



EVALUATION BRIEF: FAMILY DRIVEN CARE

July 2007

Systems of Care for Children's Mental Health are committed to a set of core values. In this issue, the Evaluation Brief will focus on the core value, **Family-Driven Care**. "Family-driven" means families have the 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. This includes: choosing supports, services, and providers; setting goals; designing and implementing 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 youth. For more information on family-driven care, visit http://www.ffcmh.org/systems_whatism.htm.

How Does the Evaluation Measure "Family-Driven Care?"

The evaluation helps monitor the level of family-driven care in our community. Through interviews with caregivers (parents, guardians, foster parents, and other caregiving adults) and youth from 11-21 years, we ask specific questions such as:

- Who is involved in service planning meetings?
- How is the family involved in making decisions about treatment and medications?
- How well do families understand their service options?
- Are families satisfied with their level of involvement in planning and decision making?

We start interviewing eligible families within 30 days of intake into the system of care (the "Baseline Interview") and then every 6 months after that. This evaluation brief focuses on the baseline interview since we have not completed enough follow-up interviews at this time to report trends. So far, we've talked with 135 adult caregivers and 70 youth age 11-21.



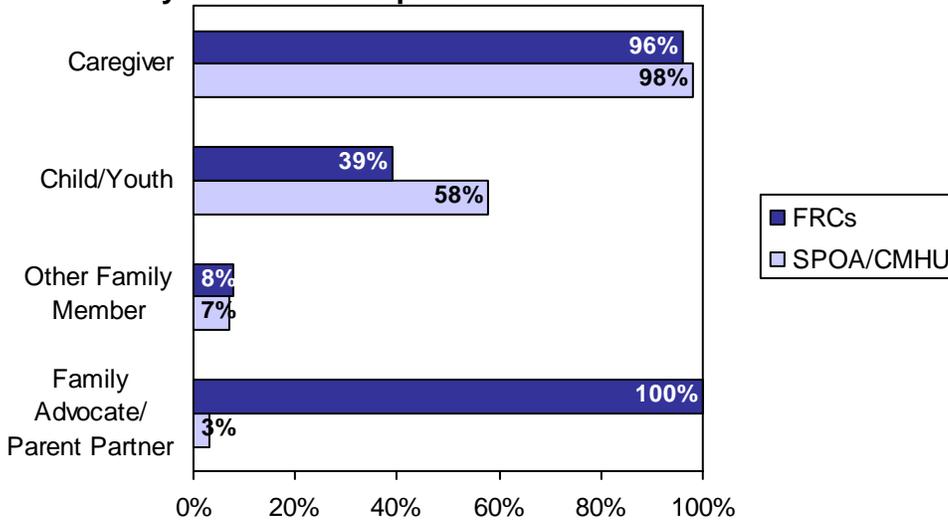
Are Albany Families in the Driver's Seat?

Service Planning. One way we determine if families are "driving" their own care is to look at who participates in developing the initial service plan. This is gathered from an intake form collected on every child who is eligible for system of care (SOC) services. SOC staff have reported on 510 planning meetings. We sorted this data by the two major types of intake facilities: (1) traditional SOC entry points which are the Albany County Children's Mental Health Unit (CMHU) and the Single Point of Access (SPOA) and (2) the newly-created SOC entry points which are the Family Resource Centers (FRCs) and Families United Network (FUN). A total of 340 families reported on planning meetings at CMHU/SPOA and 170 families reported on meetings at the FRCs.

As displayed in Figure 1, caregivers are well represented in service planning meetings in all service sites (98% CMHU/SPOA and 96% FRCs). Children and youth more often participate in their own planning meetings at CMHU/SPOA (58%) than at FRCs (39%). Not surprisingly, children under 11 were less involved in service planning at all sites. However, this does not fully account for the difference in engaging children in planning meetings between CMHU/SPOA and the FRCs. As youth-guided care is another SOC core value, we will continue to monitor this trend and encourage improvements, especially for teens and young adults.

Figure 1

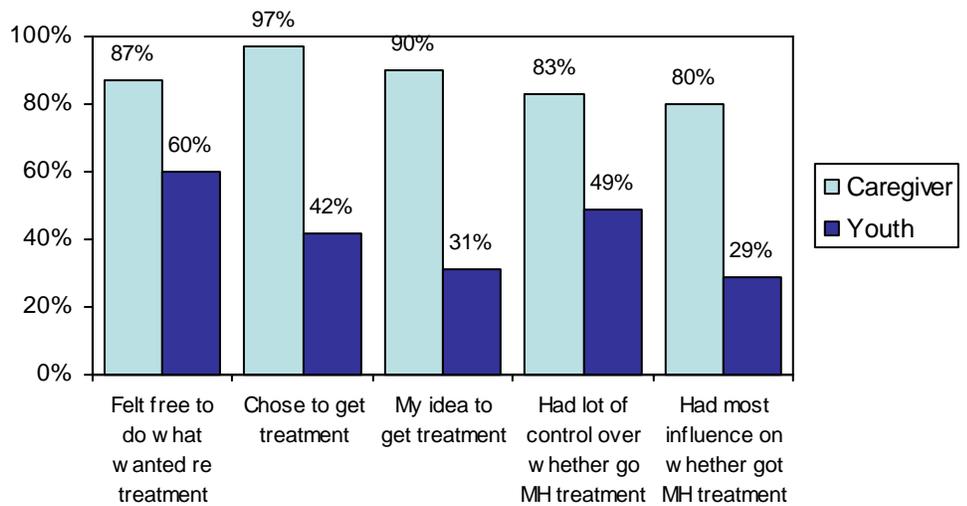
Family Member Participation in Service Plan at Intake



Family support is a key component of Families Together in Albany County. As we would expect, all initial service planning meetings at FRCs have a Parent Partner involved (100%). However, at the traditional portals only 3% of the initial planning meetings have a family advocate/parent partner involved. Now that Albany has an office for Parent Partners in CMHU on Green Street, we anticipate improvements in involving Parent Partners at initial planning meetings with families at CMHU and SPOA.

Decision Making. During our baseline interviews, we asked caregivers and youth (age 11-21) how involved they were in making treatment decisions.¹ Overall, caregivers felt they are a part of the decision making process regarding their children’s mental health treatment. The youth did not feel as involved in decision making regarding their care. Age was a factor in youth’s feelings of control over their care: youth age 11-14 (N=31) felt significantly less in control than youth age 14 through 21 (N=34). Developmentally, we may not expect younger children to have as much control over treatment decisions. However, one of the goals of *family-driven, youth-guided* systems of care is to help families become more knowledgeable about mental health issues and treatment in order to become more involved in decision making. This is called *empowerment*. As we continue to conduct follow-up interviews with families, we’ll be able to see if caregivers as well as youth become more empowered as a result of participating in Families Together in Albany County.

Figure 2
Caregiver and Youth Decision-Making



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¹ Caregiver Information Questionnaire-Baseline; Youth Information Questionnaire-Baseline.