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

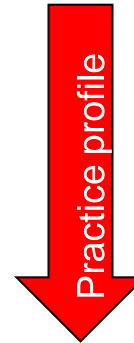
Children's Behavioral Health Knowledge Center

June 27, 2016

Webinar Goals

- Explain the project: *Why this, why now?*
- Describe the purpose and benefits of Practice Profiles
- Describe our process for creating an IHT Practice Profile
- Preview FY17 work

Defining the "what" in IHT



Description of the program
- Philosophy values principles
- Clear participant inclusion and exclusion criteria

Essential functions that define the program
- Defined features that must be present to say the program exists
- Core components

Operational definitions of the essential functions
- Clear description of each core component at the level of "saying and doing."
- Promotes consistency across practitioners at the level of service delivery

Practical performance assessment
- Measures fidelity to the program/model or practice
- Used to improve practitioner competency & refine supervision and training

"Teachable, learnable, doable"

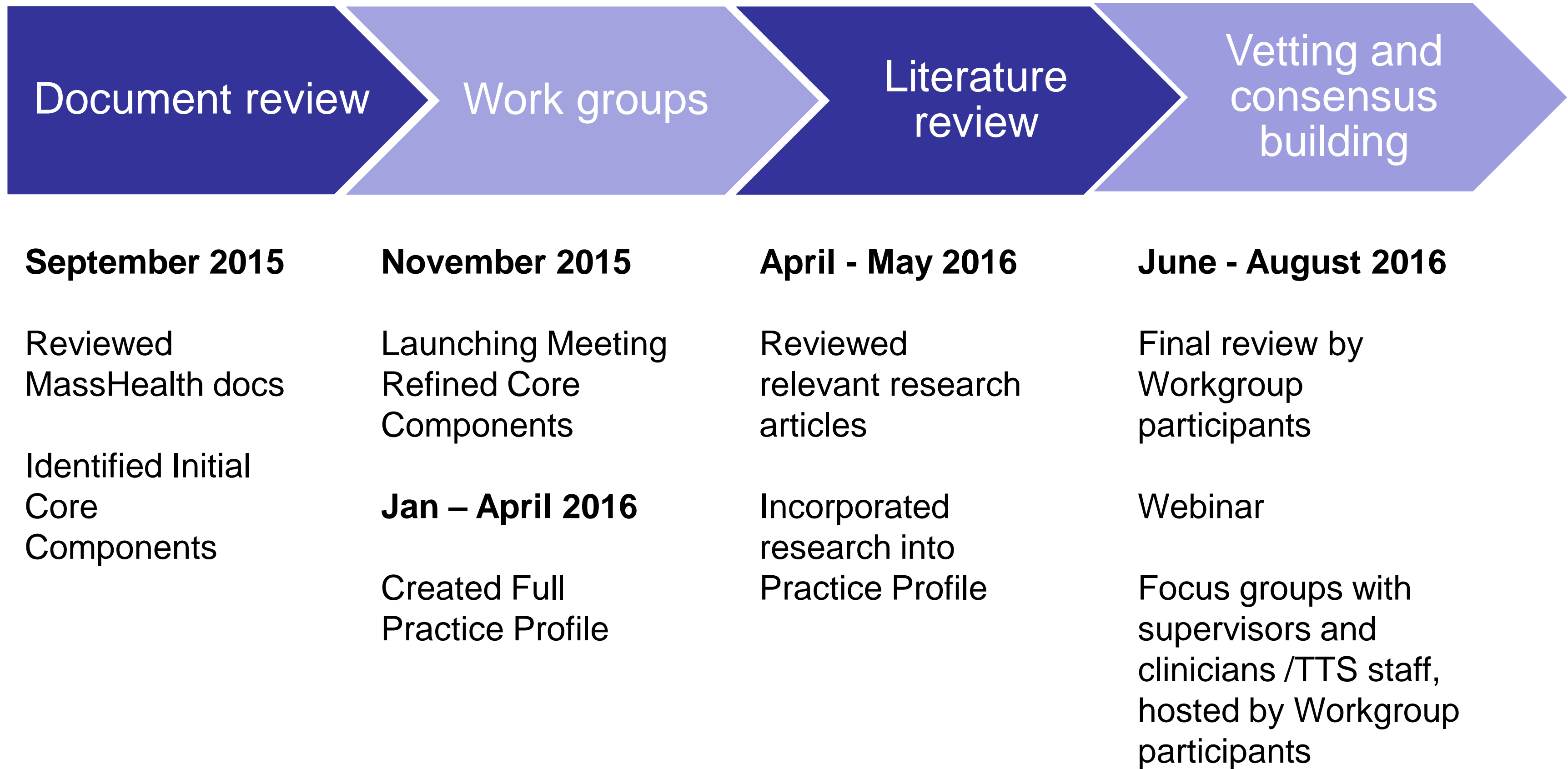
Features of the Practice Profile

Definition of the core element **Contribution to outcomes**		
Ideal use in practice	Developmental use in practice	Unacceptable use in practice
Practitioners in this category are able to apply required skills and abilities to a wide range of settings and contexts. They use these skills consistently and independently, and sustain them over time while continuing to grow and improve their position. Words used to describe ideal activities may include "consistently, " all the time" and "in a broad range of contexts."	Practitioners in this category are able to apply required skills and abilities, but in a more limited range of settings and contexts. Words used to describe developmental activities may include "some of the time, " "somewhat inconsistently" and "in a limited range of contexts".	Practitioners in this category are not able to implement required skills or abilities in any context. Unacceptable practice activity may include more than the absence or opposite of expected practice; it may indicate deficiencies in the implementation on a larger scale. Words used to describe unacceptable activities may include "none of the time" or "inconsistently."

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

Our Development Process



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,

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MassHealth Program Standards, Established 2009, Revised 2014

