From Blaming to Partnering: Milestones Within the Family Movement

Context
In recent years, policy makers, advocates, providers, and researchers in children’s mental health have helped to create a paradigmatic shift from blaming parents for the mental health challenges of their children to partnering with parents in strategic planning, implementation and evaluation in systems of care (SOCs). The emphasis on the important role of families is concretized through federal requirements of systems of care funded through the Children's Mental Health Initiative (CMHI). As SOCs have worked to advance the role of families in system level decision-making, the most notable historical developments for the family movement should be considered. This poster will examine these milestones, focusing on historical development of four aspects of family driven care: the perception of families, terminology used to describe the role of families, CMHI Request for Applications (RFA) requirements, and the role of family support and advocacy.

Purpose of the Study
The purpose of this study was to better understand the progression of the family movement within a historical context.

Methods
This study was a component of a broader study of family driven care (FDC) at the system level resulting from Case Studies of System Implementation (CSS), 1 for this study, documents from four primary sources were reviewed:

1. Scholarly literature on family involvement, FDC, and family advocacy.
2. CMHI Requests for Applications;
3. Conference presentations, monographs, white papers, and issue briefs related to FDC in SOCs; and
4. Documents from the six participating sites of the CSS study that described the historical development of each system.

Together, these sources of information were used to create a timeline depicting the historical development of family driven care.

RFA 2010 Requirements

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<tr>
<th>Required Mental Health Support Services (i.e., Clinical Level)</th>
<th>Infrastructure Development Level (i.e., System Level)</th>
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<tr>
<td>Family and youth share decision making about service delivery.</td>
<td>Family partnerships are reflected in planning, implementing and evaluating the initiative (i.e., system of care development).</td>
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<tr>
<td>Administrators and staff share power, resources, authority and control with families regarding service delivery decisions.</td>
<td>Administrators and staff share power, resources, authority, and control with families.</td>
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<td>Individualized service plans are developed that meet the needs and built on the strengths of the child and family.</td>
<td>Financial support is provided to sustain the family/consumer organization as a means to ensure family involvement in the system of care. The RFA emphasizes that the family/consumer organization should receive resources to support and sustain the infrastructure that is essential to ensure an independent family voice.</td>
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<td>Meetings occur in linguistically and culturally competent environments so that families and youth feel comfortable speaking honestly. Their voices are valued and heard in meetings.</td>
<td>Incentives are provided for families who participate in activities related to the development, implementation, evaluation and sustainability of the system of care.</td>
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<td>Administrators and youth have access to understandable, usable and useful information to aid in their decision-making.</td>
<td>Pledges are provided to encourage families to participate in planning, implementing and evaluating the initiative.</td>
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<td>Youth and families have a family voice advocating on their behalf, be it biological, foster, adoptive or surrogate.</td>
<td>Family partnerships are reflected in planning, implementing and evaluating the initiative (i.e., system of care development).</td>
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<td>Family organizations engage in peer support to strengthen youth isolation and strengthen family voice.</td>
<td>Administrators and staff share power, resources, authority, and control with families.</td>
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Findings

- Family driven care has experienced steady development since inception of SOCs in 1986.
- An expectation of family driven care was made concrete after it was incorporated into the 2005 CMHI RFA.
- A clear distinction should be made between family driven care at the clinical and system levels.
- The creation of the National Federation of Families for Children’s Mental Health in the 1980s fostered the growth of the family movement in children’s mental health.

Implications for the Field

- Understanding the context and historical development of family driven care at both clinical and system levels supports community efforts to implement family driven care.
- Communities have made more progress in developing family driven care at the clinical level than at the system level.
- Understanding the experiences of SOCs in implementing family driven care can be instructive for broader engagement of consumers in decision making, such as community coalitions.

References