family partners, need access to information to work as a team and provide effective care. In addition, all members of a treatment team, including family partners, need to receive training on professional ethics in general, and confidentiality issues in particular.

The need to make professional ethics training available to family partners is equally important whether the parent is a county employee or staff of a contracted agency. A written confidentiality policy and procedure, clearly explaining the relevant laws and consequencespertaining to protecting a child's and family's confidentiality,

[9] *The California Mental Health Directors Association has an acronym list on their web page at <http://www.cmhda.org/documents/Acronyms(4-10-02).xls>*

Chapter 5: Overcoming Obstacles (continued)

needs to be available to the provider agency staff and family partners. An information sheet may be helpful in advising clients of the family partners' role in the system, as well as their access to information (Preis, 1999).

Dual Roles

A "dual role" occurs when a provider delivers services to an individual with whom he or she has a concurrent professional, social, sexual, financial or other relationship. Dual roles can occur when family partners have children currently receiving services from one or more partner provider agencies. Dual roles have the potential to harm the recipient of services when the provider's judgments and actions are impaired by consideration of the second relationship.

It is ideal to avoid dual roles as a way of preventing possible harm; however, it is not always possible to do so. Small communities may not have the capacity to ensure separation between providers and family partners. Regardless of the size of the community, it is advisable to have a dual role policy developed with broad input from staff, parents, and professional organizations, such a policy would help to prevent dual roles when possible, and safeguard the client when dual roles cannot be avoided.

Cultural Competence

Providing services that respect and build on cultural strengths is a challenge for all agencies. Not addressing differences in language, culture, socio-economic class, and power differentials is often a barrier to effective services.

The challenges of cultural competence will need to be addressed in developing a Family Partnership Program. Ideally, family partners will reflect the diversity of language, culture, and socio-economic status of the children and families receiving services. However, this diversity may not be reflected across the provider agency, creating a potential gap between family partners and agency staff. Alternatively, the Family Partnership Program may not be representative of the cultural diversity of the recipients of care (see *Limited Parent Representation*, above).

Cultural competence can be achieved through implementation of recruitment and hiring practices that seek qualified candidates from diverse backgrounds, as well as through training, shared decision-making, and service delivery options that are designed to address the unique strengths, interests, and needs of children and families from different cultures. Family Partnership Programs can be a critical component in an agency's cultural competence plan.

Treatment Recommendations

As family partners are increasingly included in service delivery, conflicts may develop over service recommendations. Conflicts are understandable given the differences that exist in training and experiences between providers and family partners. Damage to the integrity of the system of care or wraparound program may occur if there is not an effective process for settling differences of opinion. When differences are silenced, or settled by virtue of a provider's having an advanced degree or greater authority, the program is damaged. In addition, children and families may be caught in the middle of opposing recommendations.

Chapter 5: Overcoming Obstacles (continued)

Diversity of opinion is critical to enhanced outcomes. Many systems of care, wraparound programs, and juvenile justice programs target children who have been recipients of services from one or more agencies in the past, but who have not achieved intended outcomes. It is important that new treatment plans and services be considered in order to achieve improved outcomes. Family partners, by virtue of their experiences as family members of children with severe needs, and as consumers of services, are in a position to recommend new and innovative strategies.

It is important to promote a culture in which there is an open exchange of ideas, where there is a full appreciation for the need to use new strategies, and where consensus decision-making is used whenever possible. It is advisable to create policy concerning team-based decision-making premised on these principles. In addition, staff and family partners need to agree to settle differences using this policy and not by putting families in the middle of the disagreement. The system is strengthened through the best thinking of its diverse staff.

Co-opting

Proponents of Family Partnership Programs may be concerned about the activities of family partners being stifled (co-opted) by working within the system. Co-opting occurs when family partners are unduly influenced by their working relationships with agencies. This concern may be heightened when family partners are hired by county agencies. Inevitably, the Family Partnership Program will both influence and be influenced by their increased involvement in the service delivery system. Critical to the success of Family Partnership Program is a system-wide culture of open and honest communication where ideas are safely expressed and decision-making is shared. Family partners need to be able to express dissenting opinions without repercussion. One example of the process of mutual influence is illustrated in the following description from one California county (Simpson, 2000):

> Specific to… [the county's] approach to family inclusion is the concern that family members may be co-opted when they work within the system, especially without a strong family organization that focuses exclusively on families whose children have mental health problems. This concern has to do with the possibility that family members will face conflict when the needs of families and the characteristics of the system that pays their salaries are incompatible. Specifically, family members who are also system employees may feel unable to advocate freely for the families they serve. Both family members and the mental health leadership answer this criticism similarly. They acknowledge the possibility of co-optation, pointing to the positive aspects, meaning that family members and professionals discover similarities and develop empathy for one another…. They use the term "mutual co-optation," saying that having family members within the system helps to heal the system from within.

