



Fairfax County, Virginia

**System of Care
Family and Youth Advocacy/Engagement Committee**

Final Report and Recommendations

July 2010

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Background

In November 2008, a System of Care initiative was undertaken by Fairfax County Government, Fairfax County Public Schools, and the provider community to address the growth in expenditures for services and supports associated with the Comprehensive Services Act for At-Risk Youth (CSA). CSA was established by the Virginia General Assembly in 1992 to support services and programs to children at risk of, or experiencing, emotional or behavioral problems. This funding stream is one component of several supports available to serve youth and families, and is generally concentrated in service delivery to the highest need youth in communities.

The initiative was guided by the community System of Care Reform group, comprised of public agencies/departments charged with meeting the needs of at-risk youth and families. Staff from Fairfax County Public Schools, members of the private provider community, representatives of the continuum of care for youth and families, family representatives and Fairfax County departments were convened to plan for new strategies.

The following goals and guiding principles were adopted in December 2008:

Goals of the System of Care Reform Initiative

- **Reduce the number of Fairfax-Falls Church children in long-term residential and group home placements by 33% between January 1, 2009 and January 1, 2010 by creating sustainable community-based services and individualized services planning (Defined as: point in time count of youth in residential and group home placements).**
- **Limit lengths of stay in residential/group home placements to an average of 6-9 months or less for children with serious emotional disturbances**
- **Limit FY 2009 and FY 2010 expenditures to FY 2008 actual expenditures by:**
 - **Maximizing use Medicaid, Title IV-E and other revenue sources to offset county costs for residential and community services; and**
 - **Implementing approved cost containment measures to reduce use of residential placements**

System Change Goals

- Develop a seamless, improved and cost-effective system of care service approach for all youth by creating and implementing new community based resources in Fairfax-Falls Church and immediate region
- Create a comprehensive system of care for children with developmental or intellectual disabilities, including pervasive developmental disorders such as autism, supported by alternative revenue sources including Medicaid and third party funding

Measuring System Change

- Serve 90% or more of children in CSA in the community annually (defined as no placements in out-of county congregate care).
- Reduce the total county-funded residential treatment bed days through focus on the appropriate development and use of in- community treatment and services and improvement of treatment and transition options when residential placements are used.

To accomplish the system change goals, consistent with these stated guiding principles, the following design and implementation committees were created:

System Of Care Sponsor Group – to oversee public agency participation and project management

Services Committee – to create methods and recommendations for:

- *Screening, Assessment and Evaluation*
- *Care Coordination/Case Management*
- *Home and Community-Based Services*

Developmental Disabilities Committee – to create a comprehensive system of care for children with developmental or intellectual disabilities including pervasive developmental disorders such as autism, supported by alternative revenue sources including Medicaid and third party funding

Family and Youth Advocacy/Engagement Committee – to design and implement a formal system of engagement of families and youth in system of care efforts in order to promote family and youth involvement at all levels in the planning and delivery of SOC services

Financing and Administrative Implementation Committee – to develop an inter-agency strategy for maximizing use of County dollars to leverage Medicaid, Title IV-E, CSA, other state and federal funding and private resources to maintain and enhance the community-based system of care.

This report incorporates work from the Family and Youth Advocacy/Engagement Committee, to respond to the deliverables and tasks assigned to committee members.

Review of System of Care Principles

Committee members endorse the following System of Care Principles defined in summer 2009 by members of the SOC Reform Group:

- Our system will be **youth guided and family driven** with the family identifying their own strengths and needs and determining the types and mix of services and desired outcomes within the resources available.
- Our system will support families to fulfill their primary responsibility for the safety, the physical and emotional health, the financial and educational well-being of their children.
- Children are best served with their own families. Keeping children and families together and preventing entry into any type of out-of-home placement is the best possible use of resources.
- Our system embraces the concepts of **shared resources, decision making and responsibility for outcomes**. All stakeholders will work together collaboratively with each other and the family to gain maximum benefits from available resources.
- Our families will receive culturally and linguistically responsive services.
- Children and families will receive **individualized services** in accordance with expressed needs.
- Children with emotional, intellectual or behavioral challenges will receive integrated services and care coordination in a seamless manner.
- County, community and private agencies will embrace, value, and celebrate the diverse cultures of their children, youth and families and will work to **eliminate disparities in outcomes**.
- We **will be accountable** at the individual child and family, system, and community levels for cost effectiveness, desired outcomes and safety

Review of System of Care Outcome Statements

The Committee reviewed the following proposed SOC Outcome Statements presented by the SOC Reform Group in the fall of 2009:

