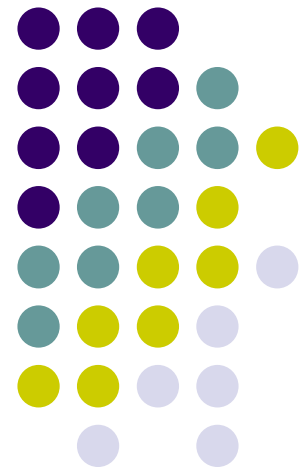


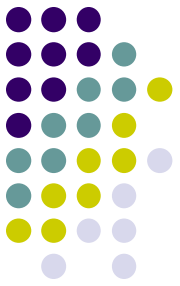


Children's Behavioral Health Initiative

Level of Care Meetings

July 2014





Our story starts in the 1980s and 90s...

Federal CASSP
Grants (1980s)

State Dept. of Mental Health
introduces salaried Family
Support Specialists with
lived experience

Child Welfare agency adopts
Family Group Conferencing,
strengths-based planning and
emphasis on community-
based and natural supports
(2000s)

1991: Parent/Professional
Advocacy League starts.
PPAL is the state organization
of the Federation of Families
for Children's Mental Health

RWJ Mental Health
Services Program for
Youth (MHSPY, 1998)

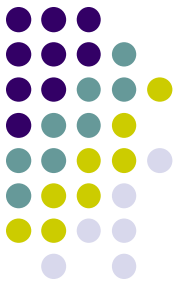
MHSPY and WCC expanded
to five cities as Coordinated-
Family Focused Care (CFFC)
through Medicaid Waiver
(2003)

Many providers use grants to
experiment with more
strengths-based family-
centered, ecological
approaches

SAMHSA System of
Care Grants to
Worcester
Communities of Care
(WCC, 1999)

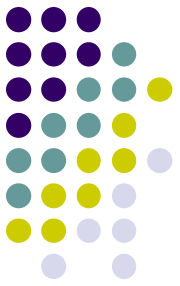
Juvenile Justice agency
adopts Positive Youth
Development approaches

“System Builders” (Pires, 2002)

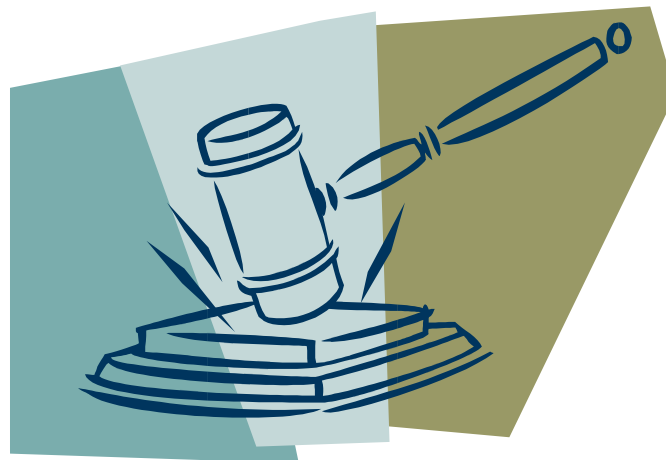


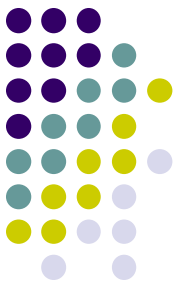
“...all key stakeholders at national, state and local levels – families and youth, providers, line staff, administrators, policy makers, and evaluators....”

The Big Catalyst: The “Rosie D” Class Action Lawsuit....



- Filed in 2001 on behalf of children and youth with serious emotional disturbance; final Judgment issued July, 2007
- MassHealth, found to be out of compliance with “reasonable promptness” and “**Early Periodic Screening Diagnosis and Treatment**” (EPSDT) provisions of federal Medicaid law





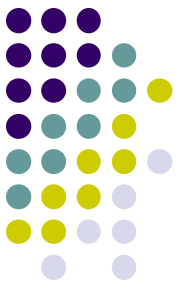
Requirements of the Remedy (1)

- Notification – MassHealth must inform eligible children and youth, birth through age 20 (or their families), of the availability of BH screening, assessment and services
- Screening – MassHealth must require primary care clinicians to offer to screen children and youth for potential BH conditions during office visits, using approved standardized BH screening tools.