Self-disclosure

Licensed clinicians, social workers, probation officers, and school personnel are careful when using their own life experiences in working with clients. Self-disclosure can be condemned as "unprofessional." However, sharing lessons learned as a consequence of their personal experiences raising a child with special needs and being a consumer of services is central to a family partner's effectiveness. Reliance on lessons learned from personal experience is also the hallmark of many substance abuse recovery programs. Concern over violating professional boundaries and creating a harmful dual role relationship (see above) can develop around self-disclosure.

Chapter 5: Overcoming Obstacles (continued)

The sharing of lessons learned is an important tool in establishing credibility with families. Children and families are often mistrustful of the system, and are reassured by talking with someone who has "been there." The family partner's relationship with families will naturally have different boundaries than that of the clinician. It is important for providers to understand that clinical or professional "distance" is imbedded in a particular model of care. Peer services represent another model of care premised on different principles. Family partners need to receive training and support to make use of their "lessons learned," while avoiding certain pitfalls of working so closely with families. Children and families benefit from the diversity of services and supports.

Parent partners may often work with families in crisis, and once rapport is established, there can be a tendency for the consumer family to request more than just information and support. They may ask the family partner for direct advice, such as a referral to a specific doctor, or specific advice on their child's medication or treatment. Family partners need to have training, guidelines, and supervision concerning how to effectively use lessons from their personal experiences, be supportive and empathic with families, while avoiding dual roles, disclosure of unresolved or unsettled personal issues, or working beyond their areas of expertise.

Excessive Commitments

In the course of developing an effective Family Partnership Program, family partners may at times be tempted to give too much of themselves, to "spread themselves too thin." Implementing Family Partnership Programs is challenging. The first family partners will be very eager to see their program be successful. As a consequence they may be asked to volunteer to provide direct services to client families, act as liaisons to county staff, serve on various committees, attend workshops and conferences, and more. Excessive commitments may jeopardize performance and ultimately hinder the program. Parents and providers alike need to be patient with the pace of change. Both need to be mutually supportive and reasonable in their expectations. Further, family partnership resources need to be increased as the demands on the program increase.

Administrator Support

The Family Partnership Program is legitimized by the respect and support modeled by top-level administrators from across the stakeholder agencies. Family focused practice is a significant qualitative change that is often not readily accepted. Relationships between family partners and agency administrators, as well as the explicit support of agency administrators for the Family Partnership Program, will alleviate much of the tension that can develop as the program is implemented. This support can be demonstrated by giving family partners direct access to the mental health or social service director, or probation chief. Moreover, agency directors can send memos to their staff expressing enthusiasm and commitment about the Family Partnership Program, and sponsor and attend training on family focused practice.

Flexibility for the Family Partner

At times family partners will need reasonable accommodations for the demands associated with parenting a child with a serious emotional disorder. Given their children's intense needs, family partners may, at times, find it difficult to meet the demands of their position in system of care. The children's program administrator must recognize that this is a necessary condition

Chapter 5: Overcoming Obstacles (continued)

of having sought applicants with experience parenting a child with a serious emotional disorder. Program managers need to be as flexible as possible, recognizing that coping with these difficulties also broadens the family partner's base of experience.

Defensiveness

The potential exists for defensiveness on the part of all parties relative to implementation of the Family Partnership Program. Licensed clinical staff may resent treating family members as "equals" in the workplace, and may be reluctant to involve them in the delivery of services to "their" clients. Family partners may be afraid to accept relatively high-level responsibility in an arena where they have not had extensive education or training. The children's program administrator may have difficulty accepting the idea that family members should have such direct access to management and such strong influence on the children's system of care program. Nevertheless, no task is more critical to the success of the Family Partnership Program than the program administrator's responsibility to promote acceptance and involvement of the family partner. Defensiveness can be overcome through training on the importance of family focused practice, supportive supervision, and mutual shadowing between family partners and provider agency staff.

This commitment to involve and empower family members in Children's System of Care requires that the program administrator have an open mind, an open door, open arms, and open eyes (Barr, quoted in National Peer, 1998).

> When human service agencies… try to create alternative uses of power by incorporating more democratic practices, they are fighting an uphill battle against old and entrenched structures and habits. This struggle is the center of the empowerment process because without a transformation of power there is no empowerment process. This will be a long struggle and participants in it will only be able to see tiny steps in the desired direction because the challenge is formidable.

