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2015

Review of Agenda

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FBMHS Performance Standards

SERVICE DELIVERY

- FBMHS is intended to deliver service to the entire family, which includes subgroups and individual family members.
- However, when an individual family member's need is beyond the scope of FBMHS and requires specialized services, appropriate referrals will be made.

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FBMHS Performance Standards - Continued

SERVICE DELIVERY (Continued)

- Services may be provided in a variety of settings, such as home, school or community. The services are provided in the setting that affords the most opportunity for growth.
- Services are delivered based on the needs of the family, and the hours and types of interventions will vary accordingly. FBMHS is to be primarily team delivered.

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FBMHS Performance Standards - Continued

INTENSITY OF SERVICE

Family based is an intense, time limited service. The intensity of services should be delivered at the level that meets the needs of the family at the time. Services should be utilized at a high rate when the family is in crisis, and then tapered as the clinical environment stabilizes.

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FBMHS PerformanceStandards - Continued

TREATMENT PLANNING

- In the initial thirty days, an extensive assessment is initiated. That assessment should include a psychosocial narrative derived using collateral sources, prior treatment history, direct observation and client interviews, and appropriate objective tools such as time lines, genograms, eco-maps, structural maps and rating scales(such as the CAFAS). This assessment data drives the development of the comprehensive treatment plan.

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FBMHS Performance Standards - Continued

TREATMENT PLANNING (Continued)

- Each family is unique, and treatment plans need to be individualized and based on the family's needs and strengths. Families need to be active participants in the development of all components of treatment.

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FBMHS Performance Standards - Continued

TREATMENT PLANNING (Continued)

- It is expected that assessment and treatment planning are ongoing processes, and will be adjusted to meet the changing needs of the family. All plans are to be reviewed and updated at a minimum of a monthly basis in collaboration with the family and treatment team. Justification for modification in the treatment plan should be clearly documented.

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Performance Standards - Continued

CASE MANAGEMENT

- FBMHS team must engage in ongoing collaboration with all other service providers, including ICM/RC, blended case management, ID, juvenile justice, education and CYS.

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Performance Standards - Continued

CASE MANAGEMENT (Continued)

- When a member has case management services in place prior to FBMHS beginning, the Family Based team becomes the lead case manager.
- FBMHS will facilitate linkage to community supports and specialized treatment for identified needs.

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Performance Standards - Continued

CRISIS COMPONENT

- The crisis intervention component of Family Based Mental Health Services is integral to the service.
- Crisis intervention must be available at all times. Each family should have an individualized crisis plan and each family member will be instructed in how to utilize it.

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Performance Standards - Continued

CRISIS COMPONENT (Continued)

- The team will provide a written plan, including contact information. This plan should be signed by the family, and should be reviewed at least every 30 days so it remains a workable tool.

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Performance Standards - Continued

DISCHARGE PLANNING

- The discharge planning component of the service is initiated at the time the members enter treatment.
- This process will evolve as the family progresses through treatment.
- The discharge plan should be monitored and modified/updated as often as needed.

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Performance Standards - Continued

DISCHARGE PLANNING (Continued)

- Referrals to the next level of care should be made in a timely manner to prevent gaps in service, or need for inappropriate service extensions.
- One month prior to discharge, a meeting is held to implement the discharge plan.

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Performance Standards - Continued

DOCUMENTATION STANDARDS

- Treatment goals should be driven by the needs identified in the assessment.
- Treatment plans and progress notes must clearly be integrated.
- The clinical interventions and elements of ecosystemic therapy need to be documented in progress notes.

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Performance Standards - Continued

DOCUMENTATION STANDARDS (Continued)

- Documentation of the individual and family behaviors and responses to interventions is needed in order to enable evaluation of efficacy of clinical interventions.
- All components within the scope of FBMHS, including therapeutic interventions, contacts for case management and crisis management must be clearly documented.

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Performance Standards - Continued

DOCUMENTATION STANDARDS (Continued)

The clinical documentation should include:

- Date, Time and duration of the contact, individual vs. team contact, travel time.
- Type of contact (i.e.; in person vs. telephone; therapy, collateral, crisis and/or case management)
- Location of Contact

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Performance Standards - Continued

DOCUMENTATION STANDARDS (Continued)

- Individual(s) involved in the contact (i.e.; patient, family, other clinician, family friend).
- Details of any new significant clinical information and the treatment plan should reflect integration of this information
- Documentation of progress on identified goal(s) for each contact and goal(s) for the next scheduled contact.

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Performance Standards - Continued

DOCUMENTATION STANDARDS (Continued)

- Details of barriers noted to progress in treatment, and plan to address these.
- Documentation supports monthly review of the treatment plan, crisis plan and discharge plan.

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