



## Performance Specifications

### Children's Behavioral Health Initiative Family Support and Training

Providers contracted for this level of care or service will be expected to comply with all requirements of these service-specific performance specifications. Additionally, **providers of this service and all contracted services will be held accountable to the "general" performance specifications.**

**Family Support and Training (FS&T)** is a service provided to the parent/caregiver/guardian of a youth (under the age of 21), in any setting where the youth resides, such as the home (including foster homes and therapeutic foster homes) and other community settings. Family Support and Training is a service that provides a structured, one-to-one, strength-based relationship between a Family Partner and a parent/caregiver/guardian. The purpose of this service is for resolving or ameliorating the youth's emotional and behavioral needs by improving the capacity of the parent/caregiver/guardian to parent the youth so as to improve the youth's functioning as identified in the outpatient or In-Home Therapy treatment plan or Individual Care Plan (ICP), for youth enrolled in Intensive Care Coordination (ICC), and to support the youth in the community or to assist the youth in returning to the community. Services may include education, assistance in navigating the child serving systems (DCF, education, mental health, juvenile justice, etc.); fostering empowerment, including linkages to peer/parent support and self-help groups; assistance in identifying formal and community resources (e.g., after-school programs, food assistance, summer camps, etc.); and support, coaching, and training for the parent/caregiver/guardian.

Family Support and Training is delivered by strength-based, culturally and linguistically appropriate qualified paraprofessionals under the supervision of a licensed clinician.

Family Support and Training services must be necessary to achieve a goal(s) established in an existing behavioral health treatment plan/ICP for Outpatient therapy (Outpatient), In-Home Therapy (IHT) or ICC. For members being discharged from Outpatient, In-Home Therapy, or ICC, the receipt of Family Support and Training services following discharge must be necessary to achieve the goal(s) identified in the member's discharge plan. Progress toward meeting the identified goal(s) in their treatment plan, ICP, discharge plan, and/or ongoing action plan must be documented and communicated regularly to any other ongoing behavioral health treatment providers. Services are designed to improve the parent/caregiver/guardian's capacity to ameliorate or resolve the youth's emotional or behavioral needs and strengthen their capacity to parent.

Delivery of ICC may require care coordinators to team with Family Partners. In ICC, the care coordinator and Family Partner work together with youth with SED and their families while maintaining their discrete functions. The Family Partner works one-on-one and maintains regular frequent contact with the parent(s)/caregiver(s)/guardian(s) in order to provide education and support throughout the care planning process, attends Care Planning Team (CPT) meetings, and may assist the parent(s)/caregiver(s)/guardian(s) in articulating the youth's strengths, needs, and goals for ICC to the care coordinator and CPT. The Family Partner educates parents/caregivers/guardians about how to effectively navigate the child-serving systems for themselves and about the existence of informal/community resources available to them; and facilitates the parent's/caregiver's/guardian's access to these resources.

## Components of Service

1. Providers of Family Support and Training services are outpatient hospitals, mental health centers, community behavioral health centers, other clinics and private agencies certified by the Commonwealth. Providers of Family Support and Training services utilize Family Partners to provide these services.
2. The Family Support and Training service must be operated by a provider with demonstrated infrastructure to support and ensure:
  - a. Quality Management/Assurance
  - b. Utilization Management
  - c. Electronic Data Collection/IT
  - d. Clinical and Psychiatric Expertise
  - e. Cultural and Linguistic Competence
3. The Family Support and Training provider engages the parent/caregiver/guardian in activities in the home and community. These activities meet one or more of the following purposes:
  - a. Address one or more goals on the youth's treatment plan for outpatient or In-Home Therapy, or ICP, for youth enrolled in ICC;
  - b. Assist the parent/caregiver/guardian with meeting the needs of the youth and meet one or more of the following purposes:
    - i. Educating
    - ii. Supporting
    - iii. Coaching
    - iv. Modeling
    - v. Guiding
  - c. And may include:
    - i. Education
    - ii. Teaching the parent/caregiver how to navigate the child-serving systems and processes
    - iii. Fostering empowerment, including linkages to peer/parent support and self-help groups
    - iv. Teaching the parent/caregiver how to identify formal and community-based resources (e.g., after-school programs, food assistance, housing resources, etc.)
4. Family Partners must have a written action plan outlining the goal(s) of care as determined by the outpatient therapist, In-Home therapist, or Intensive Care Coordinator. This individual action plan must identify tasks needed to meet goals and timeframes for completion. The individual Action plan must include modality and location of tasks. The individual action plans must be signed by the Family Partner, the parent/caregiver/guardian, and the Family Support and Training supervisor. The initial individual action plan is due within 30 days of Family Partner services initiating. The plan is updated every 90 days at a minimum and as needed.
5. The Family Support and Training Provider develops and maintains policies and procedures relating to all components of FS&T. The provider will ensure that all new and existing staff will be trained on these policies and procedures.
6. Services shall be provided to the parent/caregiver/guardian in the home/community. Providers may deliver services via Health Insurance Portability and Accessibility (HIPAA)-compliant telehealth platform at the family's request and if the services can effectively be delivered via telehealth. Services delivered through a telehealth platform must conform to the applicable standards of care. When providing services via telehealth, providers shall follow the current MassHealth and MCE guidelines regarding telehealth and the reason for utilizing telehealth must be documented in the youth's record.
7. The Family Partner delivers services designed to support a parent/caregiver/guardian in improving their capacity to ameliorate or resolve a youth's behavioral or emotional needs and/or support a parent/caregiver/guardian in accordance with the youth's existing outpatient, IHT, or ICC treatment plan or ICP. For Outpatient and IHT, the treatment plan is jointly developed by the

