

Family Based Mental  
Health Services for  
Children and Adolescents  
– Availability, Accessibility,  
and Standard of Care

# Webinar Rules

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# Agenda

- Introductions-Gary Kordes, VBH Clinical Manager
- Shar Whitmire, Member & Provider Services Director
- FB Presentation-Dr. Ralph May, Psy.D., Chief Clinical Officer
- Questions and Answers- Gary Kordes, Dr. Ralph May

# Back to the Basics

PA Title 55, Chapter 5260.2 Objectives

# Objectives

**“The primary goal of Family Based Mental Health Services is to enable parents to care for their children who are seriously mentally ill or emotionally disturbed at home, and to reduce the need for child and adolescent out of home placement. Related objectives are to strengthen and maintain families by means of therapeutic intervention, improving coping skills, teach family members to care for the child or adolescent and serve as an advocate for the child or adolescent.”**

# Objective (continued)

**“Family Based Mental Health Services provide access to mental health treatment services for family members who may be unable or unwilling to participate in traditional outpatient settings. Finally, it provides transition to agencies and practitioners in the community who will provide services and support for the family and child or adolescent after Family Based Mental Health Services are ended.”**

# Title 55, Chapter 5260.21

## Organizational Requirements

**“Services shall be available 24 hours, 7 days a week, and contacts shall be regularly scheduled as well as available when needed.”**

# The Dilemma

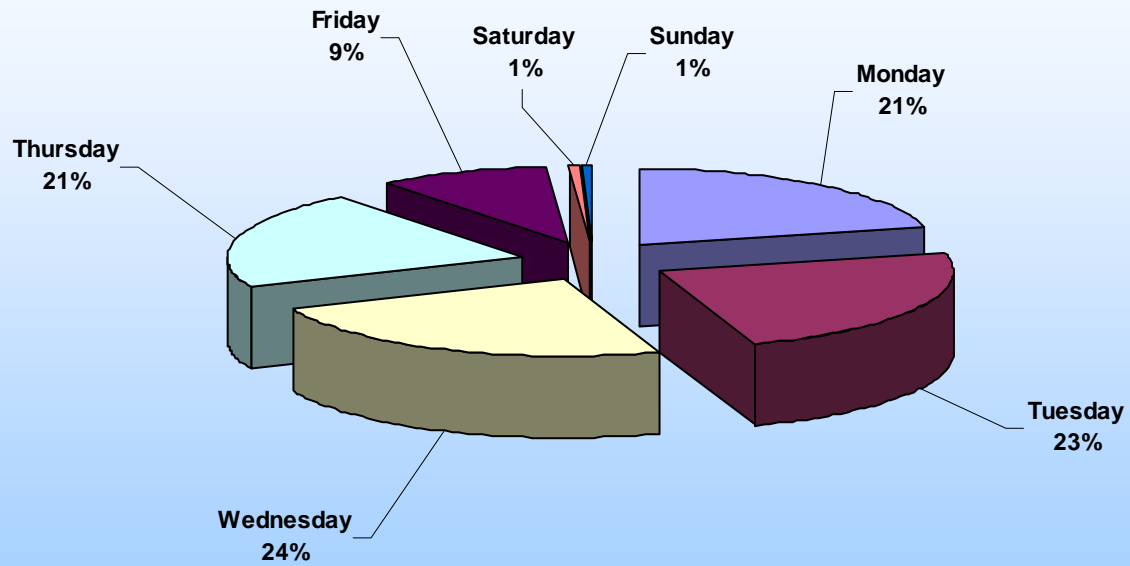
Regulations require only one hour per week of face to face services, yet require 24-7 availability and access to this intensive level of intervention.

How is the “mission” of Family Based Services reconciled with these minimum regulatory standards?

VBH analyzed service data on Family Based utilization by day of the week at two intervals: January 1 through May 1, 2009 and October 1 through March 31, 2010. This initiative was reviewed and monitored by the Clinical Advisory Committee.

