

# **Children's Behavioral Health Initiative**

## **Outpatient Hub Services Evaluation: Appendix of Caregiver and Therapist Commentaries**

**February 6, 2015**

## **A.3: Did Therapist inform Caregiver about types of assistance and supports available?**

### **A.3a Caregiver Response**

**Caregiver: What did the OP Hub Therapist tell you about the ways s/he could work with you and your youth and the type of assistance or support s/he could provide? \*c03**

- Sometimes we don't see eye to eye and advises us on different things.
- I don't remember, we all have individual therapists from the agency, so I pretty much know what they can do. My son needs the positive male role model. (My child) is very good if I need suggestions or help, he'll say I'll get back to you or get information on that.
- She told me that she couldn't disclose certain things to me unless it was critical. She tries to uncover what is going on, our family dynamics. She would work on a weekly basis--all about (my child).
- She would work with my child in her office every Friday for one hour.
- Help with the school, child and give support where he needs and get him services that his need. Now he comes to child because I'm disabled.
- Family and individual counseling
- They will help me with her behavior. They did a lot. We have had other people to take (youth) in the community and to go out without her mother. Three different people have come in. They come over during meltdowns.
- For her own support, we also do family therapy.
- Mostly helping me to understand what's going on in the child's head, and teach her how to calm down.
- (Therapist) specialized in teenagers.
- (Therapist) was going to the school at first to visit with her, and as she got older we started going back into the office.
- Therapist never really met with me - she met with my daughter in school- we met once and talked on the phone a bit. She said she was going to try to help my daughter with getting out what was bothering her.
- She would meet with child at school. They communicate well. She sees him in his environment. He's comfortable with her.
- He recommended (youth) see a mental health specialist in Boston, also the organization (therapist) works for provides a psychiatrist for medications.
- I've been doing this for so long, we knew the routine. As we've gone into periods of upset, she brings up other options and services that might be helpful.
- First worked with her in the school as the clinician. She would be her therapist in school and out of school.
- She talked about using play therapy; goals for treatment and that they could be changed; address my concerns with her; she'd like to be able to have a conversation with parent prior to each appointment to help her prepare for the appointment; give us tools to work together; build trust - parent would be part of therapy session and in time fade out
- Explained how we could work together, on my son's behavior and at school.
- She could provide advice and support for (youth) about making friends and handling peers, strategies for dealing with younger sister.
- I don't recall.
- She does play therapy. I believe this is the best way for my daughter to communicate. She recommended a Big Sister, to help her grow into a young lady.
- Talking through play, could support meetings at school, could arrange the time, available by email, phone, reachable.
- She identified her strengths and client privilege stuff.

