

OUTPATIENT LEARNING COMMUNITY

Family Engagement Work Group

July 26, 2010

Minutes

PARTICIPANTS: Allyson Nadeau/CT BHP; Bill Kania/Wheeler Clinic; Catherine Corto/The Village for Families and Children; Christine Dauser/Yale Child Study Center; Christine Lidz/Bridges; Suzane DeRosa/CMHA; Debra Struzinski/CT BHP; Dee Jackson/CGC of Greater Bridgeport; Hal Gibber/FAVOR; Hillary Teed/CCPA; Jacqueline Harris/DCF; Jennifer Nadeau/CHR; Joann Maben/US; Kathleen Carrier/Families United; Lois Berkowitz/DCF; Lou Ando/CSSD; Marcy Kane/Wellpath; Jeanna Spatta/FCA Danbury; Rich Pugliese/Middlesex Hospital; Julie Nesteruk/Children's Center of Hamden; Tom Czarkosky/CGC Central CT; Mary Held/Together We Shine; Debbie McCusker/Together We Shine; Paloma Dee/NAMI-CT; Doriana Vicedomini/CBHAC Co-Chair/CAAC; Bert Plant/DCF; and Marilyn Cloud/DCF.

1. The tri-chairs were introduced. They are: Doriana Vicedomini/Parent Representative; Marcy Kane/Provider Representative; and Marilyn Cloud/State Agency Representation.
2. Participants introduced themselves and shared their views about what is essential to achieve successful family engagement. Although diverse stakeholder groups were present including family members, clinic providers, child psychiatrists, advocacy group members, and state agency members, common themes emerged across these groups. Examples include:
 - Immediate response;
 - Mutual respect;
 - Active listening;
 - Open, frank communication;
 - Transparency;
 - A shared process; and
 - A family-driven care plan.
3. A PowerPoint Presentation covered the following topics: Background; Vision; Purpose, Responsibilities; Scope; and Roles/Responsibilities of Work Group. (Please refer to PP for details.)
4. Two break-out groups addressed the following questions.
 - How do we define family engagement?
 - What are the core values and principles for family-centered practice? See Attachment 1 below - Defining Family Engagement/Core Values & Principles.

5. The work group identified tasks and activities for a beginning Work Plan. See Attachment 2 below - Work Plan for details.
6. It was agreed that we would meet on the following dates/times.
 - 8/23
 - 9/27
 - 10/25
 - 11/22
 - 12/20 - NOT 12/27 due to holiday and state furlough)

All meetings will be held at **Connecticut Valley Hospital, Page Hall Room 217 in Middletown from 9:30 AM to 11:30 AM.**

PLEASE MARK THE DATES IN YOUR CALENDAR!

ATTACHMENT 1 - Defining Family Engagement; Core Values & Principles

Family Engagement - Definition (Core Components)

Outcomes - Needs Met

Family/Provider define together

Persistent/Tolerable/Flexible

Trained staff - Develop agency culture that embraces family engagement

Help to empower all family members

Instilling hope

Start and end where family is

Consistency throughout treatment

Core Values and Principles

1. Welcoming & Accepting
 - Initial phone call (connect with a person)
 - Useful materials in multiple languages
 - Welcoming environment - for all family members
 - Offer resources to families for different kinds of help and support, based on individualized needs
2. "Family" is defined by each client and may include other caregivers and natural supports, if family desires
3. Clinic Expectations of the Family - Well-defined and Addressed
4. Shared Understanding of the Relationship
5. Informed Consent

6. Mutual Respect (unconditional positive regard)
7. Open, Clear, and Frank Communication
8. Transparency
9. Safe Environment
10. Responsive
11. Trusting Relationship (established and maintained)
12. Family-Focused (family perspective - family is the unit of attention)
 - Take time to listen to all perspectives
 - Family feedback is valued and necessary
13. Family-Driven
14. Collaboration and Partnership with Families
 - Families need to believe in "true partnership"
 - Clinicians need to understand that the family is a "partner" in working with the child and a part of the treatment, which is different than working with the specific child in treatment
 - Active involvement of families in all aspects of care
15. Solid assessment of how symptoms affect each member of the family
 - Address the impact on family members
 - Acknowledgement by family members
16. Strengths-Based (strengths recognized and applied in planning and treatment)
17. Culturally Competent (sensitivity, understanding and implementation)
18. "Right Tools" provided
19. "After Hours" Availability
20. Sustained engagement with family members and other caregivers
21. Integral part of clinic culture
22. Staff Training to support family engagement and clinicians

Attachment 2 - Work Plan

1. Develop a self-assessment instrument to measure current family/client engagement efforts/activities.

2. Establish baseline data regarding how clinics are performing in areas such as access, Ohio Scales outcomes, and satisfaction measures.
3. Identify current family treatment practices. Are these engaging?
4. Are families continuing treatment or do they drop out? If they discontinue prematurely, why? What follow-up occurs with families who do not stay?
5. How is paperwork presented to families? Is it reviewed after completion?
6. What are the best practices from other clinics and states?
7. What is the role of peers in supporting family engagement?

Self-Assessment Survey - Potential Questions

1. What mechanisms are in place to obtain family feedback?
 - Is there a family member on the Board of Directors?
 - Are families involved in agency assessments?
2. What family-friendly practices exist?
3. Are there family members on the Community Collaboratives?
4. How are paperwork requirements handled with families? Is there family participation? Is the paperwork reviewed with the families?
5. How are families welcomed?
6. Is there evidence of cultural competency?
7. Is there embedded family engagement training at the agency?
8. How is family engagement integrated into clinical supervision of staff?
9. What strategies do clinics use to establish "shared processes/planning" throughout the phases of treatment? (i.e. outline of expectations of treatment; informed consent)
10. What is the knowledge base and attitudes of staff?
11. What was done "right" with those who successfully complete treatment? Did the agency successfully engage families, and how?
12. Do agencies ask families what has previously worked?