- Child, family, and community safety
- Permanent family home for children
 - Targeted reduction of residential and congregate care
- Strong connection for children with their families and their community
- Academic success
- Physical and behavioral health well-being
- Successfully transition to adulthood
- Families supported by natural and neighborhood resources
- Quality assurance
- Comprehensive array of community-based services
- Fiscal accountability
- Family-directed care coordination
- Ongoing professional development

After reviewing these Outcome Statements, the Family and Youth Advocacy/Engagement Committee noted the importance of emphasizing outcomes associated with community-based services delivery. In fact, much of the Committee's discussion and the recommendations contained in this report are centered around the following outcomes, which are aligned with community-based support:

- Families supported by natural and neighborhood resources
- Comprehensive array of community-based services
- Family-directed care coordination
- Ongoing professional development

Review of Services Committee Report

The Family and Youth Advocacy/Engagement Committee endorses the recommendations provided by the Services Committee regarding gaps in community-based services. In addition, the Committee requests the following:

- **A report, to be provided in one year, that compiles the results of the work done to create or expand the needed programs, towards a goal of addressing and closing all identified service gaps.**
- **Feedback mechanisms that allow for family input on how things are progressing, in a way that provides a safe way for families to impact the system without fear of retaliation/retribution in their own cases.**
- **Develop, implement, and monitor standards of practice.**
- **Professional staff in county agencies, the school system, and private providers who are trained on appropriate interventions and ways to engage, talk with, plan and support families in their own care planning and delivery.**
- **Development of a mechanism that gives voice to family concerns and needs at all levels of a System of Care approach, as follows:**
 - ***Families should participate in System of Care planning activities***
 - *Important to allow family members to come when they can*
 - *Each person/family may desire to share personal experiences*
 - *Component of every engagement is to provide resources to help families*
 - ***Representation on standing committees should always include:***
 - *Family members (either persons receiving services from Fairfax County or persons who formerly received services)*
 - *Advocates*
 - *Service providers, both private and public*
 - ***Group behavior boundaries for participation on planning committees***
 - *Confidentiality*
 - *Not a support group*
 - *Information sharing on resources is important to family members*
 - ***Principles of Engagement for Families in their own care***
 - *Families must have veto power over their own plans*
 - *Families need a resource to help when at an impasse with service providers*
 - *Staff must be seen as support, not adversaries*
 - *Parents have a responsibility to share appropriate information about their family situations*
 - *Parents should have control over their family environment*

Committee Deliverables

The following work was tasked to the Family and Youth Advocacy/Engagement Committee:

Deliverable: Design and implement a formal system of engagement of families and youth in system of care efforts in order to promote family and youth involvement at all levels in the planning and delivery of SOC services

Tasks

1. Strengthen connection with existing parent and advocacy support organizations and facilitate creation of new organizations as necessary
2. Develop a youth council or similar youth representing body to increase youth voice and influence in the system of care at all levels
3. Survey youth and parents in CSA system of care to identify strategies that families believe work for care coordination/management, interventions needed, system strengths to build upon and barriers to getting services
4. Recommend strategies to work on a community education campaign for accessing services, and educating parents about available resources (e.g., social marketing)
5. Develop and sponsor a community resource, education and advocacy network for families and children
6. Develop a strategy for maintaining family and youth engagement at all levels. Incorporate services such as use of parents as mentors and service providers to other families and youth peer mentors (i.e. “parent partners”)

In conducting its work, the Family and Youth Advocacy/Engagement Committee discussed the following topics and questions. Recommendations supporting each topic are included in this final report.

- **Youth Leadership Development**
 - How can youth be decision makers in determining the types and mix of services needed to help them be successful?
- **Family Education**
- **Staff Training**
- **Community Outreach Strategies**
- **Service and Process Recommendations**
 - How can children be served in the community? How important are “integrated services” and what would that look like? How are family strengths identified and utilized?

- **Strengthening Connections in Advocacy**
- **Planning and System Accountability**
 - How should county agencies and the school system be held accountable to families? What would success look like to families?
 - What has to be in place to make sure the system supports families?