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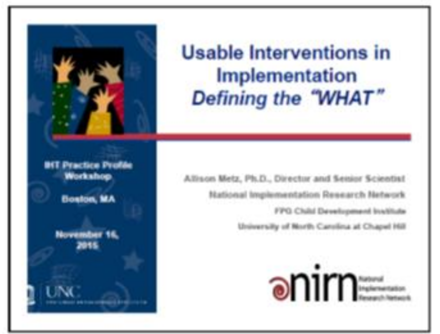
In-Home Therapy Practice Guidelines

CBHI-IHT-PG (3/15)

MassHealth Practice Guidelines, Issued 2014

Qualitative Case Reviews Protocol, Revised 2015

November 2015 Kick-Off Meeting



Dr. Allison Metz,
National Implementation Research Network

Participants: IHT program directors and supervisors, MCOs, Court Monitor, ABH

Purpose:

- Introduce the Practice Profile Approach
- Share the Initial Draft of Core Components
- Work in Small Groups to Revise the Initial Core Components

November 2015: Results & Insights

Initial Core Components

1. Initial Engagement
2. Practicing Cultural Relevance
3. Creating a Team
4. Assessing Needs & Strengths
5. Care Planning
6. Care Coordination
7. Implementing a Care Plan
8. Engaging Natural Supports & Community Resources
9. Transition Planning

Revised Core Components

1. Practicing Cultural Relevance
2. Engagement
3. Assessment & Clinical Understanding
4. Risk Assessment & Safety Planning
5. Collaborative Intervention Planning
6. Intensive Therapeutic Intervention
7. Care Coordination & Collaboration
8. Engaging Natural Supports & Community Resources
9. Preparing to Exit

- Too much focus on Care Coordination process, not enough attention to Treatment
- Need to draw a clearer distinction between IHT and ICC.

Workgroups: January to April 2016

10 Workgroup Sessions

- Half day devoted to each component – *except….*
- Full day devoted to Practicing Cultural Relevance and Intensive Therapeutic Intervention

Participants

- 42 Participants attended at least one session
- Average attendance of 3 sessions each
- Each session had 10 to 17 participants
- Participants represented 22 Provider Agencies, 2 MCOs, and the Court Monitor

Project Team

- MassHealth CBHI: Jack Simons, Jennifer Hallisey, Laura Conrad
- CBH KC: Kelly English, Susan Maciolek
- Consultant: Bonny Saulnier

Workgroups: January to April 2016

Core Component	Date	Morning 9:30 – 11:45	Afternoon 1:00 – 3:15
Engagement	January 13	X	
Practicing cultural relevance	January 13		X
Assessment & clinical understanding	January 27	X	
Risk assessment & safety planning	January 27		X
Collaborative intervention planning	February 3	X	
Care coordination & collaboration	February 3		X
Engaging natural supports	March 2	X	
Preparation to exit	March 2		X
Intensive therapeutic intervention	March 23	X	X
Practicing cultural relevance	April 7	X	X

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Thank You!

