FROs 101 - Overview of Family Run Organizations

Information Session

June 10, 2024

Illinois Children's Healthcare Foundation

AGENDA

- Introductions
- Brief Intro about ILCHF and Context
- Family-Run Organizations 101
- Questions and Answers (Q & A)
- Closing Remarks

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ILCHF's FOUNDER – FORMER ATTORNEY GENERAL JIM RYAN

ILCHF was created in December 2002 through an action of then Attorney General Jim Ryan and an Illinois insurance carrier.

This action and a settlement of approximately **$125 million** established Illinois' only private foundation focused solely on the health needs of children across the state.

Former Attorney General Jim Ryan

Illinois Children's Healthcare Foundation

Mission:
We cultivate, support, and promote initiatives that improve the health and wellness of children in Illinois.
Vision:
Every Child in Illinois Grows Up Healthy.
Illinois Children's Healthcare Foundation

Enhancing Children's Mental Health Through Family-Run Organizations RFP Overview

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Enhancing Children's Mental Health Through Family-Run Organizations

Grant Opportunity Title	Enhancing Children's Mental Health Through Family-Run Organizations
Foundation Contact	Christine Brambila ChristineBrambila@Ilchf.org
Application Posting Date	May 22, 2024
Information Session Webinar	June 4, 2024 at 1:00 pm
Application Closing Date	**July 31, 2024 at 5:00pm**
Phase 2: Site Visits	Between August 19th and September 5th
Grant Award Date (Anticipated)	November 2024
Grant Period	January 1, 2025 – July 31, 2026
Anticipated Number of Awards	7
Award Range	Up to $150,000
Estimated ILCHF Funding Total	$1,050,000 in Grants and approximately $300,000 in TA
Website	https://ilchf.org/open-rfps/

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Children's Mental Health Family-Run Organizations 101

Pat Hunt, Executive Director

Family-Run Executive Director Leadership Association (FREDLA)

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How did it start?

***1982** - Jane Knitzer published Unclaimed Children: The Failure of Public Responsibility to Children and Adolescents in Need of Mental Health Services thus setting in motion a call to action for children's mental health --- and the rise of the family and youth movements.*

https://www.nccp.org/publication/ucr-the-status-of-childrens-mental-health-policy-in-the-united-states/

… partnerships with families and their organizations!

1984
- Congress funded the Child & Adolescent Service System Program (CASSP)
- CASSP and the National Institute on Disability and Rehabilitation Research (NIDRR), established the first Research and Training Center on Family Support and Children's Mental Health at PSU

1986-87
- PSU hosted 5 regional Families as Allies Conferences

1988-89
- First Federal Funding for Family-Run Organizations
- Next Steps Conference
- Federation of Families for CMH Incorporated

1992-93
- SAMHSA authorized by Congress
- Children's Mental Health Initiative (CMHI) funding for 4 sites

1998
In 1998 family advocates, wraparound trainers, providers, and researchers gathered at Duke University and debated the definition and core components of the wraparound model, identifying 10 essential elements.

2003-04
- **National youth development** board formed.
- **President's New Freedom Commission** – defined *family driven care*

2006-08
- Youth MOVE National established
- Youth MOVE National Incorporated
- First Youth MOVE chapter

2011
- Certification Commission Formed for Parent Peer Support Providers

2013
- FREDLA was established by 16 family organizations

The necessary elements

1. **Mission:** Dedicated to supporting families caring for a child or youth with mental, emotional, behavioral or substance abuse needs
2. **Governance:** Board of the organization is comprised of at least 50% family members with “lived experience”
3. **Personnel**: Executive Director and all staff members providing support are family members
4. **Family voice:** Promotes family voice at all levels of the organization and system

Models can change over time

“Lived experience” is defined as a parent or another individual who is, or has been, the primary caregiver for a child with mental health, emotional, behavioral, or substance abuse needs.

