

Special Education

Technical Assistance Advisory SPED 2014-2: Children's Behavioral Health Initiative

To:

Administrators of Special Education, Parents, and Other Interested Parties

From:

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Date:

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We write this advisory to remind you of the enhanced array of home-based mental health and behavioral services available through the Children's Behavioral Health Initiative (CBHI) to Massachusetts children and youth who are eligible for MassHealth (Massachusetts Medicaid). These services can assist schools, students and families by providing home- and community-based mental health treatment, interventions and supports, as well as identifying and leveraging community resources and programs that work in collaboration with your school.

Purpose of this Advisory

- a. To explain the benefits for students and schools when schools collaborate with CBHI behavioral health providers; and
- b. To describe what effective collaboration looks like, with schools as active partners in the process.

"Schools can take care of kids, but we can't take care of families to the degree that is sometimes needed. CBHI enables us to offer support to families with meaningful services that complement what the school district does during the day."

More in-depth guidance can be found in the CBHI School Personnel Resource Guide at <http://www.mass.gov/eohhs/docs/masshealth/cbhi/school-personnel-res-guide.pdf>

Background

As educators, we see children who come to school every day preoccupied with emotional or behavioral problems and other issues which can limit their ability to learn. For school staff, addressing those issues, dealing with disruptive behavior, and managing crises makes it harder for schools to fulfill their mission of educating all children.

The Children's Behavioral Health Initiative (CBHI) signaled a major expansion of behavioral health services (mental health and substance abuse services) for children and youth, up to the age of 21, who have MassHealth. MassHealth provides health insurance for a large percentage of the Commonwealth's children - there is no community and no school district that does not serve some MassHealth members. Even when families earn too much money to be income eligible for MassHealth Standard, a particular child in the family may be eligible for MassHealth CommonHealth based on a disability, including a mental/behavioral health diagnosis. MassHealth CommonHealth, is available regardless of family income, with a sliding fee scale for premiums.

The goal of CBHI is 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. All of the MassHealth behavioral services are voluntary for families, and collaboration between behavioral health providers and schools will of course depend on families' willingness to consent to each party sharing information.

CBHI and Schools - Collaboration is Critical

The number of children and youth who are receiving one or more behavioral health services through CBHI is large and it is growing. Since schools play such a large part in the lives of most children and their families, it is essential that the education community and behavioral health providers work together wherever possible to increase the likelihood for success. For each child, one behavioral health provider (an Intensive Care Coordinator, In-Home Therapist, or outpatient therapist) is designated the clinical "hub" and is responsible for overseeing a comprehensive assessment and overall plan for the child. The "hub" provider will ordinarily be the provider that communicates and coordinates with the school. Schools can effectively work with behavioral health providers by:

- Helping to guide families who need services but are not yet receiving them;
- Identifying a point person in the school as the contact person for behavioral health providers;
- Including behavioral health providers in the IEP process, in cases in which the family desires and consents to their inclusion;
- Coordinating school-based clinical and behavioral management approaches with home-based behavioral health providers; and
- Identifying and developing relationships with the CBHI providers in the school's community through informal relationships or by participating in the local System of Care committee organized by the CBHI Community Service Agency (CSA).

How schools gain

Good home- and community-based behavioral health services, supported by effective collaboration, can:

- Reduce student behavior problems across settings, including school;
- Help children and youth function better socially and academically;
- Assist parents to use positive discipline and set limits more effectively;
- Support parents in working collegially with school staff; and
- Reduce crises that result when children and youth are emotionally volatile. Youth behavioral health crises frequently affect other students and take a heavy toll on your students and your staff.

In addition, some districts report that children engaged with effective behavioral health services display lower levels of special education service needs during school time, often reducing the need for more expensive, substantially separate, out-of-district, and residential placements.

CBHI Services

Many people equate CBHI services with Intensive Care Coordination (ICC) provided by Community Service Agencies (CSAs). It is important to realize that CBHI actually includes an array of services in addition to ICC. Briefly, these include:

Family Partners: Family Partners deliver the service called Family Support and Training (FS&T). They are parents or caregivers who have their own lived experience caring for children with special needs, and who receive special training and supervision to support other parents. Family Partners, like Intensive Care Coordinators, are trained in the Wraparound planning process. Children do NOT have to be enrolled in ICC to have a Family Partner.

Intensive Care Coordination: Intensive, individualized care planning and case management services for children and youth with serious emotional disturbances that uses the Wraparound process. An Intensive Care Coordinator works with the youth, parents or other caregivers, natural supports, health providers, schools, state agencies, and others who play a key role in the youth's life. Schools are not required to participate in the ICC Care Planning Team, but school participation can make an enormous difference in the success of the student.

