

# Commonwealth of Massachusetts

Executive Office of Health and  
Human Services



## In-Home Therapy Practice Profile

A collaborative initiative of  
MassHealth's CBHI and DMH's  
Children's Behavioral Health Knowledge Center

March 9 & 13, 2017

## CBHI History

- Rosie D order – 2006
- New services – 2009 – over 7 years old...
  - CSAs (Intensive Care Coordination and Family Partners)
  - *In-Home Therapy*
  - Therapeutic Mentoring
  - In-Home Behavioral Services
  - Mobile Crisis Intervention

## Rosie D litigation continues...

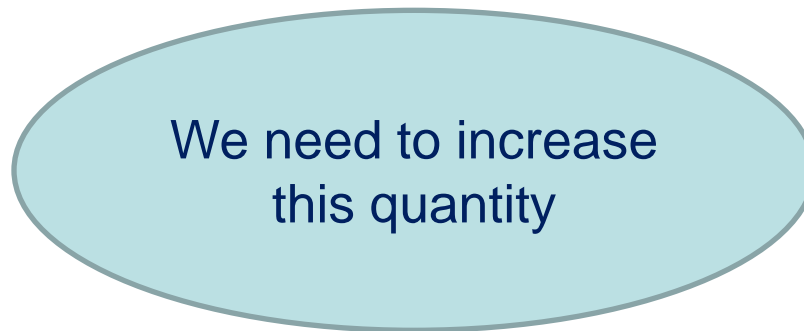
The Court expects us to meet specific numeric targets for disengagement:

- *IHT and ICC quality as measured by the Massachusetts Practice Review (MPR)*
- IHT and ICC access targets as measured by percentage of families offered an appointment within 14 days
- plus ongoing quality in other remedy services and outpatient as hub

# IHT quality measurement – via the MPR

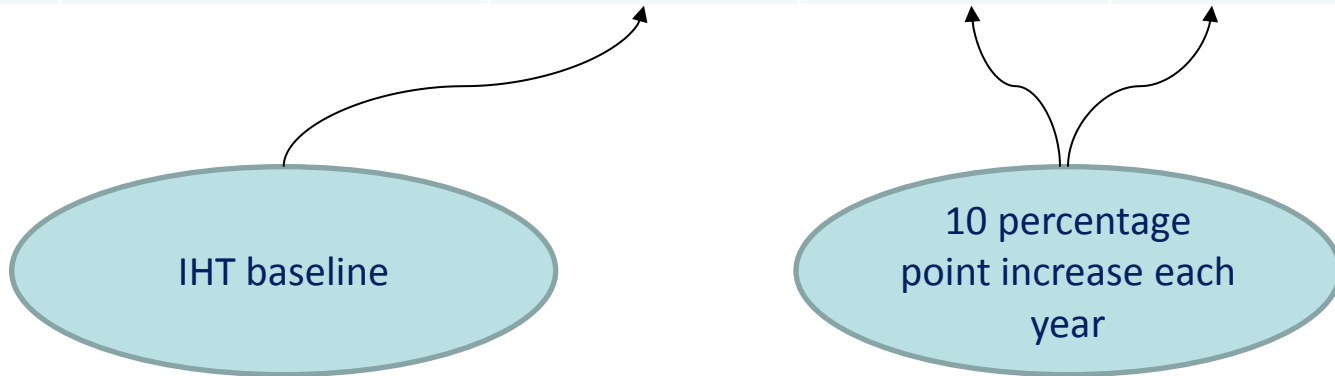
MPR quality levels				
1	2	3	4	5
Adverse	Poor	Fair	Good	Exemplary
			percent Good or above	

We need to increase this quantity



# Annual IHT quality targets

MPR area	MPR area name	Actual Dec 2016	Target Dec 2017	Target Dec 2018
1	Assessment	29%	39%	49%
2	Service planning	36%	46%	56%
3	Service delivery	47%	57%	67%
5	Team formation	22%	32%	42%
6	Team participation	17%	27%	37%
7	Care coordination	29%	39%	49%



## It's not just about disengagement...

MPR area name	Actual Dec 2016
Assessment	29%
Service planning	36%
Service delivery	47%
Team formation	22%
Team participation	17%
Care coordination	29%

Providers, MCEs and MassHealth understand that IHT is a critical service that needs attention and support to improve quality.

We owe this to MassHealth's children, families and the clinicians that work with them in IHT.

## How we will get there: IHT quality

- Solicit MCE and provider input
- Increase quality feedback to providers (MPR, TA team chart reviews)
- Project to Improve Assessment and Formulation (supervisors and staff) – training and additional coaching
- *Dissemination of the IHT practice Profile, supporting materials, and Practical Performance Assessment Tools.*
- *Support to IHT providers in implementing the Practice Profile*
- Support projects like Reflective supervision, ARC and the Yale supervision project

## CBHI improvement lessons learned

- We know that practitioner training – alone – has at best modest impact on practice.
- Best practices need to be supported through a sustained sequence of:
  - Teaching
  - Performance feedback
  - Coaching
- Quality is the work of the *organization* and not just the individual; improvement interventions must address organizational strengths and needs as well as individual competencies.