National Status

Today's landscape

- There are almost 120 active family-run organizations in the US
- Federal funding from SAMHSA has significantly decreased for statewide family networks

What we've learned

- Sustainability
  - Move from transactional ➡ relational
  - 'Healthy families' are everyone's business
    - Workplace, community, all systems, etc.
- Mission alignment with funding
  - Distractions will come your way
- Solely relying on Medicaid reimbursement or any single funding source puts the org in jeopardy
  - Diversify

Family Engagement

your number one asset

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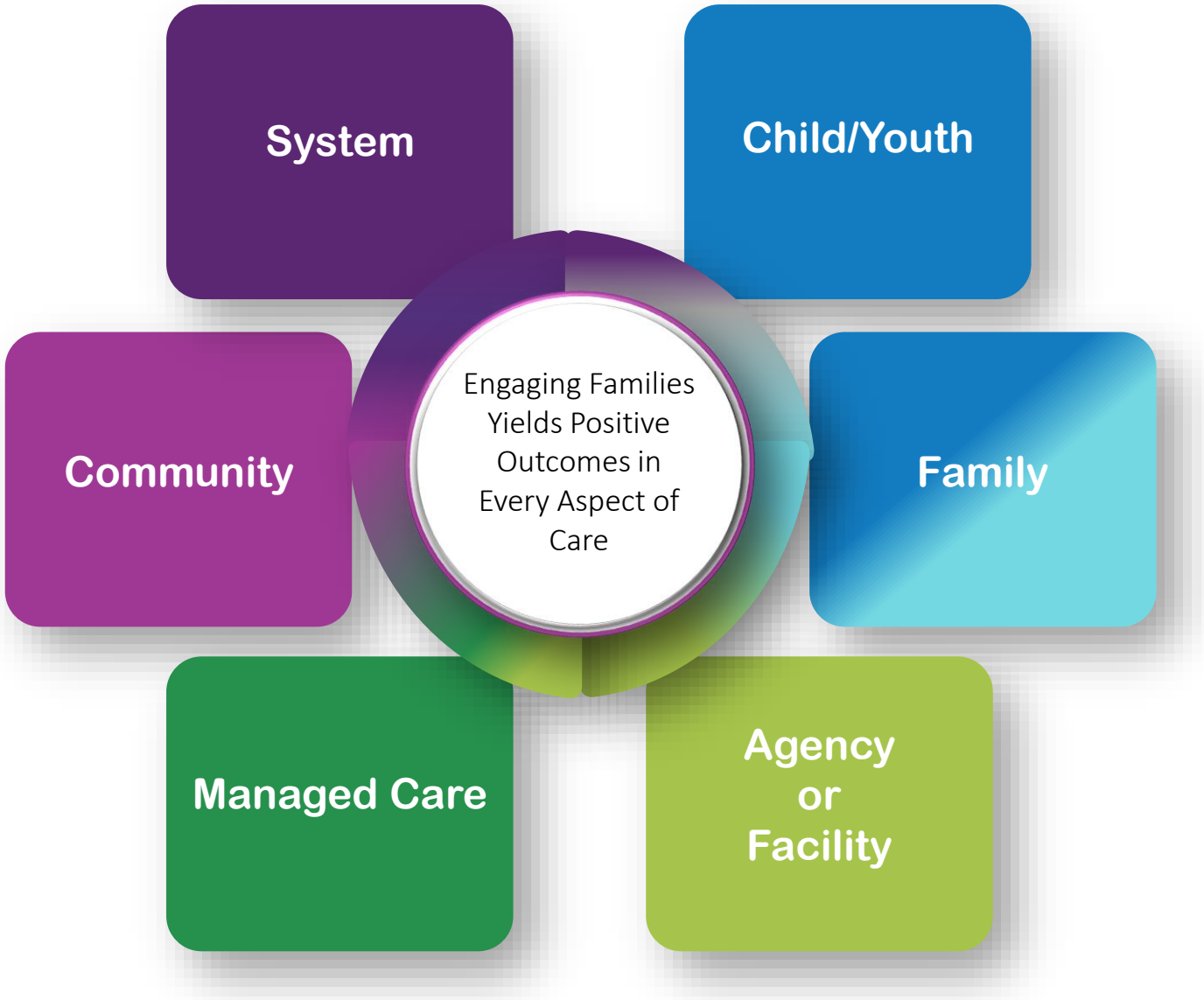
FREDLA
Family-Run Executive Director Leadership Association

Engaging Families is Everyone's Business!



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Who else says that engaging families is important?