2009

**Family Based Services  
Units Per Day of the Week**



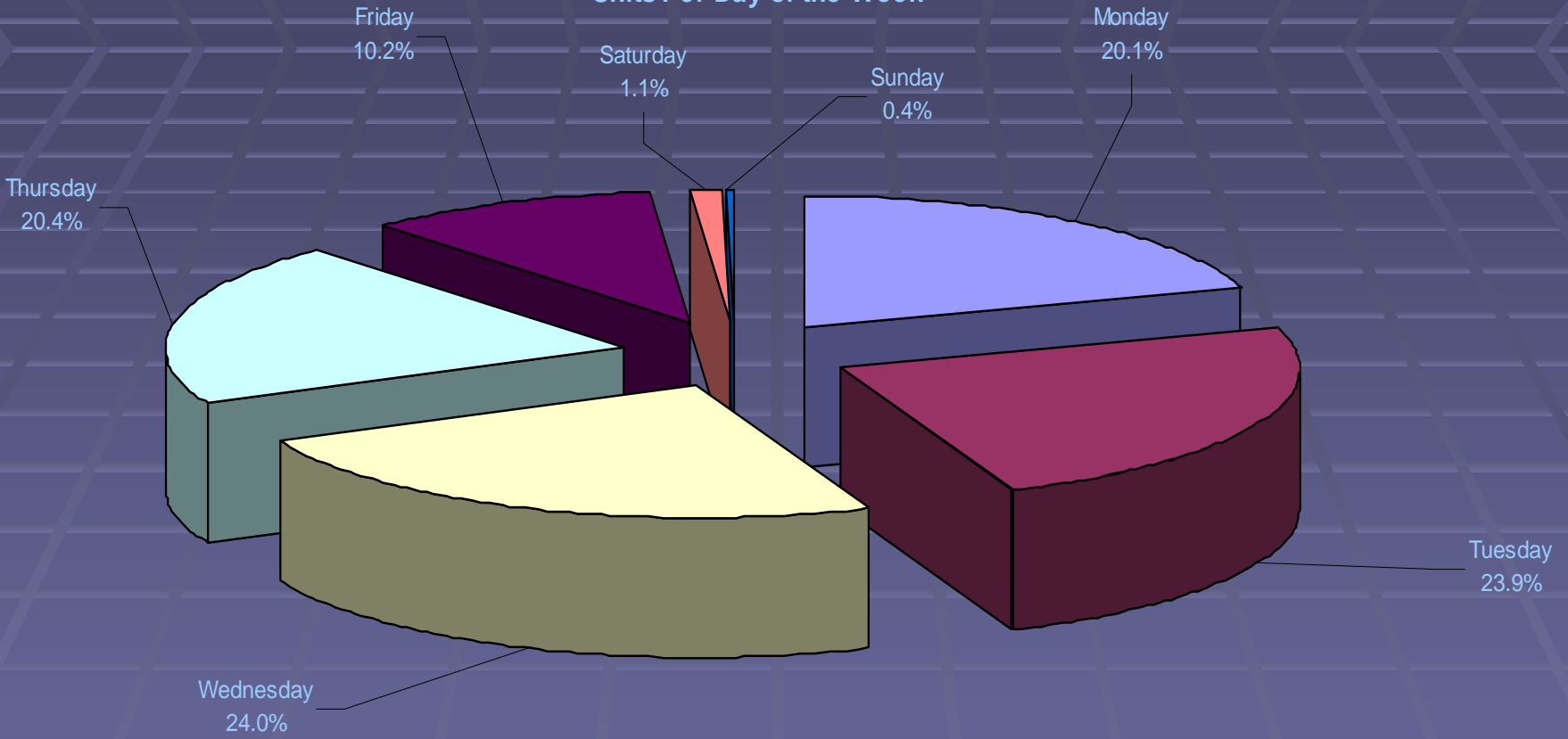
**In tracking all billable units for calendar year 2009, only 2% of services across the VBH network were provided on Saturday and Sunday. The vast majority of services were provided Monday through Thursday (89%) with a relatively lesser amount on Friday (9%).**

In reviewing this data, the Clinical Advisory Committee questioned this pattern, and considered several hypotheses:

- 1) FB services were not being routinely offered on weekends
- 2) Almost all families in the network were refusing weekend services
- 3) Only crisis services were being provided on weekends

After noting this pattern,  
and bringing it to the  
attention of FB providers,  
a reassessment was  
done for 2010.

Family Based Services 2010  
All Counties  
Units Per Day of the Week



- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Unfortunately, repeat measurement yielded only 1.5% of services were provided on Saturday and Sunday, with 10.2% on Friday. 88.3% of Family Based Services were provided Monday through Thursday.

# The Question:

Is it even possible to provide the standard of care stated in the regulations, when the vast majority of these services are provided Monday through Thursday?

“Systems Theory” and the various models of Family Therapy (e.g., Structural / Strategic, Bowenian) have linked to Family Based Services from the early days of the service. These models share the common belief that a given child or adolescent who struggles with symptoms are essentially embedded in a broader system (e.g., usually the primary family) which inherently effects the expression of symptomatic behaviors. This does not imply that the family causes the symptoms, but that the expression of the symptoms is heavily influenced by the family structure and function. Therefore, symptom reduction and behavior change is far more likely to occur when the family system is involved actively in solution finding.

In nearly all models of family systems theory, “joining” the family system is an essential component to successful assessment and intervention. “Joining” is generally defined as connecting in a meaningful way with the family members and understanding / respecting each member’s role and function in the family. Family Based Services incorporates “availability” and “access” for family members as essential, which is designed to overcome obstacles to joining the family.

