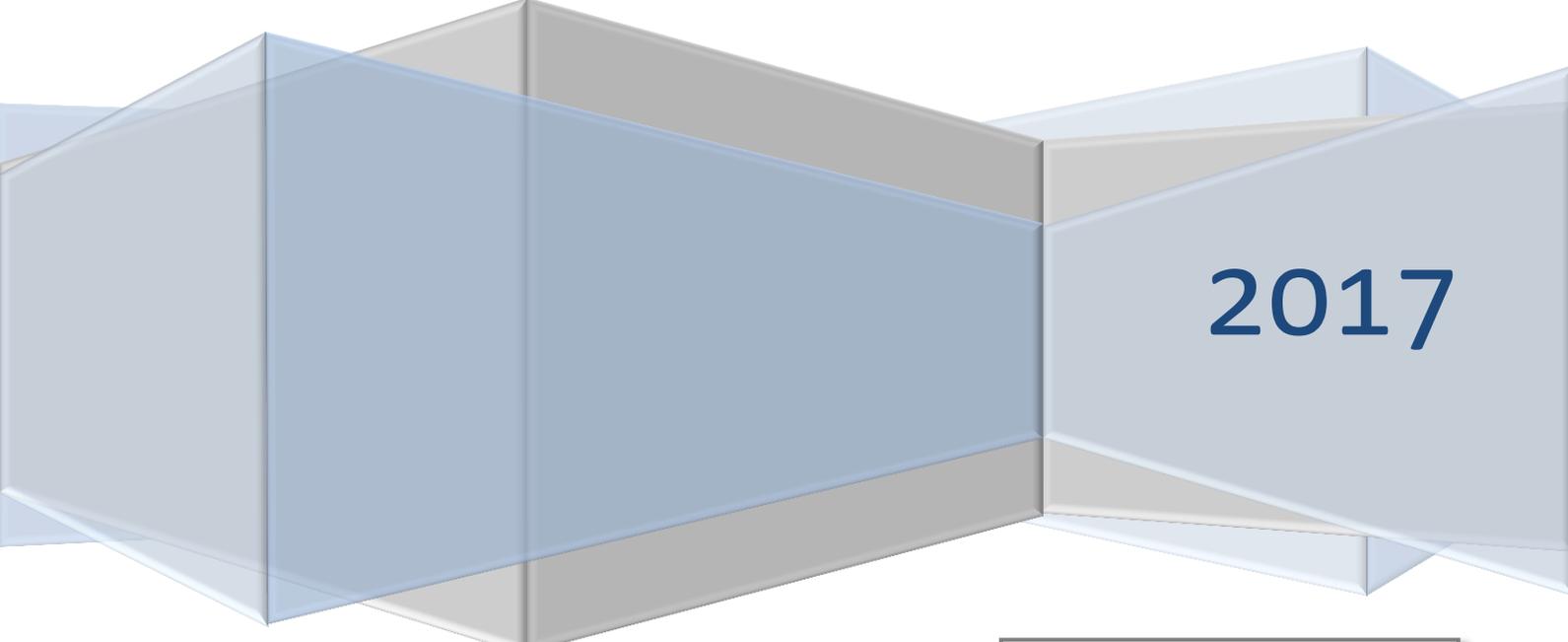


Survey of Family-Run Organizations

Summary Report

Family-Run Executive Director Leadership Association, Inc.



2017



fredla

2017 FAMILY-RUN ORGANIZATION SURVEY REPORT

INTRODUCTION

Family engagement is a core value of a system of care for children and adolescents with mental health needs and their families. Family-run organizations are a critical means to empower and enable the voices of families to be present and heard in a system of care.

The partnerships with families in systems of care helped to spur the development of a family movement in children's mental health, and supported the creation of national, state, and local family-run organizations that have used their collective voices to impact child-serving systems (Spencer, 1996). Currently, these organizations play a wide range of pivotal roles in systems of care at the individual, policy and service delivery levels.

As of 2017, it is estimated that there are approximately 38 statewide family-run organizations and more than 90 local family-run organizations focusing on children, youth, and young adults with mental health challenges (Walker, Nicolson, Bruns, & Sweeney, 2014). These family-run organizations are characterized by three things: governing boards comprised of at least 50% family members with lived experience; the organization's mission focused on supporting families caring for a child or adolescent with mental health needs; and leadership and direct service staff of the organization are family members with lived experience.

2017 SURVEY

Family-run organizations play many critical roles across child serving systems including service provision, facilitation of leadership and advocacy skills amongst family members, and systemic policy change. For this reason, in March 2017, FREDLA conducted a survey of family-run organizations to capture the breadth and depth of the work family-run organizations do to support families and partner with child-serving systems.

A 30-question survey was developed on Survey Monkey and sent out to approximately 110 family-run organizations on FREDLA's list-serv. Eighty-one responses were received and after eliminating incomplete or duplicate surveys, 65 surveys were analyzed for this report. Some organizations chose not to respond to all questions. In the summary, the number of responses is included along with the analysis for each response.

The 2017 survey was a follow up from the initial survey FREDLA conducted in 2014. The 2014 survey, which received 31 responses, provides a valuable benchmark to compare the 2017 survey results and an opportunity to identify any national shifts in the services or funding for family-run organizations.

Funding for these surveys and this report were provided through membership dues. For additional information contact:

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YEAR ESTABLISHED (N = 63)

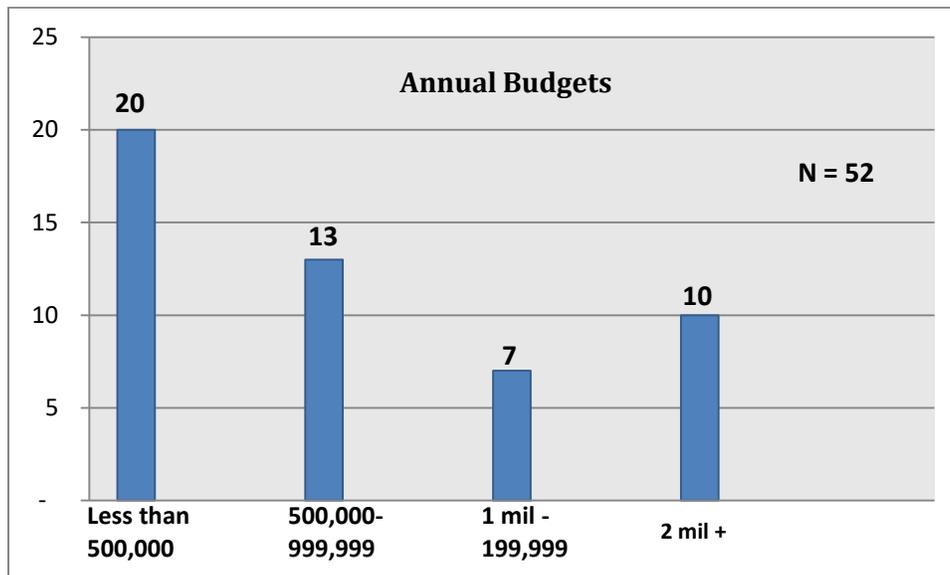
The family movement began in the mid-eighties and many of the family-run organizations started at that time are still thriving. An upsurge of family-run organizations continued through the nineties and as additional System of Care grants were awarded more organizations were formed.

- 12 organizations were started in the 1980's and are more than 30 years old (19%)
- 27 organizations were started in the 1990's (43%)
- 15 organizations were started between 2000 - 2009 (24%)
- 9 organizations have been established since 2010 (14%)

ANNUAL BUDGETS (N = 52)

Family-run organizations' annual budgets vary greatly. Fifty-two organizations responded to this question with budgets ranging from \$10,000 to 3.9 million.

- Total budgets equaled 49 million.
- The mean of the 52 budgets was \$948,275.
- The median of the 52 budgets was \$572,150.
- With one exception, organizations with budgets over 1 million were state organizations. Local or regional organizations had budgets less than \$500,000.