- provider with the parent/caregiver/guardian and the youth whenever possible and may also include other involved parties such as school personnel, other treatment providers, and significant people in the Member's life. For youth in ICC, FS&T services are delivered in accordance with the ICP.
8. Family Support and Training services may continue for youth and families who are engaged in Family Support and Training at the time of discharge from Intensive Care Coordination, In-Home Therapy, or Outpatient therapy. Family Support and Training services continuing upon discharge from Outpatient, ICC, or IHT must obtain the most recent treatment or ICP, comprehensive assessment, and Child and Adolescent Needs and Strengths (CANS). Family Support and Training services continuing upon discharge must be indicated in the Outpatient, ICC, or IHT discharge plan and may continue until the next CANS re-evaluation date. During this time, the Member must continue to have a goal within their individual action plan that requires ongoing Family Partner support.
  9. If Family Support and Training is the only service a youth is receiving, and the youth is evaluated by a mobile crisis team and is awaiting placement for a 24-hour behavioral health level of care (e.g., Crisis Stabilization, inpatient hospital, CBAT):
    - a. The Family Partner coordinates with their clinical supervisor and Youth Mobile Crisis Intervention (YMCI) staff to ensure appropriate linkage and resources for the Member and family.

## Staffing Requirements

1. Minimum staff qualifications for a Family Partner include:
  - a. Experience as a caregiver of a youth with special needs, and preferably a youth with mental health needs.
  - b. A bachelor's degree in a human services field from an accredited university and one (1) year of experience working with the target population; or
  - c. An associate's degree in a human service field from an accredited school and one (1) year of experience working with children/adolescents/transition-age youth; or high school diploma or HiSET and a minimum of two (2) years of experience working with children/adolescents/transition age youth; and
  - d. Experience in navigating any of the child and family-serving systems and teaching family members who are involved with the child and family serving systems.
2. Family Partners possess a current/valid driver's license and an automobile with proof of auto insurance.
3. The FS&T provider participates in, and successfully completes, all required training.
4. The Family Support and Training provider ensures that Family Partners complete the state required training program for ICC and have successfully completed skill- and competency-based training to provide ICC services.
5. The Family Support and Training provider ensures that all Senior Family Partners and supervisory staff complete the state required training program for ICC and have successfully completed skill- and competency-based training to supervise Family Partners.
6. The Family Support and Training provider ensures that all Family Partners, supervisory staff and program managers, upon employment and annually thereafter, before assuming their duties, complete a training course that minimally includes the following:
  - a. Overview of the clinical and psychosocial needs of the target population
  - b. *Systems of Care* principles and philosophy
  - c. The four phases of *Wraparound* and the 10 principles of *Wraparound*
  - d. Role within a CPT
  - e. Ethnic, cultural, and linguistic considerations of the community
  - f. Community resources and services
  - g. Family-centered practice

- h. Behavior management coaching
  - i. Social skills training
  - j. Psychotropic medications and possible side effects
  - k. Risk management/safety planning
  - l. Crisis management
  - m. Introduction to child-serving systems and processes (DCF, DYS, DMH, DESE, etc.)
  - n. Basic IEP and special education information
  - o. CRA/juvenile court issues
  - p. Managed Care Entities' performance specifications and medical necessity criteria
  - q. Child/adolescent development including sexuality
  - r. Conflict resolution
- Documentation of the provider's training curriculum is made available upon request.
7. The provider ensures that Family Partners receive weekly *individual* supervision from a Senior Family Partner and weekly *individual, group, or dyad supervision with* a licensed behavioral health clinician who has specialized training in parent support, behavioral health needs of youth, family centered treatment, and strengths-based interventions, and who is culturally and linguistically competent in working with youth and families with behavioral health needs.
  8. The provider ensures that a clinician licensed at the independent practice level is available during normal business hours for consultation, as well as during all hours in which any Family Partners provide services to parent/caregiver/guardian(s), including evenings and weekends.