## the IHT Practice Profile:

- A joint product of the Children's Behavioral Health Knowledge Center at DMH, and MassHealth
- Produced through the contributions of MassHealth's IHT providers
- MassHealth's cornerstone tool for supporting IHT improvement
- A foundation for MassHealth's project to improve Assessment and Clinical Understanding (through UMass Medical School)

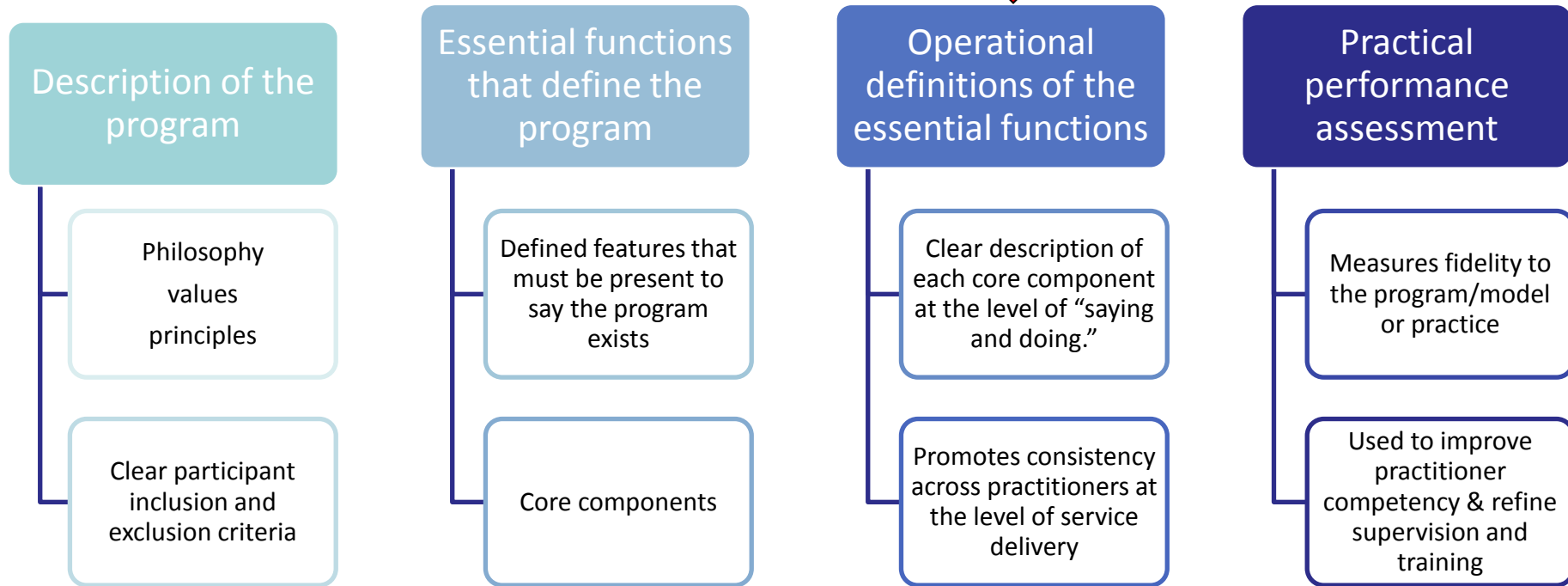
The IHT Practice Profile is complete, but implementing the Practice Profile in IHT lies ahead...

## What is a practice profile?

- A tool developed by the **National Implementation Research Network (NIRN)** for operationalizing a program or practice.
- Uses a rigorous stakeholder engagement process and research methods to incorporate practice-based evidence **and** research evidence.



# Defining the “what” in IHT



“Teachable, learnable, doable”

## Benefits of Practice Profiles

- Facilitate development of effective training protocols, coaching and supervision strategies, and fidelity assessments
- Promote continuous improvement strategies and data-driven decision making
- Increase the ability of the program or practice model to be replicated in new settings, with new staff, and in new contexts
- Refine organizational and systems supports that facilitate consistent, effective practice
- Ensure outcomes can be accurately interpreted

## Foundational Documents

**In-Home Therapy Services**

**In-Home Therapy Services:** This service is delivered by one or more members of a team consisting of professional and paraprofessional staff, offering a combination of medically necessary In-Home Therapy and Therapeutic Training and Support. The main focus of In-Home Therapy Services is to ameliorate the youth's mental health issues and strengthen the family structures and supports. In-Home Therapy Services are distinguished from traditional therapy in that services are delivered in the home and community; services include 24/7 urgent response capability on the part of the provider; the frequency and duration of a given session matches need and is not time limited; scheduling is flexible; services are expected to include the identification of natural supports and include coordination of care.

