Title: Family-Driven and Youth-Guided Services Policy

Prepared By: Clinical Director

Purpose:

To establish the guidelines regarding the delivery of family-driven and youth-guided services and supports for children, youth, and their families and to comply with the Michigan Department of Health and Human Services (MDHHS) "Family-Driven Youth-Guided Policy and Practice Guidelines". This policy has been developed to define the essential elements of family-driven and youth-guided services and practices at the child, youth, and family level, programmatic level, which includes peer-delivered services and system level (the community or state level.)

Scope:

This policy applies to all employees (including full-time and part-time employees), contract providers, volunteers, students, and/or interns of Huron Behavioral Health (HBH) and all families served by HBH.

Information:

1. For the purposes of this policy, "families" include parents, primary caregivers, foster parents, and other family members.
2. The Michigan Mental Health Code establishes the right for all persons served to develop an Individual Plan of Service (IPOS) through a person-centered planning process regardless of disability or residential setting. Person-centered planning is the method for individuals served to plan how they will work toward and achieve personally defined goals and outcomes in their lives. (See also "Person-Centered Planning Policy" QI.1.05).
3. HBH advocates and supports a family-driven youth-guided approach for children, youth, and families which recognizes that services and supports impact the entire family, not just the identified youth receiving mental health services. In the case of minors, the child 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 and his/her family are taken into account during the development of the IPOS. As the child matures toward transition age, the focus of the treatment planning, services and supports should be youth-driven/young adult-driven to accommodate the youth as he/she gains skills towards independence.

Policy:

A. Family-Driven Youth-Guided Principles:

1. Family-driven and youth-guided principles should be implemented at multiple levels including the child, youth, and family level, programmatic level (which includes peer-delivered services), and the system level (which includes the community or state). The following principles apply to all levels:
   - Families, youth, providers, and administrators share in the decision-making and responsibility for outcomes
   - Families and youth are given accurate, understandable, and complete information necessary to set goals and to make informed decisions and choices about individualized services and supports for their child or youth as well as the family as a whole
   - Children, youth, and parents have the right to invite external supports and/or advocates to participate as part of their planning and treatment team
   - HBH will partner with family-run organizations and engage in peer-support activities to reduce isolation as well as gather and disseminate accurate information to strengthen the family voice
   - Families and family-run organizations provide direction for decisions that impact funding for services, treatment, and supports and advocate for families and youth to have choices.

- HBH 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, supports, and resources.
- Community culture-shift efforts are intended to remove barriers and discrimination created by stigma.
- Communities (including public and private agencies) embrace, value, and celebrate the diverse cultures of children, youth, and families and work to eliminate behavioral health disparities and 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

B. Essential Elements for Family-Driven Youth-Guided Care:

1. Family-driven care gives families 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:
   - Being given the necessary information to make informed decisions about 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 care 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 the youths as experts and considers them equal partners in creating system change at the individual, state, and national level.
3. Family-run organizations advocate 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/developmental disabilities (I/DD) thus creating a level of expertise. These organizations may provide peer-to-peer support, education, advocacy, information, and 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. Parents and young adults with lived experience may be hired to provide peer delivered Medicaid services such as Parent Support Partner, Youth Peer Support and other peer delivered services.

C. Child and Family-Level Action Strategies:

1. HBH staff will utilize the following strategies for child and family-level care:
   - 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/Youth/Professional Partnerships – Parents 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 – 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.

D. Programmatic Strategies (including peer-delivered services):

1. HBH staff will utilize the following programmatic strategies:
   - All services need to reflect family-driven and youth-guided practices
   - Parents, primary caregivers, and others with first-hand experience raising children and youth with behavioral health needs are recruited, trained, and supported in their role as Parent Support Partners (see also "Parent Support Partners Procedure" SD.2.17). 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 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 serious emotional disturbance/serious and persistent mental illness (SED/SPMI).
   - HBH and 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 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 training and technical assistance for peer delivered services for youth and families.

E. System-Level Strategies:

1. HBH staff will utilize the following system-level strategies:
   - HBH shall develop and maintain policies to ensure that all providers of services to children, youth, and families involve parents, caregivers, and youth in decision-making groups, board of directors, and committees that support family-driven and youth-guided policy and practice. Note - examples of practice will be shared with the Michigan Behavioral Health and Developmental Disabilities Administration (BHDDA) upon request.
   - HBH will ensure that training, support, and compensation is provided for parents and youth who participate in decision-making groups, board, and committees and serve as co-facilitators/trainers.
   - HBH will maintain policies to support employment of youth and parents in addition to peer-delivered Medicaid service providers.

- HBH will include youth and parents as 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.
- HBH staff will provide services that the children, youth, and family choose in a way that is aligns with the family culture.
- HBH will maintain a diverse membership for stakeholder groups (including the HBH board) by including youth and family members who represent the population the agency/community serves.

Definitions/Acronyms:

Acronyms:

BHDDA – Behavioral Health and Developmental Disabilities Administration
COA – Council on Accreditation
EMR – Electronic Medical Record
HBH – Huron Behavioral Health
I/DD – Intellectual/Developmental Disability
IPOS – Individual Plan of Service
MDHHS – Michigan Department of Health and Human Services
MSHN – Mid-State Health Network
PIHP – Prepaid Inpatient Health Plan
SAMHSA – Substance Abuse and Mental Health Services Administration
SED – Serious Emotional Disturbance
SPMI – Serious and Persistent Mental Illness
SUD – Substance Use Disorder

Definitions:

Child – typically refers to birth to 12 years of age

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.

Young Adult – typically refers the age range of 18 -21 years of age.

Youth – typically refers to the age range of 13 – 17 years of age.

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 youth as experts and considers them equal partners in creating system change at the individual, state, and national level (SAMHSA).

Forms:

N/A

Records:

Records of service delivery are retained in the Electronic Medical Record (EMR) system in accordance with the "HBH Record Retention & Storage Policy" QI.1.23.

Reference(s) and/or Legal Authority

COA standards
MDHHS Family-Driven Youth-Guided Policy and Practice Guidelines
QI.1.05 Person-Centered Planning Policy
QI.1.23 HBH Record Retention & Storage Policy
RR.2.36 Grievance and Appeals Process
RR.2.46 Limited English Proficiency (LEP) Procedure
SD.1.14 Welcoming Policy

Change History:

Change Letter	Date of Change(s)	Changes
None		New policy to define current practices in support of MDHHS policy and practice guidelines.
A	05/17/23	In "Definitions" section added "Child", "youth", and "Young Adult, made several minor wording/grammatical changes/corrections throughout policy without changing sentence content.
B	02/24/25	Made several minor wording/grammatical changes/corrections throughout policy without changing sentence content.