- Daughter's social seeking behavior, age appropriate. Our main focus has been social skills and cues and society's expectations.
- She could get him back on track, give him less anxiety and anger issues, which she has not.
- She was very informative and gave many options. Therapy was the best. She did testing. I said no to medicine. Yes to mentor program.
- She basically said she'd look to see what was going on with son and determine best ways to work with him- really get a sense of what was happening in our family- she met with all of us, siblings included
- No I don't remember. When something would arise, she would help me and give me directions.
- She could help her... just counseling.
- Husband met with her more than I did. I met with her a couple of times. She told us she can provide weekly therapy. She has helped us to get connected with a psychiatrist and arranged for complete neurological testing.
- I left it up between the two of them. We talked about diagnosis bipolar/depression. His father has died.
- She would play games and talk to her by drawing and stuff like that.
- I came to her looking for help with anger management issues and other things and she said she'd work with us to develop a treatment plan and strategy.
- Waiting for autism testing, school is not on the same page with me, (therapist) is giving me confidence to handle situations and manage with siblings. Has comes to IEP meetings.
- Help us make my daughter more comfortable and getting involved with other kids.
- Don't remember, I know she went over so many things. We were referred by another doctor at (hospital clinic), and that's how we ended up going there. They tried to match us with the ideal person, with someone with experience with young children. I don't recall what exactly (therapist) went over, it was so much. It's been a perfect match. It's been comforting, her manner and approach is loving and firm at the same time. Everyone is important to her in their own way. Everything is tailored to each child. I can't say enough good things.
- Started through CBHI and Therapeutic Mentor. (OP therapist) outlined all services he would qualify for, as well as others that he might need in the future.
- Child is preadoptive – (I have) been working with him for about a year - DCF gave contact information for (therapist) and when (I) met him he was very helpful about providing background information- recommendations around her issues/needs.
- Struggles with peer relationships, looking for tic replacement and help with Tourette's, comorbidity with OCD and anxiety.
- Insight for myself and would speak to me at any time. Very good. Very open.
- Went over the program--play therapy. The different approaches, games, a lot of interactions, and involved the kids (brother). Some weeks alternated siblings.
- He could help with correction or changing behaviors.
- He told me we could meet weekly or every other week depending on son's needs; therapy would focus on family issues - father alienates them from mother; work on harmony in communication.
- Family meetings, helped (youth) understand certain things because (youth) was depressed; he had to do everything as an adult. He was very closed because he did not have friends. OP attacks everything with child--school, cutting, triggers etc.
- Counseling and discussing emotional behaviors and provides medications. Gave us groups for child to attend.
- She asked me what my concerns were, then we had some meetings about what (youth's) issues were. It's sort of a week by week thing. She gives me advice for helping certain issues. (Youth) has been in early intervention and I got good advice from them, prior to (therapist).
- He could give us counseling. He did all my sons testing.
- Trauma related therapy
- It's hard to recall- she was highly recommended to us= she knew about the alcohol issues in daughter's life and we discussed this

- He said he's basically, we call him a talking doctor. He doesn't prescribe meds. He's almost like a social worker, more of a counselor. He would diagnose what issues child might have.

### A.3b Therapist Response

**Therapist: What did you tell the caregiver about the ways you could work with the caregiver and the youth? What did you tell them about the type of assistance or support you could provide?**

\*t01

- Talked in initial intake about all CBHI services, they had TM for another youth previously, they declined ICC waiting for testing for possible autism dx. Parents are independent; don't want lots of people in their home, have adopted four children, she has accepted ICC now because she has the diagnosis for the youth. Mom advocated with the school with this and they feel he doesn't need a full IEP because he is not struggling academically. The parent and therapist feel he is struggling socially and needs this. OT is also a recommendation from the evaluation because of motor delays (spilling food). They also recommended that his presentation (messy, unkempt because of poor motor skills, small in stature), makes him a target for bullies. There is a history of the youth being bullied before.
- DCF, foster father was present. He wanted individual treatment for trauma and new home transition outside of the home as to protect her and give her a safe place to discuss her feelings. DCF needed support with transition during the youth's adoption; youth wanted to focus on working through her own "stuff." I explained I could do individual weekly and needed to do some family sessions too and could provide some support for youth at school. Discussed TM but family and youth was very busy with extracurricular activities and she seemed skilled in these areas
- The case was transferred not long ago. The previous therapist made referrals before and I made referrals for an updated physical with her PCP and (eating disorder program). After the family visited they refused the (program) referral and the youth was referred to a dietician instead. I scheduled the appointments. I helped them get PT1 transportation to get to these appointments because the family lives far away and weren't making these appointments.
- They were a transfer from another OP therapist and had already been told about the services; I informed that we could work on conflict and anger management and discussed family tx which the mom opted not to do. I also discussed the continuation of Mentoring services which had been helpful at that time and continued briefly with me.
- The first thing (I) spoke to them about is TM so (youth) could work on skills in the community; Also discussed ICC and IHT as options but at the time Mom didn't think she would benefit from them.
- Usually do assessment. I question what got them here in sessions, what events.
- Worked on being consistent with mom and youth in weekly meetings so structure was very important - at weekly check-ins by phone or home visits. Mom wanted her to go into the community without anxiety. The youth can push mom's buttons and mom needed social cues to help her respond to the youth's behaviors appropriately.
- (I) told parent (I) would be seeing (youth) individually at least 3 times and parents and (youth) at least once in 5 visits. Told them to help adjust into current habitat, adopted and having hard time accepting new home. Feeling safe from past trauma and assess safety. Big problem with older brother, they would fight; improve grades in school.
- (Youth) had been in treatment for multiple years prior to me so I reviewed with them about options for Individual therapy. I could meet with grandmother alone or both together. (I) repeatedly spoke to them about IHT and toward the end brought up ICC; when school became more difficult (I) spoke about how the CSA could assist with needs at school. (Youth's) bio Mom also engaged in OP here and I offered to have varied dyads with the family unit.
- Explained what standard OP model primarily looks like - expectations of schedules and time together. Started out weekly, had some flexibility to meet with Mom and (youth) or just (youth) or times may touch base with either Mom or Dad if Dad brought in. Reviewed how it is different from IHT because I had been clinician for IHT. OP is more structured. Spoke to them about