In-Home Therapy is situational, working with the youth and family in their home environment, fostering understanding of the family dynamics and teaching strategies to address stressors as they arise. In-Home Therapy fosters a structured, consistent, strength-based therapeutic relationship between a licensed clinician and the youth and family for the purpose of treating the youth's behavioral health needs, including improving the family's ability to provide effective support for the youth to promote his/her healthy functioning within the family. Interventions are designed to enhance and improve the family's capacity to improve the youth's functioning in the home and community and may prevent the need for the youth's admission to an inpatient hospital, psychiatric residential treatment facility or other treatment setting. The In-Home Therapy team (comprised of the qualified practitioner(s), family, and youth), develops a treatment plan and, using established psychotherapeutic techniques and intensive family therapy, works with the entire family, or a subset of the family, to implement focused structural or strategic interventions and behavioral techniques to enhance problem-solving, limit-setting, risk management/safety planning, communication, build skills to strengthen the family, advance therapeutic goals, or improve ineffective patterns of interaction; identify and utilize community resources; develop and maintain natural supports for the youth and parent/caregiver(s) in order to promote sustainability of treatment gains. Phone contact and consultation are provided as part of the intervention.

In-Home Therapy is provided by a qualified clinician who may work in a team that includes one or more qualified paraprofessionals.

**Therapeutic Training and Support** is a service provided by a qualified paraprofessional working under the supervision of a clinician to support implementation of the licensed clinician's treatment plan to assist the youth and family in achieving the goals of that plan. The paraprofessional assists the clinician in implementing the therapeutic objectives of the treatment plan designed to address the youth's mental health, behavioral and emotional needs. This service includes teaching the youth to understand, direct, interpret, manage, and control feelings and emotional responses to situations and to assist the family to address the youth's emotional and mental health needs. Phone contact and consultation are provided as part of the intervention.

**In-Home Therapy Services may be provided in any setting where the youth is naturally located.**

8/5/09

**MassHealth Program Standards, Established 2009, Revised 2014**

Children's Behavioral Health Initiative  
**CBHI**

**In-Home Therapy Practice Guidelines**

CBHI 847 PG 03/13

**MassHealth Practice Guidelines, Issued 2014**

Massachusetts Practice Review

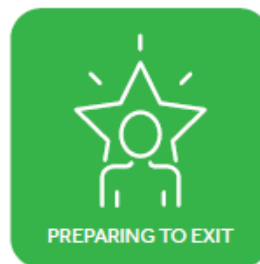


Reviewer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Children's Behavioral Health Initiative **CBHI** **TAC**

**Qualitative Case Reviews Protocol, Revised 2015**

## IHT Core Elements Workgroups



- 10 workgroup meetings from January -- April
- Stakeholders included providers, managed care reps, and court monitor
- 42 Participants attended at least one session
- Each session had 10 to 17 participants
- Drew upon practice experience of seasoned supervisors

## Features of a Practice Profile



RISK ASSESSMENT  
& SAFETY PLANNING

### CORE ELEMENT: RISK ASSESSMENT & SAFETY PLANNING

**Risk Assessment and Safety Planning** consist of anticipating and preventing risks to a youth's and family's well-being. Safety plans developed with families help them use their current capacities to resolve potential dangers. Safety plans also offer a range of external supports to intervene when preventive measures cannot avert a crisis. Input from all relevant partners results in a single, unified plan to address the assessed risks and to promote effective collaboration in urgent situations.

**CONTRIBUTION TO THE OUTCOME:** Youth and family safety is basic for any successful intervention. Effective safety planning takes account of both risk and protective factors, demonstrating a commitment to finding signs of safety in the family, home, and community. A risk and safety plan that uses the family's own resources and past successes shows commitment to building on strengths. In order to remain sustainable after treatment ends, safety planning relies on family members and natural supports as first safety responders. It backs up their efforts with progressively more intensive supports for emergent situations. Good safety plans are clear and understood by all participants in the plan.

Definition

Contribution to the outcome

## Features of a Practice Profile

IDEAL PRACTICE	DEVELOPMENTAL PRACTICE	UNACCEPTABLE PRACTICE
First meetings and initial assessment		
<ul style="list-style-type: none"> <li>• In first meetings, as part of initial assessment, observes family member interactions and invites each family member (as appropriate to situation) to describe any immediate safety concerns of identified youth, risk to other family members in the home (including homes of separated caregivers), or risk of property damage.</li> <li>• Explores concerns regarding both self-harm and harm to others.</li> <li>• Observes conditions in home and assesses for risk and safety (child-proofing, weapons, pets, fire hazards).</li> </ul>	<ul style="list-style-type: none"> <li>• Addresses safety with some family members but not all.</li> <li>• Asks about known safety issues without observing or probing for other potential risks.</li> <li>• Minimizes level of risk.</li> <li>• Considers safety only in primary household but not household(s) of other primary caregivers.</li> <li>• Considers only risks related to youth self-harm without broader context of risks in family.</li> <li>• Identifies risks without evaluating importance of each.</li> </ul>	<ul style="list-style-type: none"> <li>• Makes plan without family input.</li> <li>• Composes plan in clinical jargon.</li> <li>• Uses generic template for plan.</li> <li>• Fails to assess risk, discuss safety issues, or make plan.</li> </ul>



**REMINDER:** Review all Elements. See especially: Practicing Cultural Relevance, Engagement, Risk Assessment and Safety Planning, Engaging Natural Supports and Community Resources, and Collaborative Intervention Planning. Each matrix describes the work of IHT as a practice shared between a clinician and a Therapeutic Training and Support (TT&S) staff member. Unless specifically noted as the province of the clinician only, the practices expect teamwork and refer to either or both staff members, as fits each family situation.