Some of the changes in the bureaucracy that would support a different way of working include (Adams and Cooper, quoted in National Peer, 1998):

- Administrative support to more actively engage family members;
- Programmatic and fiscal flexibility to develop comprehensive service plans based on family needs rather than services available;
- Training to shift from staff-dominated to family centered approaches;
- Leeway to create opportunities to provide information and training, and offer concrete support services to families;
- Time for professionals to communicate with families and other professionals; and
- A system that makes them accountable, not in terms of units of services provided or individual activities undertaken, but rather by outcomes, by how skillfully they have engaged others in developing and implementing successful solutions.[10]

[10] *For other descriptions of challenges and strategies to family-provider collaboration, see Promising Practices, Volume II/ Family Provider Collaboration, Appendix A—"Description of Challenges to Family Provider Collaboration," and "Coping with Challenges: Barriers to Implementation," Families at the Center of the Development of a System of Care, pp. 109-111.*

Chapter 6: Promising Practices

The following chapter is a list of some promising practices that may inspire or be modeled by counties as they implement systems of care, wraparound and juvenile justice crime prevention programs. These are some of the favorite activities of family partners currently working in systems of care and wraparound programs throughout the state and nation. Each activity is briefly presented. The reader is encouraged to learn more about these and other exciting programs described in the ***Promising Practices*** series available on the CD ROM that accompanies this manual.

Family Focus Groups

In southeast Kansas carefully planned focus groups were used to assess family priorities, as well as to enlist parents who wanted to participate in a collaborative effort on behalf of their children. As an outgrowth of these focus groups, family advocacy organizations were formed (Simpson, 2000).

The "Parent Door"

In Napa County, CA, the "Parent Door" is a point of access and referral for families who need help. Staffed by both paid and volunteer family members, it is a way for families new to the system to find what they need (Simpson, 2000).

Culturally Relevant Training of Staff

In Kmihqitahasultipon Program of the Passamaquoddy tribe of Indian Township, Maine, family members provide training to staff using a four-week program. According to program administrators, "Because Passamaquoddy culture and values support children's mental health care that is fundamentally family centered and that understands families as central to a child's healing process, the Kmihqitahasultipon Program provides insight into family provider collaboration." (Simpson, 2000)

Summer Day Camp

In South Philadelphia, children and youth with emotional disturbances attend a no-cost summer camp, which is in part designed and staffed by family members (Simpson, 2000). A similar program has been offered in Solano County, California.

Youth Activities

Youth clients and their siblings have the same need for involvement and similar talents to bring to the systems as do other family members, as is described in the following quotation from *Families at the Center of the Development of a System of Care* (Tannen, 1996):

> Just as we are committed to including parents in trainings, we now include youth, too, whenever possible. It is essential to hear their needs, recognize their strengths, and have them participate in and 'own' the plan that emerges.

"For Youth, By Youth"

In Sacramento County, CA, young adult clients, who as minors received mental health services from the children's system, serve as mentors to youth clients and advisors to program staff. These young adults are co-located with county mental health professionals and are contracted through the local Mental Health Association. One of their responsibilities as peer counselors is to facilitate "For Youth, By Youth" self-help support groups for clients aged 12 to 18.

Chapter 6: Promising Practices (continued)

Advisory Team

Family members often find a "voice" through their participation on advisory committees. In Sacramento County, CA family member and youth convene an active committee described by participants as follows: "The Family Resources Advisory Team is a parent- and youth-run advisory body that focuses on the needs of children and youth with serious emotional disturbances and their families. The team's mission is to provide a family voice at all levels, in a system of care that enables children/youth with serious emotional disturbances to remain at home, succeed in school, and avoid involvement with the juvenile justice system."

Stipends and Flexible Funds

As well as providing funds to compensate family members for their participation, flexible funds may be used to assist families through difficult periods, or with emergency needs that would not ordinarily be viewed as treatment (Tannen, 1996, also Simpson, 2000).

Family Driven Support Activities

In Essex County, NY, support groups were tailored to the needs of their families: One example is illustrated in the following description (Tannen, 1996):

When Families First [Essex County, New York] began, one of our initial efforts was to establish support groups around the county. Families told us that they wanted family-led groups, so we located teams of two parents in each area and provided training for them. The group meetings were well publicized. To everyone's disappointment, hardly anyone showed up…. We said that even two people made a group and we wouldn't give up…. One day, someone jokingly pointed out that we never had trouble getting lots of people to attend the social events that we sponsored. Aha! The message was clear. If people chose to leave their homes and travel long distances, even in very bad weather, to come to a party, then the parties must be fulfilling a need. We asked more questions and listened to families. They told us that they were reluctant to go out after a long, hard day to listen to other people's sad stories. In our rural area, families often had history with other families in the group and they didn't want to reveal their personal feelings to those people they already knew. Because their lives were often drab, however, they were willing to go out to an occasion that their whole family could attend and that felt like fun.