Youth Input

The following reports are summaries of youth focus group conversations held by committee members with teens about issues of concern to them. The groups were each asked a series of questions, geared to seeking their input and ideas on a system of care that includes youth involvement and participation. The committee members sought information from youth on a variety of issues, including:

1. Parents have expressed that often they don't know who to go to or how to access help for their children. Do you think this was an issue for you? If so, what would be the best way for us to share information with kids and parents about who to access for help, and how to access that help?
2. Some of the help parents have asked for includes mentors for their kids, better support systems in the schools, help at home in how to talk to their kids, and strategies for dealing with their kids when their behavior is violent or out of control. Do you have any thoughts about these ideas? Would any of these have helped you? What other things would have been helpful to you?
3. Do you have any ideas about other ways we can get kids' opinions on this topic? Do you know of any youth groups or school groups that we should talk to? Are there other ways of getting feedback from kids that we should explore?



What teens are saying.....*conversations with South County teens*

Peer Mentors

- Kids usually get into trouble because of their friends.
- I got in trouble because I didn't have anything better to do and I listened to my friend so that I did something stupid because he wanted to do it.
- I don't want a peer program; some of my friends are stupid and give bad advice.

Families

- A lot of times we never see our dads.
- A good life starts with your family.
- We don't have a lot of good role models
- We have good role models – but our moms work all the time.
- My mom is too busy working and when she is home, she wants to down time. She doesn't want to spend time with me.
- Asking our parents to talk to a social worker to talk about our relationship? – They won't do it. To get them to come to a meeting – you have to provide food and alcohol. Make it social – then maybe she will come.
- I would talk more to my parents, but I don't think they will listen, so I don't bother.

Activities

- People don't want us hanging in the streets, but where else can we go? Nobody wants us in the neighborhood. We can't make noise. They are always pushing us out; security tells us to get lost.
- When I am here at the teen center, my little brother is at home alone (10)
- There is no place to ride a bike, no place to play soccer or basketball. Walking around here is dangerous on the highway.
- This place is no fun. Too many rules. I want to go back to DC to have fun with my friends. I can't wait to move back.
- Buckingham Park – need more football; let kids have priority for using the park.
- Please, please re-open the movie theaters (Richmond Highway).
- Can't we have a Dave and Busters or some place we can go to hang out?

School

- Dress code is too stark
- There is a real divide with kids on base, black kids and everybody else.
- We don't have money for the stuff the schools are charging us for.
- We don't have anywhere to go after school. The gyms – we get shoved out for the adult league players. We are supposed to have it 'til 8, but they come early.
- The football coaches – some of them get us. But it's hard to play because of grades, and the fees.

The future

- I know I blew it. But I get it now. I am going to have a good career to make money.
- I am going to finish school.
- My mom died. But I have turned it around; I am going to college.
- I got all As and Bs last semester. I grew up.
- The teen center has helped me. It gave me a place to go. It kept me off the street.

And last.....

- Thanks for asking us our opinion. Nobody does. Adults don't usually listen to kids.

(South County teen focus group ~ April 27, 2010)



What teens are saying....*conversations with Reston teens*

Peer Mentors

- Do not talk at school; there is too much drama; everybody share's everybody's business – too many blabbermouths.
- Talking with other kids – they could try to help but don't know how.
- I don't want other people to know my stuff. No way will it not get around. Everybody hears everything.
- You don't want people to laugh at you because of your troubles.

Families

- Parents – don't do drugs.
- Raise your child.
- Respect me.
- Show me respect as a young adult.
- How you talk to me will make me uncomfortable and I will shut down.
- Because your parents are around, it is easier to snap with them. They need to show their limits too. They know how to push my buttons.
- I don't get along too well with my dad. Can't parents learn from other people? Parents have different ideas on how to parent.

To other kids

- Don't be foolish – work it out
- Don't act like you don't care – nobody will help you but you
- Be mature- and know there are consequences
- Be courteous on the street.
- Go to adults to get help, not your friends.
- Other kids will get you in trouble – know who to hang with.
- You don't' want kids going crazy and blowing up like that kid at VA Tech.

School

- Getting suspended because I lost it – it wasn't fair
- Nobody was willing to hear my side – they just looked at me and judged
- Adults think they know everything and they don't listen
- I got organized – that was the key
- Sometimes you can talk to a teacher and get close
- I don't' talk about my feelings with my counselor – he is new

Experiences in Court

- I felt so free when I got that shackle off my wrist
- I learned to control myself with my curfew and probation.
- Get to know me.

The future

- I am going to college.
- I am graduating from high school.
- I will not get into trouble again.

And last.....

- I am looking everybody in the eye when I talk with them. They will shake my hand.

