Condensed Clinical Practice Guideline for Family Based Mental Health Services (FBMHS)

I. Overview
   a. Services delivered to Member and Family in their natural setting
   b. Address intensive treatment needs of Member and their families
   c. At the conclusion of treatment, FBMHS team facilitate the transition to community based supports
   d. Provides preventative and restorative treatment functions
   e. FBMHS coordinates with other community, educational, legal, hospital, and human service systems

II. FBMHS Treatment Goals
   a. Increase the ability of the family to manage a Member with serious emotional disturbance
   b. Improve the psychosocial functioning of the Member across settings
   c. Strengthen family functioning to reduce need for mental health driven use of emergency rooms
   d. Prevent out of home treatment

III. Core FBMHS Service Components and Treatment Focus
   a. Therapeutic interventions that may include the Member and any combination of family members
   b. Assessment, psychoeducation, and skill development
   c. Family support services
   d. School-based consultation and intervention
   e. Case management and service coordination
   f. 24-hour emergency coverage, crisis planning, and crisis intervention
   g. Transition and discharge planning
   h. Outcomes evaluation planning

IV. Eligibility Criteria and Clinical Indicators
   a. General clinical indications
      i. Designed for Members under 21 years of age
      ii. Display serious mental illness or emotional disturbance
      iii. Functioning demonstrates a chronic pattern of externalizing or internalizing symptoms
      iv. History of multiple treatments
      v. History of failed treatments
   b. Diagnostic indicators
      i. Members enter FBMHS with a variety of mental health diagnoses
   c. Specific clinical circumstances
      i. Possible Member risk factors
         1. At least one suicide attempt within the past three months
         2. Behavioral problems within the school setting
         3. Current or history of running away or truancy

        4. Current or history of trauma display
    ii. Possible family risk factors
        1. One or more children at risk for out of home treatment
        2. Unresolved conflict between separated or divorced parents
        3. Multi-generational conflict that impacts Member functioning
        4. Single caregiver with inadequate community support

V. Provider Considerations
  a. Access guidelines
    i. Once PerformCare has made a FBMHS referral to a provider with accompanying documentation, the provider is expected to contact the family within 24 hours to offer an available appointment
  b. Referral management
    i. Providers are expected to maintain timely communication with PerformCare regarding the status of referrals and the actions they have taken upon receipt of referrals
  c. Referral assessment
    i. Referrals will be made based on Member/family's choice of provider
  d. Specific issues at referral
    i. When the referral is accepted, FBMHS teams are expected to assess specific concerns that may impact the viability of the referral
  e. Family engagement and support criteria
    i. Providers are expected to collaborate with the family to determine when services will be delivered and show reasonable efforts to engage the family in treatment
  f. Interagency Service Planning Team (ISPT) meetings
    i. ISPT meetings aims
        1. Clarify participant expectations
        2. Review treatment goals and progress
        3. Ensure coordination of care
        4. Gain consensus on treatment outcomes
        5. Address barriers to treatment
    ii. Three meetings are required at minimum
  g. Clinical staff guidelines
    i. FBMHS practitioners are expected to acquire expertise in terms of sufficient knowledge base, clinical skills, and treatment responsibility
    ii. Two masters level (mental health professional) therapist or a master's level and bachelor's level (mental health worker) constitute a co-therapy team
    iii. Caseloads for each co-therapy team are not to exceed eight families
    iv. FBMHS staff must be available to families 24 hours a day, seven days a week

VI. Service Delivery
  a. Assessment

        i. Early goals begin with safety concerns, crisis planning, and family engagement in treatment
        ii. During first month of treatment, the team should review recent assessments and conduct assessment activities tailored for the Member's needs
    b. Emergency coverage, crisis planning, and crisis intervention
        i. Primary goals of crisis planning are ensuring the safety of the Member and family and minimizing the need for hospitalization or other out of home treatment
        ii. FBMHS team is expected to develop individualized safety/crisis plans collaboratively with the Member and family
    c. Treatment process and plan
        i. Initial treatment plan addressing issues that led the to the FBMHS referral should be initiated within five days of the first day of service
        ii. A comprehensive treatment plan should be developed within the first 30 days of the initiation of services
        iii. From the start of treatment, a discussion of discharge goals should take place
        iv. Treatment plans should be reviewed monthly, ongoing as needed, and updates of the reviews should be provided to PerformCare at designated timeframes during the authorization period.
    d. Documentation of treatment
        i. Progress notes should indicate the mental health interventions, the response to the interventions, the relation of the intervention to the treatment plan, and progress toward treatment goal achievement
    e. Case management support
        i. Important FBMHS program component because they promote goals of community connectedness and family autonomy
    f. Service linkages
        i. Special consideration must be given to the educational system, professional managing psychotropic medication prescription and delivery, and other mental health or substance abuse level of care delivered during FBMHS
    g. Family Support Services (FSS)
        i. Include provisions to be used to as needed to pursue therapeutic treatment goals
            1. Support funds
            2. Respite care
            3. Essential life services
            4. Family advocacy

VII. Transition Considerations
    a. Discharge planning
        i. Initial dialogue about discharge planning and aftercare should begin during the first session of treatment

        ii. Providers must include PerformCare in all discharge planning and aftercare referrals
    b. Pre-discharge considerations/helping families prepare for discharge
        i. Scheduling less frequent sessions
        ii. Using rituals of Celebration
        iii. Rehearsing plans to meet anticipated difficulties upon discharge
    c. Sustainability
        i. FBMHS team seeks to build recovery and resiliency skills in treatment participants that can be implemented apart from the involvement of professional mental health providers
        ii. Treatment plans and progress notes should include documentation of how the FBMHS is addressing sustainability
    d. Service options
        i. At all treatment team reviews the team should consider if a different treatment modality/level of care may be better to meet the ongoing clinical needs if there is a lack of expected progress

VIII. Evaluation of the Treatment Outcomes
    a. OMHSAS requirements of FBMHS outcome goals
        i. Increase the capacity of families to manage a child or adolescent with serious emotional disturbance
        ii. Reduce the need for psychiatric hospitalizations and out of home treatment of children and youth
    b. PerformCare strongly encourages providers to design and implement a treatment evaluation (outcomes) program
        i. Outcomes evaluation should be consistent with the provider agency's quality improvement plan
           Clearly defined goals should be developed as well as valid, measurable results related to these goals
        ii. PerformCare recommends the use of the Child & Adolescent Needs & Strengths (CANS) assessment for the objective measurement of outcomes in FBMHS

References

PerformCare FBMHS Practice Workgroup (2015). Family Based Mental Health Services (FBMHS) Practice Guidelines.