



Family Based Mental Health Services

Outcomes 2001

Family Based Mental Health Services

Inputs

Program Mission. The Family Based Mental Health (FBMH) Program, provides in-home services for families with children (ages 0 to 21) who are seriously mentally ill or emotionally disturbed.

Program Description. There are two office sites for FBMH, one in Greensburg and the other in Tarentum. At the Greensburg site there are 14 full-time employees: a Program Manager, a Team Leader, and 12 service providers who are organized into 6 two-person teams. At the Tarentum site there is one Program Manager and 8 service providers (4 two-person teams). The Greensburg site generally provides services to Westmoreland County families. The Tarentum site generally serves families in the Northeastern part of Allegheny County and the Northeastern part of Westmoreland County including New Kensington-Arnold, Burrell and Kiski School district families. Services are not limited to these areas and have been provided throughout both counties.

Family-Based Mental Health (FBMH) Services are provided by teams composed of a children's mental health professional (a Master's level clinician, or a Certified Family Based clinician) and a mental health worker (a Bachelor's level clinician). These teams provide treatment services under the supervision of a program manager, with support from a team leader.

Each team may serve a maximum of 8 consumer families at a time for up to 8 months with a provision for extending this if deemed medically necessary. A team must have a minimum of one hour of face to face contact with each family once a week, but the typical amount of contact is much higher. A program staff member is available to families 24 hours a day, 7 days a week. Scheduling accommodates the needs of the families. Service delivery hours include non-traditional work hours including evenings and weekends.

The concept of team delivered services implies that planning services, implementing the plans, and review of outcomes will always be done with the family by the team. Whether services are delivered individually, or by both team members, services are child-centered, family focused and team driven.

The responsibilities of the teams include assessing and promoting the safety of all family members, coordinating all services necessary to accomplish the family's stated goals, developing an effective working relationship with other service agencies, and providing direct therapeutic services to families.

Program Participants. During 2000, outcomes were obtained on a sample of 20 families. During 2001, outcomes were obtained on a sample of 61 families. Each family had at least one child (ages 0 to 21) who was diagnosed with a serious mental illness or emotional disturbance.

Activities

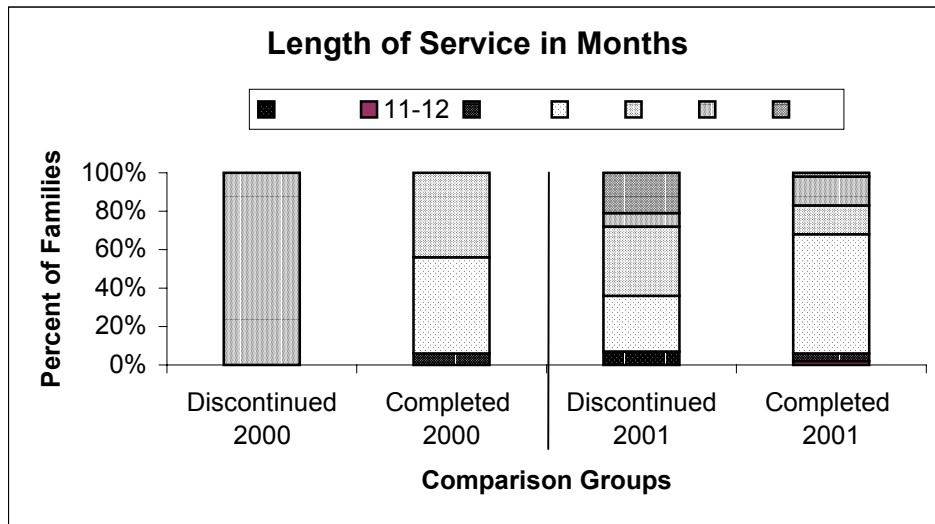
The collective staff of FBMH provide the following services:

- 24 hour emergency and crisis intervention services;
- Brief crisis stabilization;
- Mental health treatment services including family and individual therapy;
- Services are provided for the families in the home and in the community;
- Service coordination with other agencies
- Inclusion of extended family and other community support persons when appropriate;
- Assistance in assuring that families have reasonable food, shelter and clothing.;
- Education and skills building: child management, communication, conflict resolution/negotiation, personal management (assertiveness, anger control, stress management, relaxation), household

management skills (budgeting, cleaning, maintenance of a safe environment, nutrition, time management), socialization;

- Advocacy (supporting the family in procuring the most appropriate necessary services).