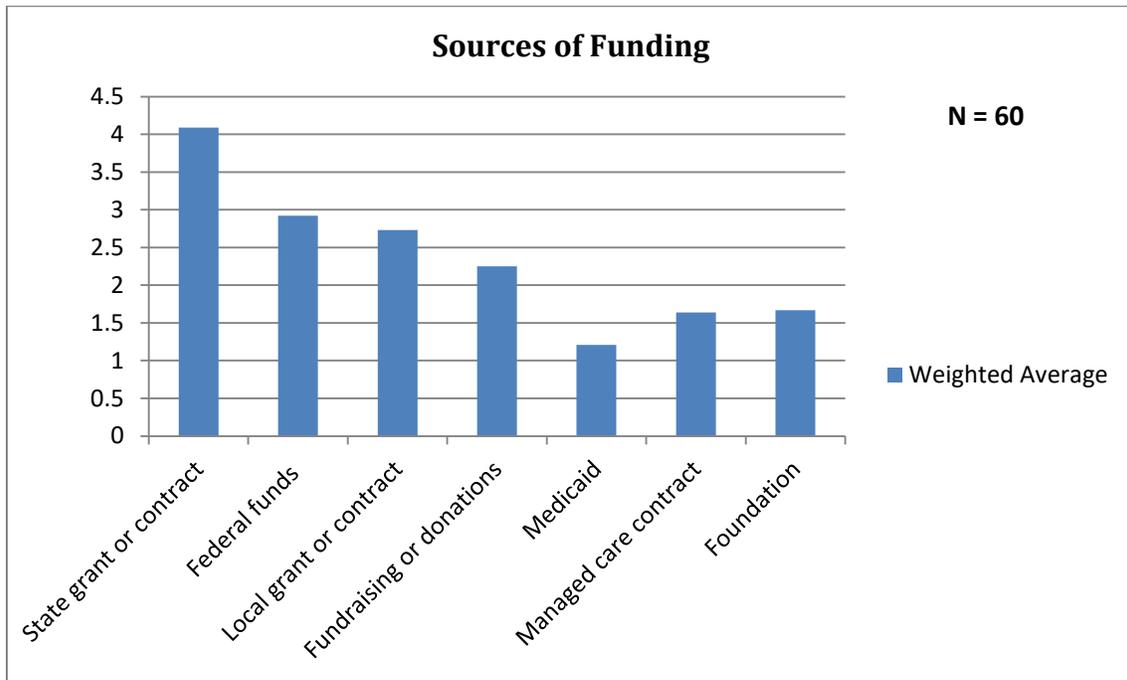


SOURCES OF FUNDING (N = 60)

Organizations reported that funding for their services and programs came from multiple sources with the largest source of funding through a state contract or grant. State funding included funding through the Department of Behavioral Health, Child Welfare, Education and Juvenile Services.

Federal funds were the second largest source of funds and this included: SAMHSA funding through Systems of Care subcontracts, Statewide Family Network grants or Block Grants; Office of Juvenile Justice; US Department of Education; Child Welfare or other federal agency.

There is a definite trend to states changing their financing structures for parent peer support from grants to a fee-for-service structure including direct billing to Medicaid or through a Managed Care Organization. Family-run organizations have to adapt their staffing and infrastructure to this new financing structure.



NUMBER OF FAMILY MEMBERS EMPLOYED (N = 63)

One of the things that make family-run organizations unique is their commitment to hire family members with lived experience for leadership and direct service staff roles.

- Total number of employees for 63 organizations was 1,020
- The number of family members with lived experience employed was 859
- The number of youth employed was 89
- In addition to employees, organizations reported many family members working as contractors and volunteers in their organizations.

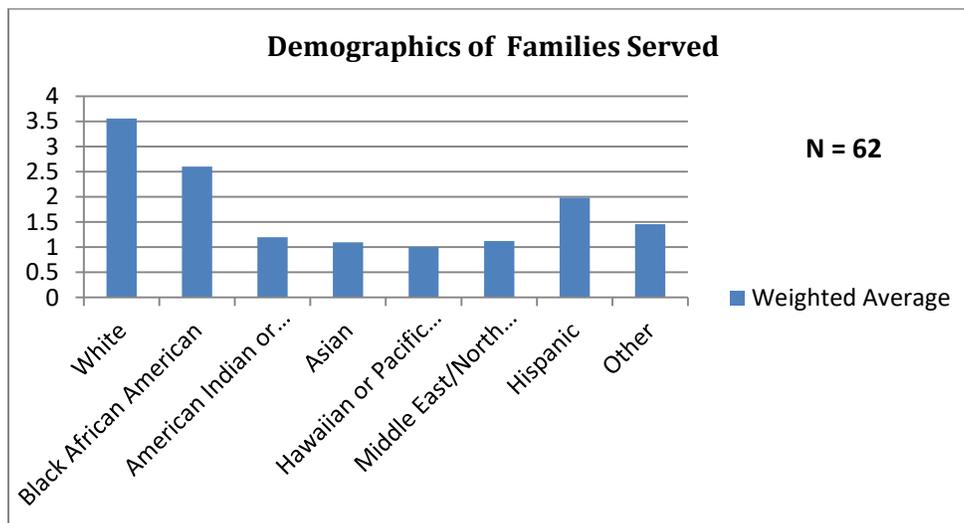
NUMBER OF FAMILIES/YOUTH/PROFESSIONALS SERVED (N = 58)

Family-run organizations are a valuable resource and support for professionals as well as families and youth. Over 17,700 professionals participated in training through a family-run organization.

- 68,520 Parent Peer Support
- 8,870 Youth Support/Participation
- 32,895 Families Trained
- 17,775 Professionals Trained
- **TOTAL SERVED in FY 16 = 128,060**

DEMOGRAPHICS OF FAMILIES SERVED (N = 62)

Family-run organizations are a reflection of the diversity in their communities and states. From employing bi-lingual staff members, making services available in languages other than English, and making accommodations for literacy needs or communication via sign language, the organizations are committed to ensuring families receive services and supports that are relevant for their unique needs, culture, and preferences.



ACCOMMODATIONS FOR LANGUAGE OR LITERACY (N = 51)

- 45 (88%) indicated making accommodations for families’ language or literacy in the services they provide.
- 19 organizations (37%) reported having bi-lingual staff, primarily Spanish speaking. Other languages included Mandarin, Creole and Haitian
- 2 organizations reported services provided in American Sign Language
- 2 organizations indicated that they specifically accommodate families with lower literacy skills
- 8 organizations reported working with translation services to support families that are not English speaking
- 13 organizations reported providing support groups and training in Spanish and materials translated into Spanish

CHILDREN AND FAMILIES OF ALL CHILD-SERVING SYSTEMS (N = 61)

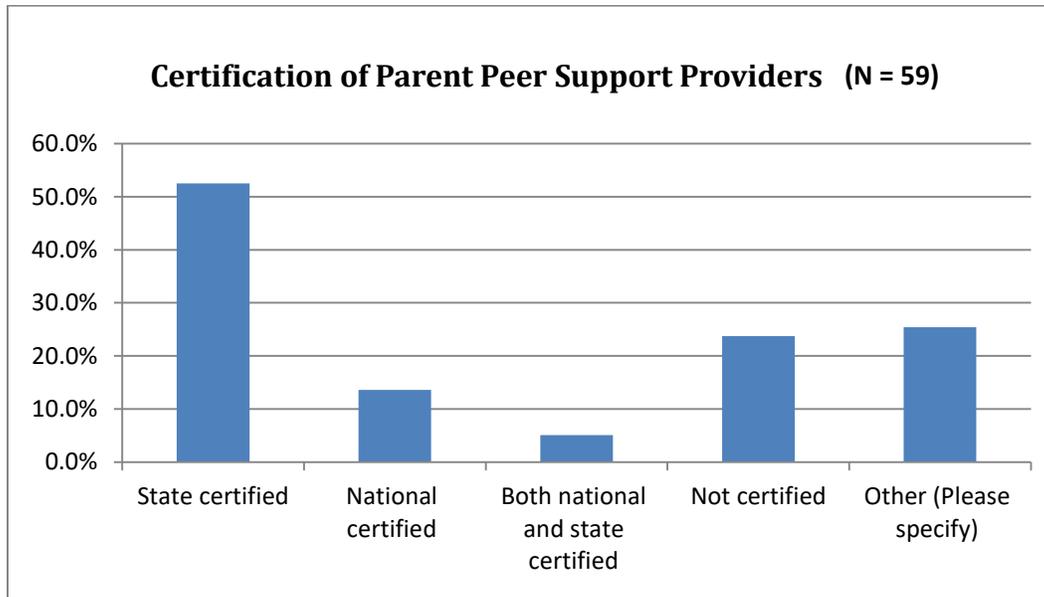
Mental health needs in children can occur at any age, however, 50% of all lifetime cases begin by age 14.¹ As a result, family-run organizations respond by serving children of all ages, with involvement in all child serving systems.

CHILDREN & FAMILIES SERVED	(N = 61)	
	%	#
Pre-school children and their families	82.0%	50
Transition-age youth and their families	95.1%	58
Children/youth in special education and their families	96.7%	59
Children/youth in foster care and their biological families	80.3%	49
Children/youth in foster care and their foster families	82.0%	50
Children/youth involved with juvenile justice and their families	93.4%	57
Children/youth involved with substance use disorders and their families	85.2%	52
Children/youth with intellectual disabilities and their families	77.0%	47
LGBTQ youth or young adults and their families	88.5%	54
Children/youth who are American Indian	41.0%	25
Children/youth from refugee situations	34.4%	21
Children/youth with parents in military service	68.9%	42
Children/youth with medical conditions	70.5%	43

¹ National Institutes of Mental Health www.nimh.org

CERTIFICATION OF PARENT PEER SUPPORT (N = 59)

Many states are requiring that, parent peer support providers become certified in order to bill Medicaid for reimbursement. As a result, many states have developed their own certification process and standards, while other states have opted to use the national certification or both national and state certification. In some cases, states also have specialized certification in intensive parent peer support, such as wraparound.



TYPES OF PARENT PEER SUPPORT PROVIDED (N = 62)

Depending upon the families’ needs, program mandates and funding sources, family-run organizations are providing different levels of parent peer support to families.

	%	#
• Information and referral (phone only)	95%	59
• System navigation (phone and/or face-to-face)	98%	61
• Intensive family support (wraparound, family preservation)	68%	42
• Support groups	82%	51

PARENT PEER SUPPORT PROVIDED IN OTHER SETTINGS (N = 51)

The demand for parent peer support services is growing across systems and family-run organizations are contracting to provide parent peer support to families in a variety of settings.

