

Step 6: Report Your PHDS-PLUS Findings to Stimulate System Change

Sharing information from the PHDS-PLUS can help you launch or strengthen partnerships and efforts to improve services, policies, and programs for children, youth, and families. Information from the PHDS-PLUS can be helpful in creating a shared understanding about the health and health care needs of young children and their families and can be used to motivate stakeholders to work together.

There are three steps to begin using your PHDS-PLUS data findings to inform, motivate, and engage partners in improving services, policies, or programs for children, youth, and families:

6.1 WHO

Identify and learn about the audiences that play important roles in achieving your goals for evaluating and/or improving services, policies, or programs.

6.2 WHY and WHAT

Select information from the PHDS-PLUS that will be of interest to each potential partner, person, or organization you want to engage or influence.

6.3 WHERE, WHEN, and HOW

Decide the best way to present this information—what format to use and when, where, and how to disseminate your findings.

Exercises, guidelines, and tips you or your team can use for each of these steps are suggested below. Specific examples of reports of PHDS-PLUS findings are included in Appendices 4–7.

STEP 6.1: WHO: Identify and learn about your key audiences



WHAT IS THE PURPOSE OF THIS STEP?

In this step you will:

- Learn about each of your key audiences
- Get feedback on your plans for communicating PHDS-PLUS findings to each audience



GUIDELINES AND ISSUES TO CONSIDER

Learning more about your audience makes your project more successful by ensuring that the resources invested in the project are utilized most effectively. During the project conceptualization and planning phase, you identified your primary as well as any secondary audiences for reporting your PHDS-PLUS findings and began thinking about the characteristics of these audiences and their health information needs. You may have answered the following questions during this process:

- What format for communicating findings do they prefer?
- What other information do they need to help them understand and find your PHDS-PLUS results credible?
- Do they need support to help them use the information?
- How do they receive other health-related information?
- What are the best ways to reach them?
- When are they most receptive to this type of information?
- Will they trust the information?

If you could not answer these questions, how can you find out more about your audience? You may want to consider conducting some research about your audience to learn more about them. You can use this information to make sure your quality report is relevant and useful. We suggest you do the following:

Go directly to the source. One of the best ways to learn more about your audience is to talk with members of it directly. This can be done either by interviews, focus groups, or even a small survey. The benefit of interviews and focus

groups is that you can modify your questions based on their responses. Be sure to document what you learn from your audience and how it impacts the development of your report.

Contact groups or organizations that may already know your audience.

There may be groups or organizations that function as intermediaries for your audience. They would know a great deal about your audience and could most likely answer any questions you may have. In addition, they may have existing channels that you want to consider for audience research, dissemination, and marketing of the final report. Examples of intermediaries include consumer advocacy groups, employer business coalitions for employers, and professional provider organizations.

Consider similar information that your audience may already receive.

Perhaps similar information is already being distributed to your audience. For example, parents may already receive information about all children rather than just young children, who are the focus of the PHDS-PLUS. Think about what information is contained in these reports. Who sponsors that report and how was the report disseminated? What is the message that is conveyed by the report? Does the audience trust the information? What does the audience do with the information? You may not have the resources necessary to conduct your own audience research, so options such as this one that require less effort may be very helpful in understanding your audience and their health information environment.



STEP 6.2: WHY and WHAT: Select your primary purpose and key information to include in your PHDS-PLUS reports



WHAT IS THE PURPOSE OF THIS STEP?

The purpose of this step is to specify what information is available in the PHDS-PLUS that your key stakeholders would find valuable.

In this step you will:

- Specify what information to include in your PHDS-PLUS reports
- Consider specific issues and guidelines for communicating with different audiences for different purposes



GUIDELINES AND ISSUES TO CONSIDER

Your PHDS-PLUS report will contain both PHDS-PLUS results and background or contextual information that readers will need to understand the report. When deciding what information to include, consider what messages you want your report to convey. In other words, what do you want your audience to learn from this information and what do you want them to do with the information?

Based on some of the reporting principles discussed throughout this manual, audience-specific suggestions and guidelines for content to include in your PHDS-PLUS reports are listed below. These are merely suggestions; your actual content should be tested with each audience. It is important to remember that research in the area of quality reporting is still in its infancy. There is no right answer or one single formula for creating an effective report. These guidelines can give you a good starting point.

