

RIGHT KID, RIGHT CARE, RIGHT TIME:

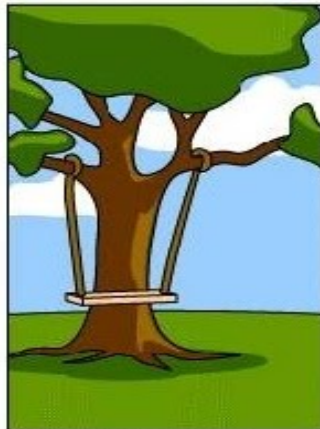
Revisiting In Home Therapy (IHT) &  
Therapeutic Mentoring (TM)  
Medical Necessity Criteria

# Scope Creep

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How the customer explained it



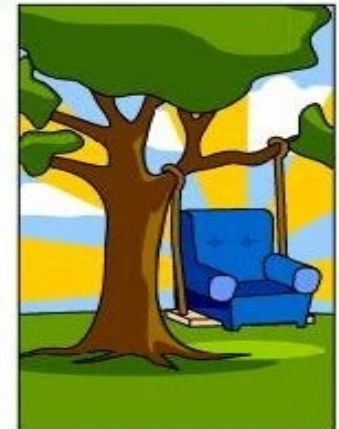
How the Project Leader understood it



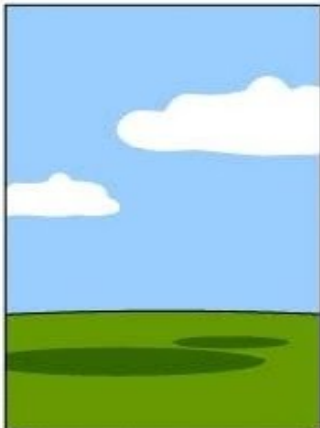
How the Analyst designed it



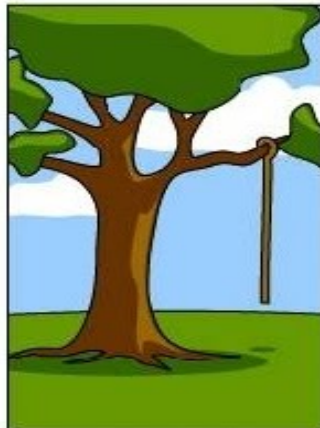
How the Programmer wrote it



How the Business Consultant described it



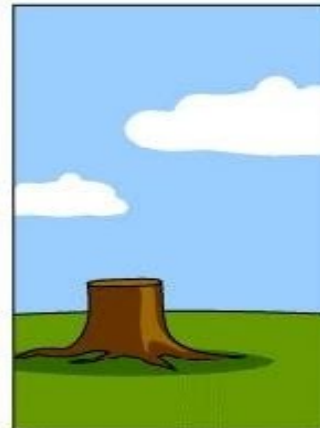
How the project was documented



What operations installed



How the customer was billed



How it was supported



What the customer really needed

# Remembering Our Roots...

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The Children's Behavioral Health Initiative (CBHI) is an interagency initiative of the Commonwealth's Executive Office of Health and Human Services whose mission is to strengthen, expand and integrate Massachusetts state services into a comprehensive, community-based system of care, to ensure that families and their children with significant behavioral, emotional and mental health needs obtain the services necessary for success in home, school and community.

# CBHI Values

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- **Child-Centered and Family Driven**

Services are driven by the needs and preferences of the child and family, developed in partnership with families, and accountable to families.

- **Strengths-Based**

Services are built on the strengths of the family and their community.

- **Culturally Responsive**

Services are responsive to the family's values, beliefs, norms, and to the socio-economic and cultural context.

- **Collaborative and Integrated**

Services are integrated across child-serving agencies and programs.

- **Continuously Improving**

Service improvements reflect a culture of continuous learning, informed by data, family feedback, evidence and best practice.

# In Home Therapy

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- ✓ Right Kid
- ✓ Right Care
- ✓ Right Time

# In Home Therapy: Right Kid

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## ***All of the following criteria must be met in order to offer the family IHT as a viable option:***

- ❑ Youth is under the age of 21 and parent/guardian/caregiver voluntarily agrees to participate in In-Home Therapy Services.
- ❑ Youth resides in a family home environment (or is in the process of returning to a family home).
- ❑ Outpatient services alone would not be sufficient to meet the youth and family's needs for clinical intervention/treatment.
- ❑ Youth has a clinical condition that results in:
  - ❑ The need for improved: problem-solving, limit-setting, risk management, safety planning, communication, patterns of interaction with family and/or
  - ❑ The need to strengthen the parent/caregiver's ability to sustain the youth in the home or prevent the out of home placement (such as inpatient hospitalization or other out of home behavioral health treatment services).

