

Making Family Inclusion Standards Work: What Staff Need to Know

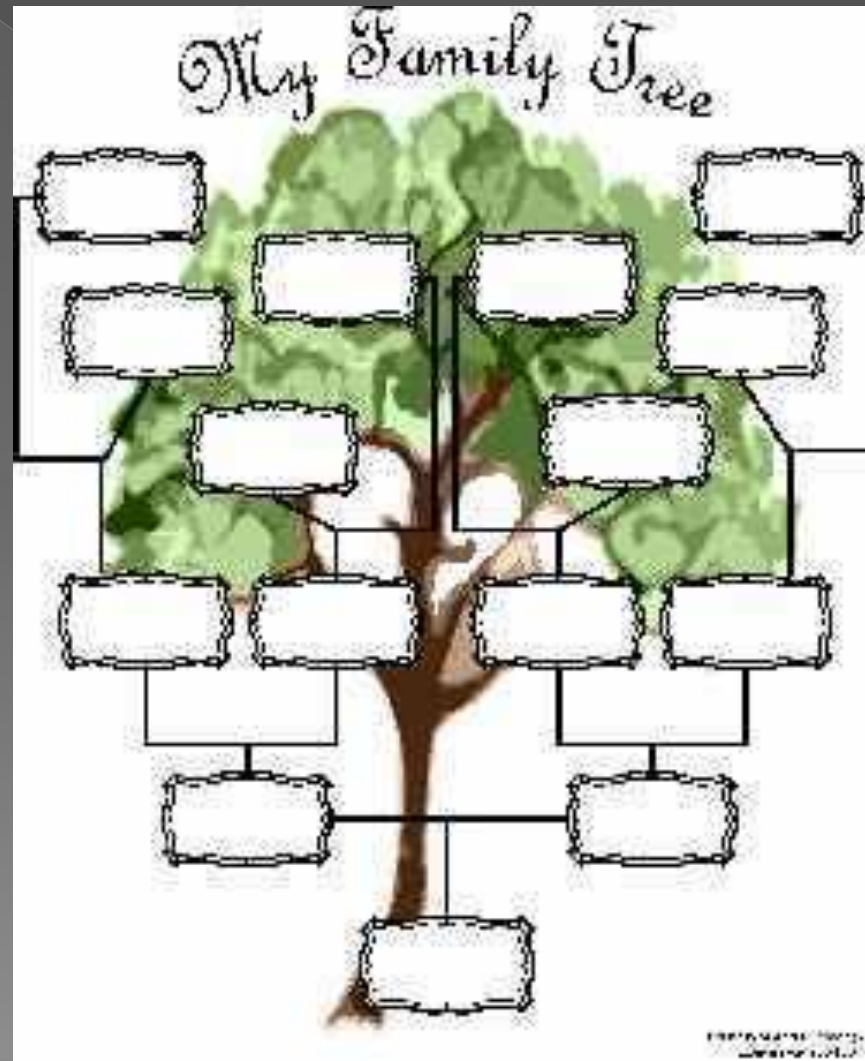
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NACM Conference
Revel Hotel & Casino
Atlantic City
October 2, 2013

Introduction: Who We Are

- **Family Resource Network:** Outreach, advocacy, and training: to increase referrals to our member organizations, assisting families to navigate the behavioral health system, helping systems become more family inclusive.
- **Horizon House, Targeted Case Management Unit:** We serve over 300 people with severe and persistent mental illness and/or addiction disorders. Our mission is to connect people with services that promote health, wellness, and personal strengths meaningful to each person's recovery and independence. We work with people in their homes and community.

Your family tree



Reasons for Family Inclusion and Standards

- ◉ A Component of Recovery Transformation in both policies, practices and community inclusion.
- ◉ Educating individuals on the importance of having significant people as a part of their network of support.
- ◉ Educating families and/or significant people on the importance of being involved in supporting their loved one's recovery.
- ◉ Creation of a collaborative relationship between the individual receiving services, the staff and the families.
- ◉ Measuring outcomes.