Parent Peer Support Services Provided in Other Settings (N = 51)		
Answer Options	%	#
Residential treatment facility	31.4%	16
Hospital emergency department	15.7%	8
Psychiatric hospital	27.5%	14
Primary care provider or pediatrician	23.5%	12
Juvenile justice facility or court	51.0%	26
Schools/educational setting	64.7%	33
Child welfare	54.9%	28
Human services/WIC	21.6%	11
Crisis center	19.6%	10

Other settings where parent peer support is provided include: mental health providers, churches, home visiting, and managed care organizations.

SCREENING AND ASSESSMENT TOOLS (N = 37)

Parent peer support providers are using variety of screening and assessment tools to determine a family’s needs and strengths and to measure a family’s progress.

Screening and Assessment Tools (N=37)		
	%	#
EPSDT (Early and Periodic Screening, Diagnosis, & Treatment)	8.11%	3
CANS (Child & Adolescent Needs & Strengths)	29.73%	11
FANS (Family Assessment of Needs & Strengths)	37.84%	14
Parent Empowerment Scale	43.24%	16
TeenScreen	0.00%	0
Adverse Childhood Experiences (ACES)	18.92%	7
Protective Factors Survey	29.73%	11
Caregiver Strain Questionnaire	21.62%	8

Other assessment tools include: Ages and Stages, Targeted Parent Assistance Tool, Pyramid Assessment Tool, Youth Services Survey for Youth, Family Empowerment Scale, Family Journey Assessment, Child and Adolescent Assessment Scale, and the Suicide Behaviors Questionnaire-Revised.

TRAINING PROVIDED (N = 61)

Family-run organizations trained 32,895 families and 17,775 professionals last year. Many organizations certify their staff to train specific curricula such as Mental Health First Aid in addition to developing their own training programs such as leadership and advocacy trainings.

TRAINING PROVIDED	(N = 61)	
	%	#
Training for families	93.4%	57
Training for professionals	78.7%	48
Training for policy makers or administrators	47.5%	29
Parenting classes	59.0%	36
Mental Health First Aid	37.7%	23
Conferences	62.3%	38
Online training (webinars, online courses)	44.3%	27

EVIDENCE-BASED PRACTICES (N = 40)

EBPs have become a focus of attention at the policy and practice levels in children’s mental health as states, policy makers, family members, youth and funders advocate for sound interventions shown to improve outcomes for children, youth, and their families.²

Family-run organizations are beginning to identify and integrate evidence-based practices into their work with families in an attempt to deliver the highest quality, and results oriented support services for those they support. Wraparound is the most common practice using parent peer support as a core of the model.

EVIDENCED-BASED PRACTICES	(N = 40)	
	%	#
High Fidelity Wraparound	70.00%	28
Home TIES (family preservation)	7.50%	3
MST (Multi-Systemic Therapy)	7.50%	3
PCIT (Parent Child Interaction Therapy)	15.00%	6
Incredible Years	7.50%	3
Triple P (Positive Parenting Program)	15.00%	6
Trauma Informed EBP	30.00%	12
Parents Anonymous	20.00%	8

²Lieberman, R., Zubritsky, C., Martinez, K., Massey, O., Fisher, S., Kramer, T., Koch, R., & Obrochta, C. (2010). *Issue brief Using practice-based evidence to complement evidence-based practice in children’s behavioral health*. Atlanta, GA: ICF Macro, Outcomes Roundtable for Children and Families.

PARENTING PROGRAMS (N = 33)

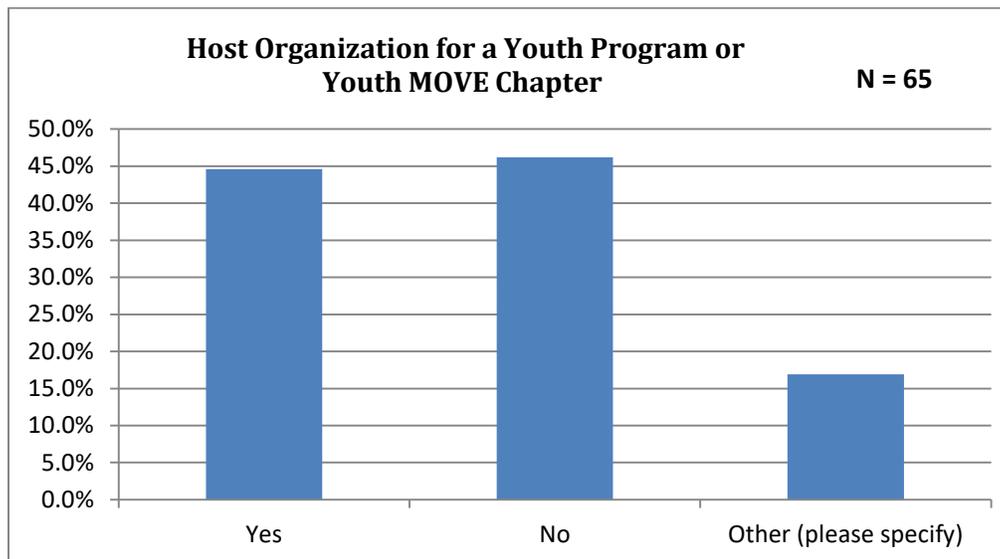
In addition to parent peer support, support groups, and trainings, family-run organizations are also certifying staff to deliver a variety of parenting programs.

PARENTING PROGRAMS (N=33)		
	%	#
Common Sense Parenting	15.15%	5
Nurturing Parenting	30.30%	10
Stewards of Children	3.03%	1
Strengthening Families	42.42%	14
Strengthening Families and Communities	18.18%	6
Active Parenting Now	18.18%	6
Salsa Savor Salud	3.03%	1
Other (please specify)	60.61%	20

Other parenting programs include: Love and Logic, Parenting Skills Workshop Cornell Cooperative Extension, ACT/Parents Raising Safe Kids (APA), Team Up for Families, Beyond Consequences, Parenting Wisely, ABC Parenting, Parenting with Dignity by the Bledsoe Foundation, STEP Parenting Program, De-Escalation Techniques, and Kids for Keeps.

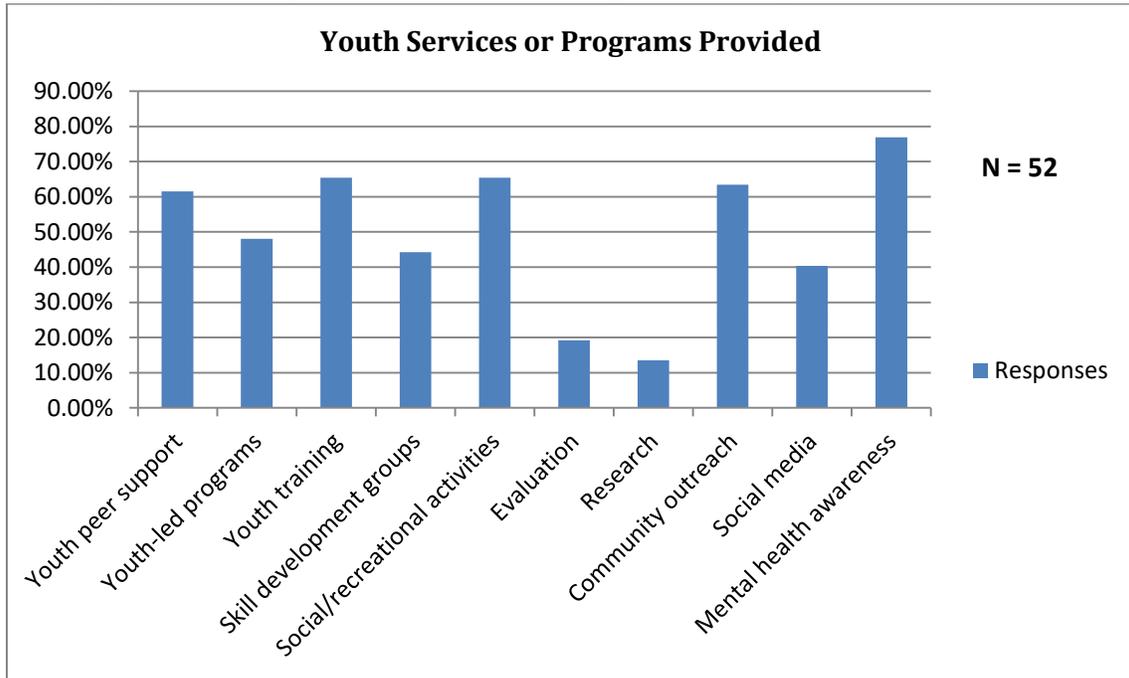
HOSTING A YOUTH MOVE CHAPTER OR YOUTH PROGRAM (N = 65)

About half of the organizations surveyed were host to a youth program or Youth MOVE Chapter.



