

**ONE APPROACH TO EMBEDDING FAMILY INVOLVEMENT IN AN LMHA as RECOMMENDED BY FAMILY INVOLVEMENT COMMITTEE. P.1**

<p><b>Agency Role (Draft 1.20.10)</b></p> <p><b>STAGE ONE</b></p>	<p>GOAL ONE: Revise DMHAS Policy Statement (#71) GOAL TWO: Develop plan to support implementation of policy</p> <p><u>Domains:</u> DMHAS Policy, Agency Practice Protocols; Education and Training planning to develop staff skills and knowledge Careful planning and development of practice protocols, knowledge, skills address issues of sustainability from the start of the initiative. <u>First Stage Action:</u> Develop information base, identify skills sets, design innovative trainings to increase family involvement in recovery-oriented care. Disseminate DMHAS Policy. Develop practice protocols for family involvement. Develop Family Involvement Team that plans collaboratively with Clinical Director and Education and Training to develop staff Build alliances with advocacy groups from child and family and from adult service sectors. Devise education and training using adult learning methods that increase staff knowledge and skills of family involvement practices, evidence-based research practices, and rationale. Begin or continue to offer general psychoeducation and dialogue with families.</p>
<p><b>CEO or Exec. Dir. And “Project Lead”</b></p>	<p>A. Disseminate DMHAS and agency policies to administrators and leaders, consumers and families. B. Conduct agency self-assessment on family involvement. C. Recruit different types of staff, family and consumers to work as partners in developing Implementation Plan. D. Select Lead Staff (Project Lead) who will work closely with CEO and Clinical Director to champion Family Involvement at management team meetings. E. Assigns tasks to the Project Lead in coordination with Clinical Director. Refer to Project Lead’s box below. As CEO adds one new task, CEO relieves Project Lead of two former tasks.</p> <p><u>Resources:</u> System change theory * Social recovery processes</p> <p>FL# 11 Operating Procedure NJ Agency self-evaluation Results of Agency self-evaluation *The beginning portion of the following powerpoint resource provides in introduction to systems change [Implementation of Evidence-based Practices (Frisman, Ulaszek, Lin, 2008)]</p>
<p><b>Clinical Director</b></p>	<p>A. Provides leadership in developing practice protocols (see below) and levels of family involvement (listed below). B. Supports Project Lead and Education and Training the assembling of a Family Involvement Team that includes external and internal advocacy partners. C. Develops set of skills for family involvement. Provides skills sets to E&amp;T and Project Lead for planning the educational workshops and trainings. D. Reviews development of trainings and workshops, information and resources, evidence-based practices being organized under Project Lead. Utilizes information being developed through Family Involvement Team to inform the development of practice protocols. E. Develops resources to support implementation of options for family involvement (possible RFP for pilot project; billing possibilities; review of DMHAS current surveys; conduct data analysis inventory that may support future grant applications or grant projects), keeping in mind that family involvement includes siblings, grandparents, daughters, sons and parents of those with mental illness who may need educ. &amp; support. F. Develops Briefs for posting on DMHAS website</p>

