**Family and Youth Partnership Framework:**

**How to Have Involvement at all Levels of Population Health**

**I. Why do we need a Framework for Family and Youth Partnership?**

Research indicates involving families and youth in decision-making for themselves and building their skills is critical to the impact of interventions designed to help them.

**This framework aims to:**

1. Promote successful models for engaging families and youth in decision making;
2. Promote natural systems of support with less reliance on formal systems;
3. Strike the right balance between promoting evidence-based practice and supporting innovation;
4. Determine how the Agency of Human Services (AHS) can operate within a One Agency approach rather than separate parts related to communication and funding of family voice;
5. Ensure children, youth and families have a voice in the design and implementation of AHS services; and
6. Focus on all levels of population health.

**II. Scope of this Framework**

This framework was created for AHS and its community partners serving children and youth,

0-22, and their families, in an effort to increase our levels of combined effectiveness and efficiency as well as client satisfaction.

**III. Vermont’s System of Care Values**

* Child-Centered, Family-Focused
* Collaboration Between and Among Families, Agencies and Community
* Individualized
* Family-Driven
* Strength-Based
* Culturally Competent
* Community-Based

***Source:*** *The Vermont System of Care adheres to the values as adopted in 1984 from the Child and Adolescent Service System Program (CASSP), which envisioned a comprehensive mental health system of care for children, adolescents and their families.*

**IV. The Principles of Family and Youth Support Practice**

1. Staff, families and youth **work together in relationships** based on equality and respect.
2. Staff enhance families’ capacity to **support the growth and development** of all family members – adults, youth, and children.
3. Families, children and youth **are resources** to their own members, to other families, to programs, and to communities.
4. Programs affirm and **strengthen** families, children and youth **cultural, racial, sexual and gender, and linguistic identities** and enhance their ability to function in a multicultural society.
5. Programs are **embedded in their communities** and contribute to the community-building process.
6. **Programs advocate with** families, children and youth for services and systems that are fair, responsive, and accountable.
7. Practitioners **work with families, children and youth** to mobilize formal and informal resources to support family development.
8. Practitioners ensure children, youth and families **receive the information they need** to make informed decisions.
9. Programs are **flexible and continually responsive** to emerging family, youth and community issues.
10. **Principles of family support are modeled** in all program activities, including planning, governance, and administration.
11. Providers should be **trauma-informed** and trained in how to use that knowledge in their work with families, children and youth.
12. Practitioners **provide learning opportunities to families and youth on frameworks** agencies utilizesuch as Appreciative Inquiry, Multi-Tiered Systems of Support, Motivational Interviewing, and Strengthening Families.

***Source:*** *Adapted from the California Network of Family Strengthening Networks from the Standards of Quality for Family Strengthening & Support*

* Utilize parent reps early on to be preventive such as with truancy
* Provide adequate reimbursement of parent representatives
* Ask for all caregiver’s names-mothers, fathers, kin
* Families are at the table for coordination of services
* Families know what their options are and their rights!
* Promote and honor peer to peer support
* Standardize how families get information such as AOE special education rights
* Analyze data from surveys for system improvements (CIS, LIT)
* Providers need to be educated and trauma-informed
* Advocacy with families and youth for full involvement in decision-making
* Support/train to increase conflict resolution skills
* Families and youth are at the table for discussions regarding their children or themselves

Vulnerable families with complex needs

Moderate level needs

**STRONG FOUNDATIONS IN FAMILY AND YOUTH PARTNERSHIPS AT EACH OF THESE LEVELS**

**IMPROVE POPLUATION HEALTH OUTCOMES**

\*Honor all families \*Equity of services

\*High-quality child care is affordable and available \*Culture of mutual respect

\*Parent/Teacher Associations \*Advertise Vermont 2-1-1

\*Places for families and youth to gather \*Include families and youth at meetings

\*Timely responses to families/youth

\*Prevention and wellness are focused on spiritual, physical, emotional, and social domains

\*Parents and youth have the information they need to make informed decisions

\*Meetings/appointments are scheduled with caregivers’ schedules in mind

**Framework for Family and Youth Partnerships:**

**A Population Health Approach**

Whole population

**V. How to Use This Framework in Regions**

***In your regional leadership team, discuss the following:***

1. What are examples in your region of strong family/youth partnerships?
2. What barriers exist (e.g. lack of capacity, funding, resources) that get in the way of true youth and family partnership?
3. Discuss the strengths your region has and how to leverage those to mitigate any barriers.
4. How are you ensuring all three levels of the triangle exist in your region?
5. In thinking about the three levels of youth and family partnership:
   1. How is youth and family partnership happening with individual families? (e.g. families have voice at Coordinated Services Plan meetings)
   2. What does partnership look like for the programs in your region and on multi-disciplinary teams? (e.g. Family voice is a central role for LIT and SIT)
   3. What does partnership look like at the systems level? (e.g. Act 264 Advisory Board, family participation for laws, policies, and system of care plans).
   4. What staffing and financial resources exist to support family and youth partnership?

**VI. How to Use This Framework at AHS**

1. Create and adopt a policy that clearly outlines how family voice should be included in the following areas:
   1. Expectations for partnership with family organizations;
   2. Standing Committees incorporate family voice in a way that is representative of the current population being served;
   3. Framework for family and youth partnership; and
   4. Ongoing committee that monitors data and outcomes related to strengthening family and youth partnership throughout AHS and with its contractors/grantees.
2. Each department contributes funding to financially resource family and youth partnership to ensure the framework and policy can be carried out, understanding that if this does not occur, we cannot expect to see improved results.
3. Embed language in contracts with and grants to community partners which states clear expectations as to family and youth partnership.
4. Offer professional development opportunities to AHS staff and contracted providers on how to build and maintain meaningful family and youth partnerships.

**VII. AHS Commitments to Family and Youth Partnership**

***The following are groups that are required and/or supported by AHS to ensure family and youth voice is embedded in practice and policy decisions.***

* Youth Development Groups
* Vermont Federation of Families for Children’s Mental Health parent representatives
* Young adults being involved in training foster parents, social workers, service providers, AHS and AOE leadership/staff
* Statutory mandate under Act 264:
  1. which exists to ensure families are supported and have entitlement to coordination of services
  2. requires family voice on:
     1. child/youth’s team
     2. Local Interagency Teams
  3. State interagency Team
  4. Act 264 Advisory Board
* Strengthening Families™ Child Care Providers
* DMH State and Local Program Standing Committee
* DAIL State and Local Program Standing Committee
* IFS Autism Workgroup
* Medicaid Advisory Board

**VIII. OUTCOMES**

How will we know the framework is being implemented in regions and at AHS in a way that makes a difference for children, youth and families?

|  |  |  |
| --- | --- | --- |
| **How much do we do?** | **How well do we do it?** | **Is anyone better off?** |
| 1. # of families/youth who were offered peer support at CSP, LIT, treatment team meeting (Data provided by LIT and agency staff) 2. # of LIT meetings that include family voice (Data provided by LIT Coordinator) 3. # of collaborative leadership teams/initiatives that include family voice (Data provided by Agencies and AHS) | 1. % of providers who feel they have what they need to effectively partner with youth/families (Provider staff who partner with AHS) 2. I received the help that I needed (LIT Coordinator) 3. The staff treated me with respect (LIT Coordinator) 4. % of families who feel they have what they need to effectively partner with providers. | 1. Having a voice in this process has made me more confident in being able to navigate the system to get my child what they needed. |

*This framework was created by the AHS Family and Youth Partnership Workgroup which was co-chaired by Cindy Tabor, VFFCMH and Cheryle Bilodeau, AHS, June 2017.*