Promising Practices Summary

These examples offer just a glimpse into the richness of innovative and creative programs that family partners have initiated. Readers are again encouraged to use the resources included with this guide in designing and implementing their own Family Partnership Program.

Chapter 7: Conclusion

Family Partnership Programs offer tremendous promise to improve outcomes for children with severe and multiple needs, and their families. Family Partnership Programs are key cornerstones of systems of care, wraparound, and juvenile justice crime prevention programs. However, establishing and sustaining Family Partnership Programs can be challenging. This guide has presented an overview of concepts that are important to consider in designing and implementing these programs.

The reader is encouraged to give special focus to the important areas of family focused practice, Family Partnership Program structures and activities, thorough and inclusive plan development, and strategies for overcoming common challenges.

In addition to offering manuals on important topics like Family Partnership Programs, Cathie Wright Technical Assistance Center is committed to promoting peer-to-peer mentoring. Examples of work plans, job descriptions, family partner activities, communication materials, training resources, and special program ideas are itemized in the appendices that are available on the CD ROM that accompanies this manual or that may be downloaded. [11]

These documents were provided by California counties for this manual in response to a request to share their experiences. The material that has been shared is diverse, mirroring the diversity in Family Partnership Programs and county systems of care. Material in the appendices was selected to highlight this diversity and inspire counties in developing their own tailored Family Partnership Program. Examples in the appendices are not being endorsed; rather they reflect current practice throughout the state. Readers are encouraged to model only those examples that are consistent with the needs of their own county, and to contact their peers in other counties to learn more about their successes.

[11] *Online at <http://www.cimh.org>*

Appendices

The following appendices are available on the CD ROM that accompanies this manual or may be downloaded at <www.cimh.org>

APPENDIX 1 - Family Focused Practice

Many counties find it valuable to have materials that describe and highlight the principles and practice of family focused practice. These materials are available to educate consumers, providers, county supervisors, judges, and others. They may also be useful resources that will assist family partners and county agency administrators to develop presentations and other information sharing activities.

Message from the Family Focused Care Committee of the Children's System of Care Planning Council
San Francisco County

Message from the Family Focused Care Committee of the Children's System of Care Planning Council - Spanish
San Francisco County

Message from the Family Focused Care Committee of the Children's System of Care Planning Council - Chinese
San Francisco County

Families Want
San Francisco County

Children's System of Care Legislative Requirements for Family Involvement
Sacramento County

APPENDIX 2 - A Clear Plan

The sample plans available in this Appendix outline the manner in which several counties structure their family partnership activities. Many of the plans include supporting documents, such as educational material and pay scales. We have elected to include the entire plan packets to offer comprehensive examples of county resources.

Youth, Family and Professional Partnership: Development Plan
Sacramento County

Appendices

Santa Cruz County Children's Mental Health Family/Partnership Master Plan
Santa Cruz County

San Luis Obispo Mental Health Youth Services Program Performance Objectives-Amended Scope of Work F.Y. 2000-2001
San Luis Obispo

Family/Partnership Development Plan
Stanislaus County

Parent Partnerships
Stanislaus County

APPENDIX 3 - Partnership Training

All of the materials in the manuals and appendices can be used for training; however, the samples in this appendix are specifically designed to educate agency staff and family members about Family Partnership Programs.

A Checklist for Effective Parent Professional Collaboration
Sacramento County

Family Liaison & Parent/Professional Partnership Activities
Riverside County

APPENDIX 4 - Family Partnership Program Activities

These materials provide information about some California county Family Partnership Program activities, how they fit within a larger structure of activities, and how they are announced to the public, as well as other supporting materials.