**ONE APPROACH TO EMBEDDING FAMILY INVOLVEMENT IN AN LMHA as RECOMMENDED BY FAMILY INVOLVEMENT COMMITTEE. P.2**

<p><b>Practice Protocols</b></p>	<p><u>List of needed practice protocols for sustainability of Family Involvement Practices</u></p> <ol style="list-style-type: none"> <li>1. Clarify HIPAA around protection of client rights and family members’ involvement, what and how to share information with families</li> <li>2. Describe practices and strategies that establish and preserve consumer rights and consumer’s position as central decision-maker in recovery planning while encouraging the consumer to enlist natural supports of their choice who may include their family members.</li> <li>3. Describe procedure for billing units of Family Psychoed (FPE) to persons in recovery with their families</li> <li>4. Develop practice guidelines to Orient consumers and families to system of services</li> <li>5. Clarify consumer rights to choose members of treatment team, to invite family members or other supports to attend team meetings, treatment sessions with them if consumers so choose.</li> <li>6. Develop protocols for proactive outreach and education of families.</li> </ol> <p><u>Resources</u></p> <p>NJ: Agency Inventory for family support          FL# 6: Ensuring access          Concepts of autonomy, interdependence, adaptive work, social recovery          FL# 7: Who is referring family members?          Information, resources, testimonials, cumulative knowledge of the Family Involvement Team and advocacy partners.</p>
<p><b>Levels of family involvement</b></p>	<p>Begin planning levels of family involvement which continues in Second Stage of Action under this goal.</p> <p><u>Universal level:</u> what is to be offered to all families (general family psychoeducation; names of staff and contact information;</p> <p><u>Indicated level:</u> What is to be made available for consumers and families who want to foster family support and involvement (support to consumers who want assistance around vocational goals, community living skills in family context, education and consultation on specific issues)</p> <p><u>Targeted involvement:</u> What is to be made available for families and consumers who want or already have significant involvement to work together in partnership (family therapy; serving as part of recovery team; clinical guidance; family treatment or collateral therapy work; assistance in seeking additional help for themselves or other family members impacted by illness related to the person in recovery, including children; practical resources to consumers such as childcare, parenting education and support, marital counseling, etc.)</p>
<p><b>“Project Lead” and Family Involvement Team</b></p>	<p>The Project Lead provides leadership in assembling and directing the Family Involvement Team with support of CEO, Clinical Director, Educ. And Training.</p> <ol style="list-style-type: none"> <li>1. Family Involvement Team is initially constituted by consumers and family members who have benefited from family involvement, interested staff including paraprofessionals and professionals who are committed to family involvement.</li> <li>2. Project Lead and Family Involvement Team conduct outreach to potential partners from child/family and adult service systems (listed below). Interested Advocates and others are invited to join the Team and/or to collaborate in planning trainings and education.</li> <li>3. Purpose of Family Involvement Team is to develop consultation and recommendations that inform the development of policy and protocols; also to provide interactive workshops that increase working knowledge of Family Involvement policy and protocols as they are implemented.</li> <li>4. Project Lead submits to Clinical Director the recommendations, resources and ideas Family Involvement Team as the Clinical Director develops relevant to protocols.</li> <li>5. Consumers, family members and staff with direct experience of family involvement contribute to developing interactive workshops and develop testimonials to present re: benefits, overcoming obstacles to family involvement.</li> <li>6. Team designs trainings that help staff develop necessary skills sets that the Clinical Director identifies.</li> <li>7. Team develops resource information and promotes environment/culture for the innovations in practice and protocols when Family Involvement is implemented.</li> </ol> <p>B. Team members learn from each other, from resources (C below), and from research (D below) in developing trainings. For example, they learn together about the balance between protecting individual rights and personal choices and the benefits promoting family involvement in services</p>

**ONE APPROACH TO EMBEDDING FAMILY INVOLVEMENT IN AN LMHA as RECOMMENDED BY FAMILY INVOLVEMENT COMMITTEE. P.3**

	<p>among consumers who may want their support.</p> <p>C. Project Lead and Family Involvement Team gather information about <i>family psychoeducation (FPE)</i> programs that are currently available to all families in the region.</p> <ol style="list-style-type: none"> <li>1. Project Lead compiles and organizes resources: schedules, contact information sheets, etc.</li> <li>2. Project Lead is prepared to post these materials in lobbies upon request of Clinical Director.</li> <li>3. Project Lead and team develops contents of Family Orientation Packet and disseminates under direction of Clin. Dir. (See resources below)</li> </ol> <p>D. Project Lead and Family Involvement Team gathers <i>current research findings (evidence-based practices and emerging best practices)</i> that establish the benefits of family involvement to recovery. Project Lead organizes and material and submits to Clinical Director and E &amp; T.</p> <p>E. Project Lead and Team make recommendations to create family friendly environment that visibly supports culture change to CEO and Clin. Dir.</p> <p>E. Project Lead and Team members receive mentoring and coaching on systems change as needed from seasoned staff who want to be mentors.</p> <p>F. Upon direction of Clinical Director, disseminate evidence about family involvement and evidence-based practices with a family focus.</p> <p>G. With CEO, Clinical Director and Educ and Training, and Family Involvement Team, create an agency-wide shared vision of person- and family-drive care. Empower others to carry out the vision.</p> <p><u>Resources:</u>          Tool: FL #4: Develop and track plan for org/PIR/ fam/staff leadership development goals.          NJ Services Preference Sheet          Mentors and coaches who are interested in supporting the effort from behind the scenes.          Models of evidence-based family –focused treatment models: STEP model of IOL, Yale; Mueser; McFarlane &amp; Anderson; D.J. Miklowitz &amp; M.J. Goldstein          Models of peer support psychoeducation: NAMI, Bipolar Depression Support Alliance, CT MH Association, Agents of Transformation, WRAP</p>
<p><b>Staff Educ and training</b></p>	<p>A. Support “Project Lead” in selecting Family Involvement training team members who include PIR, family, staff and other partners committed to family involvement.</p> <p>B. Support efforts of Project Lead to compile advocacy resource information regarding: parameters of HIPAA confidentiality; person-centered planning; advanced directives, etc., that is being incorporated into practice protocols, trainings &amp; educ. Explores potential partnerships from advocacy communities.</p> <p>C. Supports efforts of Family Involvement Team to design Education and Training that correspond to Family Involvement Practice Protocols and necessary skills sets. E &amp; T ensures that adult learning strategies are being used consistently.</p> <p>C. Supports the building of Team alliances with adult side and child/family side advocacy resources (listed below). Provides consultation and support the training and education plan being developed through collaboration of Project Lead, Family Involvement Team and internal and external advocacy partners.</p> <p>D. Coordinates efforts to develop plan that addresses identified obstacles.</p> <ol style="list-style-type: none"> <li>1. Identify with partners the attitudes and misconceptions about rights, responsibilities of individuals receiving services.</li> <li>2. Develop educational plan that balances the protection of consumer rights with the provision of education and support to families.</li> </ol> <p><u>Resources:</u>          NJ: Family Friendly Checklist and Set of Working Definitions          Recommended Partners (refer to box below) who possess a wealth of relevant knowledge and can be cultivated as beneficial allies.          Model for social marketing campaign (Refer to the state’s Connectability marketing campaign as an example)          Adult learning educational strategies</p>
<p><b>Social Worker or R.N</b></p>	<p>A. Revises Intake Assessment to explore consumer’s interest in family involvement.</p> <p>B. Revises Recovery Plan to include check-off box: Family Involvement was explored this quarter- yes/ no</p> <p>C. Submits revisions to the Clinical Director for review and next steps.</p> <p><u>Resources</u>          Family Support Survey Instrument</p>