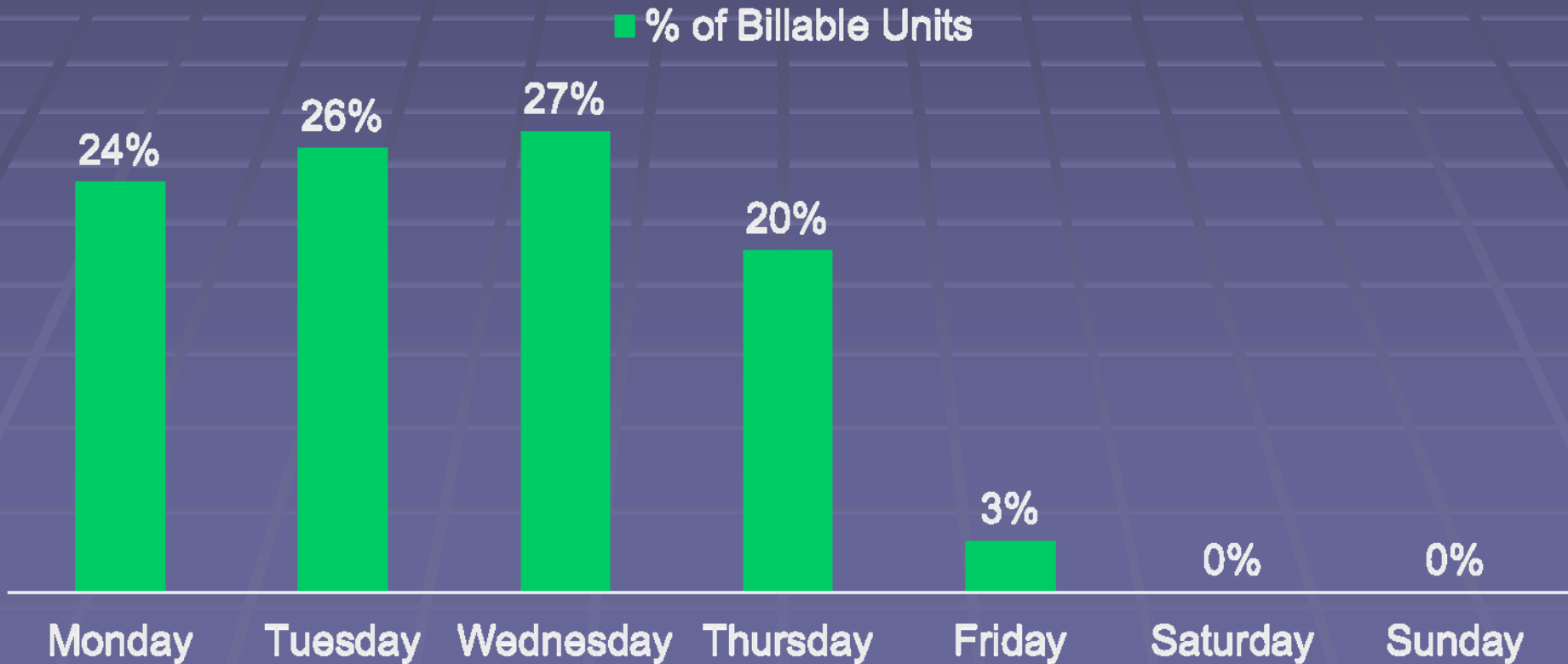
The purpose of Family Based Services is clear: families must have both scheduled and unscheduled access 24/7 “as needed” to facilitate connection and intervention.

Greater access/availability leads to better joining which leads to better assessment / intervention which leads to better outcomes.

**What has been the standard of care for accessibility and availability of Family Based Services based upon the 24 hour, 7 day per week regulations?**

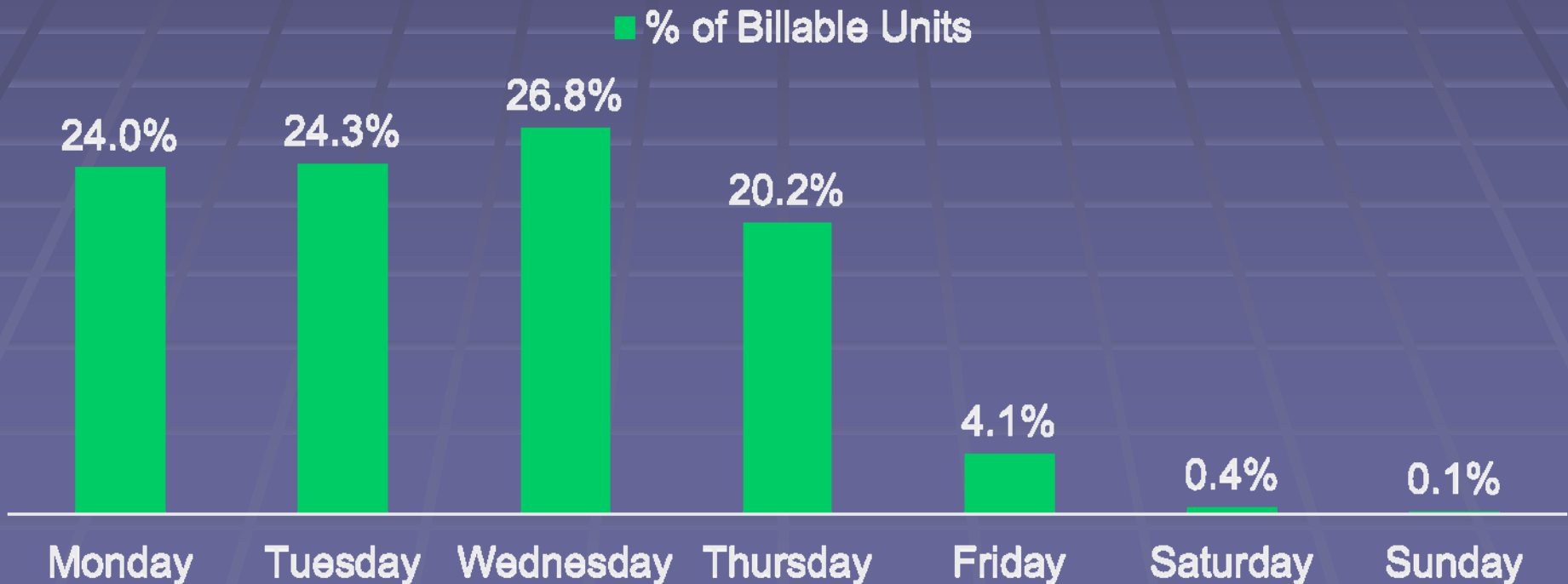
**Community Guidance Center (CGC) examined the VBH Provider data for FB services in the areas of weekend utilization and family orientation to services in light of the above specific to CGC.**