The following graph shows the length of time that families receive services from FBMH teams. Information is presented for 4 comparison groups. The first group is labeled “Discontinued 2000” and includes families who requested that services be stopped before reaching the goals the families had chosen, and against the advice of the teams. These tend to be families who have come to realize that they do not want the service as they experience what it is like. For these families services were ended sometime during 2000. The second group is labeled “Completed 2000” and includes families who completed services (as determined by joint agreement between the family and the FBMH team) in 2000. The third group labeled “Discontinued 2001” is similar to the first group, but includes families who chose to prematurely end services in 2001. Finally, the fourth group labeled “Completed 2001” is similar to the second group, but completed services in 2001.



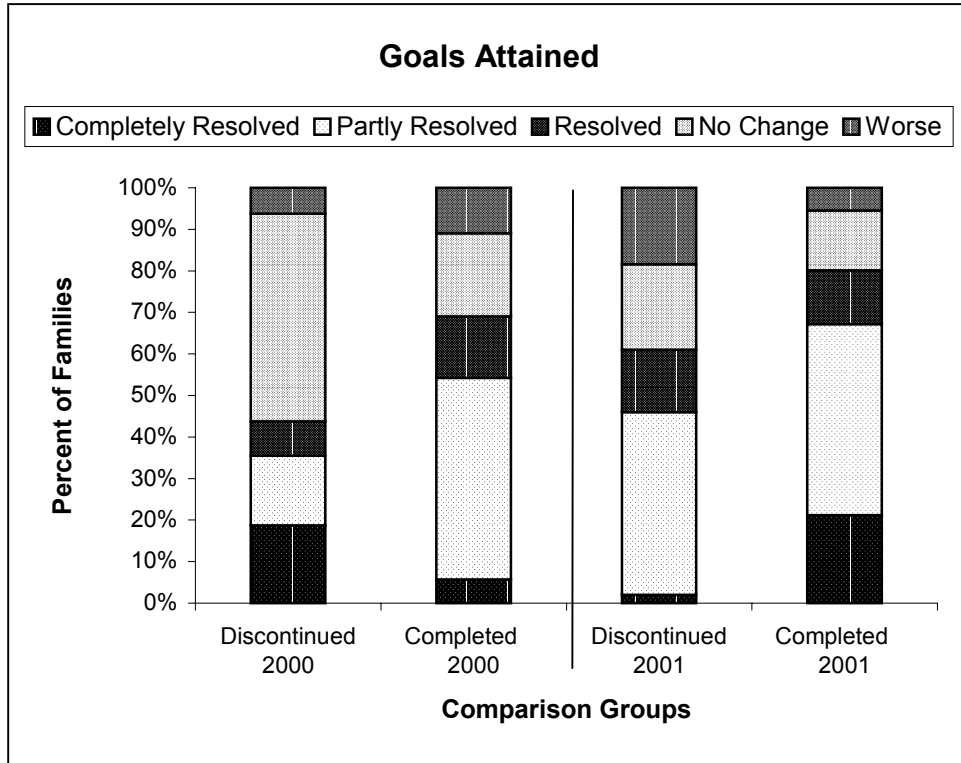
Each bar corresponds to one of the comparison groups and is divided into shaded segments to show the percent of families who received services for different lengths of time. The figure legend located under the title of the graph shows the range of months that is represented by the different shaded segments. For example, 100% of the ‘Discontinued 2000’ families received services for 1 to 2 months (i.e., the entire left-most bar is shaded in the “1-2” pattern shown in the figure legend).

There are some interesting trends in this figure. First, when the ‘Discontinued 2000’ group is compared with the ‘Discontinued 2001’ group, it can be seen that the FBMH teams were more able to engage these families in treatment for longer periods of time in 2001 than in 2000. Second, the number of months that each family received services became more variable in 2001 than in 2000. Taken together, these two trends suggest that the FBMH teams have become better able to engage families and individualize services based on each family’s needs.