(Reston Teen Center focus group ~ May 2010)



What Teens are saying....*conversations with DFS Youth Advisory Council*

Peer Mentors

- Mentors are a good idea, but it has to be somebody who's been there
- Need somebody who has been through the system (court) to give you the low down.
- I didn't get what was going on. That would have helped me be ready, it was a huge shock.
- I first went to court when I was 13. I didn't get what was happening. I could have used somebody to help me then. Not a staff person, but somebody who has been through it.
- Sometimes people don't know what they are talking about –can't always listen to people in school or our age.
- Sometimes they can talk only about their own experience. That may not be the same as my experience.

Families

- When my parents (or foster parents) talk to me, don't come to me in my bedroom!
- Listen to me!
- Be calm – make it a calm setting
- My foster family is the best thing that happened to me.

Experience in Foster Care

- Let us talk to each other through Facebook!
- I don't know what is in my case file.
- I want to fix stuff that people write about me in my files. They don't know me. They make assumptions. I don't know who to talk to about fixing and changing these things.
- Stuff is really old in my files. People make judgments based on bad info. Give me a chance. Ask me. Include me.
- Quit rehashing the past...it seems like once it is written that is all anybody will focus on.
- Somebody made a big deal in the progress report about one bad grade – it made me look like I was slacking off in school. Sometimes a whole lot of decisions get made based on what is written, not what is real.
- There are so many people judging you.
- Reports are geared to writing about problems, not my achievements.
- You can't tell who says stuff about me so I don't know who to go to on it.
- My guardian ad litem is the best thing that ever happened to me. He explained a lot nobody had bothered to tell me.
- I can't find a doctor. Nobody will take Medicaid.
- I have to drive here to Fairfax for everything. I live in Fredericksburg. It is really hard.

Experiences in Court

- My guardian ad litem only met me about 2 minutes before the hearing.
- My guardian ad litem is the only one who pays attention to what is going on with me.
- If I don't get along with my guardian ad litem, too bad.
- Can somebody go over my report and explain what it means – there are sections I don't get.

The future

- I don't know how to get around, the bus system is awful.
- I go to bible study groups – that is good.
- I need help finding a job, but I went to the Job Hut and all the jobs are in Fairfax. I live in Stafford.
- Can't somebody do stuff for us in Prince William? Can we meet closer to where we live? It took me two hours to get to this meeting.
- Don't stereotype us.

And last.....

- I want to help other people when I get older – who are going through what I went through.

(DFS Advisory Council foster care/independent living teens focus group ~ December 17, 2009)



You are the future.

Your words are important. Your voice is strong and your messages are clear:

- Adults need to listen more to kids.
- We all need to be responsible for our own actions.
- We all sometimes need help to stay on the right path and going in the right direction.
- We can all learn from our mistakes.
- We must keep moving forward and be positive about the future.
- You need to be part of deciding your own future and not having decisions made without your input and choice.
- You are willing to face consequences to bad choices but you want help to avoid those bad choices in the first place.
- You want parents to be around and to be supportive of you.
- You want activities that will keep you out of trouble.
- You want help in making good choices.
- You want school teachers, counselors, social workers, probations officers, guardians, foster parents to know you. You want their respect and you want to respect them.

**Thank you for your help
in making Fairfax County a better place to live.**

Committee Message to Parents, Service Providers and Other Adults

- *The youth voice is critical to the success of this effort.*
- *Youth want to be heard and want to be actively involved in the direction of their lives. They want positive role models in their families and in the community.*
- *It is difficult to predict what activities/experiences will get an individual youth motivated to get on right track (football for some, teen center for some, etc.). This speaks to the need to have diverse opportunities available for their engagement.*
- *Adults who listen to and watch youth carefully, and who are attuned to resources for them, are needed to help guide youth in a positive direction.*

Youth we spoke with did not all agree on various ideas we considered important in building a responsive community engagement effort. While they did not agree with all our ideas, nor did they all support the programs we had researched as successful elsewhere, there were many common elements of support. The following recommendations in this Committee report are in response to observations from youth we have spoken with as part of our work. The questions, comments, and needs they have identified, in combination with our own research, observations and experiences, have informed the Committee's recommendations.

Recommendations

In developing and discussing recommendations, the Committee utilized Think Tank, a group decision support software tool. Think Tank allows for continuous group engagement and involvement, and encourages sharing of ideas by committee members outside of an in-person meeting environment.

In addition, the Committee conducted formal meetings (7) times from May 2009 through May 2010. (5/27, 6/22, 10/15, 11/19, 1/21, 2/18, 3/18)

Youth Leadership Development Recommendations

1. Create a youth council to advise Fairfax County leadership and leaders of child serving agencies on issues relevant to youth. Alternatively, utilize existing youth councils/groups to help inform the System of Care effort through a coordinated communication strategy.