Requirements of the Remedy (2)



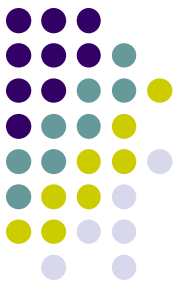
- Diagnosis – MassHealth must require BH clinicians serving MassHealth children and youth to use the standardized clinical information collection tool known as the CANS, as an information integration and decision support tool.



Requirements of the Remedy (3)

Six new or improved home- and community-based behavioral health services:

- Intensive Care Coordination (ICC) using “Wraparound” model
- Family Support & Training (“Family Partners”)
- In-Home Therapy Services
- In-Home Behavioral Services
- Therapeutic Mentors
- Mobile Crisis Intervention

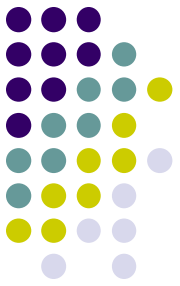


Requirements of the Remedy (4)

Beyond EPSDT or Reasonable Promptness, the parties agreed that:

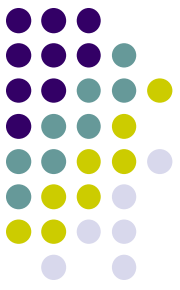
- ICC would be based on “Wraparound” - a process of care planning involving the youth and family in a process that results in a unique set of community services and natural supports individualized for that youth, to achieve a positive set of outcomes.
- All system improvements would reflect “System of Care” values - that care should be: strength-based, individualized, child-centered, family focused, community-based, multi-system, and culturally competent.

Implementation Monitoring



Judge Ponsor relies on three sources of information to assess our implementation of the Judgment:

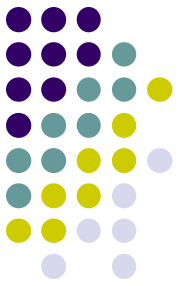
- The Defendants' (the State's) reports
- The Plaintiffs' (Center for Public Representation's) reports
- Conversations with the Court Monitor, Karen Snyder



Implementation Monitoring (2)

- CBHI Director, Asst. Director meet with the Court Monitor 2-3 hours a week
- Staff from MassHealth's Office of Behavioral Health (OBH), CBHI and EOHHS Legal meet with the Plaintiffs monthly; sometime bi-weekly; sometimes weekly
- All significant design and management decisions are reviewed by the Court Monitor and Plaintiffs

Implementation Monitoring (3)



The Judge's, Monitor's & Plaintiffs' concerns:

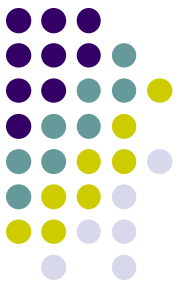
- Timely access to all services
- Appropriate level of care coordination
- Adequacy of outpatient therapy as a hub
- CANS compliance
- Percentage of Mobile Crisis visits that occur in the community
- Service quality & and ongoing quality improvement mechanisms



Monitoring...what's next?

- Monitoring scheduled to end 7/12
- Extended five times. New date 12/14
- Parties have narrowed the issues
- Court has “retained jurisdiction”: Plaintiffs can come back to Court, without filing a new lawsuit, whenever they think the State is not fulfilling our EPSDT obligations for youth with Serious Emotional Disturbance....

Resources:



- Building Systems of Care: A Primer, Sheila A. Pires, Human Services Collaborative, Washington, DC, 2002
- CBHI website (service specifications, Medical Necessity Criteria, training materials, court documents and more): www.mass.gov/masshealth/childbehavioralhealth
- John Lyons, Ph.D. website: www.praedfoundation.org
- Massachusetts Child Psychiatric Access Project (MCPAP) www.mcpap.com
- National Wraparound Initiative website: www.rtc.pdx.edu/nwi
- *Rosie D. v. Patrick* (United States District Court, District of Massachusetts), Civil Action Number 01-30199-MAP