Tips for communicating with government agencies for federal and/or state reporting

Requirements for federal and state reporting are typically set by the agency requesting the information. Usually, they will require a special form (e.g., HCFA Form 416) or a particular format (e.g., record layout for electronic reporting). If a specific format or form is not specified, follow the directions given by the agency and keep the report as simple as possible.

- **Use the PHDS-PLUS results to complement federal and state reporting requirements**

The PHDS-PLUS contains more detailed information than what is generally required in most governmental reporting. Thus, the PHDS-PLUS results can be used to expand on the information provided by those mandatory reports. In addition, the PHDS-PLUS captures parental preferences about whether informational needs were met about specific topics.

As a case example, one state decided to assess Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) visits by comparing the information gleaned through a chart review with parent-reported information provided by the PHDS-PLUS. Since this state was already reporting EPSDT findings to health care providers, where possible they also included the PHDS-PLUS findings in that report. Focus groups with providers determined that this approach increased the relevancy and usability of the reports.

- **Use the PHDS-PLUS quality measures for an overall snapshot of care**

In most cases, federal and state reporting requirements stipulate that measures must answer whether recommended and eligible services are received. They should address broad aspects of care and are intended to provide an overall picture of quality and performance. Therefore, for general federal and state reporting the overall mean Quality Scores from the PHDS-PLUS quality measures are most appropriate.

Review the ways you can score the Overall Quality Summary Measures presented in Section 5. You might consider reporting the percent of children who received all aspects of recommended preventive care. In other words, rather than reporting the average score as with the quality measures, you would report the percentage of children who received each one of the recommended aspects of preventive care.

- **Spotlight specific items that are hot issues for state legislation**

Many of the individual items and/or areas included in the PHDS-PLUS are useful to report if your state has a specific topical focus for which an item-specific measure would be of interest (e.g., car seat use, reading, *Healthy People 2010* goals such as smoking).

Tips for communicating with purchasers for value-based purchasing and contracting decisions

To date, users of the PHDS-PLUS have used the survey to compare different entities and/or to inform improvements. The PHDS-PLUS measures have been shown to differentiate between quality of care provided at a health plan, medical group, office, and health care provider level.

