OMH's report makes the following recommendations based on their review of FSS programs and believes these recommendations will assist in monitoring and developing FSS services:

- Collect basic utilization data for FSS;
- Create an FSS Coordinator position at the Bureau of Children and Families;
- Develop a shared vision about the role of FSS in the system of care and implement a regional process to support program development, including family organizations, providers and local government officials;
- Identify best principles and practices of FSS and assure program adhere to family empowerment;
- Regularly assess family satisfaction and participation;
- Assess adequacy of availability of FSS services in each county;
- Identify creative outreach strategies and encourage families to accept services beyond traditional models of support;
- Nurture the development of separately incorporated programs;
- Ensure access is available to all families in the community, without criteria requiring specific enrollment in other agency programs;
- Keep the FSS role as general, don't encourage use of FSS funding for specific support services, such as respite or specialized after-school care; FSS budget should not be consumed by one particular service;
- Assess the availability, models, use, staffing and adequacy of funding for respite services and consider developing a discrete funding stream for respite if the need is identified. While respite should remain a support service available through FSS, the need exceed the resources of FSS;
- Because respite, after school care and vacation programs are identified as priority needs for children and by families, FSS program should be developing linkages with schools and other providers that improve support for children and families;
- Strengthen and develop advocacy for children in the education community because FSS providers identified the great need for educational outreach and advocacy with school districts;
- Hold regional FSS town meetings to discuss issues, proposals, and program development.
As part of the New York State Coalition for Children’s Mental Health Services strategic initiatives, member agencies passed a resolution on “Formalizing the Role of Families”. The Coalition believes that families must drive the service planning for their children. Their influence should be across levels of care and across funding mechanisms and foster cooperation and consultation with the mental health care team – providers, clinicians and parents. This resolution requires the participation of the child in the Coalition, demonstrates the commitment to promote a family friendly culture, which is in the best interests of the child, parents and family members. And, one that integrally involves family members in both the treatment planning and policy/program oversight that guides the quality of services provided by member agencies.

The New York State Coalition for Children’s Mental Health Services is pleased to share member’s innovations and experiences with providers, children and families. This report summarizes various programs, practices and ideas that have proven to be beneficial in order to maximize family involvement in developing and maintaining children’s treatment plans and influencing public policy and program decisions.

BACKGROUND

In the Coalition’s 2003 Strategic Plan (dated 9/18/03), it was stated that “Providers must understand and convey the message that families are an integral component of the team, not only in the treatment for an individual child/family, but on the provider team (parent reps on boards) and the policy team (parents influencing public policy and program decisions). In so doing, new partnership training and outreach efforts must be implemented… The participants also agreed to support training to better educate stakeholders on the family’s role.” With the Strategic Plan’s implementation in mind, we identified a linkage between family involvement on the treatment team and the policy team. This link relates to policy/program oversight. We believe that this role is as necessary as participation on the treatment team and an integral element in policy making on the board level. This resolution reflects the belief of all members of the Coalition that family members of the children we serve should be integrally involved in both the treatment planning and policy/program oversight that guides the quality of services that member agencies provide.

RESOLUTION

In the interest of enhancing the policy development/program oversight involvement of family members, the Coalition hereby resolves to establish a framework that encourages each member to identify structural opportunities each member has to influence and develop policy making capabilities. To be involved, family members are included on a committee or into some existing structure of each agency that has oversight responsibility and/or policy making responsibility for programs that serve the needs of seriously emotionally disturbed children and their families. It further resolved that each Coalition member agency provide a range of supports to maximize the involvement and contributions of family members and to assure that their participation is felt to be valuable to the agency.

New York State Coalition for Children’s Mental Health Services

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St. Christopher-Ottilie (SCO) family support and Partnership begins at the time of the pre-placement visit when the parent/child meets with the Social Worker and is given the Parents Handbook and is oriented to the RTF Program. At the time of admission, we meet with families to write safety plans for each child. These plans are completed with the help of the child and their family. The safety plan identifies what safeguards a child at times of crisis. A home assessment is conducted at the child’s home prior to the first home visit.

Finally, the family is called or met with at the time of admission by the Parent Advocate who provides the family with her job description and answers questions, along with the Social Worker, concerning the program, the treatment plan, and general concerns regarding having a child in placement.

