

**Children's Service Center
Family Based Mental Health Services
Luzerne/Wyoming Counties**

Introduction:

In FY 2015-2016, **Family Based Mental Health Services Program** at CSC served 128 children and adolescents. We project serving approximately 135 to 200 in January 1, 2017 to June 30, 2018.

CSC's Plan for development of a resiliency oriented system:

System Indictors:

1. Affirmative Action hiring policy that supports accommodations:
Children's Service Center's hiring policy is one of affirmative action; in addition, our HR department has an established track record of providing accommodations for staff that request them, both for physical as well as mental health needs.
2. Resiliency oriented mission statement:
Children's Service Center continues to review our mission statement to ensure a resiliency oriented mission statement drives our services.
3. Board Representation:
Children's Service Center is proud that consumers have representation on our Board. A significant officer on our Board of Directors is a consumer of services here at CSC. We are planning to increase consumer participation on our Board.

1. Soundness of Approach:

A. Project Description:

The Family Based Mental Health Services Program at Children's Service Center utilizes Eco-Systemic Structural Family Therapy in order to work with families to maintain children in their homes. The program uses a strengths based approach to build on each individual family member's strengths. The focus is on working to improve family structure and consistency, create healthy boundaries in families that are enmeshed or disengaged and to provide crisis stabilization to families during times of need. All of the children referred to Family Based Mental Health Services Program are at risk of out of home placement or are returning from an out of home placement. These placements include psychiatric hospitalization, group home, residential treatment facilities, juvenile justice and foster placements. The team may begin working with these families up to thirty days prior to

discharge. Special attention is given to developing rapport with each individual family member and to focus on what the family does well. The Family Based Mental Health Service Program Model is a wellness model and as such focuses on the resiliency of the family unit. All of the treatment teams follow the principles of the Sanctuary Model and utilize these concepts with the families they serve. Families are treated with a warm and accepting manner that encourages trust and openness in order to increase the likelihood of a successful outcome.

Each team consists of a mental health professional (therapist) and a child mental health worker (caseworker), or two mental health professionals. The team has both therapeutic and case management components. The therapeutic component focuses on identified strengths and concerns, creating healthy boundaries and promoting appropriate family structure to build upon protective factors and reduce risk factors, consistent with resiliency principles. The case management component focuses on helping families meet their primary needs like food and shelter, thereby also working with the family to rebuild protective factors and reduce risk factors related to primary needs. Once these primary needs are met, it is easier for the family to focus on their therapeutic needs.

The treatment team utilizes these CASSP principals-which children grow up best when they grow up in their own homes, that the family is a resource and a partner in the treatment process, that treatment utilizes strengths in addressing areas of need and concern, and that coordination among other human service systems and with the community is essential.

The frequency of face-to-face contacts is dependent upon family need and is developed in collaboration with the family. Families are seen in their homes, at school and in the community. Treatment includes individual therapy, family therapy, advocacy and crisis management and stabilization. A twenty-four hour crisis response service is provided and families within the programs are encouraged to access a staff member who is familiar with the family to reduce the likelihood of hospitalization.

The therapeutic techniques utilized by the Family Based Mental Health Services Program therapists are active, directive and well thought out. The nature of the program uniquely encourages the joining phase of treatment allowing for particularly strong therapeutic alliances with the family. The family is an active member in all aspects of treatment from the development of the treatment plan to discharge planning. The program recognizes that a child's symptoms are often a by-product of structural family related issues and that structural changes must occur in a family before the child's symptoms can be reduced. The child's symptoms are viewed as a signal structural change would benefit the family and that a positive change in one family member would effect a positive change in all family members. The therapeutic techniques used by the Family Based Mental Health Services therapist implement positive structural change by:

1. Strengthening family structure.
2. Creating healthy boundaries.
3. Providing crisis stabilization.
4. Developing a crisis plan with the family that includes effective coping mechanisms.
5. Acting as an advocate with other agencies.
6. Strengthening Co-Caregiver Alliance
7. Strengthening Executive Functioning
8. Improving Attachment between Family Members
9. Improving Self Regulation Skills

B. Description of Target Population:

The Family Based Mental Health Services Program serves families with children between the ages of 3-18 with one or more of the following criteria:

- Multiple crisis contacts which places the child at risk of being removed from the home
- Recent or pending discharge from an inpatient psychiatric hospital, group home, foster home, or residential treatment facility
- A means to reintroduce a child to his family upon returning from a foster placement and/ or supporting a successful transition back home. Family Based Mental Health Services promote a child's smooth transition from foster care to his family of origin. The Family Based Mental Health Services Program team works with the foster family and family of origin during the transition
- Maintain a child in a foster placement that may become the child's permanent family and/or adoptive family (children who are 18 years of age may remain in Family Based Mental Health Services for as long as they are enrolled in school.)

C. Statement of Need:

There is a growing concern over the number of children who are placed out of their homes and who, upon returning from placement, are subsequently placed again. The Family Based Mental Health Services Program focuses on developing a strong rapport with all involved family members. The focus is placed on building upon each family member's individual strengths and creating a stronger sense of resiliency within the family.