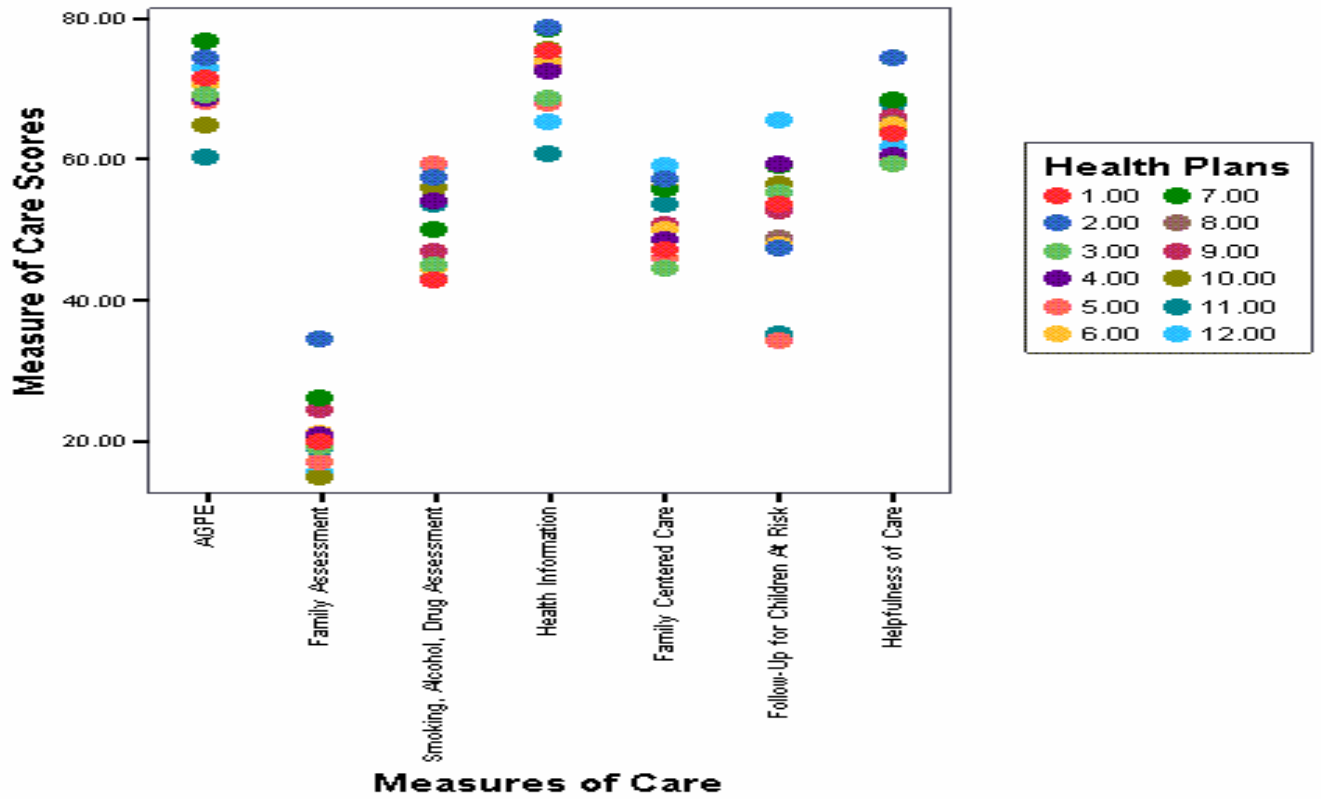
- **Compare quality of care**

Because this information will be used for comparison, displaying the results side-by-side for easier evaluation is most useful for purchasers. One way to present comparative information on the quality measures across health plans is shown in Figure 6.1. Not only does the picture show which quality measures need the greatest improvement, but it also displays the relative performance of each of the health plans. Notice that no one health plan does the best in every single category, which leaves room for targeted improvement.

- **Present results using a layered approach**

Purchasers use a multitude of information when making contracting decisions, so a layered approach is often suggested when preparing these types of reports. The first “layer” should provide a summary of aggregated results that can be reviewed quickly. Since purchasers can be more technically savvy in terms of health-related information, a table comparing the quality measures scores by plan might work best. In addition, we recommend stratifying the measures by key groups to demonstrate variations in the level of quality care. For example, it is often useful to stratify the findings by the age of the child. In general, younger children tend to score higher on the quality measures than older children. The subsequent layers can provide more detailed information on specific, targeted topics.

Figure 6.1. Comparison of Quality Measures Across Health Plans



Tips for Communicating Findings to Frontline Health Care Providers

- Show comparative data to “pull them in” and give them a sense of overall findings
- Findings can be compared with benchmark data or state-level findings
- Explain how measures of care are scored
- Provide item-level findings, shown by categories
- Provide background information, links to additional resources
- Provide contact information to address questions
- Disseminate during in-person meetings prior to faxing or mailing results
- Findings cover letter should come from someone they recognize and trust

Frontline health care providers will find the PHDS-PLUS results useful for quality improvement purposes. To ensure that the information you provide is most useful and most likely to have the intended effect, use the guidelines below when reporting for quality improvement purposes.

- **Show aspects of care correlated with higher quality measure scores**
- **Report both Quality Measure–level and item-level findings**
When reporting the PHDS-PLUS results for quality improvement, you should report the Quality Measure–level findings that “send signals” about the performance in each domain of care (i.e., Quality Measures) as well as the item-level, actionable information that gives health care providers information about specific aspects of care.
- **Link findings to health behaviors and other quality indicators**
To reinforce the validity of your results and emphasize the importance, it is helpful to link your findings to issues surrounding the health of young children, such as child’s risk of developmental, social, or behavioral delays as well as correlates of higher quality, such as having a personal doctor or nurse.
- **Compare information to national benchmarks, such as the National Survey of Early Childhood Health (NSECH)**
- **Increase your chances that the quality feedback you provide will be accepted, trusted, and acted upon**