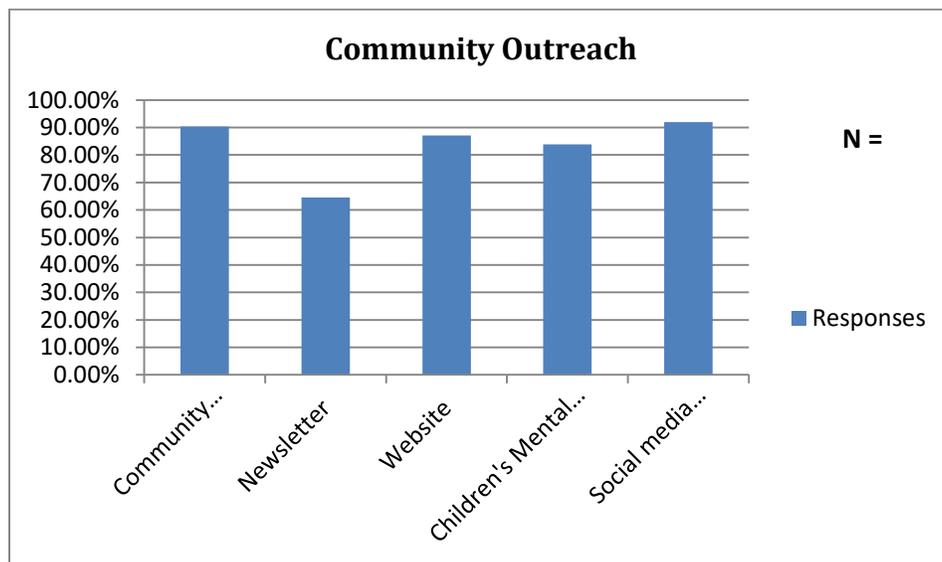
YOUTH SERVICES OR PROGRAMS PROVIDED BY FAMILY-RUN ORGANIZATIONS (N=52)

The number of youth involved in programs including youth peer support, fairs for youth transitioning to adulthood, youth forums, and trainings, was 8,870 youth.



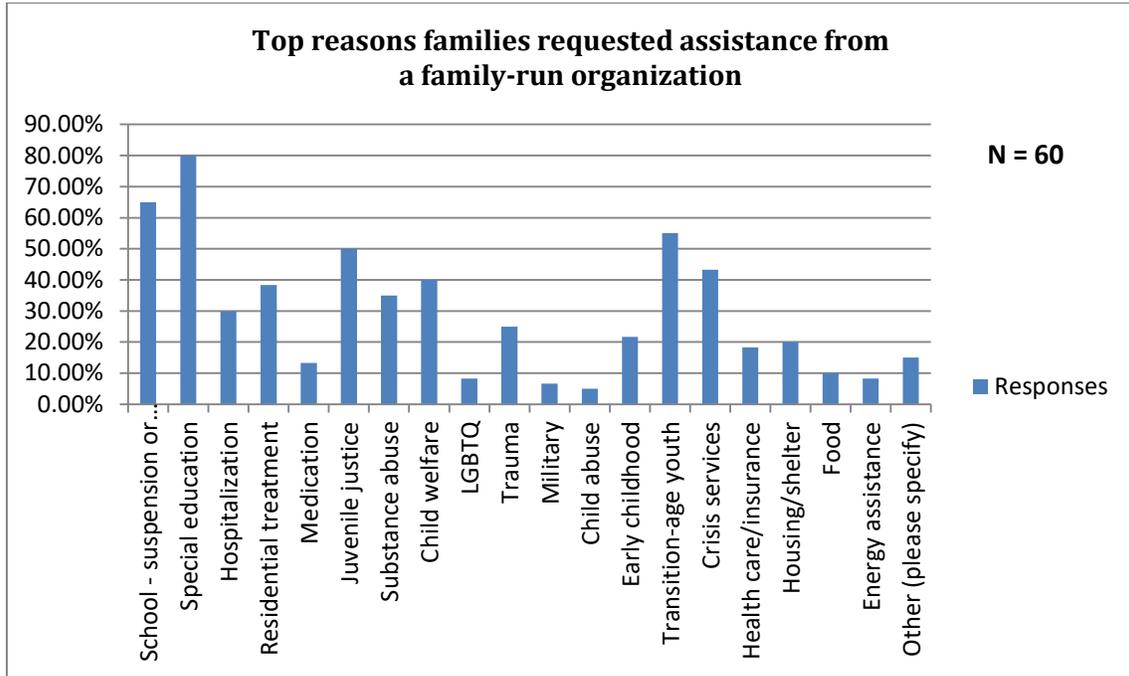
COMMUNITY OUTREACH (N = 62)

When not at a family’s home or at a meeting, family-run organizations are in the community or using technology to reach families. Community outreach raises awareness about children’s mental health, the essential nature of family and youth supports, and the value of peer to peer services that family-run organizations deliver.



TOP FIVE REASONS FAMILIES REQUEST ASSISTANCE FROM A FAMILY-RUN ORGANIZATION

Consistent with the results gathered by the 2014 survey FREDLA conducted, the most frequent reasons that families contact a family-run organization related to school issues, suspension or expulsion and special education. Other responses included youth transitioning to adulthood, juvenile justice, crisis services, and child welfare.



Family-run organization added several additional reasons they are contacted including developmental disabilities and other disabilities, truancy and accessing services.

HIGHLIGHTS

Each family-run organization is amazing in its own right and the survey asked organizations to briefly describe highlights of the previous two years. Each organization's highlights are shared in their own words below. Combined, they present a powerful story of the impact family-run organizations are having on families, states and communities.

Alaska Youth and Family Network

Alaska Youth and Family Network (AYFN) is a family-run, peer-delivered provider of education, advocacy, support, behavioral health, and social services, to Alaskan families. AYFN serves Alaskan families and youth working to achieve recovery, stability, and independence while navigating the challenges of living with a mental illness, emotional or behavioral health care need, substance use disorder, and/or intellectual or developmental disability. 70% of families served by AYFN are concurrently involved with Alaska's child welfare and behavioral health systems. The typical family assisted by AYFN is single parent, under 30 years old, and 3 children under 12. They live below the poverty line, are housing and food insecure, with unreliable transportation. 70% to 80% of the parents and children we serve have a diagnosed mental health or substance use disorder and a significant trauma history. AYFN's family reunification rate is approximately 70%, compared to a system-wide average of around 45%. AYFN is involved in policy development and system change at the state and local level. We participate in over 20 work groups, committees, or boards that shape the services and support Alaskan families receive. We are currently piloting two efforts in child welfare; Parents as Partners, and Families, Infants and Toddlers Court. We are active members of Alaska's Medicaid Redesign/1115 Waiver efforts as part of the policy committee, statewide peer support certification efforts, The Alaskan Peer Support Consortium, The Senior and Disability Services Inter-agency Community Council which recommends and oversees policy for services to the IDD community.

Allegheny Family Network (Pennsylvania)

We work extensively with Child Welfare in our Children, Youth and Families program which is 1.4 million dollars of our current budget. The following is a list of our Child Welfare Programs. Fathers Program: serving fathers with one on one support, encouraging them to maintain a healthy relationship with their children which we know impacts not only the youth positively, but also the community. Court Program: attending court to support families in two Judge's court rooms, positively impacting outcomes for the families, increasing compliance with mandates and changing the perspective of the court staff and Child Welfare Child visitation room in our facility: Designed to create a comfortable home like environment encouraging families to interact, enjoy a meal and bond. Allowing for healthy interactions and consistent visitations which can lead to reunification expeditiously. Supporting families CYF involvement: Families receive one on one support and are encouraged to find their voice, communicate effectively with providers and Child Welfare, assisted with court mandates and provided resources and support to follow through to keep the family intact or regain custody. We have seen many generationally involved families close to CYF and many children returned even after all hope was lost. Supporting CYF case workers: on crisis cases i.e. combative parents, parents with MH concerns, etc. We have enabled case workers to engage families and secure the safety of children or prevented removal while supporting the parent and referring them to one on one support with AFN. All our programs in Child Welfare encourage

families to: effectively communicate with providers, provide a safe environment for their children and remain intact when possible, and advocate appropriately for themselves and aid in system change.

Allies with Families (Utah)

Allies with Families has partnered with the State of Utah Division of Substance Abuse and Mental Health to build a peer support program. We started several years ago with 13 part time positions. We now have 58, mostly full time peer support workers all across the State. Our peer support workers work with all families who are in need of finding services or navigating a difficult and siloed system. We have peer support workers co-located with child welfare, juvenile justice, juvenile court, many schools (all grades), mental health and substance use centers, and mobile crisis teams. They are located across the State in all areas urban, rural and the Utah Navajo Health System in Southern Utah. The peer support workers provided peer support, resource coordination, advocacy, and wraparound facilitation to 1,998 families in FY 2015-16. The State of Utah and Medicaid have approved and certified our training curriculum so that the peer support workers can bill Medicaid through their local mental health authority for their work. Because of our work, Allies (and partners) has become the Wraparound authority in the State. We provide training for our System of Care Case Managers and Family Peer Support workers. We participate on the SOC Advisory Council, State Transition Team, the Developmental Disabilities Council and Utah Behavioral Health Policy and Advisory Council to provide family voice at the state level. We also facilitate the Family Council of Utah that meets once a month to continue to advise the SOC on family matters. We provide community training when asked. We also provide Sibshops for young children 8 - 13 who have a sibling with complex needs. We have 4 of those workshops on a regular basis and have provided a Sibshop for national conferences that come to town.