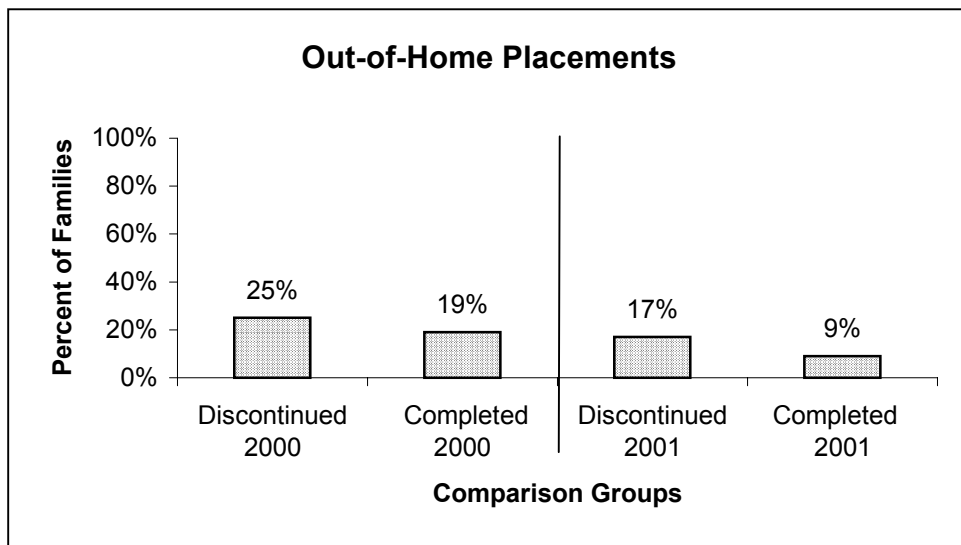
Outcomes

Immediate Clinical Outcomes – Goals Attained. When FBMH services are initiated, the team starts by meeting with the family and negotiating treatment goals. Then three to four months after treatment ends, the team contacts the family and asks the family to rate how the family is currently doing on the goals that were initially set. The figure below shows the rating scale used and the percent of families in the four comparison groups who rated their current status on the goals as ‘worse,’ ‘no change,’ ‘resolved’ (i.e., no longer a problem), ‘partly resolved,’ or ‘completely resolved.’

In general, more families made progress on their goals in 2001 when compared to 2000. Both of the 'Completed' groups for 2000 and 2001 rated more goals as resolved to some degree when compared to the 'Discontinued' families for each year.



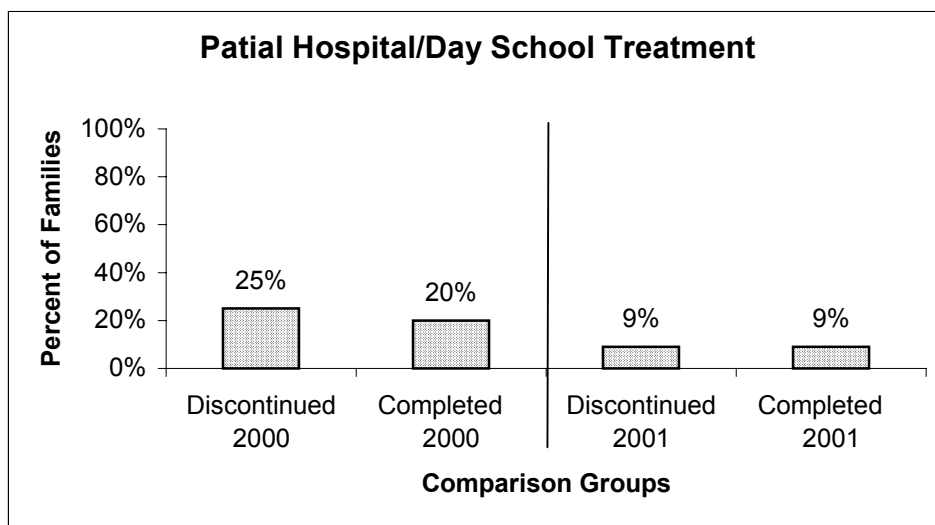
Enduring Functional Outcomes – Out-of-Home Placements. Most of the families who receive FBMH services have at least one child who is in imminent danger of being removed from the home due to the



child's mental illness or serious emotional disturbance. In fact, 'imminent danger of removal' is one of the criteria used in deciding whether FBMH is the appropriate level of service for a family. Therefore, it is important to know how many children continue to live with their families. The graph above shows the percent of children who were living in out-of-home placements by 3-4 months after FBMH services had ended.