Involve the following organizations to shape how this council will function and the work it will do:

- Parent-Teacher Organizations
- School Parent Liaisons
- Department of Family Services Foster Care Youth Council
- Youth enrolled in FCPS alternative schools
- Partners in Policy Making – Board for Persons with Disabilities
- Youth Symposium of the Partnership for Youth
- Youth Leadership Forum of the South County Neighborhood College
- Youth groups associated with local public and private child-serving agencies
- Parents Reaching Out to Educate Communities Together (PROTECT)
- Family military liaison office
- Department of Community and Recreation Services teen centers

Examples of feedback to be obtained from youth include:

- What's working in the current service model?
- What types of supports are they receiving?
- What might have helped them earlier on?
- What would they want to have seen before coming into the system?
- How much were they engaged in planning for their lives?
- What suggestions do they have for making the system work better?

Family Education Recommendations

1. Develop and sponsor a community resource, education and advocacy network for families and children, similar to the Family Navigator concept recommended by the Developmental Disabilities Committee.

In its report, the Developmental Disabilities Committee recommended developing a Family Navigator program to assist families through outreach and linkage with existing resources. The Family and Youth Advocacy/Engagement Committee concurs with this recommendation. The Family Navigator could be accessed for higher-risk cases, where service needs are complex and/or involve multiple agencies.

In other jurisdictions' systems of care, Family Navigators are typically parents or primary caregivers who have cared for a child or youth with special needs and who are trained to help other families obtain the appropriate services and supports for their child and family. Similar to the parent liaison role in the school system, Family Navigators can connect with other parents and caregivers and offer families an easily approachable contact person who knows the "system" but is not seen as a part of county government.

Family Navigators would also work in partnership with local agencies and participate on planning and advisory boards to provide a family perspective on policies and programs. This program could assist our system in meeting critical case management gaps in the current service system by supplementing the work of county case management staff. The Family Navigators are not case managers and are typically connected to a community-based agency for training and oversight.

2. Advocacy education: Provide training for families and parent advocates on topics including advocacy, peer support and mentoring. Include in training how to access services (orientation to local community resources); listening skills; advocacy/presentation training (how to teach families to ask for what they need); strengths-based training (how to help families help themselves). This type of training will help families learn how to advocate for themselves.
3. Assessment Tool education: Provide training to families on Uniform Assessment Instrument, in order to allow for parents to understand the factors that drive community-based care as opposed to residential placements. Consider making this training tool available online.
4. Training content: Provide families with parenting skills training, education in effective communication between family members, and practice in planned interventions to cope and address issues when they arise. Provide families with interventions and supports that allow them to practice these skills (e.g., provide practice and experiential training opportunities).

5. Training availability: Provide training at more convenient locations and/or online. It is recommended that training take place in dedicated physical space for outreach with families, be offered in an environment that is perceived by families as neutral (e.g. non-government building), and perhaps be shared with community organizations that may similarly host community workshops and support groups.
6. Resource education: Provide community education to families with young children so they learn about resources (e.g. Medicaid waiver) as soon as possible. Target families with pre-school, kindergarten, and elementary-age children. In addition, provide resources for families to help orient them to the system. This recommendation is consistent with that of the Developmental Disabilities Committee, which recommended the development of an electronic source of information such as the Senior Navigator but designed for children and families with developmental disabilities. The Family and Youth Engagement Committee would also support that sort of resource, which expands outreach and education to families. A website for parents that provides standardized and regularly updated information would allow for sharing of information, training opportunities, and links to resources including schools and programs. Explore using CSB Network of Care guide as central place for information for families. Families need and deserve a comprehensive and reliable information source.
7. The Committee also recommends the development of strategies for cultural and linguistic competencies. A staff resource provided through the GMU internship program, Abdul Rahim, offered the Committee insights into opportunities to enhance direct practice competencies of staff and providers. Based on his research, the committee recommends inclusion of academic credentials, licensing information, services provided, and language competencies in publicly accessible web-based resources available to families and other providers to assist in development of treatment and service options. The Committee recommends researching alternate options, including the potential for use of the Behavioral Network of Care resource, the Human Services Information Guide, the expansion of the CSA provider directory, or other readily available resources that can be updated directly by providers and accessed by families.

