

**Oregon Health Authority
Addictions and Mental Health Division**

**Meaningful Family, Child, and Young Adult Involvement
Policy Three
Edited: June 2011**

Definition of Family, Child & Young Adults: The biological or legal parents, siblings, other relatives, foster parents, legal guardians, caregivers and other primary relations to the child whether by blood, adoption, legal or social relationships. Family also means any natural, formal, or informal support persons identified as important by the family, child and young adults. Child is any person under the age of 18, specifically the young adult population includes person ages 14 – 25 years old.

Definition of Meaningful Family, Child & Young Adult Involvement: families, children (as they are able) or young adults have a primary decision making role in the treatment of mental health and substance use disorders of their own children or themselves as well as the policies and procedures governing care of all children or young adults in their community, state, tribe, territory and nation. This would include: choosing supports, services and providers; setting goals; designing and implementing programs; monitoring outcomes; and determining the effectiveness of all efforts to promote the mental health and well being of children and young adults.

It is the policy of the Addictions and Mental Health Division (AMH) to support meaningful family, child, and young adult involvement and leadership at the individual, local, regional, and state levels in the following ways:

1. AMH will develop formal linkages with the statewide family and young adult network(s) in order to:

- a. Support participation in state level advisory councils, quality improvement/assurance committees, and other policy, implementation and review groups by:
 - Pre-participation training and orientation
 - Pre-meeting preparation
 - Adequate representation (at least 3 family and young adults attending regularly where numbers/percentages are not mandated by rule)
 - Have family and young adults serve as co-chairs
- b. Involve family members and young adults in AMH site reviews of Mental Health Organizations (MHO) and the Community Mental Health Programs (CMHPs) and alcohol and other drug treatment providers who primarily serve children and

young adults in transition for review of the program's meaningful family, child and young adults in transition involvement and family, child and young adult cultural responsiveness.

- c. Develop and maintain a resource guide for families, children, and young adults that includes information about public mental health, alcohol and other drug treatment providers, family, child, young adult and individual rights, terms and definitions.
- d. AMH will identify and maintain a staff person as a Family Partnership Specialist who is a peer within the children's mental health system.
- e. AMH will seek resources to develop a staff position as a Young Adult in Transition Peer Specialist who is a peer within the children's mental health and young adult systems.
- f. The Oregon Health Authority (OHA) will access available technical assistance to establish and maintain systems for identifying and contacting family and natural supports for disconnected children and young adults in the mental health, alcohol and other drug treatment systems.

2. At the regional and local level, AMH will:

- a. Engage family and young adult leaders to provide technical assistance and training to state and local providers:
 - Involve directly and indirectly as they recruit and train care coordinators;
 - Provide work-force development training led by peer-trained family and young adults to all system participants on: Family-driven, Youth-driven services;
 - Meaningful family and young adult involvement;
 - Peer delivered services;
 - And other topics as appropriate to family, children, and young adults cultural competence.
- b. Provide leadership in developing and implementing peer delivered services.
- c. Support participation in performance data collection and review to ensure the gathering of specific outcomes and constructive use of data by the technical information systems. Participation includes, but is not limited to:
 - Identifying and selecting outcome and performance measurements;
 - Participating in data collection;
 - Analyzing data collaboratively;
 - Coordinating dissemination of outcome and performance data.

- d. Develop and maintain infrastructure and capacity-building in subcontracts with MHOs for the provision of local family and young adult meaningful involvement and leadership.
- e. Develop and maintain infrastructure and capacity-building for peer delivered psycho-educational groups, materials, and support services at the regional and local levels.

3. MHOs will:

- Identify key personnel who will work with family and young adult members to access appropriate mental health and/or substance use disorder services and supports.
- Provide directly or indirectly peer “system navigation” programs for family, children, and young adults.
- Allocate staff, training, support, and resources to fund and sustain family and young adult run organizations.

For children and young adults in foster care:

- Recognize that extended family, foster families and other significant adult figures often possess vital information regarding the child or young adults developmental, health, mental health and educational history that is necessary to accurately evaluate, assess and treat children’s mental health and alcohol & drug prevention and treatment needs and supports.
- Work to identify and contact individuals who have a significant or long-standing relationship with the child or young adult who may have information that will contribute to accurate assessment and appropriate treatment, services and supports.
- Recognize that children and young adults who are in state custody, who are homeless or who are not in their biological or adoptive parent’s care for any reason need relationships with significant and consistent figures in their lives.
- Children and young adults who are in foster care or other placements are empowered by mental health, alcohol & drug service providers and by their legal custodians to identify grandparents, aunts and uncles, foster parents, cousins, siblings, friends’ parents, neighbors, teachers and others as surrogate parent or support figures.
- Mental health, alcohol & drug service providers, and state agencies who have legal custody, coordinate efforts to assist the child or young adult to identify, contact and incorporate family and natural supports into the child’s or young adults life and mental health treatment.