The Family Based Mental Health Services Program teams have the ability to begin working with families up to 30 days pre-discharge. This allows the team to develop a therapeutic relationship with all family members and to work with the

family to develop a plan to increase the likelihood of a successful transition home. The focus at this time is on ensuring that all discharge planning is completed prior to discharge. Teams work with the family to ensure the child is registered for school, to ensure that there is structure and consistency in the home, and to coordinate services with all other agencies and programs involved. The families feel supported during this time of transition and it helps to alleviate some possible stressors that may develop. This transition home can be a stressful time and the program provides 24-hour crisis intervention, which helps to reduce the number of hospitalizations.

Children who may be on the verge of an out of home placement are also eligible for Family Based Mental Health Services. The families receive sessions based on the intensity of need and their ability to schedule with the team. There is a strong focus on improving and strengthening relationships between family members.

D. Project Outcomes:

The Family Based Mental Health Services Program has been very successful in preventing out-of-home placements. The established program goal is that 80% of the children served will remain in the home environment. During the fiscal year July '15 to June '16 there were 128 families served. Of these, 91% of the children remained home and free from residential placement. 89% remained out of inpatient care, 11% of the children in the program were hospitalized during their treatment course.

E. Potential for Success:

The Family Based Mental Health Services Program of Children's Service Center has been providing in-home mental health services since April 1988. It is an on-going model of collaboration with Children & Youth Services, the Luzerne/Wyoming County Mental Health and Developmental Services Program, CAASP, Northeast Counseling Center, The Philadelphia Child and Family Training Center, Inc., The Children's Service Center and Community Care Behavioral Health.

The Philadelphia Child and Family Training Center is responsible for the ongoing intensive training of the Family Based Mental Health Services Program through didactic and clinical supervisions and clinical trainings. These opportunities for education, with therapeutic supervision by a licensed professional from PCFTC, ensure ongoing instruction on subjects that impact families served by Family Based Mental Health Services Program clinicians.

The trainings are mandatory for all newly hired Family Based Mental Health Services Program clinicians on a bi-weekly schedule for eight months each year. Family Based Mental Health Services Program clinicians from programs throughout Northeastern Pennsylvania attend, affording an invaluable opportunity to share

feedback on the most problematic cases in a non-threatening and supportive environment and to hone clinical skills. Clinicians receive three and a half years of classroom instruction on the most recent clinical data with regards to treatment modalities, diagnoses and medication. The project director is also required to attend trainings through PCFTC.

There is particular attention paid in these trainings to issues such as staff burnout and vicarious traumatization. The Family Based Mental Health Services Program at Children's Service Center recognizes that in order to ensure the potential for success the well being of its staff must be protected.

2. Overall Qualifications of the Agency:

Children's Service Center is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and is Sanctuary Certified. Children's Service Center has an extensive history of providing quality behavioral health care to the youth in our community and is committed to the highest standard of availability and continuity of care. We have been committed to the needs of children, adolescents and families for 154 years and currently serve over 5,000 individuals.

A. Experience with this service:

The Family Based Mental Health Services Program has been in existence at Children's Service Center since 1988. The staff attends training thru Philadelphia Child and Family Therapy Training Center.

B. Experience working with the proposed population:

Children's Service Center has a long history of treating children and their families. CSC provides services on site at home, school, and the community. Family Based Mental Health Services Program staff receives training both at Children's Service Center and Philadelphia Child and Family Therapy Training Center. PCFTT provides the Family Based Mental Health Services Program staff with training in Eco-Systemic Structural Family Therapy.

C. Experience coordinating community resources:

The Family Based Mental Health Services team works to coordinate services with other providers when needed. The team will meet with school, daycares and other any other services that works with the family. The Family Based Mental Health Services Program team will encourage utilization of Community Programs i.e. baseball, Boy Scouts, etc. in order to have family make strong community connections.

D. Current, valid license or certifications:

Children's Service Center is accredited by the Joint Commission on Accreditation of Healthcare Organization (JCAHO). Family Based Mental Health Services Program is licensed by the Office of Mental Health and Substance Abuse Services (OMHSAS).

3. Qualifications of Individuals Performing the Service:

Project Director

Graduate degree in Human Service field (psychology, social work, nursing, etc.) + at least 3 years direct care experience.

Therapist:

Graduate degree in Human Service Field + at least 2 years direct care experience *or*

Registered Nurse with 5 years of experience *or*

Bachelor's degree in Human Service field + certification by OMH as Mental health family based worker

Caseworker:

Bachelor's degree in Human Service field + 1 year experience *or*

12 college level semester hours in humanities/social services + 1 year experience and be enrolled for certification by the OHM as a mental health family based worker *or* registered nurse + 1 year of experience and enrolled for certification by OMH as a mental health family based worker.

The Senior Director of Clinical Services is a licensed independent Practitioner and has at least 10 years of experience. This professional and a child and adolescent Psychiatrist supervise the program director.

The program receives didactic and clinical supervision from Philadelphia Child and Family Training Center, Inc. Academic and clinical experts in subjects that impact families served by Family Based Mental Health Services clinicians provide didactic presentations. The primary function of the clinical supervision is to provide therapists the opportunity to present cases with the identified family's permission in order to address treatment goals that will enhance the family's success.

4. Budget:

A. Overall analysis of budget:

Please see attached