Staff Training Recommendations

1. Provide service staff training on the value of family participation and self-determination in planning, developing and implementing their own service goals and achieving desired outcomes.
2. Create a core curriculum for child serving staff to ensure knowledge of need for referral to appropriate programs (e.g. Medicaid waiver services for community based settings, DD waiver). Families and service staff are unaware of the lengthy wait list for Medicaid waiver services in Virginia and the need for planning several years in advance to take advantage of one of the few service delivery options available to assist older youth as they transition from child serving agencies to adult service supports in the community.

Community Outreach Strategies

1. Tap into community organizations with strong language and cultural skills to reach out to English as a second language families and immigrant families. Recruit Spanish speaking families to assist other families with limited English abilities. Focus efforts to recruit ESOL families, particularly Latino families, to help other families learn about existing community resources and how to access them. The Committee believes this is needed, as there is a perception within the immigrant community that “mainstream” families know how to navigate the “system” to access services.
2. Expand partnership opportunities to engage families through:
 - *Parent Educational Advocacy Training Center (PEATC)*
 - *Parent Support groups* associated with local public and private child-serving agencies
 - *Student Council representatives*
 - *Federation of Families*
 - *School Parent Resource Centers*
 - *Foster families*
 - *Hispanics Against Child Abuse and Neglect (HACAN)*
 - *Quander Road School youth/George Mason University writing project*
 - *The Arc of Northern Virginia*
 - *Other organizations where cross linkages exist, including NAMI and Child and Adolescent Bipolar Foundation*
 - *Family Care program at Fort Belvoir*

Service Recommendations

1. Expand the role of the legislatively mandated “family representative” on the Family Assessment and Planning Teams to perform more active engagement with families served through the CSA-supported services.
 - a. Develop a job description for the family representative
 - b. Require parent representatives to contact parents ahead of meeting
 - c. Provide training to family representatives to perform their duties
 - d. Develop collaborative strategies to network, create and provide training, and strengthen parent connections with family representatives in the existing CSA program– representatives at the CPMT and in FAPTs.
 - e. Expand volunteer recruitment efforts to find persons willing to serve as the family representative to the FAPT process. Encourage identification of representatives who have previously received services.
 - f. Have families evaluate the FAPT process on an ongoing basis to determine how satisfied they are with family representation

2. Expand the Parent-to-Parent program to assist families when they are in crisis or in the initial phases of learning the system of care and services available to them. Unlike the Family Navigator, which could be utilized for higher-risk cases, the parent mentor could assist families when needs are less intense and/or when first accessing the human services system.

The Committee recommends linking families with a parent/peer coach or mentor with similar family needs and experiences.

- Consider paying on a per-case basis and creating a network of mentors. (*Check into Case Western, FSU, Georgetown*)
 - Consider model similar to PEATC's Special Ed coaches, where role is not advocacy, but articulating needs on behalf of parents
 - Establish measures of success for the program, including what will they accomplish with families
3. Establish a Fairfax-based family advocacy and support organization to assist families of children and youth with behavioral health and/or intellectual disability issues in negotiating the local system of care for responsive and effective services. Potential models for such an organization include the California regional center system and the Maryland Coalition for Families. The organization would not duplicate efforts of existing family organizations, but rather partner with them in addressing the common challenges of families in accessing the complex public child serving system. This organization could provide training to families, sponsor a Youth Advisory Council, or conduct other activities that serve to assist families in accessing services.
 4. Develop a work team to review the needs of children who are at high risk and develop an improved network of service provision. In Fairfax County, there exists an inadequate number of beds for patients, a shortage of adolescent psychiatrists, and difficulty placing youth who have co-occurring disorders into inpatient units.
 5. Develop a process to match youth and families with service providers who possess appropriate language skills, cultural background, and necessary expertise to facilitate clear communication in order to support successful outcomes.

Process Recommendations

CSA-specific feedback from families and recommendations include:

1. Establish a policy to promote family participation in all levels of planning and execution of services. Active family participation in FAPT reviews should be promoted across the system.

Family members have the right to invite or refuse any party in participation in the planning and development of services plans (with exception of those parties legally mandated to participate.) Family membership in team meetings is not mandated but the invitation to participate is required.