Definition of “Family” to “Significant People”

Enhancing behavioral health recovery:

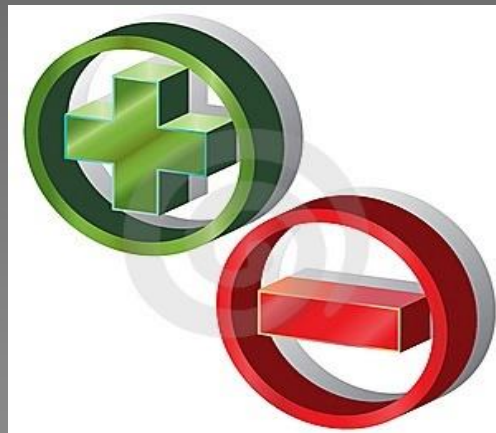
“FAMILY” does not mean:

- ⦿ just biological relatives (parents, siblings, children, extended relatives)
- ⦿ And ALSO does not mean just legal kin (spouses, adoptive parents, adopted children)

Definition of “Family” to “Significant People”

BUT ALSO INCLUDES:

“People in a person’s life who significantly affect their recovery from behavioral health challenges in positive AND/OR negative ways”



Reasons Leading to the Creation of Standards

Without Standards:

- Research is not translating into practice even though better treatment & recovery outcomes are associated with certain evidence-based or best practices in family interventions
- In Philadelphia people in recovery were rarely educated, asked or offered choices about these best practices
- Family service providers surveyed report that referrals are mostly from sources other than providers

Family Inclusion Collaboration: Family Resource Network and Horizon House

Based on the FRN Standards Horizon House piloted with FRN to develop family inclusion policies and practices in the targeted case management unit on key issues of:

- Staff competencies
- Addressing key issues of confidentiality, participant's rights, family concerns
- Quality Assurance and data management
- Adopting new policies and practices

FRN Standards & HH Implementations

1. The provider agency has a section in its formal agency policies & procedures concerning involving participant-approved significant people.



- ◉ **Confidentiality:** A new release/request form created for families/SPs called the “Family Friendly Release”
- ◉ **Service documentation:** The document used to write progress notes has been changed to better capture secondary contacts with family/SPs
- ◉ **Sample Welcome Letter, Service Documentation-2 phases, FRN Brochure**

FRN Standards & HH Implementations (cont.)

2. At intake or early in services staff encourage participants to identify SPs and sign family-friendly release forms.



- TCM staff do an early assessment and identification of social support system within the first 60 days of service
- We encourage participants to sign release/request of information so that we can begin to dialogue with their important people
- We send a welcome letter to family/SPs and include resources for families as well as a brochure or handbook

FRN Standards & HH Implementations (cont.)

3. Assigned staff contact identified SPs by *phone* to answer questions & receive pertinent information.



- TCM staff attempt to contact family members after packet is sent out to introduce themselves
 - a) We review the Q & A section of the handbook;
 - b) Roles and responsibilities of TCMs
 - c) Way to contact us
 - d) Frequency of contact
 - e) Service Planning
 - f) Rules of confidentiality

FRN Standards & HH Implementations (cont.)

4. Staff include appropriate SPs in treatment and recovery planning process



- With permission of our participants, we invite family/SPs to join us in service planning meetings.



FRN Standards & HH Implementations (cont.)

5. Staff offer appropriate resources & referrals to SPs.



- The TCM Handbook has been modified to include resources for families
- We have created a database of families/SPs to send out any new information
- We invite them to participate on HH's Family Advisory Council
- We send out announcements that come to us through the Family Resource Network Program

FRN Standards & HH Implementations (cont.)

6. Staff document SP information & contacts in formal records



- Family Friendly Release, Service documentation, FACE Sheet, BioPsychoSocial, Strength Assessment and RMPs (when applicable)



FRN Standards & HH Implementations (cont.)

7. Staff use Quality Assurance Review, discuss findings and implement improvements



- TCMs have monthly home visits with their participants; during home visits TCMs are asked to review and update service plans (families may be part of the planning and implementation of goals)
- On a monthly/quarterly basis TCM Managers review with their teams family/Sp contacts
- Each month, TCM Managers receive a report from IST that cues them regarding contacts with family/SPs

FRN Standards & HH Implementations (cont.)

8. Staff who work with SPs have training, experience & ongoing clinical supervision.



- Team managers meet regularly for both group and individual supervision with TCMs; issues are identified and strategies are discussed.
- Staff receive confidentiality training annually
- We receive on-going support from the Family Resource Network as needed

FRN Standards & HH Implementations (cont.)

9. Staff familiarize SPs with agency services.



- Staff reach out to family/SPs at intake and periodically thereafter with the Introduction to TCM Letter, TCM Brochure and TCM Guide to Services
- Information is sent out regularly to families regarding activities and supports of the *Family Resource Network*



FRN Standards & HH Implementations (cont.)

10. Staff recruit SPs to serve on advisory boards or policy committees.



- The TCM Department also informs families about the Family Advisory Council that they can join



Lessons

For staff:

- Start with a conversation about what it is to have family support
- Identify potential barriers
- Allay concerns and fear by offering training and support
- Act as a role model through positive interactions/relationships
- Get involved when conflicts arise!

