

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Behavioral Health and Developmental Disabilities Administration**

**FAMILY-DRIVEN AND YOUTH-GUIDED POLICY AND PRACTICE**

**GUIDELINES**

**Updated March 2021**

**A. Summary/Background**

The purpose of this guideline is to establish standards for the Prepaid Inpatient Health Plans (PIHPs), Community Mental Health Services Programs (CMHSPs), and their contract agencies regarding the delivery of family-driven and youth-guided services and supports for children, youth and their families. For the purposes of this policy “families” are intended to include parents, primary caregivers, foster parents and family members. For the purposes of this policy the term “children” typically refers to the age range up to 12 years old. The term “youth” typically refers to the age range of 13-17 years and “young adult” generally refers to the age range of 18 up to 21 years. This guideline will outline essential elements of family-driven and youth-guided policy and practice at the child, youth and family level, programmatic level, which includes peer delivered services and system level (the community or state level.)

Person-centered planning (PCP) is the method for individuals served by the publically supported community behavioral and mental health system to plan how they will work toward and achieve personally defined outcomes in their own lives. The Michigan Mental Health Code established the right for all individuals to develop individual plans of services (IPOS) through a PCP process regardless of disability or residential setting.

For children, youth and families, the Person-Centered Planning Policy Guideline states: “The Michigan Department of Health and Human Services (MDHHS) has advocated and supported a family-driven and youth-guided approach to service delivery for children, youth and their families. A family-driven and youth-guided approach recognizes that services and supports impact the entire family, not just the identified child or youth receiving mental health services. In the case of minors, the child, youth and family are the focus of service planning, and family members are integral to a successful planning process. The wants and needs of the child, youth and they/their family are considered in the development of the Individual Plan of Service.” As the child or youth matures toward transition age, the focus of the treatment planning, services and supports should be youth/young/adult driven to accommodate the youth as they gain skills towards independence.

As a result of the effort to develop family-driven and youth-guided services, the Substance Abuse and Mental Health Services Administration (SAMHSA), in partnership with the Federation of Families for Children’s Mental Health, has developed a set of principles (described in section C of this guideline) which serve as the basis for the delivery of family-driven and youth-guided services. These principles comprise the standards which should guide the delivery of services and supports to children, youth and their families and are

essential to the development of an effective system of care. The system of care approach is an organizational philosophy and framework that involves collaboration across agencies, families, children, and youth for the purpose of improving services and access and expanding the array of coordinated community-based, culturally and linguistically competent services and supports for children and youth with a serious emotional disturbance and their families.

While agencies are expected to collaborate, they are not intended to be the primary decision-makers on behalf of a child, youth or family. It is important for systems to actively partner with families and support them in leading all decisions about the care of their child or youth. Similarly, as appropriate, based on their age and functioning, youth should be supported to make decisions about their own care. Active family, child and youth participation is also necessary on a broader level with an expectation that they are supported and empowered to be equal partners in system-level governance and planning.

## **B. Policy**

It is the policy of the MDHHS that all publicly-supported community behavioral and mental health agencies and their contact agencies shall implement family-driven and youth-guided practices with children, youth and families. They will support and empower family members, children and youth to be key stakeholders at the program, evaluation and governance levels.

### **How this policy will be supported:**

- The MDHHS staff in partnership with statewide family organizations will work with PIHPs, CMHSPs, and contract agencies to support successful implementation of the family-driven and youth-guided policy and practice requirements.
- The MDHHS will work with other system partners at the state level to ensure PIHPs, CMHSPs, and contract agencies can build an effective system of care.

## **C. Family-Driven and Youth-Guided Principles**

Family-driven and youth-guided principles should be implemented at several different levels: the child, youth and family level, programmatic level which includes peer-delivered services the system level (the community or state level). These principles incorporate all levels and will be detailed under section D: Essential Elements of this guideline.

- Families, children and youth as well as providers and administrators share decision-making and responsibility for outcomes.
- Families, children and youth are given accurate, understandable, and complete information necessary to set goals and to make informed decisions and choices about the individualized and potential services and supports for their child or youth and their

family as a whole.

- Children, youth and parents or caregivers have the right to invite an external support and/or advocate to participate as part of their planning and treatment team.
- CMHSPs can partner with family-run organizations engage in peer support activities to reduce isolation, gather, and disseminate accurate information, and strengthen the family voice.
- Families and family-run organizations provide direction for decisions that impact funding for services, treatments, and supports and advocate for families and youth to have choices.
- PIHP/CMHSPs and contract providers will take the initiative to change policy and practice from provider-driven to family-driven and youth-guided by prioritizing family-driven and youth-guided practices by allocating staff, training, support and resources.
- Community culture shift efforts focus on removing barriers and discrimination created by stigma is supported.
- Communities including public and private agencies embrace, value, and celebrate the diverse cultures of their children, youth, and families and work to eliminate behavioral health disparities and implicit bias.
- Everyone who connects with children, youth, and families continually advances their own cultural and linguistic responsiveness so that the needs of diverse populations are appropriately addressed with an emphasis on diversity, equity and inclusion.

