Families Together in Albany County
Logic Model Details / Drill-Downs

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Context

Eligibility Criteria: Families of children, adolescents, and young adults ages birth through 21 with serious emotional disturbance (SED) residing in Albany County.
Specialty Sub-Groups:

- Young children (0-5)
- Children and youth (8-14) at risk for substance abuse problems
- Adolescents and young adults (12-21) with co-occurring mental health and substance abuse issues
- Transitioning youth (16-21).

What is SED? Serious emotional disturbance (SED) is an emotional, behavioral, or mental disorder that affects a child or youth's ability to function at home, at school, or in the community.

System Strengths

- Albany County Department for Children, Youth and Families created in 2001. Children's Mental Health Unit with Centralized Intake Unit added in 2004.
- County Executive invested in children's mental health and system of care.
- Existing governance structure at the state, county, and local levels committed to coordinating children's services (CCSI).
- Existing family involvement through local and state groups.

System Issues

- Funding: Categorical ("silo") funding
- Access: Access to care barriers, delays, shortage of child psychiatrists
- Records & Automation: No common records, antiquated internal data systems, no cross-system MIS
- Training: Need cross-system training, development of culturally competent care
- Community Awareness: Lack of knowledge/understanding of children's mental health, available services

Strategies
The mission of Families Together in Albany County will be carried out using various strategies.

Direct Services

- *Family Centers* are community-based centers staffed and run by parents to provide children and families with information, peer support, recreation and informal respite, referrals and linkages to services, direct links to centralized intake and developmental & behavioral pediatrician services, support items (i.e. food, clothing, etc.), assistance with care plan development/ management, and parent / child advocacy. FRCs will be located in one rural, one suburban, and one urban community.
- *Circle of Support* is a family-driven service planning meeting based on the fundamental Wraparound principles of being child centered, family focused, strength-based, and culturally-competent. With the help of a Family Advisor, the family invites service providers to come together to develop an individualized service plan. Circles of Support convene as needed to support the family.
- *Pediatric Developmental and Behavioral Specialists* are board-certified pediatricians with expertise in developmental and behavioral evaluations and treatment. The Pediatrics Department at Albany Medical Center will provide these services. Dr. Monica Meyer and pediatric residents under her supervision will provide assessments and related clinical services to children and youth in the system of care. This service component will help to provide earlier identification of emotional, developmental, and behavioral concerns, as well as to increase access to services.
- *Across Ages Mentoring Program* is an evidence-based, school and community-based drug prevention program for youth which pairs adults 55 years and older with young adolescents in need of substance abuse prevention. The goal of the program is to build youths' sense of personal responsibility for self and community through mentoring, community services, social competence training and family activities.

Governance Structure

Project Oversight: **Coordinated Children's Services Initiative (CCSI)**
CCSI is a statewide interagency, three-tiered initiative that began in the early 1990's and supports localities in creating systems of care to ensure that children who are at risk of out-of-home placement remain at home. At the state level, CCSI is led by the Tier III Team, consisting of family representatives (including Families Together of New York State) and representatives from every state agency and statewide advocacy groups serving children and families. Tier III serves to support Tiers I and II to remove barriers and gaps that counties are not able to address because of state and federal government issues. Tier I is the local level, multi-agency team working with individual families to decide on needs. It is integrated within the Centralized Intake Unit. Tier II currently includes county government and service agency leaders (DCYF and others), schools and family member leaders. Tier II was the driving force behind the development of DCYF and all system of care planning for the county, including this project. Tier II serves as the oversight committee to ensure implementation of all project activities.
Albany County Tier II Members:

Sheila Poole, Commissioner, DCYF
James Crucetti, M.D., Commissioner, Department of Health
Robin Siegal, Ph.D., Executive Director, Department of Mental Health
Patrica Aikens, Director, Probation Department
Susan Naughton, Director, Children's Mental Health Services
Joan Valery, Families United Network
Elizabeth Berlin, Commissioner, Department of Social Services
Moira Manning, Project Director, SAMHSA
Inga Jacobs, Ph.D., Director of Special Education, Capital Region BOCES
Bonnie Catlin, SPOA Coordinator
Linda Stewart, Co-Project Director Partnership for Change
Paige Pierce, Executive Director, Families Together in NYS
Lynn Aronowitz, Social Worker, Capital District DDSO – Albany Team

Executive Committee
The Executive Committee is responsible for day-to-day oversight and monitoring of the project.
Executive Committee Members:

Sheila Poole, Commissioner, DCYF
Paige Pierce, Executive Director, Families Together in New York State
Moira Manning, Project Director, DCYF/Families Together in Albany County
Linda Stewart, Co-Project Director/Family Coordinator, FTNYS
LuAnn McCormick, Lead Evaluator, CHSR

Project Workgroup
The Project Workgroup is comprised of the project co-directors, evaluation team, community agency representatives, community representatives, families, and youth. The purpose of the Project Workgroup is to provide updates and seek input from community stakeholders, to oversee and receive reports from the sub-workgroups, and general project oversight.