**In 2009, 0% of services were provided on Saturday and Sunday, with 3% of services on Friday. The remaining 97% of services were fairly evenly provided Monday through Thursday.**



**Management reviewed this  
with the Family Based Director  
and team, with a goal of  
increasing weekend services.**

In 2010, 0.5% of services were provided on Saturday and Sunday, with 4.1% provided on Friday. The vast majority of services were provided Monday through Thursday (95.4%), with the service amounts fairly even across those four days.



**Folks.....there is no way  
to say the intervention  
was effective.**

**In careful analysis of process, it became clear, in both CGC orientation materials and in the initial explanation of services, that OUR expectation was that weekend services were “offered” but not in any way encouraged. Consent materials did not make clear that routine services were available 24/7.**

**The**  
**“WEEKEND FAMILY**  
**BASED SERVICES**  
**PILOT”**

CGC management made a commitment to the spirit of FBMHS as a 24/7 “routine” service, believing that weekends were a key time interval to provide effective family systems intervention. Discussions were held with key managers beginning in August, 2010, and a decision was made to commit to 20% of routine services in FB to be provided on Saturday and Sunday.

**This decision was presented to the Clinical Advisory Committee at VBH in November 2010, with a decision to begin implementation on January 1, 2011.**

The pilot was designed to address two target goals:

- 1) Change the initial orientation / consent process to insure that families understood that the EXPECTATION is that regular appointments would be scheduled on the weekends.
- 2) Staff would be required to provide approximately 20% of direct services on Saturday and Sunday, with appointments scheduled on weekends at least 2 weeks in the first 8 weeks of services.

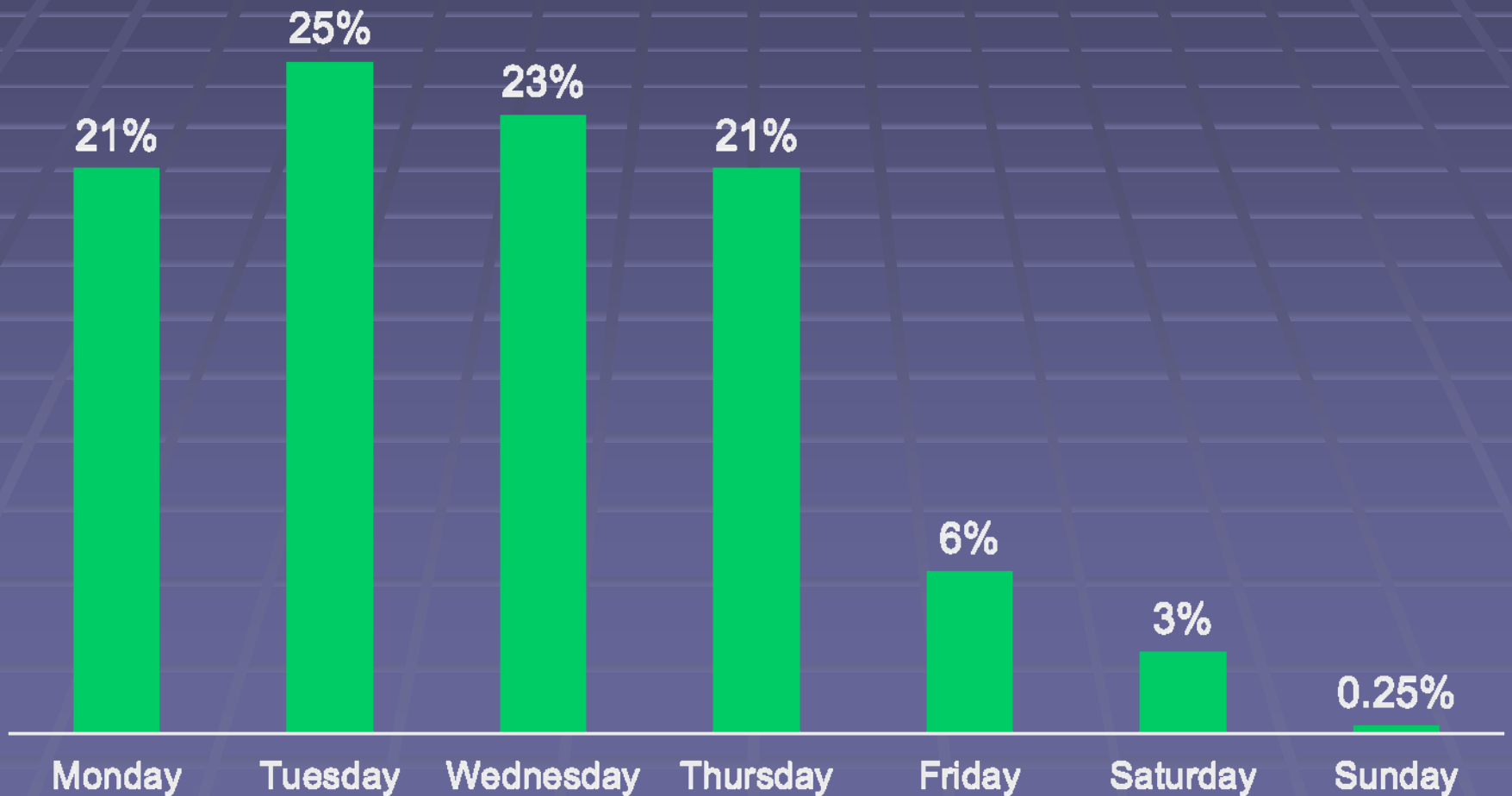
**Outcomes would be monitored by the Department Director and Management Team via chart audit and service history of billed units.**