As the graph shows, less than 25% of the children have been placed out of their homes. In fact, of the families who completed the FBMH treatment in 2001 ('Completed 2001') only 9% were placed out of their homes. This can be compared to the fact that almost 100% of the children were 'at imminent risk of out-of-home placement' when FSWP initiated FBMH services.

Enduring Functional Outcomes – Educational Placements. Another indication of family progress can be seen in the education domain. Partial Hospital/Day Treatment is an alternative, less restrictive form of treatment for children, adolescents and their families. However it is still much more intensive and restrictive than attending typical classes. The next graph shows the percent of families whose children were attending partial hospital/day treatment programs 3-4 months after FBMH services had been ended.

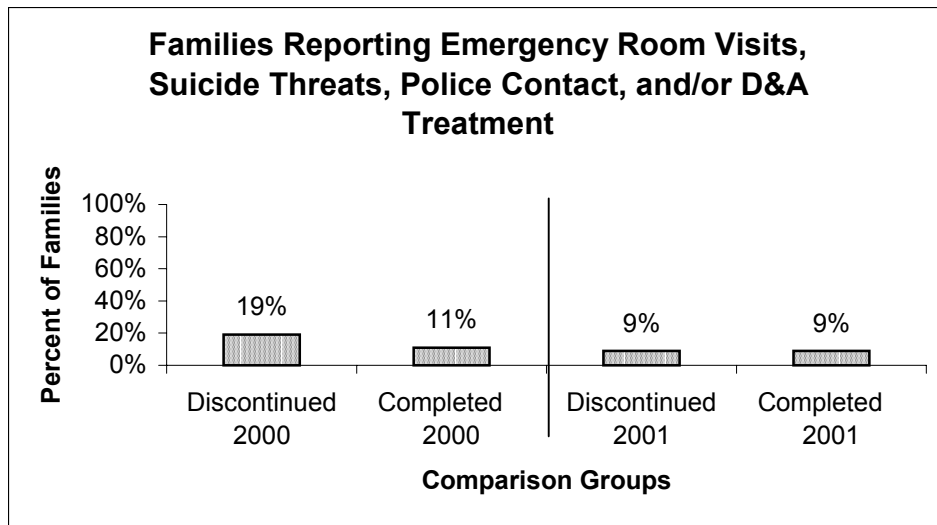


These results are similar to the out-of-home placement results. As the graph shows, less than 25% of the children had been placed in partial hospital/day treatment programs. Of the families who completed the FBMH treatment in 2001 ('Completed 2001') only 9% had a child placed in a partial hospital/day treatment program.

Enduring Functional Outcomes – Critical Events. When the families are contacted 3-4 months following the end of treatment, they are asked whether:

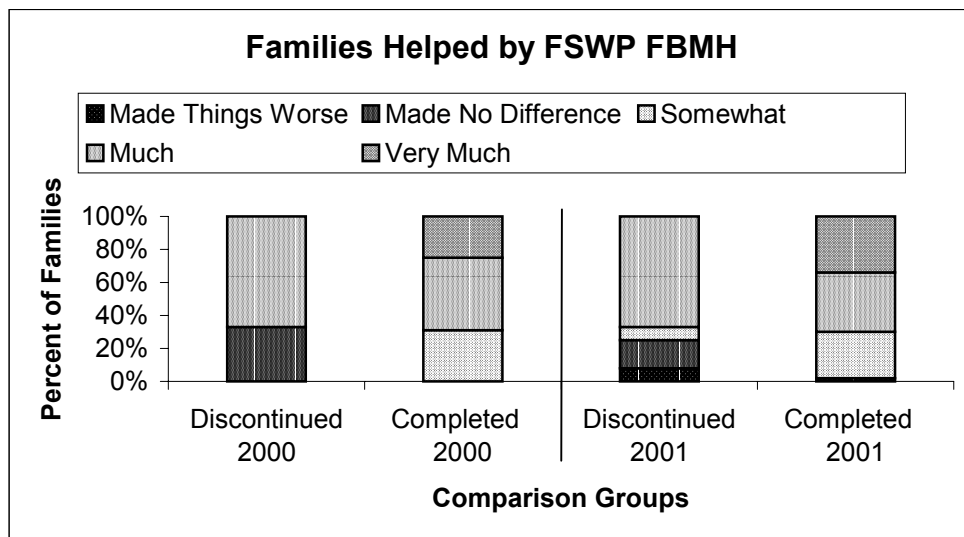
- Any family members have been taken to a hospital emergency room for mental or behavioral problems;
- Anyone in the family threatened or tried to commit suicide;
- Anyone been involved with the police; and
- Anyone in the family entered a treatment program for drug and alcohol abuse?