General

Sacramento Advocacy For Family Empowerment Youth and Family Partnerships
Sacramento County

Informal Support

Families Supporting Families Parent Support Group
Riverside County

Appendices

Supporting Families and Their Children with Special Needs or Other Disabilities
Napa County

Supporting Families and Their Children with Special Needs or Other Disabilities
Napa County – Spanish

Family Partnership Program
Santa Cruz County

Parent Partner Program
San Luis Obispo County

Family Partnership Program: Facilitator's Manual Club Hope
Santa Cruz County

Newsletters

The Family Connection, Volume 2, Issue 4
Riverside County

Common Bond, Volume 1, Issue 2
United Advocates for Children of California

The Informant News Letter, Volume 1, Issue 1
Riverside County

Matrix Classifieds, Summer 2001
Napa County

The Family Partnership Monthly Newsletter, July 1996
Santa Cruz County

Policy Development

The Family Advocate Committee
Sacramento County

The Family Resource Advisory Team
Sacramento County

Family Partnership Program Advisory Committee Proposal
Santa Cruz County

Direct Service

Family Liaisons

Appendices

Riverside County

Community Action Commission of Santa Barbara County Family Mentor Program
Santa Barbara County

Peer Mentoring Program: An Overview
Santa Cruz County

What We Can Do For You!! (Your Family Partnership Program)
Santa Cruz County

APPENDIX 5 - Hiring Family Partners

The documents are examples of those used by California counties during the hiring process. The materials reflect the diverse approaches that have been taken. For example, samples include county and private non-profit agency recruitment notices and job classifications for a variety of family partner positions.

Recruitment Notices

Job Opportunity: Parent Partner
Calaveras County Children's System of Care

Job Announcement: Family Partnership Specialist
Yolo County

Parent Outreach Partner Position
Madera County

Employment Opportunity: Family Advocate I
San Luis Obispo County

Job Announcement: Juvenile Probation Family Advocate
Napa County

Health Care Agency Behavioral Health Services Has Two New Exciting Advocacy Positions
Orange County

Job Opening: Family Partnership Program Specialist
Santa Cruz County

Open Position: Parent Advocate Located at Indio Mental Health Clinic

United Advocates for Children of California

Job Descriptions

Family Coordinator
Sacramento County

Family Advocate Specialist
Sacramento County

Family Liaison-Administration (Community Services Assistant)
Riverside County

Duties for the Parent Partner/Advocate
Kern County

Family Involvement Coordinator II
Imperial County

Parent Partner/Family Advocate
Orange County

Volunteer Center Family Partnership Program: Program Specialist 1
Santa Cruz County

Personnel Contract

Agreement for Personal Services
Stanislaus County

Provider Agency Contract

Professional Services Agreement
Napa County

APPENDIX 6 - Training

The materials in this appendix offer examples of training outlines and materials designed to orient and train family members for their jobs.

Appendices

General

Family Partnership Program: Agenda for Advocacy Training and Peer Counseling
Santa Cruz County

Training Binder: Parent Partnership Project
Stanislaus County

Documentation

Documentation Guidelines for Family Advocates
Sacramento County

APPENDIX 7 - Policies and Procedures

The following materials reflect some of the key policy and procedure areas identified by California counties that are particularly relevant to family programs. As with all of the previous appendices, this review is not designed to be comprehensive, and any policies or procedures developed must be reviewed and approved by the appropriate oversight agencies for each county.

Strengthening the Role of Families in a System of Care
Riverside County

Job Performance: Sacramento Advocacy for Family Empowerment
Sacramento County

Family Advocate
Sacramento County

Safety
Sacramento County

Supervision
Sacramento County

Family Partnership Program: Policy & Procedure Manual, June 1996
Santa Cruz

References

Jordan, P., (Ed.), (1998). A Guide to Implementing Children's System of Care in California. California Institute for Mental Health Cathie Wright Technical Assistance Center, Sacramento, CA, 10.

National Peer Technical Assistance Network's Partnership for Children's Mental Health, (1998). Learning from Colleagues: Family-Professional Relationships: Moving Forward Together. Peer Technical Assistance Network, 2-30.

Osher, T., et al., (1999). New Roles for Families in System of Care. Systems of Care: Promising Practices in Children's Mental Health, 1998 Series, Volume I. Center for Effective Collaboration and Practice, American Institute for Research, Washington, D.C.

Preis, J., (1999). A Manual for the Exchange of Information in a California Integrated Children's Services Program. California Institute for Mental Health Cathie Wright Technical Assistance Center, Sacramento, CA, C-5.

Simpson, J., et al., (2000). Promising Practices in Family-Provider Collaboration. Systems of Care: Promising Practices in Children's Mental Health, 1998 Series, Volume II. Center for Effective Collaboration and Practice, American Institute for Research, Washington, D.C., 8-100.

Tannen, N., (1996). Families at the Center of the Development of a System of Care. National Technical Assistance Center for Children's Mental Health, Georgetown University Child Development Center, Washington, D.C., 54-59.