

Service: Family Outpatient Services – Family Training

Service Definition

A therapeutic interaction shown to be successful with identified family populations, diagnoses and service needs, provided by qualified staff. Services are directed toward achievement of specific goals defined by the individual youth and by the parent(s)/responsible caregiver(s) and specified in the Individualized Resiliency Plan (note: although interventions may involve the family, the focus or primary beneficiary of intervention must always be the individual).

Family training provides systematic interactions between the identified individual, staff and the individual's family members directed toward the restoration, development, enhancement or maintenance of functioning of the identified individual/family unit. This may include support of the family, as well as training and specific activities to enhance family roles; relationships, communication and functioning that promote the resiliency of the individual/family unit.

Specific goals/issues to be addressed through these services may include the restoration, development, enhancement, or maintenance of:

1. Illness and medication self-management knowledge and skills (e.g., symptom management, behavioral management, relapse prevention skills, knowledge of medications and side effects, and motivational/skill development in taking medication as prescribed/helping a family member to take medication as prescribed);
2. Problem solving and practicing functional support;
3. Healthy coping mechanisms;
4. Adaptive behaviors and skills;
5. Interpersonal skills;
6. Daily living skills;
7. Resource access and management skills; and
8. The family's understanding of mental illness and substance related disorders, the steps necessary to facilitate recovery/resiliency, and methods of intervention, interaction, and mutual support the family can use to assist their family member.

Admission Criteria

1. Individual must have an emotional disturbance and/or substance-related disorder diagnosis that is at least destabilizing (markedly interferes with the ability to carry out activities of daily living or places others in danger) or distressing (causes mental anguish or suffering); and
2. Individual's level of functioning does not preclude the provision of services in an outpatient milieu; and
3. Individual's assessment indicates needs that may be supported by a therapeutic intervention shown to be successful with identified family populations and individual's diagnoses.

Continuing Stay Criteria

1. Individual continues to meet Admission Criteria as articulated above; and
2. Progress notes document progress relative to goals identified in the IRP, but all treatment/support goals have not yet been achieved.

Discharge Criteria

1. An adequate continuing care plan has been established; and one or more of the following:
2. Goals of the Individualized Resiliency Plan have been substantially met; or
3. Individual/family requests discharge and individual is not in imminent danger of harm to self or others; or
4. Transfer to another service is warranted by change in individual's condition; or
5. Individual requires more intensive services.

Service Exclusions

1. Designated Crisis Stabilization Unit services and Intensive Family Intervention.
2. This service is not intended to supplant other services such as Personal and Family Support or any day services where the individual may more appropriately receive these services with staff in various community settings.

Clinical Exclusions

Individuals with the following conditions are excluded from admission unless there is clearly documented evidence of a psychiatric condition/substance use disorder cooccurring with one of the following diagnoses: Intellectual/Developmental Disabilities, Autism, Neurocognitive Disorder, and Traumatic Brain Injury.

Required Components

1. The treatment orientation, modality and goals must be specified and agreed upon by the youth/family/caregiver.
2. The Individualized Resiliency Plan for the individual includes goals and objectives specific to the youth and family for whom the service is being provided.

Service Accessibility

1. Services may not exceed 16 Billable units (combined Family Counseling and Family Therapy) in a single day. If clinical need indicates this level of intensity, other services may need to be considered for authorization.
2. Family Training may not be provided in an Institution for Mental Diseases (IMD, e.g., state or private psychiatric hospital, psychiatric residential treatment facility or Crisis Stabilization Unit with greater than 16 beds), jail, youth development center (YDC) or prison system.
3. This service may not be provided and billed for youth who are involuntarily detained in Regional Youth Detention Centers (RYDCs) awaiting criminal proceedings, penal dispositions, or other involuntary detainment proceedings. Any exception to this requires supporting documentation from the DJJ partners. The provider holds the risk for assuring the youth's eligibility.
4. To promote access, providers may use Telemedicine as a tool to provide direct interventions to individuals for whom English is not their first language. Examples of this include:
 - a. The use of one-to-one service intervention via Telemedicine, connecting the individual to a practitioner who speaks the individual's language versus use of interpreters; and/or
 - b. The use of an interpreter via Telemedicine to support the practitioner in delivering the identified service.

Telemedicine may only be utilized when delivering this service to an individual for whom English is not their first language. The individual/family must consent to the use of this modality. This consent should be documented in the individual's record. The use of telemedicine should not be driven by the practitioner's/agency's convenience or preference.

Documentation Requirements

1. If there are multiple family members in the Family Training session who are enrolled individuals for whom the focus of treatment in the group is related to goals on their IRP, we recommend the following:
 - a. Document the family session in the charts of each individual for whom the treatment is related to a specific goal on the individual's IRP.
 - b. Charge the Family Training session units to one of the individuals.
 - c. Indicate "NC" (No Charge) on the documentation for the other individual(s) in the family session and have the note reflect that the charges for the session are assigned to another family member in the session.