2. Avoid “paper FAPT reviews”. The Committee recommends the following:
 - Always invite families to all meetings concerning their welfare
 - Notify families in writing of the meeting, purpose, who is attending, and overview of existing system prior to any meeting
 - Establish meeting times convenient for families to participate
 - Utilize technology to facilitate participation of all parties – web cams, phone conferencing
 - Eliminate unnecessary reviews by examining alternate administrative strategies to comply with procedural requirements
 - Involve parent mentors and utilize them before a FAPT formally convenes (when kids are first identified by case manager, and parent supports are critical).
3. Establish a clear orientation for families before they meet with the “system” representatives. Case Managers should be tasked with explaining the basic structure of meetings, discussing various options, and describing family contributions (e.g., what co-payments will be used for if they are contributing to the cost of their child’s care). In addition, FAPT members should establish accountability back to the families (e.g., detail on how their money is being spent).
4. Family members suggested providing a process in which families can refer themselves for services. There are a number of families who have reported crises, but have not been able to locate a person or program who can make a referral. Ability for families to self-refer to county services and/or CSA funding.

System-wide process recommendations include:

5. Improve transition planning for children with intellectual disabilities or chronic residential needs. Assure that planning starts 2-3 years prior to end of special education or foster care eligibility.

6. Review opportunities with the county public school staff to allow participation of parent requested public and private mental health/social services case managers in the IEP planning discussions. Look at ways to see if the FAPT and IEP processes can be integrated and better aligned to serve parents, be respectful of their time and allow for more active and supportive problem-solving with families.
7. Support review of existing residentially placed children through CSA, to address issues leading to 24/7 supervision for children with emotional or behavioral problems. Review factors related to issues such as medication and safety, which are often contributing factors to continued need for high levels of supervision and difficulty in building a community based alternative.
8. Assure autonomy of “parent advocates/mentors” or “family navigators” from the resource allocation/decision making side of the service delivery system. As perceived or real conflicts of interest would be a barrier to trust with families, the Committee recommends consideration of third party oversight.
9. Avoid use of acronyms when working with families. The Committee agrees that Family Assessment and Planning Teams are intimidating to many families. Using terms which families don’t understand is a barrier to effective parent and child involvement and contribution, and tends to make families believe they are lesser contributors in their own care.

Strengthening Connections in Advocacy Recommendations

1. Work to expand Virginia’s participation in the Medicaid waiver for community-based treatment for youth and young adults, including wraparound models and day treatment interventions/prevention strategies. There is currently an eight-year waiting list and this program is currently facing severe budget reductions at the state level. It is recommended that we develop a community-wide strategy to identify the devastating impact to families of these cuts, as wait lists are simply not acceptable for this vulnerable population, who require stable environments to maintain their health and well-being.
2. In order to inform advocacy efforts, review current insurance practices in the State of Virginia for opportunities that exist to assure quality psychiatric care and access to what works (best practices). It is recommended that this be referred to the Evidence-Based Committee.

Planning and System Accountability Recommendations

1. Survey youth and parents in CSA system of care to identify strategies that families believe work for care coordination/management, interventions needed and system strengths to build upon and barriers to getting services.
2. Establish outcomes for the system and develop methods to track parent and youth participation throughout the System of Care

Examples:

- Was a parent notified of a meeting?
 - Was the parent encouraged to be part of the meeting?
 - Did the parent attend?
 - Does the parent or child report they were engaged in their own plan of care?
 - How effective was the FAPT team member in assisting families?
 - Are parents participating in the SOC planning committees?
 - How effective is the training for CSA CPMT participation? FAPT participation? Family planning meetings and group conferences? IEP planning?
 - How are parents involved in evaluating home-based interventions?
 - Did youth attend the CSA meeting?
3. Periodically review CSA handbook to determine if parents are using it and finding it helpful.
 4. Restructure the oversight body (CPMT) charged by State Code with planning child and family services for Fairfax County, to include significant additional parent representation. Currently, out of 20 members, two are parent representatives. Over the past few years, agency representatives have increased in number, but parent representation has not. As noted in *Building Systems of Care: A Primer*, “there are increasing examples of how systems of care are structuring family involvement at the various levels of the system. At the policy level, for example, families may comprise the majority vote on governance bodies....”

Resources

Service Access/Care Management models

Wraparound Milwaukee

<http://www.milwaukeecounty.org/WraparoundMilwaukee7851.htm>

National Family Preservation Network: Intensive family reunification model

[California Evidence-Based clearinghouse for child welfare](#)

Descriptions of programs for targeted populations -

<http://www.cachildwelfareclearinghouse.org>

[Center for Effective Collaborative Practices](#)

Promising practices website - <http://cecp.air.org/promisingpractices/>

Child Welfare Information Gateway <http://www.childwelfare.gov/>

Evidence-based practices for youth and families

Bazelton Center for Mental Health Law <http://www.bazelon.org/Who-We-Are.aspx>

Child Trends www.childTrends.Org and <http://www.childtrends.org/Links/> (searchable database on program evaluation)