IDEAL PRACTICE	DEVELOPMENTAL PRACTICE	UNACCEPTABLE PRACTICE
<b>First meetings and initial assessment</b>		
<ul style="list-style-type: none"> <li>• Fully informs family of the assessment process and purpose.</li> <li>• Elicits each individual family member's impression of core concerns, including risk and safety, in their own words.</li> <li>• Uses family member language in subsequent descriptions of needs and strengths.</li> <li>• Attends to pace and timing of information-gathering when families feel overwhelmed.</li> <li>• Within 24 hours, clinician completes a brief initial assessment with family input regarding needs and strengths, youth/family vision for their future, what helps, what gets in the way, and next steps to guide first stages of IHT intervention prior to comprehensive assessment.</li> </ul>	<ul style="list-style-type: none"> <li>• Discusses with some but not all key family members.</li> <li>• Uses only clinical language without family-friendly language.</li> <li>• Late or incomplete initial assessment.</li> <li>• Leaves out family concerns, strengths, or expressed vision for future.</li> <li>• Slanted toward provider view of what family "should" work on.</li> </ul>	<ul style="list-style-type: none"> <li>• No youth voice and no attempt to initiate contact or discussion.</li> <li>• Ignores family's concerns in favor of provider bias.</li> <li>• No initial assessment.</li> <li>• Relies solely on another provider's assessment.</li> <li>• Ignores or weeds out important concerns due to lack of expertise of IHT team.</li> </ul>
<b>Exploring needs, vision, history of help, and strengths</b>		
<ul style="list-style-type: none"> <li>• In gathering further information for comprehensive assessment, explores family members' perspectives on identified needs — what causes them, what keeps them going, what stressors make them worse.</li> <li>• Invites family members to describe times in the past when needs were less acute and what was different.</li> <li>• Invites discussion of why choose IHT at this time (why now?).</li> </ul>	<ul style="list-style-type: none"> <li>• Explores needs but not family perspective on context.</li> <li>• Discusses with only a subset of family members or discusses only as a group.</li> <li>• No follow-up to clarify how family thinks about needs; too superficial.</li> <li>• Too narrow a scope for what might cause problems or distress.</li> <li>• Looks at only limited range of possible stressors.</li> <li>• Looks only at general or external stressors but not intergenerational issues.</li> </ul>	<ul style="list-style-type: none"> <li>• Lacks curiosity about family.</li> <li>• Biased toward provider view of what causes problems; does not balance with family view.</li> <li>• Exaggerates or minimizes challenges that family is experiencing.</li> <li>• Assumes knowledge of stressors.</li> <li>• Discusses stressors without acknowledging coping strategies.</li> </ul>
<ul style="list-style-type: none"> <li>• Invites family members to envision and describe a time in the future when their family is able to manage these challenges more effectively.</li> <li>• Discusses this future-oriented vision as a way to</li> </ul>	<ul style="list-style-type: none"> <li>• Talks about discharge from IHT without linking to family vision.</li> <li>• Alters vision to make it more "realistic" or "achievable."</li> </ul>	<ul style="list-style-type: none"> <li>• No discussion of future or discharge.</li> <li>• Expresses pessimism, hopelessness about change.</li> <li>• Generates vision without family endorsement.</li> </ul>



## Introduction (pages 1- 3)

- I. Vision, Mission, and Values of CBHI
- II. The IHT Principles of the CBHI
- III. The Purpose of IHT
- IV. Using the Matrix for Each Core Element

## Core elements overview (pages 4 – 7)

- Definition
- Contribution to the outcome

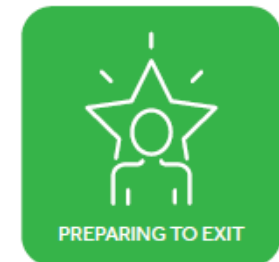
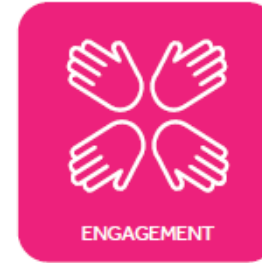
## Individual core elements

- Definition
- Contribution to the outcome
- Description of **ideal, developmental, unacceptable** practice

## Appendix

- Literature review

- Each matrix describes the work of IHT as a **SHARED** practice between clinician and TT&S (unless specifically noted).
- The core elements and activities are not necessarily linear.
- Many themes repeat across core elements and are inter-related.
- Care coordination & collaboration matrix distinguishes between the role of IHT as hub versus when it is not the hub.