Since the PHDS-PLUS results are providing feedback on performance, be prepared for resistance from this audience. No one likes to be told, especially in a public document, that his/her performance is less than adequate. There are several steps you can take to ensure that your data collection efforts will have an impact:

- ✓ **Highlight areas where high-quality care was found, as well as areas for improvement.**
- ✓ **Include a description of your methodology in addition to an explanation of what the PHDS-PLUS results can and cannot tell you.**
- ✓ **Remind the audience that the PHDS-PLUS Quality Measures simply measure aspects of the most highly respected national guidelines.**

Tips for Communicating Finding to Parents of Children

- Use a child-centric format (pictures, graphics)
- Use many text boxes, break out the information into smaller portions
- Explain why the findings presented are important and the role that the parent can have in improving their child's health care
- Provide item-level findings and specific tips for what parents can do to improve their child's health care
- Build parents' expectations by informing them about what they can and should expect
- Provide a chart that shows quality of care findings to a benchmark
- Provide links to additional resources
- Provide contact information for questions

Results from the PHDS-PLUS should be reported to the consumer, or parent, for two primary reasons: 1) to help parents make more informed choices about their child's health care, and 2) to empower and educate the parent on the type of care and service they should expect from the health care system. How the information from the PHDS-PLUS should be presented to parents can be very different depending on the purpose. Use the tips in this section to help create your consumer reports.

Communicating with parents to help them select health care plans or providers

- **Provide comparative information**

If the report is intended to provide consumers with information to make more informed health care decisions, then a data display that facilitates comparison is useful. Also, due to different cognitive abilities, consumers may need assistance with interpreting several pieces of information to inform their decision. It is very challenging to process pieces of information, such as results from several measures, and make a decision.

- **Layer information to account for all types of consumers and to make the results easier to interpret**

Since everyone has different health information needs and experiences with the health care system, there is no “average” consumer. Consequently, creating a report for one subgroup of this audience will likely make the report less effective for another subgroup. Also, different groups of people

put more or less value on different aspects of quality care. Thus, layering information is probably your best strategy for creating a report that different consumers will find useful. This allows those who are not interested in a lot of detail the opportunity to glean the necessary information from the report very quickly. Parents can choose to focus on those aspects of care that resonate most with them.

- **Provide some background information on quality measurement to help consumers understand the information presented**

The general public may have little or no knowledge of health care and how quality is measured. Also, parents may be skeptical of the source of the information. Therefore, significant background information will be necessary to help them understand the information and why it is important to them.

Background information includes descriptions and definitions of:

- Why measuring health care quality is important
- Which aspect of health care quality you are addressing in the report (e.g., health plans, providers)

ADDITIONAL TIPS FOR CREATING CONSUMER REPORTS:

- Conserve white space. White space makes the document appear more manageable to consumers at first glance. Too little white space can be overwhelming.
- Be concise—minimize text when possible. While background and context are important, presenting the text in a clear, concise way can significantly affect the overall length of the report.
- Use bullets and lists when possible. Lists are easier to read and process as compared with paragraph text. Moreover, bullets and lists result in more white space.

- The PHDS-PLUS and why consumer assessments are important to understanding health care quality
 - The source of the PHDS-PLUS information and/or who sponsored the survey
 - What the PHDS-PLUS results can tell you and how to use the information
- **Consult with your audience to see if the information is easily understood**

Testing of your report is critical to ensure the audience understands the information and uses it in the way you intended. Refer to the subsection (at the end of Task Q: Presenting Your Results) on using graphical ways to help readers understand comparative information below for more suggestions and caveats for creating your report.

Communicating with parents to educate and empower them as partners

PHDS-PLUS results also can be used to inform and strengthen existing relationships, especially parents' relationships with providers. The results can be used to educate parents regarding what they can and should expect during a visit to their child's doctor or other health care provider. Since this information is being used to empower the parent, you should also include reminders that they are partners in their child's health care and should expect family-centered care from their child's providers.

