

# Maximizing Parent Involvement in CSA

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# FEDERATION OF FAMILIES FOR CHILDREN'S MENTAL HEALTH PRINCIPLES ON FAMILY SUPPORT

- ▶ Family Support is a constellation of formal and informal services and tangible goods that is defined and determined by families. It is whatever it takes for a family to care for and live with a child or adolescent who has an emotional, behavioral or mental disorder. It also includes supports needed to assist families to maintain close involvement with their children who are in out-of-home placement and to help families when their children are ready to return home.
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- ▶ Decisions must be based on a family's preferences, choices, and values and not on administrative expediencies;
- ▶ Families must be recognized as the primary resource and decision-makers for their child;
- ▶ Families must have access to a flexible, affordable, individualized array of supports, services and material items that provide whatever it takes to maintain themselves as a family;
- ▶ The family's strengths, including the social networks and informal supports already available to and within the family, should be the foundation upon which new supports are designed or provided. Furthermore, if (but only if) the family wishes it, family support services should help to expand and strengthen the informal resources available to the family;
- ▶ Support services must be culturally and geographically sensitive and able to meet the diverse needs of families;
- ▶ Family supports must be affordable, well-coordinated, accessible, and available to all families who need them, when and how they need them

# FAMILY SUPPORT SERVICES INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING COMPONENTS:

- ▶ Family self-help, support, and advocacy groups and organizations;
  - ▶ Information and referral;
  - ▶ Education that will support families and becoming active, informed decision-makers on behalf of their family and the child;
  - ▶ Advocacy with and on behalf of the family if needed;
  - ▶ Capacity to individualize, provide flexible support services, and meet unplanned needs quickly and responsively;
  - ▶ In-home and out-of-home respite care, with an emphasis on neighborhood and community participation for the child, and conceptualized not as a clinical service but as a support for the whole family;
  - ▶ Cash assistance;
  - ▶ Assistance with family survival needs (housing, food, transportation, home maintenance, etc.);
  - ▶ Other supports, as determined by the family.
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# Barriers to parent rep involvement

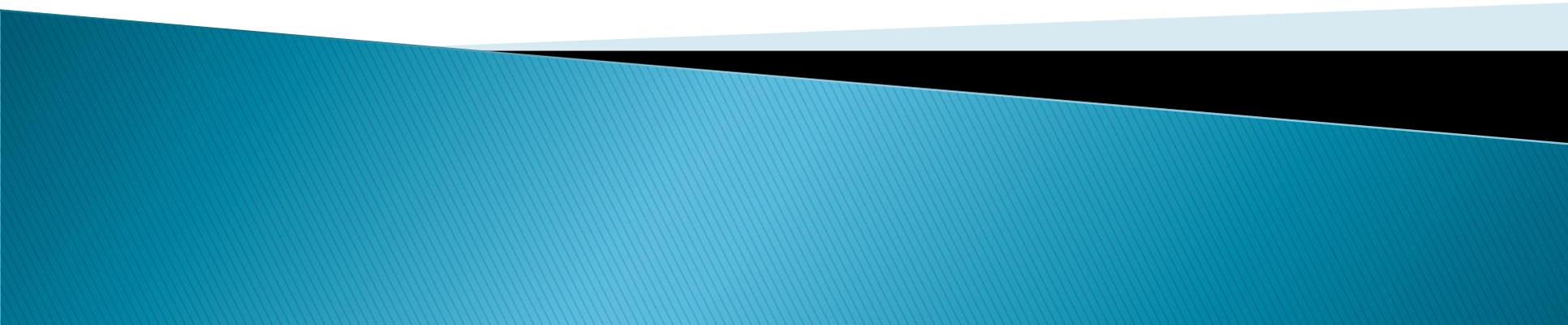
- ▶ Scheduling
  - ▶ Volunteer nature
  - ▶ Training/Support
  - ▶ Representativeness of rep
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# Maximizing Parent involvement in FAPT

- ▶ Have parent rep support
  - ▶ Avoid multiple meeting requirements
  - ▶ Prepare case managers
  - ▶ Prepare parents
  - ▶ Use a consistent agenda/script
  - ▶ Schedule sufficient time
  - ▶ Facilitate to maximize participation
  - ▶ Have tissue on hand
  - ▶ Ask for feedback
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# Relationship Between FAPT and Family Engagement

from LDSS Perspective



# History

- The purpose of FAPT is to provide high quality, child-centered, family-focused, cost-effective, community-based services to families.
  - The introduction of the Children's Services Practice Model states that "We believe in partnering with others to support child and family success in a system that is family-focused, child-centered, and community-based."
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# Mission Statement

The mission statement for Highlands Community Policy and Management Team in the Western region is:

“The Highlands Interagency Consortium seeks to **empower families** to meet their needs through the innovative delivery of effective and highly-integrated services.”