After initial discussions, daily tracking of billable FB units began August 2010. Reports were given to Management on a weekly basis.

The data reflecting billable units percentage by day of the week, aggregated from 8/9/2010 to 12/31/2010 is displayed in the next slide.

# Mon – Sun % of Billable Units Aug 2010 – Dec 2010

■ % of Billable Units



**In short, despite raising the issue of weekend services, little change occurred in standard service provision on Saturday and Sunday.**

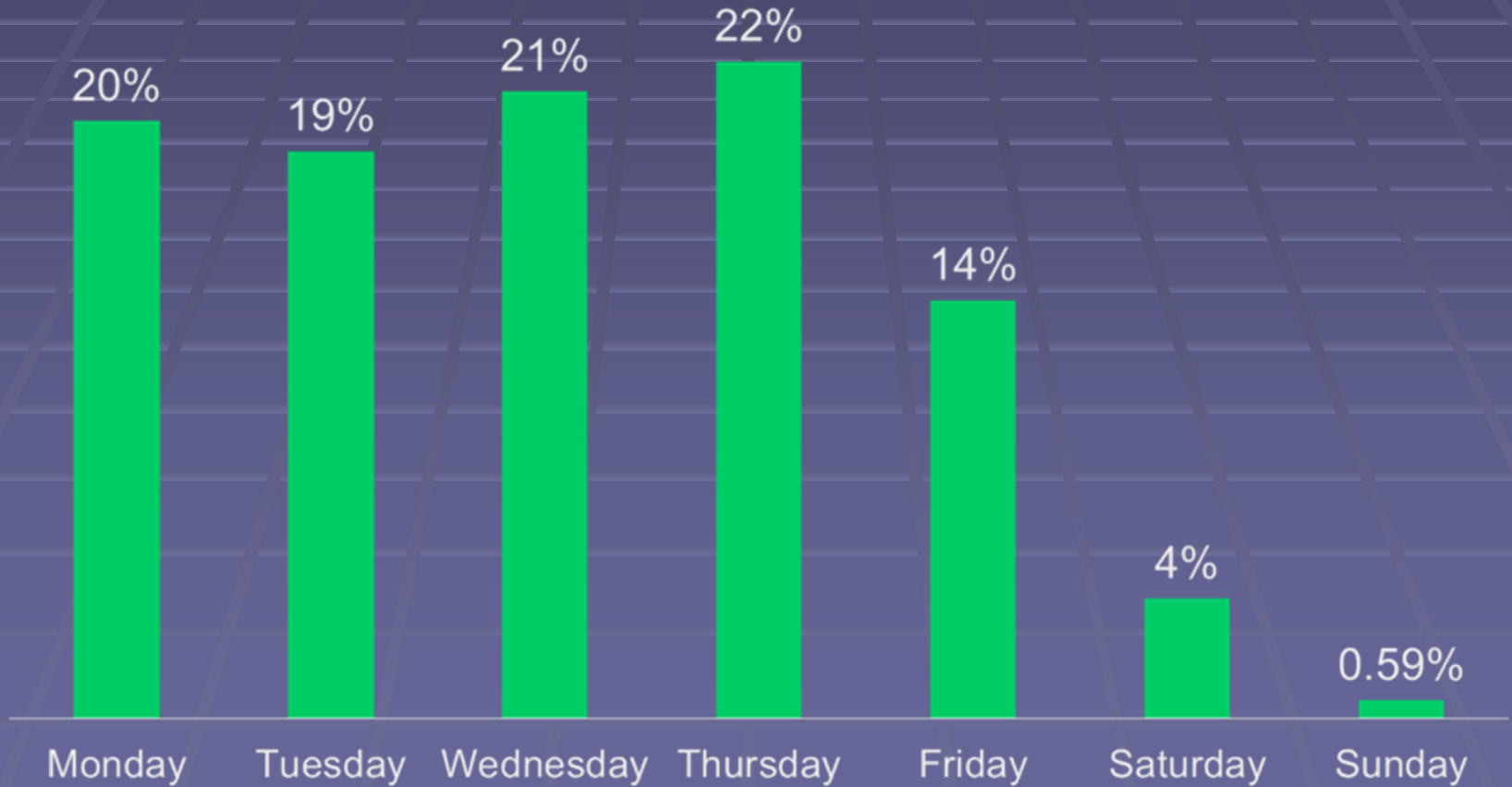
**In January 2011, both the Chief Clinical Officer and Chief Operations Officer met with the Family Based Staff. The pilot project was carefully explained, the goal of 20% of weekend services was set, and a decision to change the family orientation / consent process and documentation was implemented.**