# In Home Therapy: Right Care

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- IHT uses family based clinical modalities which may include a mix of:
  - Family therapy sessions
  - Couples therapy
  - Sibling dyad session
  - Parent child dyad sessions
  
- IHT may meet one to one from time to time with a given family member, but they do not provide outpatient treatment. The IHT team links those that need it to outpatient.

# In Home Therapy: Right Care Cont...

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- IHT clinical interventions prevent the need for the youth's admission to an inpatient hospital, psychiatric residential treatment facility, or other treatment setting by enhancing the:
  - ▣ Family's capacity to support/promote the youth's healthy functioning within the family system.
  - ▣ Family's capacity to resolve conflicts/learn new ways of interacting/develop new routines/set limits.
  - ▣ Family's capacity to manage stress, prevent crisis and safety plan.
  - ▣ Family's capacity to develop and maintain natural supports.

# In Home Therapy: Right Care Cont...

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- IHT provides care coordination in the absence of Intensive Care Coordination (ICC). IHT Care Coordination:
  - Is consistent with “*do for, do with, cheer on.*”
  - Enhances the family’s capacity to find and utilize community resources and natural supports.
  - Includes, but is not limited to: phone calls and treatment team meetings with other providers/supports and the youth/family.
  - Assesses the needs of the full family system and refers family members onto services to meet their needs.
  - Ensure successful transition to any new service.

# When **Right Care** is Another Service

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- **Consider referring to Intensive Care Coordination (ICC)** when the youth has a Serious Emotional Disturbance (SED) *and...*
  - Has/needs multiple state agencies or multiple service providers that need coordinating *and...*
  - IHT is not successful in organizing the above people to work well together on youth's goals/desired outcomes
  
- **Other “Flags” for Consideration:**
  - High # of units for care coordination = consider ICC
  - Work being done primarily in the community and not the home = consider TM
  - Therapy with only one family member = consider OP
  - Therapy 1x/week with family or subset = consider OP

# In Home Therapy: Right Time

## □ **IHT Intensity/Duration/Frequency:**

- Intensity, duration and frequency of IHT interventions are flexible and tailored to the individual clinical need of the youth.
- The number of and duration of IHT family therapy sessions per week is increased as needed to prevent admission to an inpatient hospital, psychiatric residential treatment facility, or other treatment setting.
- Family sessions and clinical interventions are expected to be longer and/or more frequent than traditional Outpatient Therapy. Meeting once a week for an hour is more reflective of Outpatient Therapy not IHT.
- IHT clinical interventions continue (and for new referrals – start) when a youth is placed in the hospital, Community Based Acute Treatment (CBAT) and Transitional Care Unit (TCU).

# In Home Therapy: Right Time Cont...

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## ❑ ***When to end IHT services:***

- ❑ Youth is no longer at-risk of out-of-home placement
- ❑ Youth is placed in long term 24 hour level of care
- ❑ Youth's mental health symptoms no longer cause functional impairments
- ❑ Safety issues are stabilized
- ❑ Treatment plan goals have been met
- ❑ Treatment gains have reached a plateau
- ❑ Family chooses to end or withdraw consent for care

# Typical Differences Between IHT & Traditional Outpatient Therapy

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In Home Therapy	Outpatient Therapy
Delivered by a Team: MA level clinician and a TT&S	Delivered by an individual MA level clinician
Therapy is delivered to the whole family or subset	Therapy is delivered to a individual, couple, family or group
Therapy is typically delivered in the home	Therapy is typically delivered in the office, home or school
Care Coordination activities may occur in the office, home, school, hospital, community, etc	Care Coordination activities typically occur in the location where therapy occurs or in office
Delivered 7 days a week including weekends	Typically delivered Mon-Fri
Frequency & duration matches need (need is greater than 1 hour weekly therapy sessions)	Typically 1-hour weekly or biweekly therapy sessions
On call crisis response by phone 24/7 & in person response between 8am-8pm	Maintains crisis on-call system
Scheduling is flexible	Sessions are usually same time each week
Focus on improving family's ability to maintain youth's functioning in the home and preventing out of home placement	Focus on enhancement of functioning or alleviation of symptoms

# Therapeutic Mentoring

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# Therapeutic Mentoring: Right Kid

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## ***All of the following criteria must be met in order to offer the parent/youth TM as a viable option:***