- **Avoid comparative information, but do include a "gold standard"**

Since parents aren't making a choice about their child's health care, comparative information is generally not useful and can interfere with the message you are trying to convey. Instead, present details on the care that parents should expect from their child's health care providers and demonstrate how close those providers are to the goal.
- **Avoid complex tables and charts**

The majority of parents aren't versed in reading and interpreting data tables and charts, so they should be avoided. Often a simple bar chart showing how close the doctor is to some standard or goal can be a very effective way to present results.
- **Present both positive and negative information**

Parents want to see a balance of what their child's doctor is doing right, as well as the areas where he or she could improve. Focusing only on the negative may make the parent feel overwhelmed or helpless. Using a mixture of positive and negative indicators when presenting the results helps them feel good about the

care their child is receiving and also helps the parent to set goals in certain areas.

- **Highlight which aspects of care can be improved**

Present results in terms of what action can be taken. Is there a list of questions or checklist the parent can bring to the next visit?



STEP 6.3: WHERE, WHEN, HOW: Decide the best way to present your PHDS-PLUS information



WHAT IS THE PURPOSE OF THIS STEP?

In this step you will:

- Design your PHDS-PLUS reports
- Develop and implement a plan for disseminating your PHDS-PLUS reports



GUIDELINES AND ISSUES TO CONSIDER

To ensure that your data from the PHDS-PLUS is relevant and meaningful they must:

- 1) Be communicated and presented in way that is understandable and useful to each stakeholder
- 2) Inform and guide actions that can be taken by each stakeholder to address the issues you present

Now that you have identified key partners or audiences in Step 1 and the PHDS-PLUS data findings you want to share with them in Step 2, you are ready to begin to design your PHDS-PLUS findings reports and plan for dissemination.

An example workshop is provided below to help your team brainstorm the type, format, content, and dissemination of a report to each key audience. Keep in mind that you can also consider integrating other data to which you have access using the worksheet on the following page. This worksheet asks you to consider the following for each communication to each stakeholder:

Example 6.1: Worksheet to design your reports on your PHDS-PLUS data findings

Your Audience/Stakeholder: _____	
Individual topics or measures from the PHDS-PLUS to include	1. 2. 3.
Relevant subgroup of children and youth and geographic comparison areas for each PHDS-PLUS topic or measure	1. 2. 3.
Other data to include and source of this data	1. 2.
Background information and key points to make to establish relevance of your PHDS-PLUS data findings for your audience	1. 2. 3.
Tone of the communication (e.g., motivate through emphasizing the negative vs. positive; emphasize the gaps/needs vs. what can be done)	1. 2. 3
Format and length (e.g., one-page summary, PowerPoint presentation)	1. 2. 3
Explanation of data source and validity of findings required	1. 2. 3
Actions you want them to take and resources you want them to know about (e.g., come to our meeting, go to our Web site, tell your doctor)	1. 2. 3
Dissemination and follow-up strategy (e.g., e-mail with phone follow-up)	1. 2. 3

Decide on a Format

How you deliver your message can be as important as what you have to say. Two commonly used formats for reports include the following:

1. Written reports/materials. Written reports can be brief, such as a pamphlet or brochure, or lengthier, such as booklet or binder. If a written report is the format you choose, consider any logistical requirements that you may have such as reproduction costs, size (Does it have to fit a certain size envelope for mailing?), weight (Are you limited by weight in terms of postage costs?), number of pages, binding, etc.

2. Web-based reports are becoming more popular. One advantage to Web-based reports is that the reports can be easily tailored to specific users. One disadvantage of Web-based reports is that they will only be available to those with access to the Internet.

Determine your Dissemination Strategy

One of the most important factors in the overall success of your survey effort is your ability to “tell a story” through interpretation and dissemination of the data. If your audience never receives the data, they cannot use them! How, where, and when are all important questions you need to consider when planning the dissemination. Here are some ways in which you may want to think about dissemination of a data report.

In-Person Meetings – In-person meetings are an extremely valuable way to provide information. In-person meetings allow you to connect eye-to-eye with audiences and provide a larger context about the report findings and how they may be valuable.

Mail – Mail can be an effective way to reach each member of your audience as long as you have reliable mailing addresses. Include an introductory letter from someone they trust.

Listserves and Web site Postings – Increasingly, materials are being disseminated electronically. By distributing information through a listserv or Web site, you may allow many others to disseminate your information. Be sure that it is posted in a secure format.