Sub-Workgroups
Specialty workgroups have been developed to address specific components of the system of care. Chairs of each workgroup report back to the Project Workgroup.

Family Resource Center Development Workgroup – The purpose of this workgroup is to develop and assist in the creation of the most family friendly, culturally competent, youth minded, service oriented family resource centers in the nation for families who have children with a serious emotional disturbance.

Workgroup Chair: Linda Stewart

Social Marketing and Sustainability Workgroup – The purpose of this workgroup is to develop social marketing strategies for the neighborhoods of each of the Family Resource Centers, and to meet the needs of the community by expressing the potential of the FRCs in the present. We will plan and act for the ability to maintain these ideals indefinitely. Workgroup members include……..

Workgroup Chair: Sean Wyse

Youth and Mentor Program Workgroup – The purpose of this workgroup is to develop youth involvement in planning, implementation, and family involvement.

Workgroup Chairs: Alison Gatterson and Kevin Brown

Evaluation Workgroup – The purpose of the Evaluation Sub-workgroup is to provide input and guidance to Center for Human Services Research on the implementation of the national evaluation of Families Together in Albany County. Workgroup members include family members of children/youth with SED, youth members, agency providers of children's mental health services, community members, researchers/evaluators.

Workgroup Chair: LuAnn McCormick

MIS Workgroup – The purpose of this workgroup is to analyze the process of the System of Care and develop a data management system to support its needs.

Workgroup Chair: Dorothy Baum

Outcomes

Outcomes are the changes we expect will happen as a result of changing the system of care to address children and families' needs. Intermediate outcomes are expected within 1-3 years of implementation. Long-term outcomes focus on the impact of services and system changes on the overall system of care and infrastructure. Long-term outcomes are achievable 5 or more years after implementation and are expected to be sustained beyond the initial funding period.

Outcomes: What changes do we expect the system of care to achieve?	Indicators: What will indicate that progress is being made toward this outcome?	Measures: What will we use to we measure progress?
Easier and quicker access to care	▪ Reduced waiting times for care ▪ Earlier identification of emotional, behavioral, developmental issues	▪ ▪ Referrals to and assessments completed by PDBS
More informed and self-advocating caregivers and youth in the service system	▪ Increased caregiver knowledge of emotional, behavioral, developmental issues ▪ Workshops and trainings specific to children's mental health issues ▪ Increased caregiver empowerment	▪ Workshop pre-post tests of knowledge ▪ Workshop evaluations by participants ▪ Family Empowerment Measure (TBD)
Improved child functioning	▪ Improved school attendance, better grades, fewer discipline reports, suspensions ▪ Improvement in life skills, social skills, functional status ▪ Reduced substance use ▪ Reduced JD, PINS cases	▪ School records? ▪ Longitudinal Evaluation: o BERS, CBCL, etc. ▪ SDQ ▪ Longitudinal Evaluation: o Sub. Use Survey, GAIN ▪ Across Ages eval ▪ Longitudinal Evaluation: o Delinquency Survey ▪ Probation Dept. Reports
Improved family functioning	▪ Reduced family stress ▪ Reduced child maltreatment rates	▪ Longitudinal Evaluation: o Caregiver Strain Qaire, Family Life Qaire ▪ CPS reports
More satisfied children, youth,	▪ Improved family satisfaction	▪ Longitudinal Evaluation:

and families in the system of care		○ YSS, YSS-F
Family and youth are involved throughout system, reflecting community's various cultures	▪ Family and youth serve in meaningful roles on workgroups ▪ Family and youth membership in workgroups match ethnic/racial population of the community they represent	▪ Workgroup attendance sheets, meeting minutes ▪ Demographic survey of workgroup participants ▪ Longitudinal Evaluation: ○ Cult. Competence and Service Provision
Increased community awareness of SOC	▪ Brochure, marketing materials	▪ Social marketing reports
Maintain stable living arrangements for children and youth	▪ Fewer children in out-of-home care ▪ Shortened length of stay in care	▪ DCYF reports
Sustained system of care with strong infrastructure	▪ Partnerships established across systems ▪ Increased cross-system knowledge of children's mental health and community resources ▪ MIS is developed for system of care ▪ FRCs become independent 501(c)(3)	▪ MOUs or other agreements between agencies, departments ▪ Participation in workgroups (attendance, minutes) ▪ ▪ 501(c)(3) certificates
More cost-effective system of care	▪ Reduced costs to the system	▪ Macro Services and Cost Study

The **Strengths and Difficulties Questionnaire (SDQ)** is a brief behavioral screening questionnaire that asks about 25 attributes, some positive and others negative. The 25 items are divided between 5 scales of 5 items each, generalizing scores for conduct problems, hyperactivity, emotional symptoms, peer problems, and prosocial behavior; all but the last are summed to generate a total difficulties score. Three versions exist: the self-report for ages 11-17; the parent or teacher form for ages 4-10 (information shown below); and the parent or teacher form for ages 11-17. Families entering the system of care will be asked to complete the SDQ as part of the assessment process.