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Advocates

Gandara Center

MA Alliance of Portuguese Speakers

BAMSI

Institute for Health & Recovery

Mass Mentor

Bay State Community Services

North Suffolk Mental Health Association

Behavioral Health Network

South Bay Mental Health

Child & Family Services

The Edinburg Center

Children's Friend and Family Services

The Home for Little Wanderers

Children's Services of Roxbury

JRI

Wayside Youth & Family Support Network

Community Healthlink

Lahey Health Behavioral Services

Clinical & Support Options

LUK, Inc.

Y.O.U., Inc.

Work Group Process

1. Full group reviewed, modified, confirmed the *definition* and *contribution to outcomes*.

2. Full group reviewed the activities in the *ideal practice column*. Each participant was asked to either endorse or suggest changes. The item was considered final only when every participant was comfortable endorsing it.

3. Small groups completed 4 to 6 *rows* by identifying developmental and unacceptable behaviors.

4. Each small group reported back to the full group.

5. All notes collected for inclusion in revisions to the practice profile.

Iterative Versions

Assessment and Clinical Understanding

Assessment is the process of gathering a sufficiency of information about the needs and strengths of a youth and family, evaluating the relevance of that information, and developing a comprehensive narrative of the youth and family in the context of their environment, experiences, culture, and present situation. Clinical understanding results in an interpretive summary and diagnostic formulation that can be understood and supported by family members, professional helpers, and natural supports on the In Home Therapy team. Assessment and clinical understanding change over time as new information arises and the family situation changes.

Contribution to the Outcome: A successful intervention relies on a thorough, accurate discovery of history, strengths, and needs of youth, family, and larger community. Youth and family voice in the assessment process ensures that the prioritized needs are driven by the family. Arriving at understanding requires knowledge of both past experience and current functioning as well as clinically astute evaluation of information to determine relevance. Strengths that are clearly articulated and incorporated into the assessment serve as a basis for building positive change. A quality assessment draws a picture of the family situation as a whole, describes specific clinical concerns, and changes over time as the practitioner's understanding deepens. Revising the assessment over time shows a willingness to learn from experience and feedback.

Ideal **Use In Practice**	**Developmental** **Use In Practice**	**Unacceptable** **Use In Practice**
*Reminder: Review all matrices. See especially: **Practicing Cultural Relevance, Engagement, Risk Assessment and Safety Planning, Engaging Natural Supports and Community Resources, and Collaborative Intervention Planning.***		
Reminder: Each matrix describes the work of IHT as practice that is shared between a clinician and a Therapeutic Training and Support staff. Unless specifically noted as the province of the clinician only, the practices expect teamwork and refer to either or both staff, as fits each family situation. In this component, the word clinician appears underlined to denote tasks specific to the IHT clinician.		
• Fully informs family of the assessment process and purpose. Elicits each individual family member's impression of core concerns, including risk and safety, in his/her own words. Uses family member language in subsequent descriptions of needs and strengths. Attends to timing of information gathering when families feel overwhelmed. Within 24 hours, clinician completes an initial assessment with youth/family definition of needs	Discusses with some but not all family members. Uses only clinical language without family friendly language. Late or incomplete initial assessment. Leaves out family vision for future. Slanted toward provider view of what	No youth voice. Ignores family's concerns in favor of provider bias. No initial assessment. Relies solely on another provider's assessment. Ignores or weeds out important

Results & Insights

- High level of consensus about what constitutes quality IHT. Discussions often focused on how to describe it.
- The process benefitted from very knowledgeable and skilled practice leaders who have years of experience delivering and managing IHT services.
- Many themes repeat across the Practice Profile components and are inter-related.
- The core components and activities are not linear.
- Distinguished between the role of IHT when it acts as a hub versus when it does not.