## Service, Community, and Collateral Linkages

1. The provider offering Family Support and Training services will assist the parent/caregiver/guardian(s) with learning how to network and link to community resources and services that will support them in caring for the youth. Family Partners teach the parent/caregiver/guardian how to promote linkages with other treatment providers and the ICC care coordinator for youth in ICC and assist the parent/caregiver/guardian in advocating for and accessing resources and services to meet the youth's and parent/caregiver/guardians' needs. This may include, but is not limited to, access to support groups, faith groups, and community supports that will assist the parent/caregiver/guardian to address the youth's emotional and behavioral needs.
2. For youth in ICC, the Family Partner participates as a member of the CPT and clearly outlines the goals of caregiver Peer-to-Peer services in the ICP.
3. For youth who are not engaged in ICC, the Family Support and Training provider works closely with the family and any existing/referring behavioral health provider(s), to implement the objectives and goals identified in the referring provider's treatment plan.
4. The Family Partner will participate in all care planning meetings and processes for the youth. When state agencies (DMH, DCF, DYS, DPH, DESE/LEA, DMR, MRC, ORI, probation office, the courts, etc.) are involved and consent is given by the parent/caregiver/guardian, the Family Partner participates and interacts, as appropriate, with these agencies to support service/care planning and coordination, on behalf of, and with, the youth and parent/caregiver/guardian(s).

## Quality Management (QM)

1. The identified FS&T provider participates in quality management activities as required.

## Process Specifications

### Treatment Planning and Documentation

1. When Family Support and Training is identified as a need in the youth's Outpatient, In-Home Therapy treatment plan, or ICP for youth in ICC, the referring provider is responsible for communicating the reasons for referral and the initial goals to the Family Support and Training provider.
2. For youth engaged in ICC, the Family Partner must coordinate with and attend all CPT meetings that occur while they are providing Family Support and Training. At these meetings, the Family Partner gives input to the CPT in order to clearly outline the goals of service in the ICP and provide updates on the youth's progress. The Family Partner develops and identifies to the CPT an anticipated schedule for meeting with the parent/caregiver/guardian and a timeline for goal completion. The Family Partner determines the appropriate number of hours per week/month for Family Support and Training services based on the needs of the youth and the parent/caregiver/guardian as identified in the ICP.
3. For youth who are not receiving ICC, the Family Partner must coordinate with the referring provider and attend all treatment team meetings in order to clearly outline the goals of the Family Support and Training service and to provide updates on the youth's progress. The Family Partner develops and identifies to the referring/existing behavioral health provider an anticipated schedule for meeting with the parent/caregiver/guardian and a timeline for goal completion. The Family Partner determines the appropriate number of hours per week/month for Family Support and Training services based on the needs of the youth and the parent/caregiver/guardian as identified in the treatment plan.
4. The Family Support and Training provider must outreach the parent/caregiver/guardian within five (5) calendar days of referral, including self-referral, to offer a face-to-face initiation of services appointment with the family. The provider will make best efforts to initiate services as soon as possible based on the clinical needs of the youth. Fourteen days is the Medicaid standard for the timely provision of services established in accordance with 42 CFR 441.56(e). The 14-day standard begins from the time at which the family has been contacted following referral regarding treatment.
5. Providers must maintain a waitlist if unable to initiate services within 14 calendar days of outreach to the parent/caregiver/guardian. In those instances, the provider must contact the parent/caregiver/guardian and the referral source to discuss waitlist procedures.
6. The Family Support and Training provider matches the parent/caregiver/guardian's ethnicity, culture, language, needs, and strengths as closely as possible with available Family Partners.
7. The Family Partner has at minimum weekly contact (telephonic or face-to-face) with the parent/caregiver/guardian of each enrolled youth they support.
8. The Family Partner has at least one contact per week, and more if needed, with the youth's ICC, In-Home Therapy Services, or outpatient provider to provide updates on progress toward goals identified in the treatment plan or ICP.
9. The Family Partner record must document, for each session, the planned activity, the goal being targeted, and the Member response to the activity.
10. The Family Support and Training provider ensures that all services are provided in a professional manner, ensuring privacy, safety, and respect for the parent/caregiver/guardian's dignity and right to choice.
11. Family Partners document each contact in a progress report in the Family Support and Training provider's record for the youth.
12. Family Partners follow the crisis management protocols of the provider agency during and after business hours.

### Discharge Planning and Documentation

1. When the parent/caregiver/guardian decides that they no longer want or require services, or the Family Partner and referring/current treater(s) along with the parent/caregiver/guardian



- determine that there is no longer a need for Family Support and Training, or the goals of the treatment plan/ICP are met, a discharge-planning meeting is initiated to plan the discharge from the Family Support and Training service.
2. The discharge plan is agreed upon, signed by the parent/caregiver/guardian, and is shared, with consent, with current treater(s), the CPT for youth in ICC, and Family Support and Training Supervisor.
  3. The reasons for discharge and all follow-up plans are clearly documented in the youth's record.
  4. If the parent/caregiver/guardian terminates without notice, the provider makes every effort to contact them to reengage their participation in the services and to provide assistance for appropriate follow-up plans (i.e., schedule another appointment, facilitate an appropriate service termination, or provide appropriate referrals). Such activity is documented in the youth's record.
  5. The Family Partner writes a discharge plan that includes documentation of ongoing strategies, supports, and services in place for the youth and parent/caregiver/guardian(s), and resources to assist the youth and parent/caregiver/guardian(s) in sustaining gains. The plan is given to the parent/caregiver/guardian and the current/referring provider(s), if applicable, within five (5) business days of the last date of service.