# Family Engagement

A structured and deliberate approach to partnering with families recognizing that:

- All families have strengths;
  - Families are the experts on themselves;
  - Families can make well-informed decisions about keeping their children safe when supported;
  - Outcomes improve when families are involved in decision-making; and
  - A team is often more capable of creative and high-quality decision-making than an individual.
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# FAPT Quality of Care and Cost Saving

- Service in the best interest of the child
  - Least restrictive and community-based
  - Multi-level review of cases
  - Residential cases reviewed every 90 days
  - Service development and enhancement
  - Savings realized from systemic approach
  - Congruence between service methodology and cost-effectiveness
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# Referral Sources

- ▶ DSS – 68%
- ▶ Education – 10%
- ▶ Juvenile Justice – 6%
- ▶ Community Services Board (CSB) – 16%

# Family Partnership Meeting and FAPT Meeting Participants

## FAPT Meeting Participants

- ▶ Family\*
- ▶ DSS\*
- ▶ Schools\*
- ▶ CSB\*
- ▶ Juvenile Justice (CSU)\*
- ▶ Private Providers\*
- ▶ Health Department\*
- ▶ **FPM**
- ▶ Parent Representative
- ▶ Local Government Representative

## FPM Participants

Facilitator

Extended Family

GAL's and CASA

Current Caregivers

**\*Add following for**

# Family Engagement Outcome Measures for VDSS

## Permanency:

- ▶ Increase the number of youth who exit foster care to permanency
  - ▶ Decrease the amount of time it takes those youth to exit the foster care system to permanency
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# Outcome Measures Cont.

## **Family-Based Care:**

- Increase the number of youth entering family-based care
- Increase the number of youth entering kinship care placements

## **Group Care Reduction:**

- Decrease the number of youth in group care
  - Decrease the length of time youth spend in group care
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Quote by Andre Richmond, BS, MBA  
Program Director, CSA  
Bristol & Washington Co.

“The family partnership meetings have been valuable to the FAPT meeting process. This allows the social worker with FAPT to do an abbreviated meeting with the understanding that the family was involved and had a voice in the family partnership meeting. Ninety-nine percent of the time we agree with the plan developed in FPM for services for the family.”

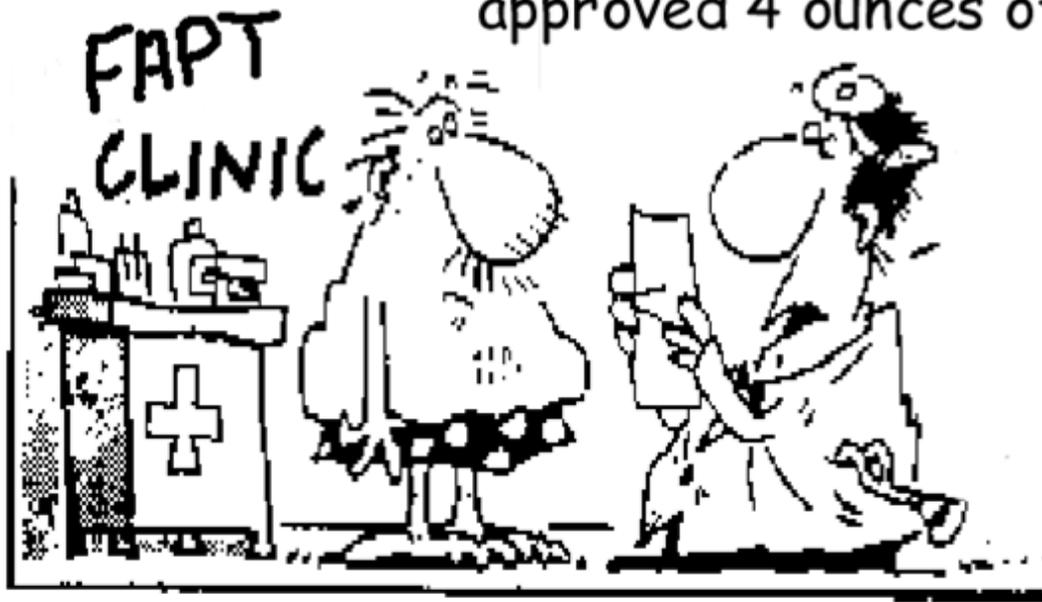
# Quotes by LDSS Social Workers

“The Family Partnership Meeting process allows agencies working with the families a chance to come together and discuss all the positives of the family dynamics and help them come up with solutions to the families needs.”

“Family Partnership Meetings allow the family, social worker, and other connected parties to work from a common understanding of the issues to be addressed and the strengths which the family has that will facilitate change.”

# Prevention

You should have gone with the "ounce of prevention" plan. The General Assembly only approved 4 ounces of cure.



# Lessons Learned

- ▶ Buy-in should come from the top-down
  - ▶ Develop a shared mission for engaging families
  - ▶ Review local policies and procedures
  - ▶ Use straight talk when communicating
  - ▶ Change is difficult and takes time
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