



Children's Behavioral Health Initiative

Overview of New Behavioral Health Services



New MassHealth behavioral health services

New Services to be available state-wide

- Intensive Care Coordination (ICC) - “Wraparound” model of service planning and delivery – June 30, 2009
- Mobile Crisis Intervention – June 30, 2009
- Family Support and Training – June 30, 2009
- In-Home Behavioral Services – October 1, 2009
- Therapeutic Mentors – October 1, 2009
- In-Home Therapy Services – November 1, 2009
- Crisis Stabilization Services* – December 1, 2009

* Approval of this service is still pending with the federal Centers for Medicare and Medicare Services (CMS)



New Services Implementation:

Community Service Agencies:

- Deliver Intensive Care Coordination and Family Support and Training
- Convene and staff the local System of Care Committee
- 32 CSAs selected by MassHealth's managed care contractors: one for each DCF Area (29) and three culturally- and linguistically-focused CSAs
- Training and coaching on the Wraparound process being conducted by Vroon VanDenBerg Associates



Intensive Care Coordination

- Targeted Case Management
- Utilizes *Wraparound* care planning process
- Includes:
 - Assessment (comprehensive, home-based, inclusive of CANS)
 - Development of Care Planning Team and Individual Care Plan (ICP)
 - Referral and related activities
 - Monitoring and follow up activities
- Delivered by care coordinators with a Master's or Bachelor's degree (*Associates plus 5 years)
- Limited to “members of the class” i.e. youth with SED

What is Wraparound?



- Structured team-based process
- Plans & implements individualized care plans for youth & families
- Based on an ecological understanding of the child and family
- Strong emphasis on cultural competence
- Especially appropriate for youth and families with most complex and severe needs



Service 2: Family Support and Training

- One-to-one relationship with parent or caregiver
- Coach, support caregiver to parent the youth with serious emotional disturbance
- May include education, coaching, support and training
- Delivered in in home and community-based settings by a “family partner” who is a parent/caregiver of a youth with special needs

Service 3: Mobile Crisis Intervention

- Short-term, mobile, on-site, face-to-face.
- Therapeutic response to a child's mental health crisis by trained crisis professionals.
- Up to 72 hour intervention in community settings (including the youth's home), 24/7/365.
- Built on re-procured ESP system.



Service 4: In-Home Behavioral Services

- **Behavior Management Therapy (MA or PhD)**
- This service includes:
 - a functional behavioral assessment
 - development of a highly specific behavior support treatment plan utilizing behavioral techniques based on evidence-based approaches to behavioral change and learning functional behavior; supervision and coordination of interventions; and training other interveners to address specific behavioral objectives or performance goals.
 - designed to treat challenging behaviors that interfere with the youth's successful functioning.

Behavior Management Monitoring (BA)

- This service includes:
 - implementation of the behavior support treatment plan,
 - monitoring the youth's behavior,
 - reinforcing implementation of the treatment plan with the parent(s)/ guardian(s) / caregiver(s), and
 - reporting to the behavior management therapist on implementation of the treatment plan and progress toward behavioral objectives or performance goals.

Accessed through one of the 3 clinical hub services (OP, in-home therapy, ICC)

Service 5: Therapeutic Mentoring Services



- Structured one-on-one mentoring relationship between therapeutic mentor and a youth
- Addresses daily living, social & communication needs
- Address goals to support social functioning
- Delivered in home and community-based settings

Accessed through one of the 3 clinical hub services (OP, in-home therapy, ICC)



Service 6: In-Home Therapy Services

- In-home, intensive, family-based treatment
- Goals: treat the youth's mental health needs & promote healthy functioning of youth in family
- Typically provided by a team: MA-level therapist and trained paraprofessional

Service 7: Crisis Stabilization



- Provided for youth who do not require hospital level of care.
- Designed to prevent or ameliorate a behavioral health crisis that may otherwise result in a youth under the age of 21 being removed from home
- Focused on the rapid return of the youth to their home/community environment.
- Available based on medical necessity in short-term (typically 24-48 hours and typically no more than 7 days), in therapeutic staff-secure settings.
- Evaluate and treat youth, and teach, support & assist parent or caretaker
- Link youth to other appropriate services

NOTE: This service is still pending approval by the federal Centers for Medicare and Medicaid Services

Care Coordination: Clinical Hubs



Intensive Care Coordination (Wraparound)

- Clinical Assessment inc. CANS
- SED determination for eligibility
- Medical Necessity determination
- Care coordination