#### **D. Essential Elements for Family-Driven and Youth-Guided Care**

1. “Family-driven” means that families have a primary decision-making role in the care of their own children as well as the policies and procedures governing care for all children and youth in their community. This includes:
  - Being given the necessary information to make informed decisions regarding the care of their child or youth
  - Choosing culturally and linguistically competent supports, services, and providers will be available,
  - Setting individualized goals and outcomes,
  - Designing, implementing, and evaluating programs by determining effectiveness,
  - Monitoring goals and outcomes, and

- Partnering in funding decisions.
2. “Youth-guided” means that children and youth have the right to be empowered, educated, and given a decision-making role in their own care as well as the policies and procedures governing the care of all youth in the community, state, and nation. A youth-guided approach views children and youth as experts and considers them equal partners in creating system change at the individual, state, and national level (SAMHSA).
  3. “Family-run organization” means advocacy and support organizations that are led by family members and young adults with lived experience raising children with behavioral health needs including serious emotional disturbance (SED) and/or intellectual and developmental disabilities (I/DD) thus creating a level of expertise. These organizations often provide peer-to-peer support, education, advocacy, and information/referral services to reduce isolation for family members, gather, and disseminate accurate information so families can partner with providers and make informed decisions and strengthen the family voice at the child and family level as well as the systems level.
  4. Hiring parents or caregivers and young adults with lived experience to provide peer delivered Medicaid services such as Parent Support Partner, Youth Peer Support and other peer delivered services.
  5. Child and Family-Level Action Strategies:
    - Strength and Culture Discovery – Children, youth, and family strengths and culture will be identified and linked to treatment strategies within the plan of service.
    - Cultural Preferences – The IPOS will incorporate the cultural preference unique to each youth and family.
    - Access – Children, youth, and families are provided understandable and meaningful information to make informed choices regarding services and supports and have a voice in determining the services they receive. Services and supports are delivered in the home and community whenever possible.
    - Voice – Children, youth, and families are active partners in the treatment process, their voice is solicited and respected, and their needs/wants are written into the IPOS in language that indicates their ownership.
    - Ownership – The plan reflects the unique strengths, culture, and priorities as identified by the child, youth, and family.
    - Outcome-based – Plans are developed to produce results that the child, youth and family identify. All services, supports, and interventions support outcomes achievement as defined by the child, youth and family.
    - Parent and Caregiver/Youth/Professional Partnerships – Parents or caregivers, children and youth are recognized for having expertise, are active partners in the

treatment process, and share ownership of the outcomes.

- Increase Confidence and Resiliency – The plan will identify specific interventions that maximize the strengths of the child, youth, and family, increase the skills of the youth to live independently and advocate for self, and equip the family with skills to successfully navigate systems and manage the needs of their child, youth and family.
- Participation in Planning Meetings – Children, youth and families determine who participates in the planning meetings.
- Crisis and Safety Planning – Crisis and safety plans should be developed to decrease safety risks, increase competence, skills and confidence of the child, youth and family, and respect the needs/wants of the child, youth and family.

#### 6. Programmatic, including peer-delivered services

- All services need to reflect family-driven and youth guided practices
- Parents/primary caregivers who have first-hand experience raising children and youth with behavioral health needs are recruited, trained, and supported in their role as Parent Support Partners. This Medicaid service outlined under the Family Support and Training section of the current Medicaid Provider Manual is a required as part of the service array delivered to parents or caregivers of children with SED and I/DD.
- Young adults who have lived experience with behavioral health challenges are recruited, trained, and supported in their role as Youth Peer Support Specialists. This Medicaid service outlined under the Peer Delivered section of the current Medicaid Provider Manual is a required as part of the service array delivered to youth and young adults with SED/SMI.
- CMHSPs or their contract providers can directly hire Parent Support Partners and Youth Peer Support Specialists or contract with a Family Organization.
- The Statewide Family Organization, Association for Children’s Mental Health provides the training, professional development, coaching and technical assistance for Parent Support Partners, Youth Peer Support Specialists and their supervisors.
- MDHHS will contract with a family run organization to provide and inform the training and technical assistance for peer delivered services for youth and families.

#### 7. System-level Action Strategies:

- Agencies have policies that ensure that all providers of services to children, youth, and families incorporate parent/caregivers and youth on decision-making groups, CMHSP boards, and committees that support family-driven and youth-guided policy and practice with policies and examples of practice sent to BHDDA upon request.

- Agencies have policies that ensure training, support, and compensation for parents/caregivers and youth who participate in decision-making groups, CMHSP boards, and committees and serve as co-facilitators/trainers.
- Policies are in place within the agency to support employment of youth and parents/caregivers in addition to peer delivered Medicaid service providers.
- Children, youth and parents or caregivers are part of the program and service design, evaluation, and implementation of services and supports.
- Children, youth, and families are sought out to share their experience, expertise and knowledge in presentations, training and education opportunities for other families and youth as well as service providers and administrators.
- Services occur where the children, youth, and family choose and in a way that is aligns with relevant to the family culture.
- All stakeholder groups including CMHSP boards include diverse membership including children, youth and family members who represent the population the agency/community serves.