Creative Partnerships and Trainings for Families (Georgia)

We have been able to train parents in youth mental health first aid that has very helpful for me and the parents who have challenges with young adults. The suicide prevention, QPR (Question. Persuade. Respond), has saved a few lives. People professionals from wrap teams have told me that the QPR training helped them save a life. The nurturing parent helps parents see how their thinking impacts their behavior when they parent. This has helped keep children out of state custody plus it is done 1:1 which helps me and the caregiver learn from one another. The WHAM concept is integrated in our wellness groups and the parents love coming because it's holistic.

DadsMOVE (Washington)

Our organization is primarily a volunteer based organization, due to lack of funding. Our organization has focused on providing an array of training programs, resource information and legislative advocacy. Our work has been limited due to a lack of support from our state for the important work we do.

F.A.C.T. - Family Advocacy and Community Training (Missouri)

By providing Parent Support Services we are able to alter the trajectory of families' engagement with the paid service system. By keeping families from experiencing crisis or dealing with crisis we are able to ultimately save the state dollars in billed Medicaid services. This program is designed to support families with disabilities (mental and developmental) with all their complexity and diversity. We help them maximize their capacity, strengths and unique abilities so they can best support their family member. The end result is nurturing and facilitating the achievement of self-determination, interdependence, productivity, integration and inclusion in all facets of community life for their family members.

Families ASAP/New Mexico Brain Injury Alliance

Our ongoing parent support and advocacy has resulted in many children staying in or returning to school with the supports and services to be successful. Our parent support advocates assist families to make informed decisions regarding behavioral health services and linking them to assessments and services for their children has resulted and children receiving appropriate levels of care. Families receiving advocacy and support from our organization have sought more services and kept their children in services for longer amounts of time. Both child protective services and juvenile justice parole officers and judges have made continuing to work with Families ASAP a continued expectation. Our most common referrals are Child Protective Service, Juvenile Justice, and behavioral health providers. In addition, our on multiple state subcommittees, and task force initiatives and have been invited to participate in the Behavioral Health Service Division's Strategic Planning Committee. In addition our organization is contracted by the state and by the four Managed Care Organization's to conduct the State's mandatory MISHIP survey for our behavioral health block grants.

Family Based Services Association of New Jersey

We provide general peer support with staff that have lived experience raising children with a variety of challenges. Our services are contracted for parents with children in the NJ Childrens' System of Care, but we've developed a small cadre of volunteers who help us with outreach and support for parents having specific difficulties with IEP and school district compliance. One family support partner is now staffing the family waiting room in the court during days the Juvenile judge is hearing cases. That partner offers support, some idea of court procedures and helps families self-refer to the system of care if they are not already receiving care management. We are beginning a pilot project with the crisis unit of the local hospital offering peer contact as a follow up to a youth's admittance to the CCIS unit. Once a parent signs the necessary release forms, a parent partner will contact the parent, when the child is on the unit, and then again about a week after release to check up on the wellbeing of the family and to offer help in connecting the family to community resources.

The Family Café (Florida)

The Family Café has always believed that well-informed people make the best possible decisions for themselves and their loved ones. Our Annual Family Café each June provides the opportunity to put that principle into action. This event, which brings together thousands of Floridians with disabilities and their family members for three plus days of information, training and networking opportunities, connects families with resources, information, and linkages to other families

confronting disability issues. The 19th Annual Family Café in June, 2017 attracted 10,398 attendees. They had more than 200 hour-long breakout sessions to choose from, including a selection of sessions arranged into “tracks” designed to highlight particular subject areas such as advocacy, youth issues, employment, disaster preparedness, military families, adaptive recreation, mental health, financial planning and early childhood (birth through age five). The event also included keynotes on civic engagement, mental health, and self-advocacy, and hosted Florida’s Governor at The 19th Annual Governor’s Summit on Disabilities. Beyond The Annual Family Café, the organization also serves as source of information for individuals with disabilities on an ongoing basis in a number of ways. It provides ongoing information and referral, hosts a series of “Let’s Talk!” legislative conference calls during the state legislative session, publishes an annual Questions & Answers Book resource guide each fall, and promotes youth engagement through its Florida Youth Council program, which hosts an Annual Youth Summit each August.

Families CARE (Nebraska)

Families CARE provides Family Peer Support services to parents who have a child with behavioral or mental health challenges. We also work with parents referred by Child & Family Services due to abuse/neglect allegations. Transitional Age Youth (16-26) who have SED's receive peer support to gain independence and success in life domain areas including employment, education, housing, emotional well-being, and more. Our work with parents who have their own mental or behavioral health challenges has expanded into a Parent Peer Support program where we work with parents to improve their well-being and parenting abilities. Other programs include the Parent Connector Program - where peer support is provided by phone/text contact only during the school year. Community Transition Program is where we work in collaboration with our local Psychiatric hospital providing parent peer support to families accessing emergency room or inpatient stabilization for youth. A resource packet is given to families, providing opportunity to access peer support immediately and through the transition home from the hospital. Crisis Response peer support is a new program where the mobile crisis response units, law enforcement and educators have information about Families CARE and make referrals for families.. Ongoing support groups (in 3 towns monthly) are for families – parents and youth together. We recently hired a staff member to implement and facilitate youth support groups. Peer support can assist families that are struggling and in crisis, and tools learned and supports and resources provided can assist families in a preventative fashion - to avoid higher levels of care, and possibly traumatic hospitalizations and police interventions!

Families Together (New York)

Families Together has been active with the Raise Age Coalition and is a lead member of the steering committee. Last year in partnership with the Correction Association, a Mother’s day legislative day was held for parents to speak out about the challenges that youth experience while being incarcerated in adult prisons. The governor has since moved youth out of adult prison and housed the in a separate facility. FTNYS has worked with adult peers in mental health and substance abuse to bring education to families that are impacted by the opioid addiction. This group has advocated for more education to medical providers. In addition NYS has increased funding for recovery and resiliency oriented programming for individuals in recovery from addiction. FTNYS has trained

more family peer support providers in the Parent Empowerment program and added additional curriculum for the juvenile justice and substance abuse system.

Family Connection of South Carolina

Since 1990, Family Connection has served more than 51,000 families and made more than 35,000 peer-to-peer matches, allowing one-on-one support and navigation for parent's greatest concern. For some, we did a national search if it was a rare or unusual diagnosis or circumstance. Specifically, in 2016 alone, Family Connection provided 3,733 peer-to-peer matches. Of those families, 900 received a home visit. The need continues to grow dramatically. In fact, overall referrals increased 45 percent in the last two years and overall matches increased 65 percent. As of October 1, 2015, Family Connection also serves as the parent center for special education services throughout South Carolina, remaining the point of contact as children transition through the education system, post-secondary education and to adulthood. In this role, Family Connection is already making significant gains toward serving families across the state. Goals have been substantially exceeded. 1. Number of parents attending in-person trainings 1887 2. Number of parents attending virtual trainings 456 3. Number of professionals/others attending in-person trainings 4519 4. Number of students attending in-person trainings 733. We have had parents testify in subcommittee hearings for educational issues and healthcare issues.

Family Involvement Center (Arizona)

The Family Involvement Center has been able develop working partnerships with our Juvenile Justice/Courts and Child Welfare and we are co-located (on site at Juvenile Justice/Courts and at Child Welfare (Department of Child Safety.) For Juvenile Justice/Courts we are at the Maricopa County sites to meet with parents when their youth is first brought in to JJ system, and we work in partnership with Diversion, Probation, Detention and Residential Programs providing parent peer support to help parents navigate the system and make informed decisions and gain new skills in managing their family. The funding for this comes from both an OJJDP Grant and Administrative and Medicaid funds from our MCO in Phoenix areas. For Child Welfare we are co-locate at a few Department of Child Safety sites and there to provide immediate peer parent to support to the parents who have had their children removed by Rapid Response Team. This is occurring in both Phoenix area and in Northern AZ. Some of this work is funded through Medicaid dollars from our MCO contracts and other is Administrative dollars from one MCO in Phoenix Area. Our program in Northern AZ is funded by the MCO for that region with Medicaid dollars. In addition to our much expanded role with the Juvenile Justice and Child Welfare programs we are also very involved as policy and program advisors with FIC staff and also community parent leaders. We are also providing Parent Support Partner staffing to a Medical facility.

Family Support Organization of Burlington County (New Jersey)

In May of 2015 we were awarded a County grant to work within the Juvenile Justice involved families. We have hired three parents of JJ involved youth to work as peer support to other families. We have provided numerous training to the staff on the merits of family involvement and other topics relevant to families. We have also provided support groups and presentations to the families to help them navigate a confusing and often unfamiliar system. Our latest accomplishment is to get a therapy dog in the detention center and eliminate the alpha-numeric system for visitation. All

families A-Z may now visit their child any visitation night. Our goal was to reduce depression, suicidal thoughts and aggression and to support family involvement. We also thought the therapy dog would give the youth a common interest and foster positive relationships. We were right the youth asked many questions about Penelope the therapy pit bull and then told stories about their own pets. We have been so successful the County has tripled our grant since May of 2015. We have also been successful in getting assessments and educational placements for these youth.