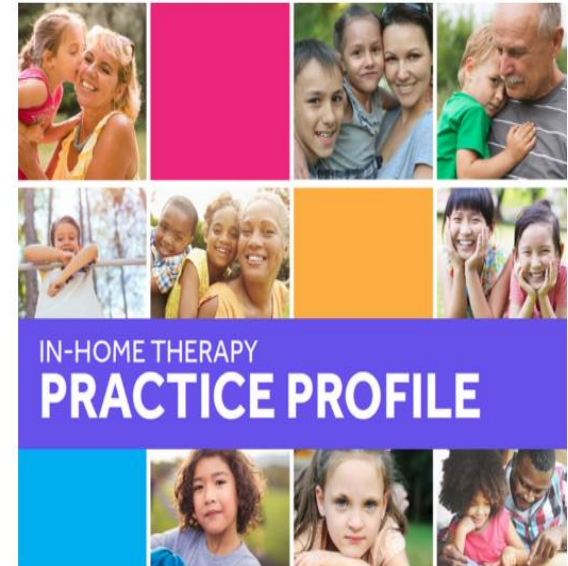
[About The Center](#) / [Evidence-Based Programs](#) / [IHT Practice Profile](#) / [Workforce](#) / [Hot Topics](#) / [Resources](#) / [Events](#) / [Contact](#)

- Download the full version and/or each matrix individually
- Webinar recording and slides
- More to come....
  - One page dedicated to each core element
  - Supporting tools and resources

### In-Home Therapy Practice Profile

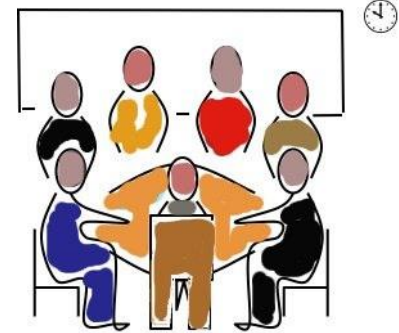
In the fall of 2015, the Knowledge Center, in collaboration with MassHealth began an extensive effort to develop a [practice profile](#) for In-Home Therapy (IHT). A practice profile as defined by the [National Implementation Research Network \(NIRN\)](#), is a tool for operationalizing the core elements of a program or practice. It breaks down large concepts such as "engagement" into discrete skills and activities that can be taught, learned, and observed. IHT is a critically important service used by many thousands of youth and families throughout the Commonwealth. Yet case reviews with the Massachusetts Practice Review (MPR) have indicated extensive opportunity for improvement in IHT. MassHealth and the Knowledge Center believe that IHT services could be improved if guided by a well specified, fully operationalized practice profile.

In November 2015, the CBH Knowledge Center convened a kick-off meeting with a group of stakeholders from across the state to orient them to the work of developing a practice profile. A series of ten additional



## Group Activity

- With your colleagues from your site/agency...
  - Select one core element.
  - Discuss where you think practice is using the “ideal, developmental, and unacceptable” anchors.
  - Spend 10 minutes doing this “self-assessment”.
  - Spent 5 minutes sharing what you learned with others at your table.