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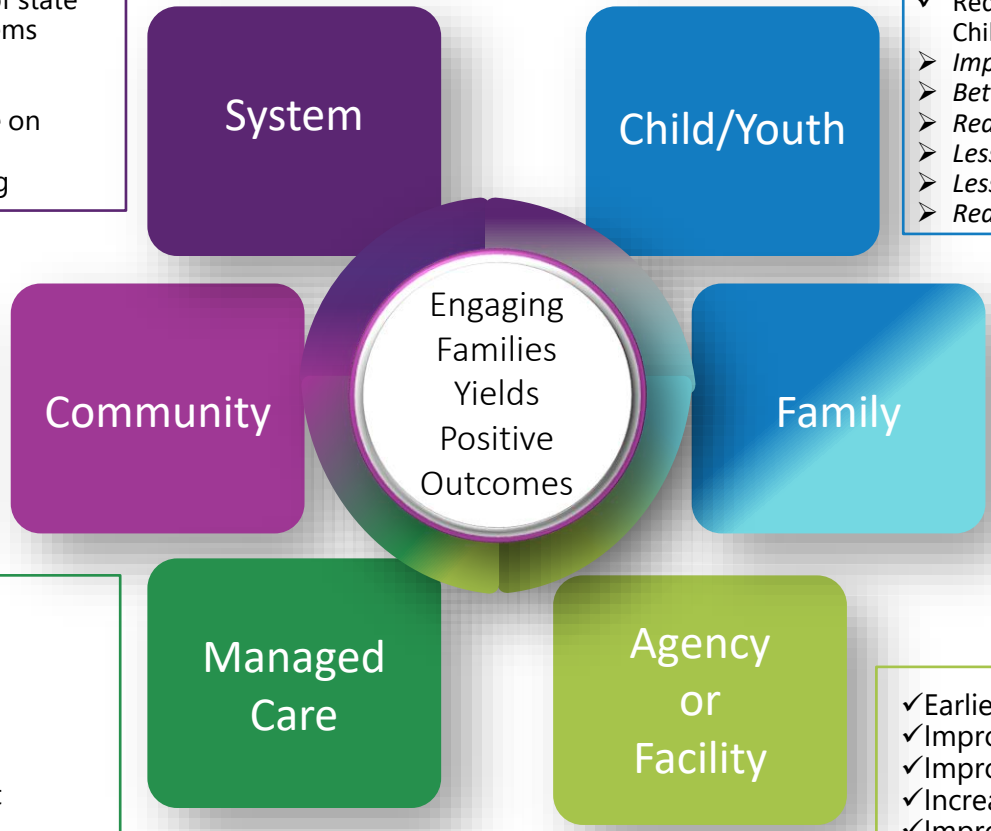
Engaging Families

Research Shows Positive Outcomes!

- ✓ Earlier access to care
- ✓ Improves child and youth adjustment, functioning and quality of life
- ✓ Faster recovery process for mental health & addiction issues
- ✓ Decreased isolation
- ✓ Reduces risk of mortality
- ✓ Improves skills and functioning
- ✓ Reduces rates of relapse, recidivism, and deeper engagement with Child Welfare & Juvenile Justice
- ➢ *Improved achievement in school*
- ➢ *Better overall social/emotional wellbeing*
- ➢ *Reduced likelihood of maltreatment*
- ➢ *Less likely for teen pregnancy*
- ➢ *Less likely for incarceration as juveniles*
- ➢ *Reduced infant mortality*

- ✓More effective and efficient use of state and federal resources among systems
- ✓Reduced out of home placements
- ✓Shorter LOS in residential care
- ✓Self efficacy reduces over-reliance on services
- ✓Improves data for decision making



- ✓ Improves community tenure
- ✓ Citizens exercise participation/voice
- ✓ Reduces disconnection from culture
- ✓ Increases community awareness of children's mental health issues
- ✓ Improves ability to respond to community needs

- ✓ Improves stable living situation
- ✓ Decreases parenting stress
- ✓ Improves parent confidence
- ✓ Improves access to social supports
- ✓ Increases ability to navigate confusing systems/services
- ✓ Facilitates access to insurance
- ➢ *Reduced parenting stress for partners*
- ➢ *Teen males who live with fathers are less likely to carry guns & deal drugs*
- ➢ *Reduced sibling discord*

- ✓ Increases enrolment
- ✓ Improves coordination of care
- ✓ Strengthens engagement in treatment
- ✓ Permits better stewardship of resources
- ✓ Produces return on investment
- ✓ Provides for reinvestment
- ✓ Yields better clinical outcomes
- ✓ Improves quality of care

- ✓Earlier access to services
- ✓Improves quality of care
- ✓Improves clinical outcomes
- ✓Increases satisfaction of staff in their careers
- ✓Improves data collection (quantity & quality)
- ✓Improves client satisfaction with care
- ✓More successful involvement in care