Family Support Services (New York)

Family Support Services has a positive impact on the local families. As a result of the services families have had less hospitalization and fewer visits for emergency care services. The services strengthen the family and reduce the need for out of home placement. The services also impact special education services in a very positive way. The children are more likely to get an appropriate education and therefore are more successful. This impacts the families in a very positive way. Families are so much stronger with these services.

Family Ties of Westchester, Inc. (New York)

Family Ties operates 4 community-based, Family Resource Centers across Westchester County, and served over 700 families annually. Through a private foundation grant we operated "Y.O.U University" which allowed 40 transition-age youth with serious emotional and behavioral challenges, to identify their strengths, set goals and plan for their future. Additionally, we nurtured the development of the NYS chapter of Youth Move National, and utilized young adults with lived experience to implement a pilot project which provided on-site youth peer support services for incarcerated minors. Other Positive Youth Development programming included evidenced-based groups for both young men and women. Furthermore, we continued as the lead agent in a three year, NYSED Community School project, partnered with a publicly funded Mental Health agency to provide emotional wellness screenings, and expanded our successful Child Welfare Case Management Program to include caregivers with Substance Use Disorders. During this time, we also completed our final year of a five year, SAMHSA funded, "Project LAUNCH" initiative, which focused on the provision of family support, advocacy and education services to the early childhood population. Finally, throughout this period, we have maintained our strong partnership with our local Departments of Community Mental Health and Social Services and continue to represent the crucial voices of youth and families at the systemic level.

FAVOR (Connecticut)

1) conducted community conversations with 484 family members across the state to provide feedback on the implementation of Connecticut's Children's Mental Health Plan; 2) provided direct peer support to approximately 400 families each year who have children who are struggling with mental and behavioral health challenges; 3) developed and coached parents and caregivers to participate in local and state level policy making efforts to improve children's mental health services in their communities; 4) worked with other family-led organizations to promote improvements in workforce development for family peer supports throughout the state; and 5) conducted outreach and service delivery to over 5,000 families (unduplicated) annually.

Federation of Families of Central Florida Inc.

Our recent programs include respite for parents/caregivers raising a child with an emotional, behavioral or mental health challenge. Respite is provided in the home or offsite to give the caregiver relief and an opportunity to rejuvenate themselves. We have increased our trainings in the community to include: System of Care; Wellness Recovery Action Plan; Peer Support “So Simple Its Overlooked”, Wraparound; Certified Recovery Peer Support Specialist Training, Family Assessment of Needs and Strengths and Child & Adolescent Needs and Strengths. In addition to caregiver peer support, we provide youth peer support to ensure youth living with a mental health diagnosis have a peer to assist them in creating a platform to increase their voice in their treatment plan, education plan and the community.

Federation of Families, Miami-Dade Chapter Inc. (Florida)

FOF's Peer Specialists have been successful in working with families (parents) in the Child Welfare system by keeping them engaged in services required to prevent out of home placement of their children. Honorable Jeri Cohen, Circuit Court Judge of the 11th Judicial Circuit in Miami-Dade County is extremely pleased with their work because they are assisting parents from entering the Dependency and Delinquency Court system.

G.E.A.R. Parent Network (Maine)

1. Addressing need of parents who are returning to their families/communities after incarceration, “Parenting and Care Giving After Prison” a six-session, 12 hour course based on the principles of Restorative Justice, was designed to help parents who may feel anxious about their upcoming family reunification. Using group peer support, having honest discussions and developing strategies for success, the course helped incarcerated parents build skills, confidence and resiliency for greater success now and upon community re-entry.
2. An 18 month pilot project “Bridges to Resiliency” offered Parent-Peer support for up to six months following a crisis evaluation to support/empower families with aftercare planning for youth with behavioral health conditions transitioning from: inpatient/emergency room, short/long term crisis or residential units, foster care and juvenile detention. Parent-peers connected families to natural supports, provided parenting education, ACEs/trauma/resiliency factors and behavioral health/wellness education; and importance of self-care during this crucial juncture in a youth's recovery. Primary goal of Bridges to Resiliency is to decrease emergency room crisis evaluation utilization after receiving parent-peer support/education while promoting behavioral health from a family-centered perspective. Outcomes after twelve months were “0” additional use of crisis services. After 18 months, a total of sixteen families participated, only 2 youth/families had utilized crisis services after parent-peer supports concluded (note: one youth had an additional crisis eval only 8 days after enrollment). Impact to state/communities indicated a cost effectiveness to use of Parent-Peer support/empowerment with 14 of 16 families not needing to utilize ER crisis evaluations, crisis beds or crisis responses services.

Georgia Parent Support Network

GPSN continues to build Federation of Families for Children's Mental Health chapter's state wide. There are now 20 chapters. In the last two years GPSN has worked to support Youth Moves chapters as they begin to spread state wide. Additionally GPSN is a state leader in providing several

kinds of advocacy for families whose youth have mental illness, emotional behaviors and behavioral differences; first: direct advocacy for the family and youth; second: systems advocacy at the local level to educate and advocate for local services and supports; Third: to advocate on a state and national level for parity, reeducation of stigma, and implementation of best and promising practices nationwide for our youth and families.

Kentucky Partnership for Families and Children, Inc.

Kentucky Partnership for Families and Children, Inc.'s (KPFC) mission is to “empower families affected by behavioral health challenges to initiate personal and systems change.” Building an infrastructure for a family-driven and youth-guided system of care requires parent/primary caregivers and youth to have initiated personal change in strengthening their own advocacy and leadership skills. Once personal change is set into motion, the momentum from the parents and youth is unstoppable. Once families and youth understand their power in being catalyst for transforming Kentucky's system of care, their excitement and energy moves forward to strengthen the movement and toward systems change—the change to create a strong, viable, responsive system of care in Kentucky. KPFC's seventeen year history not only includes an expanded family and youth movement infrastructure, but has ignited a momentum of positive change. There is excitement in Kentucky as commissioners from multiple child/family-serving agencies collaborate with parents and youth as real partners to truly create a statewide System of Care. Kentucky Partnership for Families and Children, Inc. will continue to propel towards becoming a sustainable, statewide family organization that supports parents and youth whether they are stepping for the first time into the movement, are currently exploring the movement, or have climbed the mountain within the infrastructure to be leaders, advocates, and peer support specialists. KPFC will continue to blaze the trails, build the bridges, and maintain clear paths for Kentucky's family-driven and youth-guided System of Care.

Keys for Networking (Kansas)

We serve families through a specific model, Targeted Parent Assistance. We provide services to parents in a geographically rural/frontier state through remote technology to help them solve problems and engage more productively with providers and to manage their own children with positive behavior techniques. We maintain contact with them to track the impact of our work on two outcomes: success/participation in school and living at home and staying free of involvement with law enforcement. A partnership with the American Institute for Research demonstrated the effectiveness of Targeted Parent Assistance and the Kids for Keeps training module to keep 2000+ youth home with their families. AIR conducted a two year study of youth returning home from incarceration in state facilities. Ninety-two percent of youth, whose parents received education, information, support from Keys parent peer support specialists, stayed home while a match group of youth whose parents had no contact with Keys had recidivism rates as high as 86%.

Lee and Phillips County Families Moving Toward Excellence (Arkansas)

We have maintained a solid relationship with Freedom for youth and participated in group events with them and local churches. Our funding at this point is almost nonexistent and we rely on volunteers in everything that we do. At one point we were a part of the statewide family network grant from SAMHSA but when the number of grants available nationwide was cut so drastically, it

left a huge void in our ability to stay current and go to meetings and conferences. We are trying to find new funding, because in a southern rural setting, funds are hard to come by.

Long Island Families Together, Inc. (New York)

We have seen the adoption community and youth adopted from foster care and their adoptive families as an underserved population. We run a monthly support group for families and youth, which are both peer led. Our agency recently partnered with a statewide adoption advocacy agency to apply for a grant to provide post adoption services to this population. We have been awarded the grant, and will be starting the service in April 2017. Prior to this time, we have been providing parent training to the parents in our group using the Beyond Consequences model. This model teaches parents the effects trauma has on the developing brains of children, and teaches them ways to help teach their children how to regulate themselves, as the parents also learn ways to keep themselves regulated. This training has been very effective in improving parent/child relationships, and in helping parents view the behaviors of their children through a trauma lens, with increased empathy. Our agency holds an annual legislative breakfast with 160 attendees, and approx. 16 legislative attendees this advocacy event has been well attended by legislators through the years, who express deep appreciation for the opportunity to hear the stories of families and youth firsthand.

Louisiana Federation of Families for Children's Mental Health

LA Federation of Families for Children's Mental Health was able to reach families and caregivers through its family mentoring program, Lunch and Learn training series, online educational webinars and in-person trainings. These programs were aimed to educate, train, consult families, mental health providers, educational institutions and the general public. The information and perspective of these programs reflected the needs and values of families to public policy makers. Also, it increased awareness of the mental health needs of children, youth and their families and decrease stigma and socio-barriers associated with mental health.

Maine Parent Federation

Maine Parent Federation's Family Support Navigator program has become the highest demand program within our agency. Parents are often looking for direct support provided by somebody who has like lived experience and this is the type of support that our FSN program provides. We have been able to provide direct support in navigating ALL the systems of care involved when having a child with a disability. We train our Navigators to make sure that in providing the support to the family they are not doing for the family but rather educating the family on doing for themselves. The goal of this program is to provide rich knowledge so that in the future the family may be able to navigate similar circumstances as their own assertive advocate. The need for this type of parent support is in very high demand and is not something that state agencies are able to provide through case management services. As with all of our programs there is no cost to families nor do families have to qualify through special insurances or state waivers. There only need to be a suspicion of a special healthcare need and a need to be met within that suspicion.