# Moving from the WHAT to the HOW

**FY17 and FY18**

**Implementation Strategies**

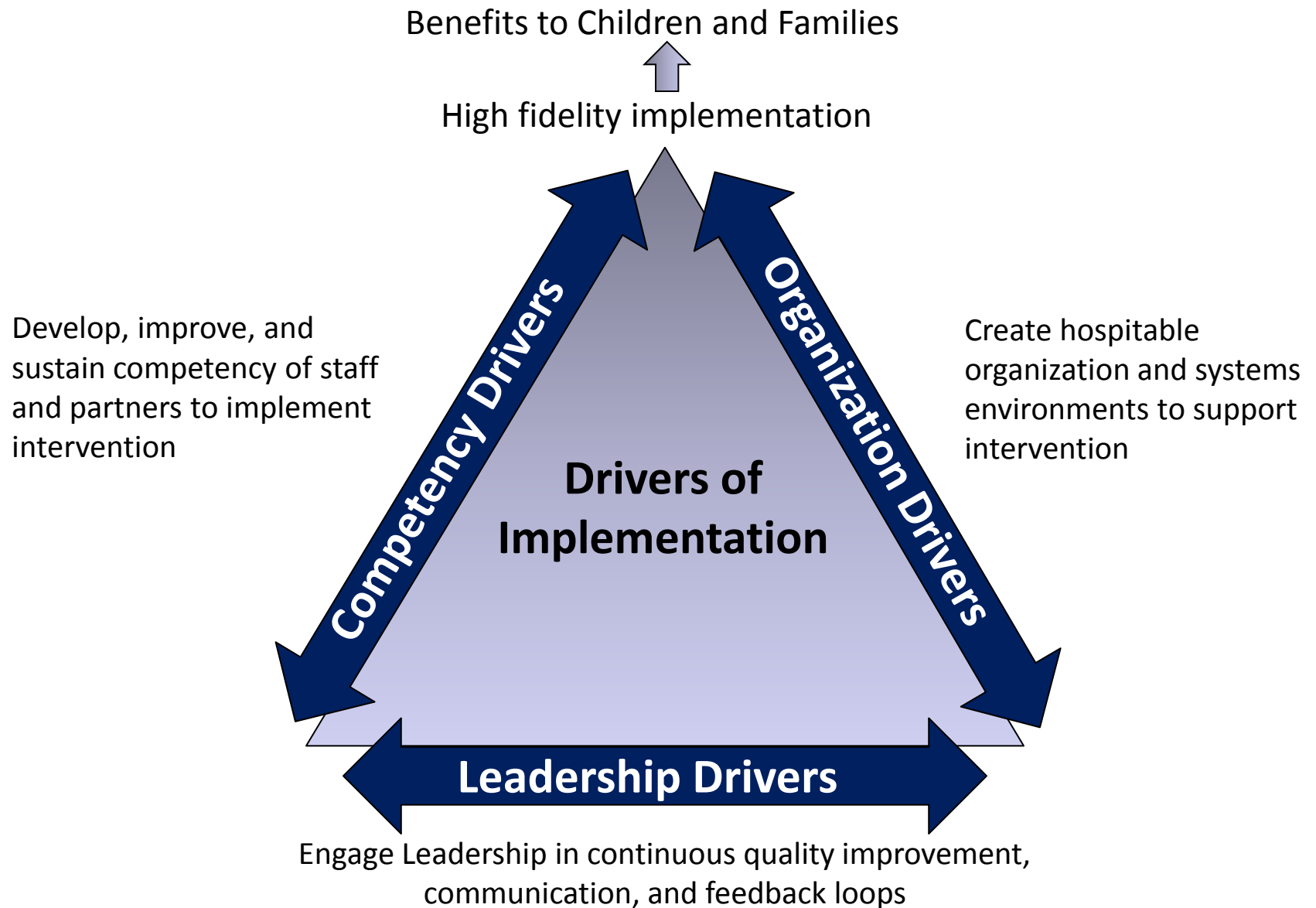


USF UNIVERSITY OF SOUTH FLORIDA

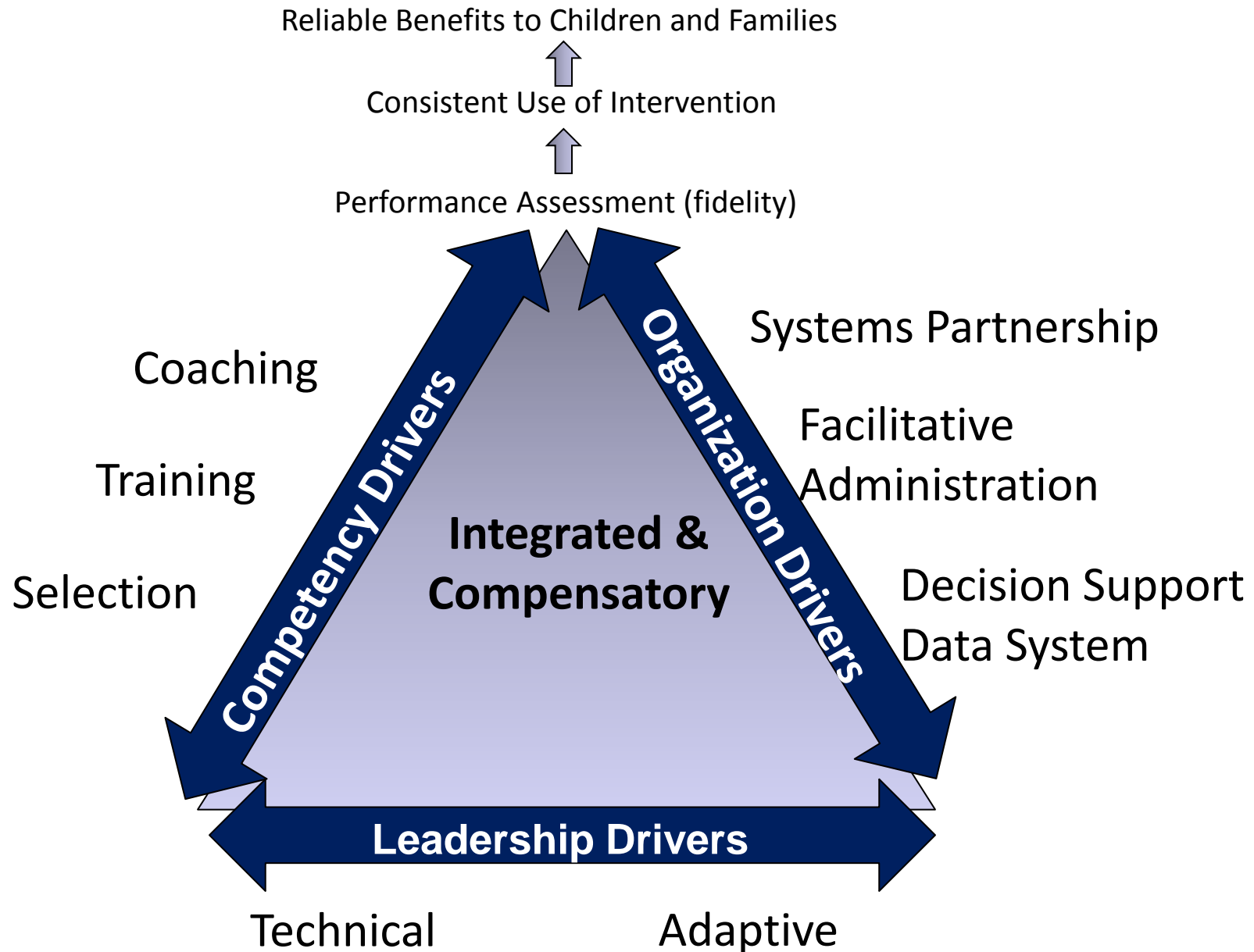
Copyright © 2015

 **nirn** National Implementation Research Network

  
**ai HUB**  
The Active Implementation Hub







## Selection

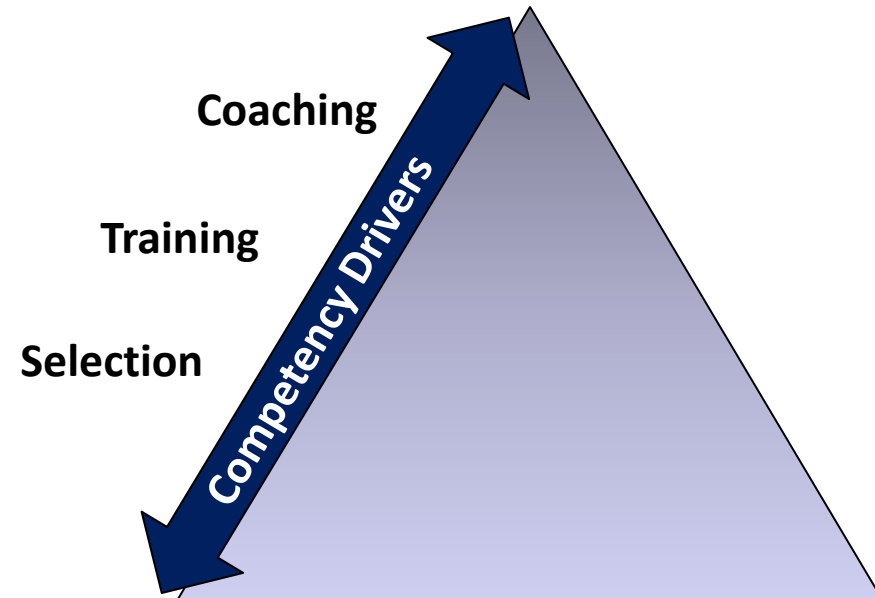
- ▶ Realistic Job Interview to allow for Mutual Selection
- ▶ Use Scenarios and Behavioral Rehearsals (role play)
