



Family Focused Solution Based Services

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What are Family Focused Solution Based Services?

In the Allegheny County HealthChoices program, there are a wide variety of mental health services available to children and adults. In 2005, family focused solution based services (FFSBS) were introduced.

FFSBS, available to HealthChoices families involved with the Children, Youth and Families (CYF) and/or the Juvenile Probation Office (JPO) systems, offers many unique features. For some families, these unique features can make FFSBS a better match than other types of services.

FFSBS can help families in a variety of ways:

- ◆ Help families deal with behavioral crises and learn ways to resolve conflict in a healthy, non-violent manner
- ◆ Model positive parenting techniques to help adults learn to manage children's challenging behavior
- ◆ Connect families to community services, resources and supports to help them meet their basic needs (housing, food, etc.)
- ◆ Provide structural family therapy to help families establish and define appropriate parent/child roles and boundaries and improve communication skills
- ◆ Provide individual therapy to children or adults experiencing problems like depression or anxiety
- ◆ Provide referrals to other necessary behavioral health services (like drug and alcohol treatment)

One of the strengths of FFSBS is that a family usually works with the two members of a FFSBS team rather than with separate therapists, case managers, and CYF in-home (family support) service providers from different organizations.

There are a number of features of FFSBS that distinguish it from other types of services. These unique features include:

FFSBS can serve families in which a child or an adult has mental health service needs. To be eligible for traditional family-based mental health or wraparound services, a child must have mental health service needs. To be eligible for FFSBS, a child or a parent or guardian can be the family member with mental health service needs. However, the entire family unit benefits from services since FFSBS staff can provide therapy, family support, and case management services to all members of the family.

NOTE: To be eligible for FFSBS, a family must be involved in the CYF or JPO systems.

Children and adults do not need to have received other mental health services first. To qualify for other in-home family services, family members need to have received other forms of mental health service.

Services are provided in the home or other locations convenient to the family.

Compared to other in-home services, FFSBS may require less of a time commitment for families. Some families may be more comfortable with 2 to 3 hours of FFSBS per week for 3 to 6 months, compared to the greater time requirements expected in traditional family-based mental health services.



Use of Family Focused Solution Based Services in Allegheny County: 2005-2006

From 2005 to 2006, 225 children and adults were approved to receive FFSBS. The following data describes the 208 children and adults who began receiving FFSBS in 2005 or 2006 and who have been discharged from FFSBS teams.*

Since the entire family of these children and adults could have received family therapy as part of FFSBS, the total number of people who benefited from services is greater than 208.

FFSBS is unique in that it can serve families in which a child or an adult has mental health service needs. ***In this article, the phrase “primary service recipient” refers to the family member with the identified mental health service needs. The primary service recipient can be an adult or a child.***

Demographics

Teenagers made up the bulk of the 208 primary service recipients.

- 3% were ages 0-5 years
- 16% were ages 6-12 years
- 62% were ages 13-20 years
- 19% were 21 years or older

For children and adolescents, there was a roughly equal number of males and females. However, over 90% of the adults were female.

For most age groups, there was an equal number of African-Americans and Caucasians. However, there were more African-American adolescents (ages 13-20 years) than Caucasian adolescents.

Diagnoses

For both children and adults, the most common diagnosis was adjustment disorder.

Other common diagnoses for children included oppositional defiant disorder, ADHD, and conduct disorder. For adults, other common diagnoses included neurotic disorder, bipolar disorder, and major depression.

CYF and JPO involvement

To be eligible for FFSBS, a family must be involved in the CYF or JPO systems. Of the 169 children and adolescents:

- 83% were involved in CYF
- 17% were involved in JPO
- 8% were involved in both CYF and JPO
- 9% had neither CYF or JPO involvement, but were involved in a CYF-funded child abuse prevention program.

Data on family involvement in CYF or JPO is not available for adults receiving FFSBS.

Previous HealthChoices Service Use

Many children and adolescents (46%) were not receiving any HealthChoices services in the six month period before the initiation of FFSBS. Of the 169 children and adolescents receiving FFSBS:

- 8% had received family-based mental health services
- 7% had received inpatient mental health services
- 5% had received residential treatment facility services
- 40% had received outpatient mental health treatment. However, the majority of children in this group received very few sessions of treatment.

Common characteristics of people who have used FFSBS

A variety of families have used FFSBS. However, the following characteristics were the most common of the primary service recipients:

- 13 to 20 years old
- Adjustment disorder diagnosis
- CYF system involvement
- No previous HealthChoices service use
- Received FFSBS for 3 to 6 months with 2 to 4 hours of service per week, on average

Of the 39 adults:

- 28% had received outpatient mental health services
- 28% had received drug and alcohol treatment services

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* Of the 225 children and adults authorized to receive service, 9 did not go on to receive any services. As of August 2007, 8 of the children and adults who began receiving FFSBS in 2005 or 2006 were still receiving FFSBS and were therefore not included in this analysis.