➢ Reflects the involvement of fathers

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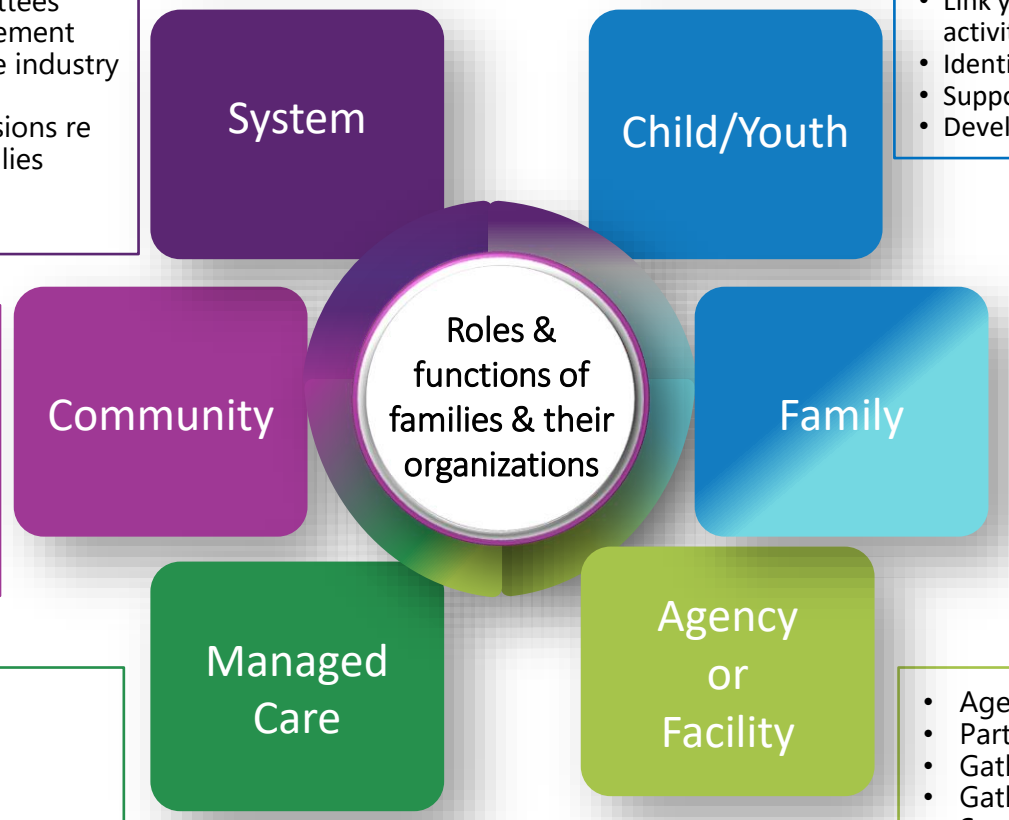
Translating the Outcomes to at least 50 Family Functions



- Inform system decision makers re service needs and experiences with access to care
- Provide lived-expertise on policy committees
- Gather & provide data to inform procurement efforts, state planning, and the insurance industry
- Host public policy events
- Inform legislative & appropriations decisions re collective experiences of children & families
- Develop family events, etc.
- Families as consultants

- Participate on planning teams
- Establish connection to community resources
- Link youth & families to skill & resiliency building activities
- Identify or offer opportunities for social connections
- Support the development of life skills
- Develop community resources for specific needs

- Link others to community resources
- Coordinate community & cultural discovery events
- Engage the community in mental health events
- Resource development
- Welcome back to community
- Impact community culture & biases

- Preparation & support for team meetings
- Coordinate meetings
- Linkage to housing, employment and other necessities
- Information re insurance & waiver applications
- Skills development
- Educational & social supports
- Navigation through confusing systems/services
- Share knowledge about child welfare, education and court processes
- Preparation & support for policy work
- Leadership training
- Mentoring families

- Inform medical necessity criteria
- Outreach & enrolment
- Care coordination team
- Ambulatory follow up
- Support engagement in treatment
- Coordinate discharge planning & influence continuity of care
- Perform QA/QI functions
- Advise MCO re experience of care
- Train MCO staff to effectively engage families & help them stay engaged
- Coaching the workforce

- Agency greeter, guide and perform intake functions
- Partners in care coordination dyad – including ICC
- Gather client satisfaction with care data
- Gather info through focus groups, surveys, etc.
- Support follow up & engagement
- Support engagement pre, during & post OOH
- Perform ambulatory follow up functions
- Members of crisis response teams
- Support agency readiness to engage families
- Provide Workforce training
- Serving on governance bodies & ad hoc groups

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A peek at the citations

www.fredla.org

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Engagement Outcomes Graphic – Citations

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Thank You & Questions

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