The Parent Partnership Group, established approximately 15 years ago, is a monthly group held at the RTF and co-chaired by the Social Services Supervisor and the Parent Advocate. It is a meeting where transportation is provided for those who cannot use public transportation or do not have their own means of transportation. Dinner is served at the meeting and child care is provided, where needed. This group is primarily run by the families, and guest speakers (ex. School Principal, RTF Director, Nursing Director, Psychiatric, etc…) are frequently invited to address issues raised by the group. The group is composed of both parents of current residents and several parents of children who have been discharged. This latter group of parents serves as a strong support group for new families and also as a testament to the group’s success.

In addition, SCO offers Parent Advocates who contacts the family upon admission, invites family members to treatment meetings and other family functions, arranges an annual family satisfaction survey, provides one to one attention to families who have a need for individual support regarding other RTF or personal issues, and through a waiver from OMH serves as an active member of our Governing Body. SCO is a member of Families Together and recently sent our parent advocate to the annual training in Albany. SCO also attempts to send at least one parent or our Parent Advocate to the annual Coalition Conference.

Parents/legal guardians and family members are actively encouraged in their involvement with the program. They are invited to participate in all planning meetings regarding their child, and may have the option of being a member of the Parent’s Roundtable (PER) in June of this year.

The New York State Coalition for Children’s Mental Health Services
consisting of a family therapist, family advocates, an entitlements counselor, and outside providers, to ensure that the family’s voice is heard and that treatment is coordinated and responsive to parents and other families. Advocates of ICL’s Family Support Program have a regular presence in our clinic waiting rooms, introducing parents to their individual and group services, and helping parents to understand treatment options and programs. The advocates’ roles include helping parents to facilitate the addition of new services, to locate and advocate for resources, and to obtain peer support. The Brooklyn Parent Resource Center (BPRC) provides training, information, advocacy and support, accepting referrals from mental health agencies and other organizations throughout the borough. BPRC has provided services to mentally ill parents housed in ICL’s own family supported apartment programs as they experienced the emotional and behavioral disturbances in their children. Our new family supported housing program includes a peer advocate on staff, to model and support parents’ active participation in their children’s treatment and services.

The Astor Home has focused, over the past two years, on increasing parent involvement in treatment and education by developing a Parent Newsletter with detailed reporting on classroom curriculum and activities. The newsletter is distributed quarterly. The Astor Learning Center (our mental health training center) has a group of parent advocates, who have developed a new parent handbook and distributed it to all parents (it now is distributed to new parents at admission). We added an annual parent-teacher conference day in the school. Social work and the parents and professional school staff coordinate the events. The OCFS is eager to pursue formal funding to integrate this role into our programs/services.

The Astor Home has linked family input and concerns with our Board and our policies/procedures by hiring 6 part-time parent advocates. The advocates have formed interest groups. For example, the school group has worked with our principal to review the parent handbook, change the CSE process to be more family friendly, and help support new parents as they traverse our system. The family advocate meets bi-monthly with the central administration and parent representatives to discuss our treatment needs. In addition, the school group has taken on a representative to all department leadership meetings and to all quality assurance meetings (incident review). The representative participates fully and all meetings are of particular importance to families as it is a key to a youngster’s treatment plan. The connection to the host agency has allowed for a less structured, more independent living situation should the child be discharged to. This is of particular importance to families as it is a key to a youngster’s success in their new setting.

In addition, our agency held an initial Parent Council to develop this plan. This group includes parents from each program. The intent is to open a dialogue that will provide a means for our clients to present positive and negative feedback to the staff. In this way they are able to have input into the goals and objectives of their children’s treatment. They participate in family therapy sessions with their children, particularly when discharge back to the home is imminent. These sessions are arranged in a way that allows for flexibility and for the free flow of ideas. The parents are given the opportunity to share their needs and experiences and to receive positive feedback. The parents are also encouraged to participate in several of the program recreation and enrichment activities, fostering camaraderie between the natural families, the professional parents and the Caring Families staff. By including the natural families in the clinical and social activities of the program, they become an active part of the overall treatment plan.

The Jewish Board of Family & Children’s Services on Staten Island administers an array of mental health services specializing in service to children, adolescents and families. Some of these programs have formally funded positions for parent advocates, family members (Parent Resource Center and HCBS Waiver). These positions have helped to infuse a larger parent/family perspective into the other services on site beyond the individual work programs they serve. Examples of this influence include parent advocate involvement in the development of therapeutic groups, being run by the outpatient mental health clinic and Waiver programs. In addition, these families members have been instrumental in helping develop a new initiative to hold quarterly consumer advisory committee meetings, in which agency Board members are invited to attend and hear direct feedback from consumers and family members about the agency’s services as well as future needs.