In-Home Therapy (IHT): IHT provides team-based intensive family therapy at home or in a community setting. IHT helps families with limit-setting, communication, positive discipline and other critical skills. IHT often addresses issues that spill over into school, and schools can play an important role by participating in the planning and supports organized by the IHT team.

In-Home Behavioral Services (IHBS): IHBS begins with a functional behavioral assessment (FBA) resulting in a behavioral plan, and assists the family in implementing and monitoring the plan. IHBS can help to modify challenging behaviors that interfere with everyday life, including behaviors which may occur in school. IHBS can also help to develop needed social and self-management skills. School collaboration with IHBS is often essential, and can ensure that a child receives consistent behavioral management across school and home environments.

Therapeutic Mentoring Services: (TM) TM offers structured, one-to-one, strength-based support services for the purpose of addressing daily living, social, and communication needs. The TM promotes a youth's success in navigating various social contexts, learning new skills, and making functional progress in the community.

Mobile Crisis Intervention: (MCI) provides 24/7 crisis assessment, stabilization and treatment in the home, school or community setting. The MCI team can also admit a child to a more structured psychiatric setting when needed. Schools can call MCI: - for more information please consult the CBHI School Personnel Resource Guide at <http://www.mass.gov/eohhs/docs/masshealth/cbhi/school-personnel-res-guide.pdf>

"CBHI Crisis Intervention has enabled our school district to reach out for immediate help in assessing safety risk for students who present with significant concerns at school. It has been the impetus for several of our families to be connected with much-needed medical care for their child which they may have been unable or unwilling to seek."

Examples of working together:¹

Kathryn was in an out-of-district placement due to bipolar disorder, PTSD and severe anxiety, but she continued to have difficulty attending school, primarily as a result of her anxiety. The CBHI Intensive Care Coordinator, Family Partner, and In-Home Therapy team worked together with Kathryn's parent to develop more structure, including helping the parent to better structure Kathryn's morning schedule (including providers' telephone call reminders/prompts to the child if necessary), and implement an incentive plan to support the child in attending school. These home-based supports were successful, and the child's school attendance increased dramatically.

Martina is a child with a trauma history which includes being a victim of sexual assault. When Martina moved to a new school district, the IEP Team placed her in a substantially separate social/emotional classroom. Despite this more therapeutic classroom, Martina continued to have difficulties in school and at home, including episodes of aggressive, often violent behavior. The family began working with an In-Home Therapy team to try to address these issues by establishing clear expectations and affirming positive behavior. After three months of that service, Martina's behavior dramatically improved in school and at home. The school then reconvened the IEP Team and slowly transitioned Martina out of the substantially separate classroom back into mainstream classes where she has continued to do well.

David is an adolescent who was struggling to make progress in his integrated high school classroom. His emotional and developmental conditions led him to abandon or never initiate daunting work and to disrupt other students with his behavior. David's In-Home Behavioral Therapist had initiated an FBA and the development of a home-based behavior support plan that was successful in addressing his behaviors at home. At the parent's request, the In-Home Behavioral Therapist arranged to observe the boy in his classroom and to review the plans in place to support him. She then presented a report to the IEP Team, which discussed her insights into the clinical and behavioral issues impacting the boy's access to the curriculum, and the strategies that had been successful in addressing his needs at home and in the community. The Team also agreed to have her consult with classroom staff as part of David's IEP, and to provide feedback on a new set of program accommodations and a revised behavior support plan. This collaboration allowed David to remain in a less restrictive environment, tackle age-appropriate school work with support, and more effectively generalize his skills from one setting to another.

"CBHI has enabled students to be maintained at home or return home from hospitals or out-of-district placements. That's a gift to a school district in many ways."²

All school districts encounter situations in which they have difficulties in working productively with certain parents, who themselves may have mental health issues and/or other challenging behavioral dynamics that contribute to extremely contentious dynamics with school representatives. In these cases, involvement of CBHI providers such as the Intensive Care Coordinators, Family Partners, and In-Home Therapists have helped the school personnel work much more constructively, and less adversarially, with the parents in general education or special education-related meetings. This obviously benefits the students, makes the school representatives' jobs easier, and can reduce the frequency of protracted disagreements and expensive special education appeals regarding the substance of proposed IEPs.

¹ All names are pseudonyms; all cases composites.

² All quotes are from a K-12 Assistant Special Educator Administrator