Maryland Coalition of Families

In 2016 we started a new program to provide FPSS and services navigation to families of youth and young adults with a substance use disorder - particularly opioid addictions. We believe that by helping families get their child into SU treatment we are preventing some overdose deaths. In 2016 we successfully advocated that \$4.4 million of the FY17 budget be used to provide augmented community-based services to youth with mental health needs and their families. We believe that providing FPSS has the following benefits: Keeps youth out of high-end placements, including RTCs. Keeps youth in their homes, instead of in foster care. Promotes school success and keeps youth in school, instead of dropping out. Reduces caregiver stress and days missed from work. In short, it saves money. A word regarding our financials - for FY 2017 our revenue increased to \$3.85 million and the sources of revenue significantly changed from FY 2016 - now 70% of our funding comes from the state, 4% comes from federal sources, and another 4% comes from sub-contracting on SOC grants. 17% comes from local grants.

Mental Health Transformation Alliance (MHTA) (Tennessee & Virginia)

We have been integrated as a partner with multiple NE TN programs, providers, schools, and agencies across a 14-county area (NE TN and SW VA). MHTA attends community gatherings such as Town Hall Meetings, trainings, benefit and celebrations throughout the region. In addition, a staff member drops in on provider offices and visits with families in the waiting rooms; providing information, resources and support to families. The MHTA also utilizes Social Media for outreach; regularly posting resources and providing information for families regarding trends in mental health services. MHTA conducted a brief survey to ascertain the needs and challenges within various community families and the providers that serve them and a report that outlined the needs of families and providers and recommendations to respond appropriately and strengthen the system. MHTA has worked within each individual community to identify local leaders within targeted cultural areas, remote mountain towns, and others to facilitate acceptance; ensuring their culture, beliefs, and traditions are honored. We have developed multiple trainings that will be posted on our website. We are implementing a Family Support Facilitator Program to develop Family Support Plans in coordination with their providers and community to ensure families have a written plan that outlines all of their services, needs, and contacts. Finally, in collaboration with the WA County Children's Disaster Strike Force, police departments, fire departments, EMS, and Emergency Management we have trained 29 First Responders as Mental Health First Aid Instructors and are subsequently training all area First Responders (5,000) within two years.

Montgomery County Federation of Families for Children's Mental Health (Maryland)

Our organization has helped families progress on their journey towards self-advocacy and self-efficacy through the acquisition of skills, knowledge, and a network of support and resources. Through our programs, families have learned how to navigate the child and adult serving systems and social service systems. They have accessed services, decreased their stress, increased their coping skills, and improved their independence/self-efficacy. They developed the skills and confidence to independently identify, seek out and access resources that assisted in managing and mitigating their child/youth's behavioral health condition(s), thereby preventing the development of secondary or other chronic conditions, while promoting optimal physical and behavioral health. They increased their capabilities to organize and perform actions required to manage their

challenging circumstances. Families learned strategies to become effective advocates for their own children. The staff worked to ensure that families had a primary decision making role in the care of their own children as well as the policies and procedures governing care for all children. Through its youth group, the organization provided activities for transition-age youth and young adults with emotional, behavioral and/or mental health challenges to learn life skills, provide input on policies and practices, and engage in social and recreational activities. The organization was involved in system advocacy on state and county levels to promote policies, practices, and funding decisions that benefit children and youth with emotional, behavioral and/or mental health challenges and their families.

Mountain State Parent-Child & Adolescent Network (West Virginia)

On the last two years we have reach out to our outline communities to Family Resource Networks. Schools, Health Departments, Mental Health Facilities, Parent Educators Research Centers, DHHR. RESA, Transitional Committee and many more to collaborate and education to be able to reach more families. We set up at Health Fairs, School Events, Youth Expo .Project Aware and the WV Family Conference that we were involved in the planning and set up that reach the four regions of WV. Must important we offer one on one services where parents come in or contact us and we can listen to their needs and hear and feel their frustrations of the barriers they are going through. We are contacted by phone, e-mail, Facebook and even mail. We have our parent support group monthly and a youth involvement every other month. We also have our yearly conference with powerful workshop and training such as Bullying Awareness, Internet Safety, Socially Necessary Services for Biological and Foster Parents, Transitional Services, we offer workshop for all ages. We then offer a follow-up two month later and special workshop on understanding IEP's and 504's. Our conference gives our parent a chance to network with other parents that have already been an overcomer with school systems. We continue to assist our families how to navigate the complex and challenging school and healthcare systems. MSP-CAN is always available to assist families at their school meeting with encouragement and training to help empower them to be the best advocates they can be. We have developed a close Facebook support group to evolve our peer support beyond the one on one personal interactions. We can share our comments without being seen by the public. We post trainings, offer encouragement, provide support and /or referral to necessary services needed for our families.

NAMI South Carolina

Our organization's focus is education of teens, family members and individuals living with mental health conditions. Through our work with teens we are raising awareness of the prevalence rate of mental health conditions in youth by presenting early-onset signs and symptoms and suicide awareness and prevention. We give the youth tools on what to do if they see these signs and symptoms in themselves or a friend. NAMI has a huge focus on education for family members and direct caregivers of those living with mental illness in our NAMI Family-to-Family Course and NAMI Basics Course. We have thousands of individuals and family members that attend our support groups throughout the state. We have several education programs specifically geared to teachers and other child-serving agencies to help them understand the prevalence rate and symptoms of children and youth affected by mental health conditions which include testimonials from young adults that experienced mental health challenges during their school years. Another professional

development program is for providers of mental health services to those living with mental health conditions. All NAMI South Carolina programs and support groups are free and conducted by trained peers.

NAMI Virginia

NAMI Virginia has a strong history of peer led support and advocacy for individuals and their families, our Virginia Family Network strengthen the parent movement within policymakers and at the grassroots level. We have built awareness within state government and have identified many parents to serve in advisory capacities. We partner with our statewide NAMI chapters and other likeminded groups to provide a community level support including parent support groups, parent education courses and educational presentations for youth and childcare professionals. Bridging the policy with the grassroots, we have worked hard to bridge the grassroots and the policy. We are a strong partner for our state System of Care grant recipients and work hard to provide initial and ongoing training for current and emerging Parent Support Providers. We also have an active FB and E-communication following which allows us to reach more parents. Last we offer an annual Leadership Summit for families and youth at no cost with content for new and seasoned parents as well as global issues and trends around the parent movement.

Nebraska Family Support Network

We serve families experiencing Behavioral Health issues with their Children. Referrals come primarily through a statewide helpline. We serve families in Child Welfare who have had their children removes. Referrals come through a lead agency to assist in family engagement. We serve families in Juvenile Justice. We serve on local reform efforts including JDAI.

Nevada PEP

Nevada PEP has provided family to family peer support to families for over 20 years. The support helps families navigate multiple and complex systems to find help for their children with behavioral health needs. As a family driven organization, we serve approximately 500 families a month. The support is key to accessing appropriate services for their children which helps to avoid costly hospitalization and increases the positive outcomes for children. Additionally, Nevada PEP provides the "Family and Youth Voice" to improve systems that support children and families. Nevada PEP continues to partner with the Nevada Division of Child and Family Services in the Nevada System of Care Expansion activities which has a primary goal of expanding access to an appropriate service array. As an example Nevada PEP advocated that Nevada develop Mobile Crisis Response Team to respond to children in crisis in our communities. This program is now up and running a very successful program; and are able to resolve the crisis and divert over 75% youths from having to be hospitalized.

New Jersey Parents Caucus

January 2016– Collaborating with ACLU in reference to special education advocacy and representation for NJ youth tried, sentenced and incarcerated in the adult prison system. Impact Litigation. January 2016– Collaborating with Disability Rights Advocates of NY in reference to class action special education lawsuit and representation for NJ disabled youth who were tried, sentenced and incarcerated in the adult prison system. Impact Litigation. April 2016 NJPC YJI data -

The Relationship Between Mental Health and Solitary Confinement Among Waived Juveniles - presented by Colby Valentine, Long Island University and Emily Restivo, New York Institute Of Technology at the Annual Academy of Criminal Justice Sciences (ACJS) conference in Denver, Colorado. The ACJS is an international association established in 1963 to foster professional and scholarly activities in the field of criminal justice. April 2016 NJPC Executive Director appointed to Executive Committee of the National Juvenile Justice Network. June 2016- Legal resources for youth in prison in New Jersey: Prison Policy Initiative - /www.prisonpolicy.org/resources/legal/NJ/ January 2017 -Impact Litigation: Participated with ACLU & Disability Rights Advocates suing the NJDOC for lack of special education services provided to incarcerated youth with mental health disabilities.