[National Alliance for Mental Illness family resource best practices for youth](#)

Family reference source for Evidence Based Practices

<http://www.nami.org/Content/ContentGroups/CAAC/ChoosingRightTreatment.pdf>

Publications and Articles

Building Systems of Care: A Primer, Sheila A. Pires, Human Service Collaborative, Washington D.C., spring 2002

[What Works for Parent Involvement Programs for Children: Lessons from Experimental Evaluations of Social Interventions](#), Kassim Mbwana; Mary Terzian; Kristin A. Moore, December 2009

[Assessing Peer Conflict and Aggressive Behaviors: A Guide for Out-of-School Time Practitioners](#), Kathleen Sidorowicz; Elizabeth C. Hair, October 2009

[Why Teens Are Not Involved in Out-of-School Time Programs: The Youth Perspective](#), Mary Terzian; Lindsay Giesen; Kassim Mbwana, July 2009

[Exploring the Links Between Family Strengths and Adolescent Outcomes](#)

Kristin Anderson Moore; Camille Whitney; Akemi Kinukawa, April 2009

“*Critical Factors in System of Care Implementation*”, Sharon Hodges, Nathaniel Israel, Kathleen Ferreira and Jessica Mazza, February 2007

“*Family Involvement in Evaluation: Evaluator Perspectives*”, Jivannje, Schute, Robinson, Koroloff 16th Annual Conference a System of Care for Children’s Mental Health: Expanding the Research Base

Neighborhood and Community Partnerships

Community Partnerships for Protecting Children: Phase II Outcome Evaluation, Center for Study of Social Policy Chicago, IL <http://www.cssp.org/uploadFiles/FinalReport.pdf>

“Program Evaluation: *A Variety of Rigorous Methods Can Help Identify Effective Interventions*”; GAO-10-30, November 2009 <http://www.gao.gov/new.items/d1030.pdf>

The National Resource Center for Permanency and Family Connections
<http://www.hunter.cuny.edu/socwork/nrcfcpp/>

[Programs for Children and Youth in a Community Context](#), Kristin Anderson Moore
July 2009

Family and Youth Engagement

Family Engagement Toolkit
<http://www.hunter.cuny.edu/socwork/nrcfcpp/fewpt/index.htm>
examples from Colorado, Indiana, Iowa, New Jersey, New Mexico, New York, Michigan, Missouri

National Mental Health Information Center <http://mentalhealth.samhsa.gov/>

Youth Involvement in a System of Care: A guide to Empowerment
<http://www.systemsofcare.samhsa.gov/headermenu/docsHM/youthguidedlink.pdf>

National Federation of Families for Children's Mental Health definition of family-driven care, 2009

Technical Assistance Partnership for Child and Family Mental Health
<http://www.tapartnership.org/content/familyInvolvement/getConnected.php>

Healthy Teen Network
<http://www.healthyteennetwork.org/index.asp?Type=NONE&SEC={08F91150-EF55-457D-A9B3-41232996F62C}>

31st Annual National Conference- *A Time of Opportunity: Engaging Communities in Supporting Healthy Youth and Young Families*, October 26-29 in Austin, TX.

Kahn, A., Max, J., & Paluzzi, P. (2007). *Engaging Youth... On Their Turf: Creative Approaches to Connecting Youth through Community*. Washington, DC: Healthy Teen Network. <http://www.healthyteennetwork.org/vertical/Sites/%7BB4D0CC76-CF78-4784-BA7C-5D0436F6040C%7D/uploads/%7B3EE4600A-02E4-47B5-AC27-0A1B2CB543D3%7D.PDF>

“Friends Don’t Watch Friends Fall Apart: Learn the Warning Signs Of Mental Health Problems and Where to find help”, www.mentalhealth.org
US DHHS SAMHSA April 2009

National Alliance on Mental Illness: “Reinvesting in the Community: A family Guide to Expanding Home and Community-based Mental Health Services and Supports: A Family Guide”, 2009

Family Peer/Navigator Approaches

Baltimore City Family Navigator Program - See also Baltimore City Family Navigator job description
<http://www.baltimorecountymd.gov/Agencies/lmb/continuum.html>

Family Advocacy

Alliance for Children and Families <http://www.alliance1.org/>

National Federation of Families <http://www.ffcmh.org/>

Virginia Federation of Families <http://www.mhav.org/fof.html>

Maryland Coalition of Families <http://www.mdcoalition.org/>