Family Focused Solution Based Services Quick Reference Guide

FFSBS Referral and Authorization Process

The referral and authorization process for FFSBS is another unique feature of this service. The process for FFSBS is simpler than other types of service.

What do families need to know?

- To be eligible for FFSBS, the family must be involved in the CYF or JPO systems. A member of the family must have mental health service needs and be a HealthChoices member (Medical Assistance / Medicaid).
- Families can receive a referral for FFSBS from CYF caseworkers, JPO caseworkers, or providers of other behavioral health services, like therapists.
- Families have a choice of FFSBS provider (see below). If a family needs assistance, Community Care can help them figure out which provider would be the best fit for the family.

What do referral sources need to know?

- FFSBS must be authorized by Community Care. The authorization process allows the FFSBS provider to be paid for services provided to the family.
- To receive an authorization, the FFSBS team will meet with the child or adult to complete a mental health assessment. To meet medical necessity criteria, the child or adolescent must have an Axis I mental health diagnosis, such as adjustment disorder or ADHD.
- The FFSBS team will work with the referring provider or CYF or JPO caseworker to ensure that services are coordinated.
- Since FFSBS includes case management and crisis services, a child or adult should not receive separate referrals for these forms of service or other community-based services such as BHRS (wraparound) or family-based mental health services (FBMHS).

Contact Information

There are currently four providers of FFSBS in the Allegheny County HealthChoices program. Please use the contact information in the following list to find out more about each program's service availability or treatment specialties.

Every Child

Contacts: Denny Falo or Jim Cassels
Phone: (412) 665-0600
Fax: (412) 665-0755

Family Resources

Contact: Liz Hyatt
Phone: (412) 363-1702 extension 1112
Fax: (412) 363-3725

Holy Family Institute

Contacts: Georgia Fulgenzi or Dee Dee Giovanazzi
Phone: (412) 331-7712
Fax: (412) 331-0982

Wesley Spectrum Services

Contact: Daniel Gallagher
Phone: (412) 342-2371
Fax: (412) 362-9807

Community Care, the managed care organization that authorizes payment for FFSBS for HealthChoices members, can also provide more information about FFSBS.

HealthChoices members: 1-800-553-7499

Service providers: 1-888-251-2224



Family Focused Solution Based Services Quick Reference Guide

	Family Focused Solution Based Services	Family Based Mental Health Services	Behavioral Health Rehabilitation Services (Wraparound)	Outpatient Mental Health
Target Population	Families involved in the CYF or JPO systems who have children or adults with mental health service needs.	Families with children at risk for out-of-home placement or children stepping down from out-of-home placement.	Children with serious emotional disturbances.	Children and adults with mental health service needs.
Types of services	Individual and family therapy, family support, crisis intervention and stabilization, case management.	Individual and family therapy, family support, crisis intervention and stabilization, case management.	Individual mobile therapy and/or behavioral specialist consultation. Therapeutic staff support services, as indicated.	Individual or group therapy.
Site of services	Community based: home, school, etc.	Community based: home, school, etc.	Community based: home, school, etc.	Office-based or community-based.
Staffing	Masters-level therapist and bachelors-level family support staff person.	Masters-level therapist and bachelors-level family support staff person.	Masters-level therapist and/or masters or PhD-level behavioral specialist. Therapeutic support provided by associates or bachelors-level staff.	Bachelors, masters, or PhD-level therapist.
Service delivery	Approximately 20% team delivered; 80% delivered by individual staff member.	Approximately 60% team delivered; 40% delivered by individual staff member.	Staff provide coordinated treatment; services delivered by individual staff members.	Services delivered by therapist.
Special uses	Adult can serve as identified client; more than one child in family in need of services; child does not meet the criteria for BHRS or FBMHS.	More than one child in family in need of services; family could benefit from services geared toward family unit.	Child could benefit from therapeutic staff support (TSS) services.	Varies by specialty.
Average intensity	2 to 4 hours per week.	5 to 8 hours per week.	Varies.	Varies.
Average length of stay	3 to 6 months.	6 to 8 months.	Varies.	Varies.
Referral and authorization process	Mental health assessment and psychiatrist or psychologist approval (can be obtained by FFSBS team). Alternatively, prescription letter or psychiatric or psychological evaluation.	Prescription letter or psychiatric or psychological evaluation.	Best practice evaluation.	Outpatient registration process.