**Staff asserted agreement and understanding.**

**Billable units/day data continued to be collected and reported on a weekly basis.**

# Mon - Sun % of Billable Units Jan 2011 – Feb 2011

■ % of Billable Units



**After two months, results  
were non-existent**

The Chief Clinical Officer and Chief Operations Officer met with FB staff and Director in March 2011.

Five minutes prior to the meeting, the officers were presented with a list of “questions” regarding the pilot.

# A sample of these questions:

1. Can we argue for a pay raise?
2. Why do we still need to see families on the weekends if we are able to see them during the week?
3. If we are required to see families on weekends, won't families become too dependent on us and use FB as a crutch?
4. What about our own mental health?
5. What are the other county percentages on weekend hours?
6. My families want their weekends for themselves.

**Both the Chief Clinical Officer and Chief Operations Officer decided to directly address each question firmly and directly right then.**

**In the meeting, it became rapidly clear why outcome to that point was poor.**

**There was minimal to no buy in from the director or staff, despite articulated agreement.**

**The consent form explaining weekend services had not yet been modified.**

**Staff were not conveying the standard use of weekend services as a real option, let alone expectation.**

Pay Attention to the  
Next Slide, because  
it is the

**WHOLE POINT**

**DOES YOUR ORGANIZATION  
HAVE THE COMMITMENT TO  
WEEKEND, ROUTINE FAMILY  
BASED SERVICES AND ARE  
YOU WILLING TO TURN OVER  
YOUR STAFF IF NECESSARY TO  
ACCOMPLISH THAT GOAL?**

**It became clear that even our best clinicians were creating every possible excuse to not work any weekends, except on call.**

**This expectation had never been made clear, and the Management had to accept responsibility for that.**

The Intervention was clear and direct:

**“The Community Guidance Center believes that routine weekend Family Based Services are essential to effective care for our families. Twenty percent of billable units need to be provided to families on the weekends. This should have been done since we began FB. If you cannot do this, you cannot be a FB therapist. If you feel you need to resign or request a transfer to an office based position, please do so. This is not optional.”**

Painful decisions  
were made

In April 2011, “True” implementation began:

- 1) The consent form was modified.
- 2) Supervision directly addressed weekend services as a goal.
- 3) The Director made all initial contacts on referrals, and explained the philosophy of weekend services.
- 4) Monitoring continued, and analysis of the statistics was refined.

# COMMUNITY GUIDANCE CENTER

## Family Based Services

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### Weekend Treatment

The Community Guidance Center is committed to using a recovery-oriented approach to treatment. Family Based is a specialized treatment service, which involves not only the identified consumer but also the consumer's family, as active partners in treatment. In order for Family Based treatment to be effective, the full involvement of the family is central to treatment progress, which can be challenging, at times, due to very busy schedules. We recognize that challenges may arise with schedules and as a result would like to take this opportunity, at the start of treatment, to ensure that your family is completely informed and understands the time commitments that Family Based treatment will require.

Family Based Treatment is a service that is available 24 hours a day, seven days a week to your child and family to facilitate treatment for your child at the most neediest of times and ensure timely intervention with your child and family during times of need. Because of the focus of Family Based treatment, it is imperative that your child and family are also available to the Family Based team assigned to your treatment at those opportune times. We are aware of how difficult it can be to coordinate all family members' schedules. Likewise, we are also aware that symptoms/behaviors that prompted your family to seek Family Based treatment occur on the weekends, as well as weekdays. The Recovery Model utilized by the Family Based team is a multi-systemic approach that involves the consumer's family and other important supports in the consumer's life. In order to optimize the likelihood for recovery for the consumer, Family Based services are structured to target the child and the entire family system during treatment. As a result, your Family Based team needs to have access to your child and entire family unit at times that are optimal to treat problematic behaviors, which led to referral for Family Based treatment. Because families often are together on the weekends, it is a requirement of Family Based treatment to commit to weekend services.

By signing this form, you are aware of the mandatory weekend sessions and you agree to schedule weekend treatment.

\_\_\_\_\_  
Parent or Legal Guardian (if child is under 14)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Consumer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family Based Therapist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family Based Director

\_\_\_\_\_  
Date

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Family Based Therapist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family Based Director

\_\_\_\_\_  
Date

# Staff Outcomes

- 1) No turnover occurred as directly related to staff providing weekend services.
- 2) Buy in has been a challenge, and requires ongoing mentoring and support from the Director.
- 3) Some staff have shifted to more individual vs. family units, which must be monitored.
- 4) However, several staff noted very positive initial outcomes.