Pertinent definitions and principles for Policy Three

The Children's System Advisory Committee (CSAC) approved the definition and guiding principles of 'Family-Driven' and 'Youth-Driven' Care in children's mental health. The CSAC used and adapted the Federation of Families for Children's Mental Health national organization's statement on family-driven and youth-driven care as their model. This information is included as a reference to clarify and expand some of the concepts listed above.

Definition of Family-Driven Care in Children's Mental Health and Alcohol & Drug Service Systems

Family-driven care means families have a primary decision making role in the care of their own children, as well as the policies and procedures governing care for all children in their community, state, tribe territory and nation. This includes:

- ✓ Choosing culturally and linguistically responsive supports, services and providers;
- ✓ Setting goals;
- ✓ Designing, implementing and evaluating programs;
- ✓ Monitoring outcomes;
- ✓ Partnering in funding decisions; and
- ✓ Determining the effectiveness of all efforts to promote the mental health and well being of children and young adults.

Definition of Youth-Driven Care in Children's Mental Health and Alcohol & Drug Service Systems

Youth-Driven (ages 14 -18) means that young adults have the right to be empowered, educated, and given a decision making role in the care of their own lives as well as the policies and procedures governing care for all young adults locally, regionally, and statewide. This includes:

- ✓ Give young adults a sustainable voice;
- ✓ Listen to young adults;
- ✓ Create a safe environment enabling a young adult to gain self sustainability in accordance to the cultures and beliefs they abide by;
- ✓ Create a continuum of power given to young adults based on their understanding and maturity in this strength based change process; and
- ✓ Ensure this process is fun and worthwhile.

Guiding Principles of Family-Driven, Youth-Driven Care in Children's Mental Health and Alcohol & Drug Service Systems

1. Families, children, young adults, providers, and administrators embrace the concept of sharing decision-making and responsibility for outcomes.
2. Families, children and young adults are given accurate, understandable, and complete information necessary to set goals and to make informed decisions and choices about the right services and supports for individual children and their families.
3. All children, young adults, and families have a biological, adoptive, foster, or surrogate family voice advocating on their behalf and may appoint them as substitute decision makers at any time.
4. Children, young adults, families and family and young adult run organizations engage in peer support activities to reduce isolation, gather and disseminate accurate information, and strengthen the family, child, and young adult voice.
5. Children, young adults, families and family and young adult run organizations provide direction for decisions that impact legislation, policies, and decisions that will impact funding for services, treatments, and supports as well as advocate for families, children, and young adults to have choices.
6. Providers take the initiative to change policy and practice from provider-driven to family-driven and youth-driven.
7. Administrators allocate staff, training, support and resources to make family-driven, youth-driven practice work at the point where services and supports are delivered to children, young adults, and families and where family and young adult run organizations are funded and sustained.
8. Community attitude change efforts focus on removing barriers and discrimination created by stigmatization.
9. Communities and private agencies embrace, value, and celebrate the diverse cultures of their children, young adults and families and work to eliminate mental health disparities.

10. Everyone who connects with children, young adults, and families continually advances their own cultural and linguistic responsiveness as the population served changes so that the needs of the diverse populations are appropriately addressed.

Definitions of Family, Family Support, Peer, Peer Support Specialist, and Peer Delivered Services from the Integrated Services and Support Rule:

(44) "Family" means the biological or legal parents, siblings, other relatives, foster parents, legal guardians, spouse, domestic partner, caregivers and other primary relations to the individual whether by blood, adoption, legal or social relationships. Family also means any natural, formal or informal support persons identified as important by the individual.

(45) "Family Support" means the provision of supportive services to persons defined as family to the individual. It includes support to caregivers at community meetings, assistance to families in system navigation and managing multiple appointments, supportive home visits, peer support, parent mentoring and coaching, advocacy, and furthering efforts to develop natural and informal community supports.

(86) "Peer" means any person supporting an individual, or a family member of an individual, who has similar life experience, either as a current or former recipient of addictions or mental health services, or as a family member of an individual who is a current or former recipient of addictions or mental health services.

(87) "Peer Support Specialist" means a person providing peer delivered services to an individual or family member with similar experience, under the supervision of a qualified Clinical Supervisor. A Peer Support Specialist must complete an AMH approved training program and be:

(a) A self-identified person currently or formerly receiving mental health services; or

(b) A self-identified person in recovery from a substance use disorder, who meets the abstinence requirements for recovering staff in alcohol and other drug treatment programs; or

(c) A family member of an individual who is a current or former recipient of addictions or mental health services.

(88) "Peer Delivered Services" means an array of agency or community-based services and supports provided by peers, and peer support specialists, to individuals or family members with similar lived experience, that are designed to support the needs of individuals and families as applicable.