- ❑ Youth is under the age of 21 and parent/guardian/caregiver voluntarily agrees to the services.
- ❑ Youth resides in a family home environment or requires one to one mentoring to support transitioning home.
- ❑ Youth is currently engaged in CBHI Hub services (Outpatient, IHT or ICC).
- ❑ Youth has a clinical condition that warrants a one to one therapeutic relationship in order to:
  - ❑ Improve age-appropriate social functioning, interpersonal communication, problem-solving, conflict resolution, and/or relating appropriately to others.
  - ❑ OR to reduce the youth's risk of out-of-home placement.
- ❑ Outpatient (or other CBHI Hub service) has determined that:
  - ❑ The Hub service alone is not sufficient to meet the youth's clinical needs **and**
  - ❑ TM is needed to achieve a goal in the Hub provider's treatment plan/ICP that pertains to the development of communication skills, social skills and peer relationships.

# Therapeutic Mentoring: Right Care

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## In order to Deliver TM in a *Therapeutic* Manner the Mentor:

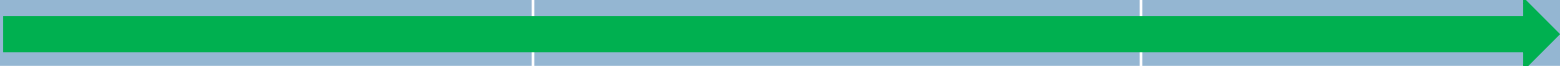
- ❑ Meets with the youth one to one
- ❑ Involves the caregiver in one to one meetings as needed and always keeps the caregiver informed
- ❑ Consults with the Hub provider regularly to:
  - ❑ Review interventions used
  - ❑ Discuss success/barriers to achieving the Hub's goal
  - ❑ Develop/update the TM service transition plan
  - ❑ Determine continued medical necessity for TM

**AND...**

# Therapeutic Mentoring: Right Care Cont...

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TM Engages the Youth in Interventions...	During Activities...	That Challenge the Youth's Ability to...
<ul style="list-style-type: none"><li>• Anticipatory guidance</li><li>• Teaching of alternative strategies</li><li>• Role playing</li><li>• Behavioral rehearsal</li><li>• Enhancing conflict resolution skills</li><li>• Developing communication skills</li><li>• Practicing skills</li></ul>	<ul style="list-style-type: none"><li>• Social activities</li><li>• Recreational activities</li><li>• Athletic activities</li><li>• Artistic or creative activities</li><li>• Educational or vocational activities</li><li>• Activities of daily living based in the community (e.g., taking public transportation, applying for a job, etc.)</li></ul>	<ul style="list-style-type: none"><li>• Form age-appropriate social functioning/relationships</li><li>• Engage in interpersonal communication</li><li>• problem-solving</li><li>• Resolve conflicts</li></ul>



# Therapeutic Mentoring: Right Care Cont...

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- The Therapeutic Mentor supports, coaches and trains the youth in:
  - ▣ connecting with existing treatment providers and in linking with new or additional resources, community resources, and services that will sustain the youth's optimal functioning in the community.
  
- The Therapeutic Mentor assists the youth in communicating his/her needs to the treatment team when age-appropriate. The Therapeutic Mentor contributes the voice of the youth in the absence of the youth.

# When **Right Care** is Another Service

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- TM assess whether they are the right service or if there is another service that can better meet the youth's needs:
  - Example: TM can be provided to children with autism, but TM should always assess whether they are best equip to meet the Hub's goal or if they should recommend that the Hub and family consider IHBS.

# Therapeutic Mentoring: **Right Time**

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- ***TM Intensity/Duration/Frequency:***
  - Intensity, duration and frequency of TM intervention is flexible and tailored to the youth based on his/her individual clinical needs.
  - The number of and duration of TM meetings are tailored to the clinical needs of the youth and the skill being developed.

# Therapeutic Mentoring: Right Time Cont...

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## ❑ ***When to end TM services:***

- ❑ Youth's mental health symptoms are no longer causing functional impairments that require skill building
- ❑ Youth is no longer at-risk of out-of-home placement
- ❑ Youth is placed in long term 24 hour level of care
- ❑ Treatment plan goals have been met
- ❑ Treatment gains have reached a plateau
- ❑ Family chooses to end or withdraws consent for care

# Reminders

# IHT & TM: Using Common Language

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- ❑ Use established terms: TT&S and TM
- ❑ Using these other terms creates confusion for families and other providers:
  - ❑ “Outreach Specialist”
  - ❑ “Family Support Worker”
  - ❑ “Youth & Family Worker”
  - ❑ “TT&SW”
  - ❑ “TTNS”
  - ❑ “TTNSW”
  - ❑ Etc.....

# How Can You....

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# Questions