# Positive Outcomes

“Because weekends are more relaxed, with less homework and chores, you get to see interactions that you would not normally see during the week.”

“My family is more engaged on weekends, and the father can be there more. I get a better perspective on the family.”

# Family Satisfaction

The Director contacted one family from each Family Based team in May, June and July, and surveyed them regarding weekend services.

# 18 Families Responded: *Some Positive, Some Negative*

- 15 of the 18 families felt that the weekends were positive, and were willing to have staff in their homes.
  - Three families felt that the weekend services allowed interventions and interactions that were not previously possible. These interactions were noted as very positive.

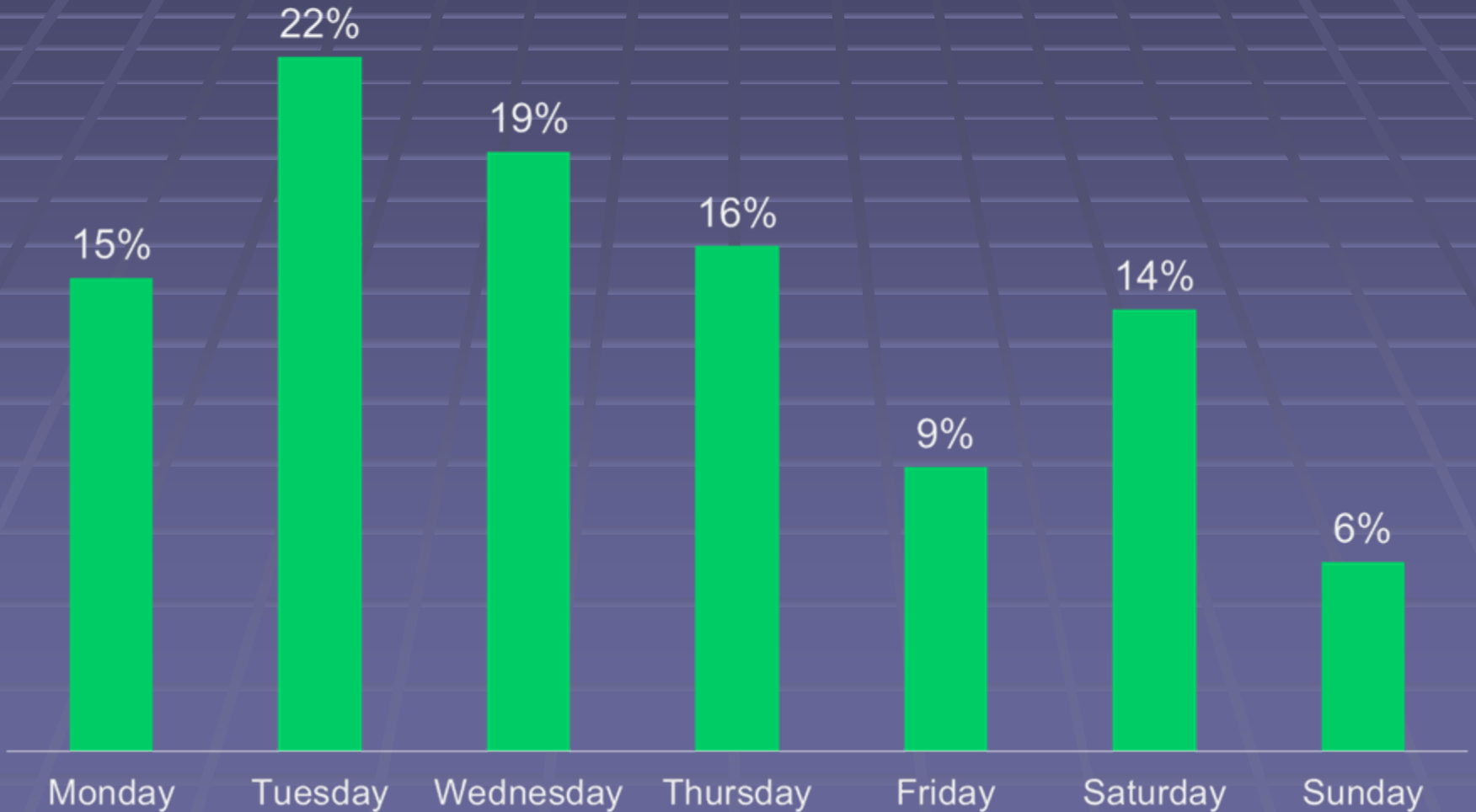
- Three of the 18 families were against weekend hours
  - One family commented that their son is in a structured program all week, and the weekends are his time to be spontaneous and free from therapists.
  - One father commented that he is a single father, and the weekends are his time. The kids go with relatives or friends. He argued that his home is available anytime Monday through Friday, but wants to keep weekends for himself and his family.

# Staff Feedback

- Several staff felt that they were not doing anything on Saturday or Sunday that could not have been done during the week.
- Several staff also commented that they plan their days to work on the weekend for the month, then they have a family cancel which leads to them scheduling extra weekend days, and takes away time with their families.