- ▶ Select for the “tough to teach” traits

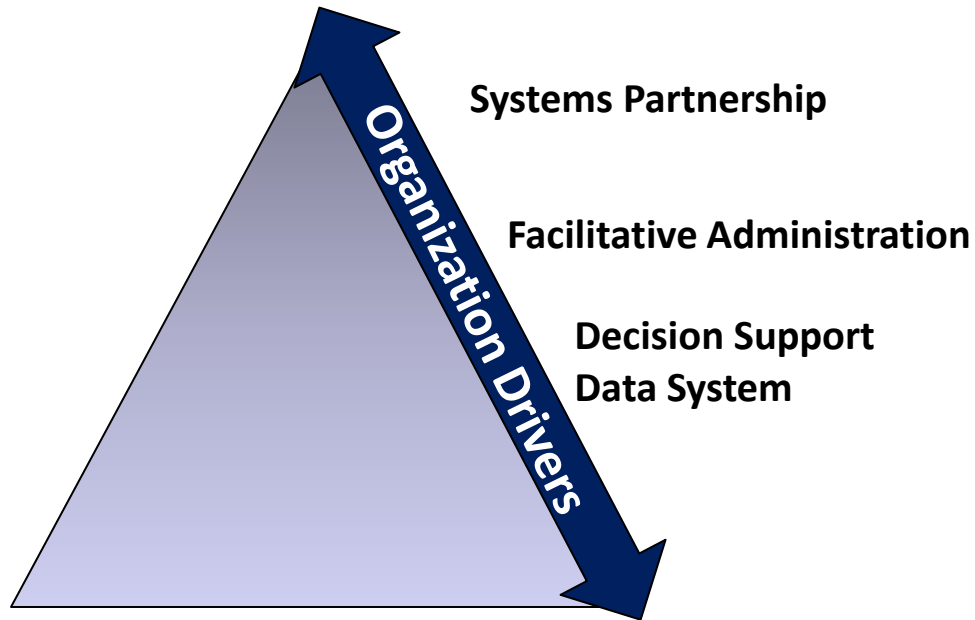
## Training

- ▶ Initial (on-boarding) Training
- ▶ On-going Training
- ▶ Peer Group Learning (group supervision)
- ▶ Informational Resources on CBH KC website

## Coaching

- ▶ Supervision guided by Worker Self-Assessment & Supervisory Assessment
- ▶ Behavioral Rehearsal in Group Supervision or Staff meeting
- ▶ Field Observation and Feedback by Supervisor