Fax – Fax can be an effective way to reach each member of your audience as long as you have reliable fax numbers. Some focus groups and interviews have

shown that health care providers are more likely to read information when it is faxed as opposed to when it is mailed to their busy offices.

Intermediaries – Think about intermediaries that could disseminate this information for you. Are there other family or professional groups or organizations through which you could reach your desired audience? Consider the influence that the intermediary may have on your audience in disseminating the report.

Public Availability – Making the report available for the public to request or access through public places, such as a local library, is an option. This is a good way to provide additional copies once the initial distribution has been conducted.

No one method is most effective. The key to successfully disseminating your report is to make sure you are reaching your audience where and when they need it. Regardless of the how you disseminate the report, it is important to indicate where readers can go if they have questions. This could be a phone number, a Web site, or other information source.



Quick-Guide Summary of Tips for Effective Presentation of Data

As noted throughout this section, data from the PHDS-PLUS are not relevant and meaningful unless they are communicated and presented in a way that is understandable and useful to each audience. Presenting technical information about health care quality can be challenging for several reasons. First, this information typically involves statistical methods that may be difficult to describe. Second, how well your audience will understand the results and how the results were calculated may vary tremendously. Finally, you most likely have a lot of information to choose from when deciding which measures and results should be included in your report. Including too little can be a missed opportunity to communicate quality to your audience; however, including too much can be overwhelming to your audience. A summary of general suggestions for how to make the PHDS-PLUS information you present manageable are listed below.

Quick-Guide Summary List of Tips

- Tailor the presentation to the audience and purpose
- Provide background information on the data you use—who is the data about?
- Include pictures, graphics, quotes, or stories that connect the findings to real people
- Break out the information in text boxes to make it more digestible
- Keep it brief

- Give an overall picture, and then target specific findings
- Display the data in the most meaningful ways, e.g., 20% of households or “1 of 5 households”
- Use specific numbers when possible, e.g., 9.8 million children nationally have special health care needs, 12.8% of the population of children
- Balance positive and negative ways of expressing the findings according to the point you are trying to make, e.g., less than a quarter, more than 75%
- Be careful when dealing with very small numbers
- Provide findings in relation to a benchmark, such as state findings compared with national or regional findings
- Explain why the findings presented are important
- Suggest ways that a specific audience might use the data to improve care
- Credit the source of the data and include when, how, and by whom they were collected
- Provide links to additional resources
- Use multiple dissemination strategies to reach as many audiences as possible
- Provide contact information for questions

More Information and Additional Tips

- **Layer information.** Members of your audience will have different needs in terms of both the amount of information they want to have and the way the information is presented. An easy way of creating one report that will meet the needs of various members in your audience is to layer the information. This approach is almost like creating multiple sub-reports that are contained in one final report. Each sub-report would have a different level of detail and/or presentation. Think of a tabbed report where each tab was intended for a different subgroup of your audience.

The first layer might include very high-level information—the view from 10,000 feet above. This layer is intended for those who do not have a lot of time or are only minimally interested in reviewing quality information. You may only want to include a few aggregate measures in this layer. Limit the amount of detail you present in this layer and refer readers to subsequent layers if they would like additional or more detailed information.

Subsequent layers could include additional information and/or detail. For example, you might consider adding two additional layers. The first might be the “ground level view,” which would include a few more measures with slightly more detail intended for those who are interested in quality information but may not have the cognitive ability to process highly technical information. The second could then be the “microscopic view,” which would include a higher level of detail for those who are interested in technical aspects.

- **Comparing against benchmarks.** Comparison with benchmark data can be a useful way of helping readers to understand the results.

- **Beware of relative benchmarks!**

CAHMI does not recommend comparison to relative benchmarks since such comparisons can be VERY misleading to readers. Relative benchmarks are benchmarks that change based on the results of the survey sponsors, such as a state average among all health plans.

Here is an example of how such a comparison can be misleading.

A state agency is creating a public report that includes results from all health plans operating in the state. This is the first year that all the plans have administered the PHDS and most are new at monitoring quality. As you might expect, the scores from the plans are fairly low when compared with national recommendations or even other states; however, the state is confident that simply reporting the results will motivate quality improvement among the plans. Instead of comparing the results to national guidelines, they choose a relative benchmark—the state average among health plans. Consequently, several plans have results that are higher than the state average. When the report is released, these plans feel they have results that are “above average” and do prioritize quality improvement initiatives focused on preventive care for young children. In reality, these plans are performing well below the recommended national guidelines.