Lessons (cont.)

For participants:

- Work with TCMs to identify important people in your life
- Talk honestly about your wants and needs form your FM/SPs
- Include your FM/SP in your service planning
- Be a responsible family member yourself! Set positive boundaries!
- *Joining an agency board or committees benefits **all** involved*

Lessons (cont.)

For families:

- Get to know the services in which your loved one is involved
- Get informed! Learn about mental illness and addiction disorders
- Participate in service planning- learn what you can do to be supportive.



Lessons (cont.)

For Agency:

- Support services to become family friendly- have family events, offer support services
- Modify paperwork to include FM/SPs to serve as a constant reminder to staff to keep them involved
- Have Family Advisory Councils so that FM/SPs have a voice in services.

What You Can Do

1. Recognize that both the family and their loved one may require ongoing support beyond the program.
2. Refer families to the Family Resource Network
3. Advance your professional knowledge & skills for:
 - a. Working with participants and families to encourage involvement & support
 - b. Develop additional problem solving, negotiation, and effective communication skills
 - c. Balancing the needs of the participant and the family.
4. Develop a resource network of support for yourself .

What You Can Do

5. Encourage administrators to have Family Inclusion standards or policies.
6. Develop training for staff such as confidentiality issues related to families
7. Make it a part of everyday practice to include family/SP
8. Be realistic about boundaries; let FM/SPs know what you can and cannot do! Do not be afraid to ask for help!



Resource Information For Families

F.R.N.-Family Resource Network 215/546-0300 x3259 Web: www.frnfamilies.org

Families Can Contact and/or Staff Can Refer Families to the Family Resource Network

When Families:

want education about mental illnesses, need the fellowship of a local support group, need to resolve issues of anger, confusion, want to learn to advocate, are seeking mental health resources, want to learn coping skills, are interested in leadership roles, and need guidance about Mental Health Court

FAMILY RESOURCE NETWORK

National Alliance on Mental Illness: Philadelphia Office Contact: Rose Carvalho 267-687-4381
rcarvalho@nami-pa.org Web: philadelphia.nami.org

Affiliates:

1. Northeast Philadelphia

Meets: 2nd Sunday of each month
Friends Hospital-Wallace Room
Roosevelt Blvd & Adams Ave

3. South Philadelphia

Meets the last Thursday of each month
Catch, Inc., 1400 Reed St.
Contact: Vicky Hunt, 321-961-9064

2. Northwest Philadelphia

Meets: 1st Tuesday of each month
27 E. Mt. Airy Ave.
Contact: 215/548-2620

4. Hispanparlante (Spanish Speaking)

Contact Ramon: Castro 215/739-2669

Family to Family, 12 week education class:

To register for: (De Familia a Familia) (Spanish speaking) Contact: Ramon Castro, 610/291-2549

To register for: English speaking classes in Philadelphia Contact: Rose Carvalho 267-687-4381

More Resources

Parents Involved Network of the Mental Health Association of SEPA

PIN is a Peer to Peer program assisting parents/caregivers of children and adolescents with emotional / behavioral health challenges, in acquiring services from state, local, or private child-serving systems.

PIN can offer supports in a variety of locations including the Crisis Response Center (CRC @ Germantown Hospital), Juvenile Court, and schools.

PIN provides phone support, attendance in meetings as well as:

Parent support groups run in both English/Spanish throughout the city.

Information, 3. Referral, 4. Advocacy, 5. Trainings

Contact: Becky Espanol 267-507-3868

Even More Resources

Training & Education Center Mental Health Association of SEPA

1. Individual help and support in coping and promoting recovery when an adult child, sibling, partner or parent has a mental health or personality disorder. *Phone appointments or face-to-face meetings are free to Philadelphia residents, and \$50/hr if neither the caller nor their relative live in Philadelphia.*
2. Family Support & Problem-Solving Group with guest speakers & topics of interest:
3rd Thursday morning of each month, 10:00 am - noon 1211 Chestnut St., 11th fl. conference room.
3. Educational Support Group for Family Members of People with Traits of Borderline Personality Disorder:
4th Tuesday each month, 7-9 PM at Belmont Center, 4200 Monument Ave. \$25/person, \$35/couple, \$45/family of 3 (max) if neither participant nor relative lives in Philadelphia). Contact: Mary Lowery (267) 507-3865 e-mail: TECinfo@mhasp.org; www.mhasp.org/about-tec
4. Skill-building Workshops for Family Members, Partners & Friends: "Getting Off the Emotional Roller Coaster When A Loved One Has a Mood Disorder or Borderline Personality Disorder.
5. Support Group for Adult Daughters, Sons, and Siblings of People with Mental Health or Personality Disorders (every other month).
6. Training & Technical Assistance to providers in behavioral health and child welfare systems.