Linden Hill and Goldsmith Center are working together to include our resident’s parents more directly in program development initiatives. The NYS OMH is working with the statewide RTF’s to move our programs into the best practices arena. We are focusing our efforts towards achieving several desired outcomes such as strength-based, and positive youth development, trauma sensitivity, linkage with the community, and fully partnering with families. Towards this end, we are developing a performance improvement plan that will monitor our path and highlight our successes towards this goal.

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parents the techniques they learned in the training. The shadowing program is then followed up with a session with their Case Coordinator, who reviews the skills they learned and then helps the families figure out how they can integrate the skills on home visits. In addition, parents are actively involved in policy and program initiatives and participate on Committees of Quality Improvement.

Involving families is a priority for The Children's Home RTF. The RTF involves children in numerous ways and are always trying to expand their involvement as participants in family therapy, treatment planning, and CSE meetings. Most recently, families are currently involved in the development of Individual Crisis Management Plans (ICMP). Parents are encouraged to be part of the behavior management strategies and are often the first line of defense when a crisis is developing.

The staff has become very creative in making sure that family involvement occurs. Family therapy often occurs in the family home, transportation is arranged for families to attend and participate in treatment planning, whether that is financial reimbursement or an actual transport, and families can participate in meetings via telephone conferencing. Currently the RTF is working with a family that lives five hours away. The agency has put them up in hotels, let them have dinner at a local fast food place, and drove them back and forth. The family lives in a home which allows the resident to stay with their family overnight.

On June 4th, 2004 the Children's Home RTF held its first Annual Family VIP Conference. Families (parents, siblings, grandparents) came and participated in a day of learning and fun which involved educational segments from each department, as well as an afternoon of Wilderness Adventure Programming. Participants were able to meet other families and share their experiences, face their fears on the elements and see their children being successful in their environment. Discussions were initiated about the development of a Family Support Group and development of a Web page/site for families to communicate with each other. The following day families exchanged phone numbers and email addresses to remain in contact. Future plans include the development of a Family Support Group, continued family conferences, a family newsletter and involvement with our Board of Directors.

The Children’s Village
Poughkeepsie, New York

The Children’s Village is committed to delivering its services to its consumers from a point-of-view and strength-based perspective that incorporates their input and full participation. The agency offers its services to its consumers in a fully comprehensive manner. The consumers of service (youth, family members, primary caretakers, extended kin, meaningful adults) are actively encouraged to participate in all aspects of the agency’s services/ programs that affect them and their families. For example, e.g., An Overview of Mental Illness, Psychotropic Medications and Side Effects, Listening and Communication Skills/Conflict Resolution. Families are an integral part of developing the child’s initial service plan and are involved in ongoing treatment plans review. Frequent family meetings, parent education programs (offered in English and Spanish), post-case and family support services. Annually the agency’s Research Department randomly selects parents or primary resource persons to administer the Family Feedback Survey. The Survey consists of 20 closed-ended items in which parents/guardians evaluate the service and program experiences. The results are shared with various agency committees, including the Board of Directors along with parents (during Parent Orientation and on-going) in order to strengthen the agency’s family focused work.

The Community Missions
Niagara Falls, New York

http://www.communitymissions.org

The Community Missions of Niagara Frontier, Inc. (CMNI) is a financially self-sustaining family service agency providing services to individuals and families of all ages and from all walks of life with the common goal of improving their quality of life. The agency is committed to serving Niagara and Erie Counties, through innovative programs and services designed to assist its clients in achieving self-sufficiency. CMNI is a values-based, evidence-based, strengths-focused, community-based, and participatory organization.

The Children's Village
Poughkeepsie, New York

http://www.childrensvillage.org

The Children’s Village, Inc. is a non-profit educational and social services agency that provides a full spectrum of services to children, youth and families to promote healthy development and optimum well-being. The Village is committed to providing services that are evidence-based, culturally competent and strengths-based. The Village is a leader in the field of child, youth, and family services and is recognized for the quality of its services, programs and research. The Village’s programs are designed to serve children, youth, and families within the home, in the community, and in residential treatment settings. The Village is also a national leader in the development and implementation of innovative, evidence-based and strengths-based treatment approaches for families involved in multiple service systems. It surrounds the family with a team