- **Combining other data sources:** Combining your PHDS-PLUS results with data from other sources can help to make them more valuable to the end reader.
- **Organize information into smaller segments:** Readers can often have a difficult time processing large amounts of information. Breaking the information into “bite-size” pieces can help readers to understand the information being presented. This can be accomplished by creating a series of smaller text boxes rather than larger sections of text or graphs. Readers can then process the limited information in the text box before moving on to the next text box. This approach is effective not only for consumers but also for providers and purchasers who may not have the time or focus to absorb a lot of information at one time. Graphics that are meaningful to the target audience can also be added.
- **Presenting statistical information and methodological issues:** Presenting statistical information and methodological issues is one of the most challenging parts of reporting the results. Most consumers do not understand statistical tests,

confidence intervals, or probability. However, statistical comparisons must be used to ensure that true differences are identified. Below are some suggestions based on the audience for your report. Remember that these are general suggestions and your audience may be different; therefore, testing is essential.

- **Non-technical audiences (Consumers, some purchasers, policymakers):** Most consumers and some purchasers will not understand the statistics behind the analysis. Policymakers often do not have the time to review detailed information and are more interested in a summary of the findings. It is probably enough to indicate that statistical tests have been used to identify true differences in the results and provide a way for readers to get additional information if they are interested. Again, layering information is the best way to meet the needs of different members of your audience. Purchaser and policymaker audiences can be quite diverse. For every purchaser or policymaker that does not want the technical detail, another purchaser or staff member does want to review the technical detail. If you are creating a layered report, the statistical detail can be included in subsequent layers intended for readers who want more technical information. Refer to the next description for more detail.
- **Technical audiences (Providers, health plans, some purchasers, regulators, policymakers' staff members):** Many readers will be interested in the more detailed statistical aspects of the analyses. Still, these audiences are diverse. While some will have the background and expertise to understand the statistical formula that you used in the analysis, others may be turned off by having that detail included in the body of the report. Reports for these audiences should include a description of the statistical methods used; however, this information is best included as an appendix to the main report. This allows those who are interested in the information access to the detail without overwhelming other readers by including it in the text. Details you may want to consider for the body of the report include indicating the sample size, confidence intervals, and p-values in graphs and charts, for example.
- **Balancing positive and negative measures:** The same information can be used to present results in a positive or negative measure. Positive measures illustrate high or quality performance, whereas negative measures highlight poor performance. Positive and negative approaches each present slightly different pictures of performance. No one measure is right nor can one measure present a comprehensive picture of quality. You may even want to report the results in multiple ways. The key is to balance positive and negative measures.



Additional Resources

- 1) For more information about **creating health care quality reports**, visit the TalkingQuality Web site at <http://www.talkingquality.gov>.
- 2) Visit <http://www.nschdata.org> for additional tips and resources on communicating data findings to stimulate system change.
- 3) For more information about focus groups and cognitive interviews the Child and Adolescent Health Measurement Initiative has conducted about **reporting quality of care findings**, visit the Web site at <http://www.cahmi.org>.
- 4) For more information about focus groups and interviews the Foundation for Accountability has conducted about **reporting quality of care findings**, visit the CAHMI Web site at <http://www.cahmi.org>.
- 5) For an **example of an issue brief** that can be created for audiences such as the state Medicaid director, visit the Kansas Health Foundation Web site at <http://www.kansashealth.org>.
- 6) For more information about work the **National Academy for State Health Policy** (NASHP) has done in working with states to use health and health care findings to implement changes in state programs and policies, visit the Web site at <http://www.nashp.org/>.
- 7) Visit <http://www.familyvoices.org> for additional family-friendly information on using data, links to other data sources, and sample reports.
- 8) For more information about strategies the Center for Children with Special Needs has used to **convene various stakeholders**, visit their Web site at <http://www.cshcn.org>.
- 9) For more information about how to work with **families of children and adolescents with mental health conditions**, visit the Federation of Families for Children's Mental Health at <http://www.ffcmh.org>.