Use of FFSBS in Allegheny County: 2005-2006

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FFSBS: Length and Intensity of Service Use

FFSBS are expected to last between three and six months. However, FFSBS can last less than three months or more than six months in certain situations. For instance, some families choose to stop receiving FFSBS during the first weeks of service. Alternatively, some complex family situations require longer periods of service. Of the 208 families receiving FFSBS:

- 12% received less than one month of service
- 33% received one or two months of service
- 52% received three to six months of service
- 3% received more than six months of service

On average, families are expected to receive between two and four hours of FFSBS per week. Depending on their changing needs, families may need more hours of service or less. For the 184 families who received FFSBS for at least one month:

- 12% received an average of less than two hours of service per week
- 53% received an average of two to four hours of service per week
- 35% received, on average, more than four hours of service per week. The mean number of hours per week of service for this group of service recipients was 5.

FFSBS Family Stories

Teaching a Kid to be a Kid

In 2006, Every Child, Inc. received a referral to work with a 15-year-old boy who had recently moved in with his grandparents. The teenager had experienced a lot of trauma in his past while living with adults who struggled with drug and alcohol abuse and domestic violence issues. To cope with this trauma, he had become very independent. However, this independence was interfering with his relationship with his grandparents. He had an especially hard time with household rules established by his grandparents.

“Sometimes when a kid has a background like this, we need to help him learn how to be a kid again,” explained Every Child, Inc. Senior FFSBS Clinician, Shawn Meredith. For instance, staff helped the 15-year-old better understand and follow the rules established by his grandparents. Perhaps more importantly, staff were also able to assist the grandparents in understanding their grandson’s perspective and learn healthy ways to manage their grandson’s behavior.

Based on improvement in the boy’s behavior and the adults’ parenting skills, Every Child, Inc. was able to successfully discharge the family. One of the final activities of the FFSBS team involved connecting the 15-year-old with a community-based mentoring program.

“We help [families] identify the problems they’re facing, and then we help them develop the tools they need to deal with those problems. Once they develop those tools, they’ll be able to deal with emerging problems on their own.”

- Frederick Duke,
Every Child, Inc.

Improved Behavior, Improved Grades

Holy Family Institute (HFI) worked with a 16-year-old girl who had recently moved back in with her mother. The new living arrangement was not going well. The relationship was very strained. The teenager was having an especially difficult time controlling her anger, affecting her ability to communicate with her mother.

HFI staff worked with the teenager on specific coping strategies that improved her ability to manage her anger. For instance, staff helped her develop strategies to recognize and cope with strong emotions. Working with the team, the teenager found that taking a walk helped her calm down when she became upset.

Staff also worked with the teenager’s mother to address her own behavioral health issues.

Once the teenager had better control over her anger and aggression, not only did her relationship with her mother progress, but her academic performance improved greatly. She now plans to go to college.

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AHCI is a private, not-for-profit contract agency for Allegheny County's Department of Human Services.

Our mission is to assure equitable access to quality, cost-effective behavioral health care that promotes positive clinical outcomes, recovery, and resiliency.



FFSBS: A Family's Success Story

In early 2007, Leora Reagan felt like she and her family needed help. In the past, Leora had been abused. The abuse had led to depression. She was using marijuana as a means of dealing with the symptoms of depression.

However, Leora felt like she needed more help than a traditional therapist could provide. Not only was Leora dealing with her own mental health and drug abuse issues, she was trying to cope with the mental health service needs of her son, who had been diagnosed with schizophrenia. Additionally, Leora and her daughter were having a difficult time getting along together.

Leora's family was involved with CYF. Their CYF caseworker thought FFSBS would be a good fit for the family and referred them to Holy Family Institute.

A Holy Family Institute FFSBS team worked with Leora's family for six months. Leora felt a deep connection to her FFSBS staff, who had expertise in helping people deal with issues of past abuse. Individual therapy helped Leora with the symptoms of her depression. In turn, Leora was able to stop using marijuana.

In addition to helping Leora cope with her mental health and drug abuse issues, they helped the family learn to communicate. "They gave me the tools to work with my children. My relationship with my daughter is much, much better."

Like many families, Leora and her children had complex needs. In addition to one-on-one and family therapy, staff were able to help them learn how to budget.

Holy Family believes natural community supports are very important for families. So Leora's FFSBS team helped her get connected to a local church.

Leora's family is doing well now. Leora is able to cope with her depression and is no longer using drugs. Her son is continuing to receive mental health services.

According to Leora, "Working with Holy Family was such a blessing... **I would recommend this service to other families. It really helped me and my family!**"