## System Partnership

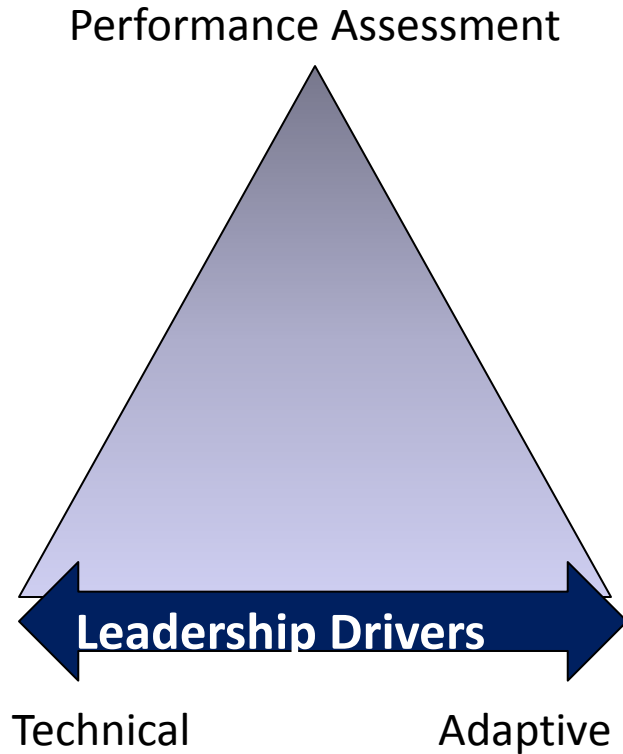
- ▶ Educating Referral Sources via IHT video
- ▶ Aligning MCE TA teams and review tools

## Facilitative Administration / Program Operations

- ▶ Procedures, Forms, Tools
- ▶ ABH form (name?)
- ▶ Revise MassHealth Training Requirements: effective July 1

## Decision Support Data System

- ▶ Case Management Systems
- ▶ CANS
- ▶ CQI



## Technical Leadership

- ▶ Providing concrete resources (workspace, meeting space, technology)

## Adaptive Leadership

- ▶ Balancing productivity demands with organizational commitment to learning
- ▶ MassHealth meetings with ABH

## Performance Assessment

- ▶ Mass Performance Review

## Group Activity: At Your Tables



- Each table is assigned a number
- Each number corresponds with one driver
  - What activities is your program currently doing that support the IHT Practice Profile implementation via the driver?
  - What other activities could your program do to support implementation via the driver?
- Spend 20 minutes brainstorming, record your ideas on sticky notes, and post on the flip charts
- Brief 10 minute review of highlights

## Group Activity: Implementation Strategies

<ul style="list-style-type: none"><li>• Selection</li></ul>	<ul style="list-style-type: none"><li>• Working with System Partners</li></ul>	<ul style="list-style-type: none"><li>• Performance Assessment</li></ul>
<ul style="list-style-type: none"><li>• Onboarding &amp; Initial Training</li></ul>	<ul style="list-style-type: none"><li>• Using data for decisions and Quality improvement</li></ul>	<ul style="list-style-type: none"><li>• Site/ Program operations / administration</li></ul>
<ul style="list-style-type: none"><li>• Ongoing Training &amp; Professional Development</li></ul>	<ul style="list-style-type: none"><li>• Coaching in Supervision and field observation</li></ul>	<ul style="list-style-type: none"><li>• Engaging agency leaders (combine technical &amp; adaptive)</li></ul>

## Call to Action for all IHT programs

- Following this meeting, MassHealth will catalogue all the strategies and activities from the brainstorm and distribute to IHT providers.
- IHT providers choose 1-2 activities to include in your program's development plan and submit to MCE TA team within 30 days.
- MCE TA teams will support, advise, and monitor progress.

## Who's Ready for a Challenge?

- MassHealth will convene an Implementation Workgroup for a selected number of IHT provider sites (approximately 10)
  - Application will come out mid-March
  - Proposals due 10-14 days after release of application
- Time/effort commitment
  - Commitment to active testing of implementation strategies
  - Kick-off meeting in April
  - One half-day meeting per month from April-July 2017
  - Structured data collection
  - Commitment to participate in a protocol to test supervisory strategies focused on supervision
    - Observation
    - Self-assessment (behavioral rehearsal/role play)
    - Field Observation
- Stipend amount: \$10,000 per site



- Q & A
- Please be on the look out for an email with an evaluation from today's meeting.

## Thank you to the many providers who helped us create the IHT practice profile

Advocates  
BAMSI  
Bay State  
Community Services  
Behavioral Health  
Network  
Child & Family Services  
Children's Friend and  
Family Services  
Children's Services of  
Roxbury  
Community Healthlink

Gandara Center  
Institute for Health & Recovery  
MA Alliance of Portuguese Speakers



Lahey Health Behavioral Services  
LUK, Inc.  
JRI

Mass Mentor  
North Suffolk  
Mental Health Association  
South Bay Mental Health  
The Edinburg Center  
The Home for Little Wanderers  
Wayside Youth & Family  
Support Network  
Y.O.U., Inc  
Clinical & Support Options

# Resources

## MPR Protocol and reports

<http://www.mass.gov/eohhs/docs/masshealth/cbhi/reports/mpr-protocol.pdf>

<http://www.mass.gov/eohhs/consumer/insurance/cbhi/cbhi-data-and-reports/cbhi-data-reports.html>

## Practice Guidelines

<http://www.mass.gov/eohhs/consumer/insurance/cbhi/cbhi-for-providers-and-state-agency-partners.html>

## IHT Practice Profile

<http://www.cbhknowledge.center/ihtpp/>

## OP webinar and FAQ regarding case consult, collateral/Family contact

<http://www.cbhknowledge.center/training-events/2016/11/16/coordinating-care-for-youth-in-outpatient-therapy>