North Carolina Families United

There have been many things North Carolina Families United has been able to accomplish with our funding over the years to create a foundation of support for families and youth. These accomplishments have created a change in culture for family and youth driven voice and services. Below are some of the highlights:

- Train over 30 Family Partners per year as new Family Partner Peer Support
- Partner with the state to include a Medicaid Waiver service Definition for Family and Youth Peer Support
- Partner on the SOC Expansion grant for SAMHSA at all levels of work from Administration and policy to direct service
- Train and Recruit Youth Move NC Members
- Serve 24 transition age youth with direct RENEW Care Coordination
- Serve on 18 various state policy boards and committees
- Co-chair the NC Collaborative for Children, Youth and Families
- Co-Chair local collaborative for SOC
- Train SOC, Family Involvement, Family Driven Care, and other relevant trainings that support family and youth voice and choice.

Oregon Family Support Network

OFSN has been involved in the following activities over the past two years 1. Service Expansion - Adding services and supports around the state, where they have not previously existed - including those families and youth living in rural, tribal, Latino, and economically depressed regions within the state. 2. Infrastructure Development - OFSN's services and programs have expanded significantly over the past three years, however its infrastructure has not been able to expand at a rate that is needed to continue to support communities that either do not have family peer supports in place, or those that lack an infrastructure to do so. 3. New Service Delivery Models - OFSN is moving into new service opportunities with the development of a) Emergency Department Diversion project which is beginning to address the issue of children and youth being boarded in hospital emergency rooms - waiting either for an inpatient hospital bed, or to be connected to intensive treatment services and family peer support; and b) expansion of family peer support in pediatric and primary care settings for children, youth experiencing serious mental, behavioral, and emotional health challenges. 4. OFSN is a partner with Oregon's Suicide Prevention Alliance, whose role is to implement a broad range of recommendations to address the problem of youth suicide

around the state. Oregon has experienced on the highest rates of youth and young adult suicides across the country.

Parent Advocacy Connection/ NAMI Ohio

Parent Advocacy Connection is a program administered by NAMI Ohio which is a family run organization. They also house the Youth Move Ohio program. PAC is parent run, and all of our volunteers and paid staff have lived experience. We are used by parents whose children have multi-needs. We train parents. We have parents at every state committee that involves family and youth. We have partnered with at least one family in 41 out of the 88 counties in the last two years. We have done statewide trainings on Why parents need to be at the table. We have a new web based data collection system that went statewide on October 1, 2017. We often partner with the Youth Move Ohio Youth to do presentations at state conferences.

Parent/Professional Advocacy League (Massachusetts)

Our programs have both expanded and become more targeted in their focus. As families have identified areas of concern, we have expanded to meet them. We have also worked to ensure that the services offered were targeted to their specific needs -- not a generic support or referral. One of these areas was to provide support and advocacy to families whose children are justice involved, helping them find alternatives so their children do not end up in court again. As some programs have expanded, the need for parent skill building and advocacy have not kept pace. We have helped parents gain specific skills -- how to articulate their needs and successes, for instance -- so that they are better able to support their child over time. We have developed specific training for parents to develop skills such as "Mental Health and the IEP," as well as one to one coaching. We have also done advocacy with insurers, with schools and with specific provider agencies so that families can access needed supports and treatment far sooner. We use a collaborative advocacy approach as often as possible and teach those skills to parents so they will have more success in the future.

Parent Support Network of Rhode Island

Parent Support Network has three major programs: Peer Direct Services - parent peer support, young adult peer recovery specialists, adult peer recovery specialists working across education, mental health, substance use, child welfare, juvenile justice, and all social services including working with homeless population. Contract with state agencies Department of Children, Youth, and Families (state general funds/title IVB, and MH Block grant), Department of Education (state general, Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (MH Block Grant). We are the lead training entity for parent peer providers and adult peer recovery specialists-integrated mental health and substance use. Family & Youth Leadership - recruitment of families to participate on state and local policy boards and to become effective advocates - ongoing advocacy and leadership training opportunities - educating policy makers and communities. This includes partnering on the SAMHSA State Expansion Grant, SAMHSA Now is the Time Youth Transition grant- first psychosis and mental health, and SAMHSA State Youth Treatment Planning Grant- resulting in a 3 year strategic plan for building family and youth coalitions and Youth MOVE RI Chapter with its own strategic plan. State Prevent Child Abuse RI Chapter - Just recently launched and working with our state on prevention Evidence Based Teen Outreach Program (TOP)

implementing with contract with our Department of Health and working in predominantly Spanish speaking community and school system in Central Falls, RI

Parents, Let's Unite for Kids, Inc. (Montana)

PLUK has gained knowledge and influence within all systems providing services to families and children. PLUK is expanding and organizing a statewide community of families and providers who want to work on system change and improvement by emphasizing the elements of effective programs - parents as equal partners, interventions tailored to meet needs, integrating services, opportunities to interact with peers, addressing trauma, making programs culturally relevant, and involving fathers.

PRO-Parents of South Carolina

The largest impact of PRO-Parents in the state has been in our ability to reach families where they are with information and assistance related to special education and appropriate services. For over 25 years we have been and continue to be the go-to agency for quality expertise in special education and related services and advocacy strategies. PRO-Parents is the only agency that crosses all disabilities with information, training and referral including working with families who are seeking a diagnosis. No other South Carolina agency provides the depth and scope of training and education related to public agency that PRO-Parents provides.

Reestablishing the Village (Georgia)

Reestablishing the Village is a family run organization that educates empowers and support families of children with mental health challenges and their families our mission is to save lives education and freedom of our youth by intervention /prevention of our children falling victims to the school o prison pipeline we have taken a parent leadership training with Gwinnett Stop and attended many conferences with systems of care and the National Federation for children's mental health we diligently on a consistent basis seek and attend trainings that offer continued education on mental health.

South Florida Wellness Network

For the last 2 years South Florida Wellness Network (we have a Youth Move Chapter and a Federation of Families chapter-Broward County, South Florida) has been providing services to families and youth in the community. We have been able to have active community participation in meetings and advocacy. We have provided support, linkage and community resources to families and youth. We have provided trainings like WRAP, Mental Health First Aid, Team Up for your Child and Active Parenting raising awareness in the community on Mental Health and Substance Abuse.

Tennessee Voices for Children

We have focused effort on increasing family support/peer support services. We were proud to partner with two private foundations for advocacy work on increasing the use of FSS on the children's mental health system. This allowed us to impact the use of FSS in our state. We do have concerns about the use of FSS in organizations that are not family run so we have increased our capacity to support those organizations.

We have contracts with all of our MCOs and have become CARF accredited this year.

Texas Federation of Families for Children's Mental Health

16 years of music festival promoting children's mental health awareness. We assisted military children access residential in a never approved school environment rather than hospital. First time in the history of Tri Care. Secured intensive training for children with dangerous behaviors on two school districts. Provided Suicide awareness training. Actively implementing school centered substance use initiatives with the AROSC. Provided IDEA training to Child Welfare 37 foster families. Provided legislative training to 13 families. Provided. Participated with LGBTQ youth conference planning. IDEA brief at Fort Hood Army Base. Supported mediation with military family. Serve on SOC advisory committees at State and County level.

Total Family Care Coalition (District of Columbia)

Our organization provide 3,000 summer breakfast/lunch to children during our summer program. One young adult enrolled into the Army, three homeless youth enrolled in independent living program, a teen mother of two small children graduated from high school and now is working two part time jobs. Two young boys participated in weekend grief camp, and two teen mothers are learning to raise their young babies along.

UPLIFT (Wyoming)

Decreasing funding for prevention activities and family support and advocacy at the state level (from the Wyoming Department of Health and the Wyoming Department of Family Services) has resulted in the necessity of increasing our Medicaid-reimbursable services. Magellan took over as the Care Management Entity for High Fidelity Wraparound Services in May of 2015. This has resulted in more streamlined training and better credentialing standards. We have adequate reimbursement rates for Family Care Coordinators and Family Support Partner roles. Family Support Specialists carry a partial Magellan caseload of the most at-risk children and then serve additional lower-risk families with Statewide Family Network funding and unrestricted Medicaid dollars.

Wisconsin Family Ties, Inc.

Wisconsin Family Ties continued to provide individualized support and advocacy to families as they navigated various service systems. On average, the organization served 142 families per month; our intake line averaged 24 contacts per month. For the year, WFT staff supported families at 400 IEP meetings, 39 court hearings, and 551 wraparound team meetings.

On the policy front, Wisconsin Family Ties collaborated with two other organizations to produce Miles to Go: Seclusion & Restraint in Wisconsin Public School Districts. The report revealed that seclusion and restraint continues at a high rate in our schools, mostly affects children with disabilities, and is more prevalent in elementary settings. The report made 11 recommendations to improve Wisconsin's statute governing the use of seclusion and restraint.

Wisconsin Family Ties trained families and child-serving professionals on more humane, effective ways to work with children who have social, emotional or behavioral challenges. Overall, we conducted 30 training events during the year, attended by 1,855. The Children Come First Conference, with 570 attendees, featured three keynote speakers, 50 workshops, and first-person

stories from four Wisconsin youth. Evaluations revealed that 96% agreed that the conference was effective in raising awareness of key children's mental health issues.

WFT disseminated information at 20 outreach and awareness activities during the year. Over 1,400 participated in social & recreational events, including 1,076 who attended WFT's 22nd annual Family Fun Day. WFT staff participated in town hall meetings in 10 Wisconsin communities as part of panels responding to issues raised in a 21-part newspaper series on children's mental health.