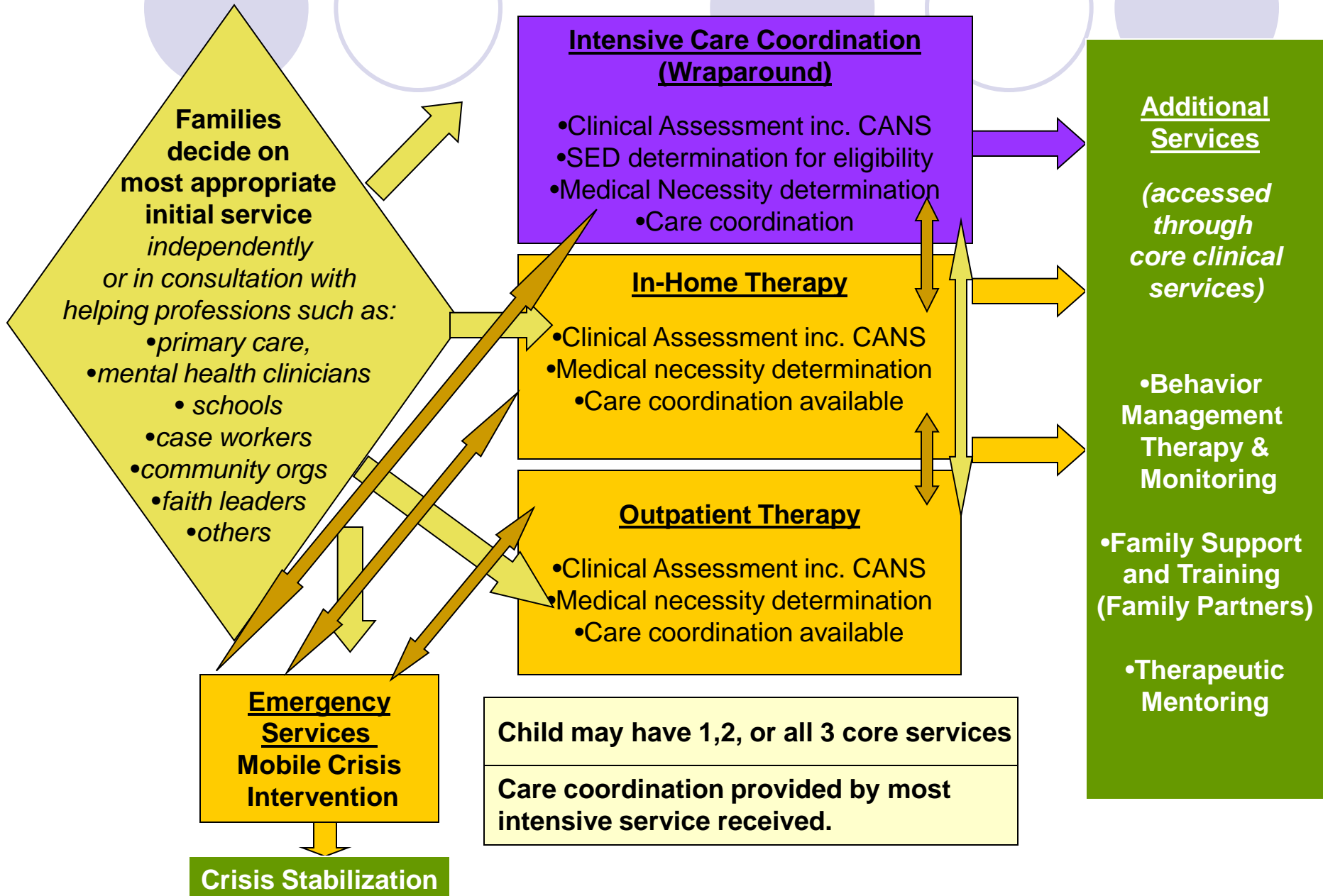
In-Home Therapy

- Clinical Assessment inc. CANS
- Medical necessity determination
- Care coordination available

Outpatient Therapy

- Clinical Assessment inc. CANS
- Medical necessity determination
- Care coordination available

Care Coordination



What does it mean to be a “hub”?

- Can make referrals for services that require a hub: therapeutic mentoring, in-home behavioral, and family support and training
- Remember when more than one clinical hub service provider is involved with a family care coordination is provided by the most intensive service
- Are responsible for coordinating care and collaborating with other service providers (e.g. convening care planning teams for ICC, making regular phone calls to collaterals, holding meetings with the family and other treatment providers).
- Need to regularly connect with those “hub dependent” service providers to which you make referrals in order to coordinate care and obtain and provide updates on the youth’s progress

“Hub dependent”



- What does it mean to be a “hub dependent” service?
 - Referrals must come from one of the three clinical hubs: outpatient, in-home therapy, intensive care coordination
 - Service will not be authorized as a “stand-alone” service; it requires a hub
 - There must be a goal identified on an existing individual care plan (ICP) for youth in ICC or a treatment plan for youth in IHT or outpatient that the service is required/needed to address



System change = opportunity

CBHI Values

- **Family-Driven, Child-Centered and Youth Guided**
- **Strengths-Based**
- **Culturally Responsive**
- **Collaborative and Integrated**
- **Continuously Improving**



System change = opportunity

CBHI Strategic Priorities

1. Increase Timely Access To Appropriate Services
2. Expand Array of Community-based Services
3. Reduce Health Disparities
4. Promote Clinical Best Practice and Innovation
5. Establish an Integrated Behavioral Health System Across State Agencies
6. Strengthen, Expand, and Diversify Workforce
7. Mutual Accountability, Transparency and Continuous Quality Improvement

How will this effect my work with youth, families, and adults with behavioral health needs?

- You might be asked by a parent or a caregiver to be a care plan team member
- You might show up for a meeting that is cancelled because the family is not present (no pre or post meetings to talk about the family—transparency is critical)
- You might need to attend a meeting in someone’s home, a school, or other “non-traditional” setting
- You will work with professionals with experiential knowledge rather than traditional academic knowledge
- You might need to engage in creative scheduling in order to meet the needs of a family
- You will have additional resources to assist you in helping a youth and family meet treatment goals
- You will be asked to think about needs as opposed to services
- You will be asked to explore and identify strengths
- You will need to prioritize the youth and family’s goals as opposed to the “professionals” priorities (except when safety is an issue)
- You will need to work to support youth to remain in the community and reduce the reliance on out of home care and restrictive placements
- You will need to engage in practices that support collaboration across providers at all levels



Resources:

- **CBHI Website:**

www.mass.gov/masshealth/childbehavioralhealth

Website includes information on performance specifications, medical necessity criteria, presentations from CBHI Institute, announcements about CBHI related events

- **National Wraparound Initiative website:**

www.rtc.pdx.edu/nwi