**ONE APPROACH TO EMBEDDING FAMILY INVOLVEMENT IN AN LMHA as RECOMMENDED BY FAMILY INVOLVEMENT COMMITTEE. P.4**

<p><b>Psychiatrist, Nurses, Case Managers/ CM Assts, Advocates, Supported Employment, Peer Support Specialists</b></p>	<p>A.Develop and sponsor Stage One general education trainings for the benefit of families and the public: medications, side effects, treatment choices, DMHAS system of care, treatment team members roles and responsibilities. Invite family members; engage family members in dialogue.          B.Offer interactive workshops on special topics (such as social recovery) that increase dialogue and general education among staff, consumers and family/natural support systems, (now laying groundwork for more specific family-focused education in following stage).          C.Provide supervision, consultation, coaching. Address ethical issues.          D.Encourage the practice of seeking answers closest to the problem.</p>
<p><b>CQI</b></p>	<p>A. Develop indicators of success, data collection instruments, data analysis procedures, evaluation measures of family involvement in treatment.          B. Determine with management team and other leaders whether the scope of implementation plan (agency-wide; piloted on specific teams?)</p>
<p><b>Potential Partners and Alliances with external and internal advocacy</b></p>	<p><u>Child and Family Advocacy resources</u> Partnerships may, for example, be established with: Family Advocates at Value Options and FAVOR; Parent Trainers of Agents of Transformation (AoT), NAMI, and grassroots organization such as Sanderas de Apoyom North Star, etc.  <u>Adult Advocacy and Rights resources</u> Partnerships may, for example, be established with: Advocacy Unlimited and SuperAdvocates; Youth Young Adult Consortium of transition-age individuals; CT Legal Rights Project; FOR-U; agency’s Human Service Advocate and Consumer Rights Officer.</p>
<p><b>STAGE TWO: Agency Role</b></p>	<p><b>Domain: Goals, accountability, infrastructure for Family Involvement</b>  <b>Second Stage Action: Develop clear goals and accountability for family involvement.</b>  <b>Develop infrastructure for family involvement.</b></p>
<p><b>CEO or Exec. Dir. And Project Lead</b></p>	<p>CEO of LMHA requests each agency contracted under the LMHA to designate a Project Lead and to establish a Family Involvement Team. CEO disseminates the newly developed policies and procedures.  <u>Resources:</u>          LMHA project Lead and LMHA Family Involvement Team (resources and cumulative knowledge)</p>
<p><b>Clinical Director</b></p>	<p>Develops standards for levels of family involvement to be offered during the upcoming implementation stage.          Develops policy and procedures as needed to put governing the data-gathering and accountability mechanisms for family involvement.          Obtain input Family Involvement Team. Consider transitioning this Team to a family and consumer advisory council.          Develops with CQI and Family Involvement Team the outcome measures and program indicators of quarterly progress in increasing family involvement through staff and program accountability.          Develops procedures in which Family Involvement Team or Council along with interested family and consumer constituents are involved in evaluating outcome data and developing strategies to overcome obstacles that may be encountered as the upcoming implementation rolls out.          Finalizes the comprehensive Family Involvement Implementation Plan.          Provides leadership in sponsoring a conference on Family Involvement that lays the groundwork for implementation of the family involvement plan.   <u>Resources:</u>          Family Involvement Team          Family and Consumer Educators</p>
<p><b>Practice Protocols</b></p>	<p>1.Standards for levels of family involvement: Universal; Indicated; Targeted.          2.Data collection measures and methods of collection          3.Strategies and commitment to genuine involvement of consumers and family members in evaluating results, identifying barriers, and developing next steps of action to further increase family involvement.          3.Practices that provide positive recognition and success to staff and programs where consumer choice is to increase family involvement and consumer choice leads to demonstrated increases in the family involvement of those consumers          4. Procedures and practices that establish hold staff and programs accountability to consumer choices and preference to involve family members.   <u>Resources</u>          Family Involvement Team</p>