Literature Review

- Purpose: To ensure Practice Profile is informed both by the practice-based evidence from the field and by evidence-based practice from academic research and best practice literature
- Conducted by: Joyce Lee Taylor, Ph.D.
- General Findings:
  - Significant alignment between the literature and the practice-based evidence from the workgroup
  - Literature did push us in a few places
  - Literature still scant about some aspects of IHT
- Results: Several additions made to the "rows"
- Product: A summary report is available on CBH KC website

Completing the Practice Profile

Final Review

- By all Workgroup participants
- Full Practice Profile including changes resulting from Literature Review
- Completed June 16
- Substantially endorsed by participants, with a few changes suggested

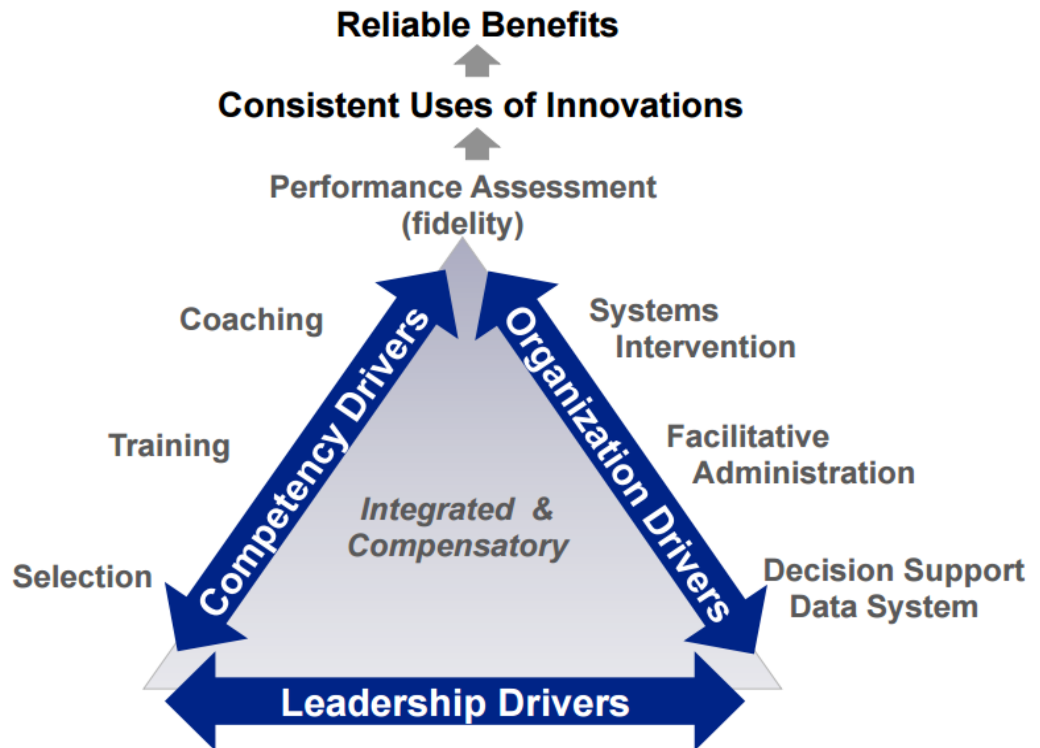
Focus Groups

- Focus Groups with Clinicians, Therapeutic Training & Support Practitioners, and Supervisors
- Each focus group will review and provide feedback on one core component
- Onsite focus groups at 16 provider sites (14 unique providers)

FY17: Strategies & Supports: Moving from the WHAT to the HOW

Informed by Workgroup Sessions and Focus Groups

Concurrent workgroups, organized by key implementation drivers



Implementation Ideas from Workgroups

Individual Competency Drivers

- On-line, on-demand training modules
- Practicing Cultural Relevance Self-Assessment
- Practical tools re: genograms, eco maps, meeting facilitation, safety checklist

Organizational Alignment & Support Drivers

- Cross-walk to billable activities and provide guidance
- Cross-walk with MCE review tools
- Review training requirements in program specifications

Leadership Drivers

- Ongoing stakeholder engagement
- Program-level change management

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Next Steps

- ✓ IHT Practice Profile available on CBH KC website: http://www.cbhknowledge.center/ihtpp/
- ✓ Focus Groups: July & August 2016
- ✓ Next Revision of the Practice Profile will be completed in September 2016
- ✓ Implementation Plan will be completed by September 2016

You'll hear from us: October 2016

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For More Information

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