Contact: 215/751-1800, x3865, TECinfo@mhasp.org

Additional Resources

Family Support Specialist

1. Resource for Information & Referral
2. Mental Health Courts: meets families for information related to court, referral to local family education & support about mental illness. Mental Health Courts are at: Girard Medical Center, Einstein Hospital, and Friends Hospital
3. Resource for families whose loved one may be mentally ill and incarcerated.
Contact: Angela Smith 215/546-0300, x2357
AngelaSmith@PMHCC.org

Resources aplenty

Consumer Satisfaction Team : Documents satisfactions/concerns of individuals & families related to publicly funded behavioral health services. 215-923-9627

Family Resource Center , Friends Hospital (Scattergood Bldg): Books, articles, videos, and handouts. 215-831-4894

Freda Kraftsow Sacks Resource Center , Belmont Hospital : Books, articles, videos, handouts. 215-581-4587

Philadelphia Department of Behavioral Health/Intellectual disAbility Services: 215-685-5400 TTY/TDD 888-436-7482
www.DBHIDS.org , www.philadelphia.pa.networkofcare.org

Acute Services: 24/7 phone number for all questions related to mental health, alcohol and substance abuse, crisis response centers,

302s, mobile teams, community response team, etc. 215-685-6440 * 24/7 Suicide and Crisis Counseling 1-800-TALK or 215-686-4420

* Community Response Team: Emotional support to communities experiencing trauma 215-685-6440

Behavioral Health Special Initiatives (BHSI) 215-546-1200

Compact: Children's social & emotional well-being in the community. 215-685-4737

Community Behavioral Health (CBH): Serving Philadelphia's uninsured, underinsured, and Medicaid-eligible residents.
1-888-545-2600

Intellectual disAbilities Services 215-685-5900 * Intellectual disAbilities Registration 215-685-4677 : www.mycitymyplace.com

Office of Addiction Services 215-685-5403 * Office of Supportive Housing 215-686-7150

U. S. Department of Veterans Affairs

1. Coaching Into Care : For families and others who want to help reluctant Veterans access their health care benefits, particularly for mental health issues. <http://www.mirecc.va.gov/coaching/> 1-888-823-7458

2. Veterans Crisis Line: For Family members or Veterans with Immediate crises. 1-800-273-8255, Press 1 for Veterans

3. Philadelphia Veterans Administration Medical Center : Mental Health Clinic 215-823-4300

Evidence-based Publications

- Attitudes and Perceived Barriers to Working with Families of Persons with Severe Mental Illness: Mental Health Professionals' Perspectives Hea-Won Kim & Michelle P. Salyers, *Community Mental Health Journal*, 44:337-345, 2008.
- Building Collaborative Relationships With Families of the Mentally Ill, Henry Grunebaum & Holly Friedman, *Hospital and Community Psychiatry*, Vol. 39, No. 11: 1183-1186, 1988.
- Confidentiality Policies & Practices in Regard to Family Involvement: Does Training Make a Difference? Phyllis Solomon, Max Molinaro, et al, *American Journal of Psychiatric Rehabilitation*, March, 2012, 15:1
- DBHIDS: Practice Guidelines: www.dbhids.org
- DBHIDS: Family and Confidentiality Guidelines: www.dbhids.org
- Development & Implementation of Standards for Behavioral Health Provider Programs, Max Molinaro, Phyllis Solomon, et al, *American Journal of Psychiatric Rehabilitation*, March, 2012, 15:1

Evidence-based Publications (continued)

- Engaging Significant Others: The Tom Sawyer Approach to Case Management, Joel Kanter, *Psychiatric Services*, August 1996, Vol. 47, No 8
- Family Support and Substance Use Outcomes for Persons with Mental Illness and Substance Use Disorders, Robin E. Clark, *Schizophrenia Bulletin*, 27(1): 93-101, 2001
- Overcoming Barriers in Working With Families, Alison M. Heru, Laura Drury, *Academic Psychiatry*, 2006, 30:379-384
- Overcoming Systemic Barriers to Family Inclusion in Community Psychiatry: The Pennsylvania Experience, Edie Mannion, Robert Marin, et al, *American Journal of Psychiatric Rehabilitation*, March 2012, 15:1
- Preferences for Family Involvement in Care Among Consumers with Serious Mental Illness, Amy Cohen, Amy Drapalski, et al, *Psychiatric Services*, March 2013, Vol. 64, No. 3

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