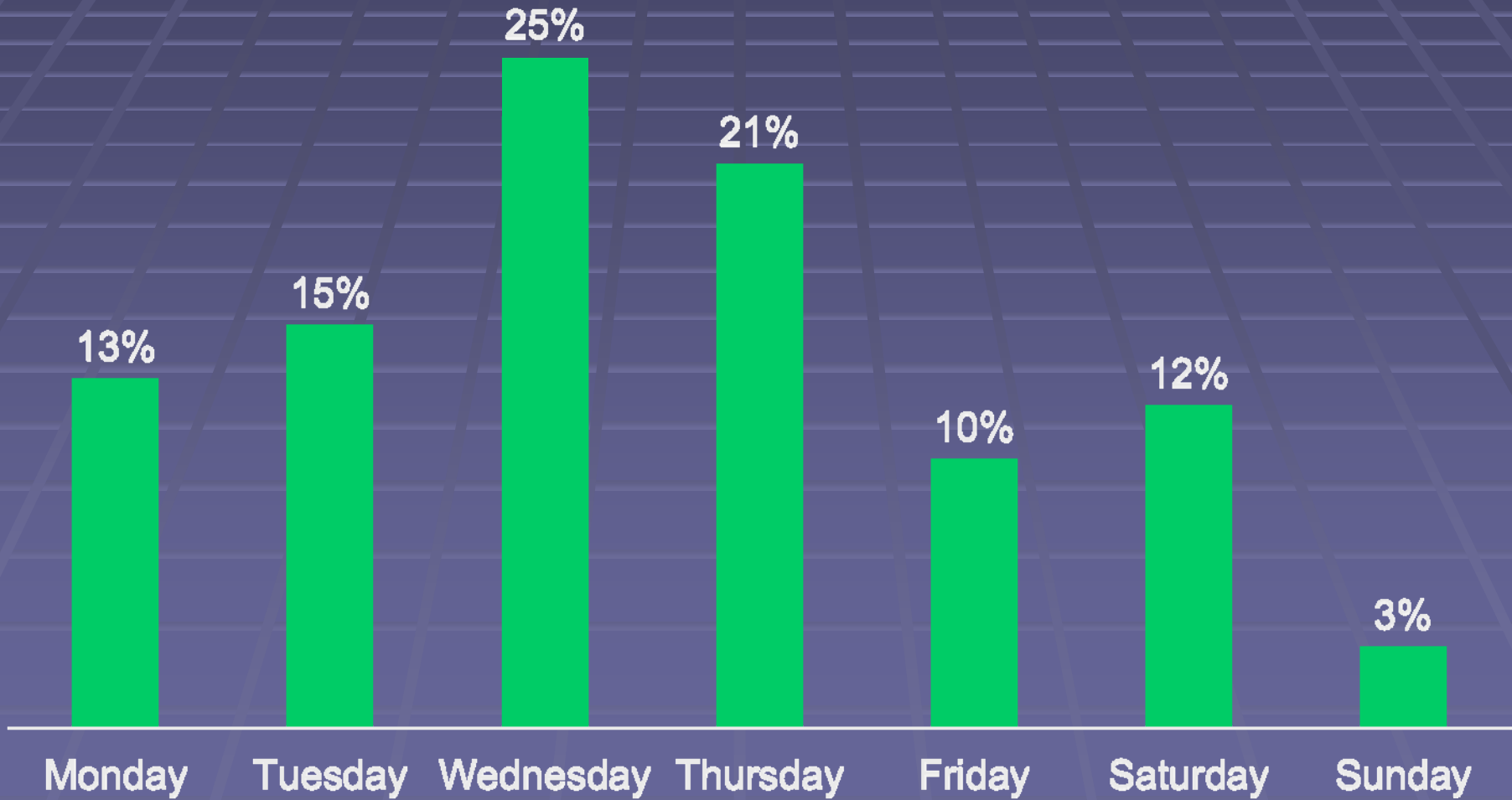
# Mon - Sun % of Billable Units Apr 2011 - May 2011

■ % of Billable Units



# Mon – Sun % of Billable Units June 2011 – July 2011

■ % of Billable Units



# DLA-20 Scores

- The DLA-20 was implemented in February 2011
- The average initial DLA-20 score was **40.9**
- The average most recent DLA-20 score was **45**

**It became clear that the will to implement and follow through with measurement and monitoring is essential to accomplish the goal.**

## Ongoing Issues:

- 1) Continued data collection of percentage of weekend units
- 2) Assessment of consumer satisfaction
- 3) Assessment of FB outcomes using the DLA-20
- 4) Director continues to train / monitor approaches to families via client audits and supervision

## Lessons learned:

- 1) Staff may agree in principle with the concept of weekend services, but that doesn't mean they will do it.
- 2) Some staff will shift responsibility on to the family as rejecting weekend services, when a real explanation of the usefulness of weekend services has never been offered.
- 3) There is a difference between being "available" on weekends and actually providing services on the weekend.
- 4) The commitment to change must include all management.
- 5) Monitoring must be tight and at multiple levels.
- 6) Feedback to staff must be frequent, clear and firm.

# Conclusion

There will be some issues, but if your agency believes this, it can be accomplished.

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Any questions regarding the content of this presentation should be directed to Ralph May, Psy.D., Chief Clinical Officer at [rmay@thecgc.com](mailto:rmay@thecgc.com) or (724)465-5576.