

## Paradigm Shift in Family-Driven Service

	Provider-driven	Family-driven
Source of solutions	Professionals and agencies	Family, child and their support team
Relationships	Child and family viewed as a dependent client expected to carry out instructions	Partners in decision-making, service provision, an accountability
Orientation	Isolating and "fixing" a problem viewed as residing in the child or family	Ecological approach enabling the child and family to make informed decisions about services
Assessment	Deficit based	Strength based
Planning	Agency resource based	Individualized for each child and family
Access to services	Limited by agency funding streams, client eligibility, and staffing availability	Comprehensive and provided when and where the child and family require
Expectations	Low to modest	High
Outcomes	Based on agency function, symptom relief, and compliance	Based on quality of life and the child and family's goals

Adapted from Osher, T. & Osher D. The Paradigm Shift to True Collaboration With Families, 2002

## Transformational Family-Driven Practice

- Providers stimulate and inspire families to reach for goals, celebrate when achieved, and encourage free and creative thought as they reimagine their family and/or system as a whole
- Families inspire and stimulate providers to trust in the shared decision-making process and release some the traditional controls. They celebrate with providers the release of tradition and embrace a new vision of shared decision-making
- Provides benefit by having fully engaged partners in planning both on the practice and program level. Systems benefit from having strong sustainable family voices to partner with as policy is crafted.

Adapted from NFFCMH, 2014

## Barriers Families Face

- *We can be scared* – make sure the environment is safe and comfortable for families and youth to speak frankly without incriminating themselves
- *We can be misinformed* – ensure families have a “roadmap” with all the information that is accurate and factual, not judgmental
- *We can be isolated* – connect families with other families
- *We can be confused* – watch the vocabulary – avoid acronyms and technical jargon
- Note: Every team member can have the same feelings!

NCCFMH, Why Wellness Works, Sandra Spenser, 2013

## What Can Agencies Do To Promote Family-Driven Practice

- Recognize that all families – regardless of income, education, or cultural background – want their children to do well
- Design programs that support families’ efforts to help their children
- Develop the capacity of all staff to work with families
- Capitalize on the cultural strengths of families and their communities
- Build families’ social connections

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## Family-Driven Practice and CST

- Referral and enrollment
- Assessment
- Plan development, including a plan for crisis
- Plan implementation
- Transitions

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## What Does Family-Driven Practice Look Like?

For family members:

- Do families feel judged or blamed because of their child's behavior?
- Can families ask for supports and services they need?
- Do families maintain a sense of dignity and respect – not feeling patronized?
- Are families adequately prepared for any meeting they attend?
- Do families feel valued and validated?
- Can families express challenges, ideas or plans and not fear alienation or retribution?
- Are families expected to have all the answers?

Adapted from NFFCMH, 2014

# What Does Family-Driven Practice Look Like?

For providers and system leaders:

- Are policies in place that support family-driven care? (Developed with authentic family participation)
- Are families actively involved in evaluating the service system and decision-making process?
- Are the voices of families sincerely welcomed, encouraged, and heard?
- Are resources and support given to families in preparation for all meetings?
- Do systems have no eject and no reject policy when serving families? (Do whatever it takes attitude)

Adapted from NFFCMH, 2014

[www.wicollaborative.org](http://www.wicollaborative.org)



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## Coordinated Services Team (CST) Initiative Statewide Expansion Funding

Act 20, the Wisconsin 2013-2015 biennial budget, includes legislation and funding to support the expansion of the Coordinated Services Team (CST) Initiative to all counties and tribes in the State of Wisconsin.

For more information, please visit the Wisconsin Department of Health Services website.

[Map of CST Initiatives](#)

### Training and Technical Assistance for CST Sites

Waupaca County Department of Health and Human Services, in partnership with White Pine Consulting Service currently holds a contract with the Wisconsin Department of Health Services to provide training and technical assistance (T and TA) to counties and tribes developing and sustaining Coordinated Services Team (CST) Initiatives in Wisconsin. If you'd like to more information regarding T and TA opportunities or resources, visit the Training and Technical Assistance section of this website.

### Wisconsin Department of Health Services

The Wisconsin Department of Health Services (DHS) - Division of Mental Health and Substance Abuse Services (DMHSAS) provides funding and support for counties and tribes in Wisconsin to develop and sustain Coordinated Services Team (CST) Initiatives.

The CST Contract Administrators with the Division of Mental Health and Substance Abuse Services Bureau of Prevention, Treatment and Recovery