The next graph shows the percent of families who reported any of these problems. As can be seen very few families reported emergency room visits, suicide threats, police contacts, or drug and alcohol treatment. No group was above 20% and less than 9% of the 'Completed 2001' families reported these critical events. Of the families who did report one or another event, the most common answers were police contact for drug and alcohol related problems.

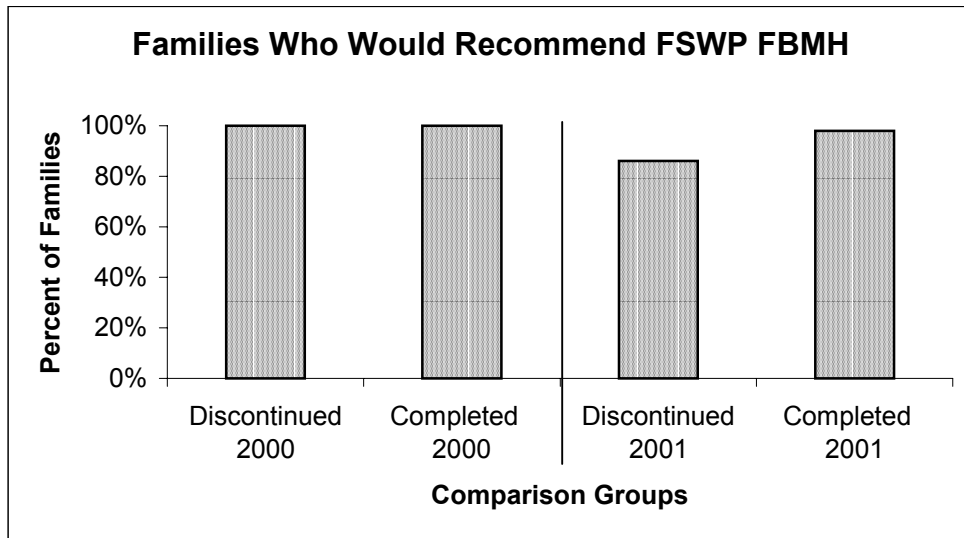


Families Helped. The families also were asked to reflect on whether they felt that FSWP helped them. They were asked overall, how much they felt their family was helped. The rating scale went from 'Very Much' to 'Much,' 'Somewhat,' 'Made no Difference,' and to 'Made Things Worse.' The next graph shows the families' ratings.

As can be seen, all of the families in 2000 and again in 2001 who completed treatment rated the service as having helped somewhat, much or very much. Only some of the families who discontinued services chose the 'made no difference' or 'made things worse' ratings. This might be expected given that these are the families who chose to end the service rather than continue to work on their goals.



Recommend FSWP. The last question asked of the families was, would you recommend FBMH services to another family with issues similar to the ones the families had. The next graph shows the results. Most families would recommend FBMH services to other families. Only 14% of the 'Discontinued 2001' families said they would not recommend FSWP services to other families. That is 3 families out of a total of 81 families in the four comparison groups.



Improvement Plan

The Family Based Mental Health programs of Family Services intend to continue collecting outcomes information, improving on the number of families included in the effort as well as the completeness of the information collected.

The programs also intend to make improvements in the quality of service provided to families by:

1. Revising paperwork to meet the needs of families, the program, the agency, and regulatory entities.
2. Increasing the amount of administrative office assistance to meet the needs of the teams.
3. Decreasing the overall duration of treatment.
4. Reviewing and updating linkages with other services.