what to do if there was some kind of emergency, if I needed to speak with school staff or anyone who may need to speak with me.

- Family and client centered work and that they are leaders of treatment and we are involved to help them along. Our goal is to help them do things on their own so they won't need services in the longer run. We try to enhance the natural supports so they can continue managing the child in the long time.
- The school made a recommendation because he is in an alternative school for behavior issues so when (I) spoke to mom (I) told her what therapy was. (Therapy) would help him build skills around anger management and focusing on impulsive, interpersonal skills with peers and others at home.
- Meet with them as necessary; work on interventions including effective parenting strategies, anxiety reduction. (I) offered to refer for other services if needed.
- The family was referred by PCC due to PICA. I told them I would work with the youth on the origin of the disorder and provide psychoeducation to youth and family around PICA and help youth find other coping skills for her anxiety and also to help her advocate for herself about her anxiety (tell teacher/parents about her anxiety and that she needs help). Help mom educate the school on (youth's) symptoms and behaviors and to come up with strategies and interventions to help her cope (she was chewing anything - pencils erasers and is now allowed to chew gum in school instead). I also referred to a TM to help youth expand her social/emotional skills and community connections and ability to interact in her community. I also referred her to a friendship group, she wasn't connecting with peers or able to interact with peers her own age effectively, from there we found she needed neuro psych testing for possible autism and made the referral for that as well via the PCC - helped mom complete all the paperwork for the testing.
- Explained it by asking what she needed and we could do together. I explained at different points from what we were seeing. We had some major behavior issues and we brought in ICC. He came on medication so he was easily referred to our psychiatrist.
- OP therapist services, several family members receive services here at our site. They are familiar with what we do and all of the services we do. They had an ICC previously but they petered out but those are services that are helpful. I did make a referral for the parent's CSP worker. I referred for a TM and explained the advantages that would provide the client. I tried to respond to the needs of the family and then get what is needed. At this time, I have talked about the ICC again with the parent because there are so many needs right now on the family across all domains and survival needs. I tried to keep it in that context.
- Referred by DCF to work with the youth who was on autism spectrum and limited language and autistic behaviors. Youth lived with mom and father was reported to be involved with drugs and was abusive, youth's older sister is in residential program in (town name). When I started with the family, mother was under educated, on her own with no child support, dealing with an autistic child. Part of my work was making a relationship with the youth, model a more supportive relationship with mom and let her vent and be supportive of her - particularly in school settings where she would be receiving extensive IEPs and evaluating them. She asked me to come to the IEP meetings as a support but I also think she is viewed by the school as being not as competent as many parents and needed someone to vouch for her that she is caring and wants the best for her child and will call the school if things seem to fall short. The therapist thinks the IEP meetings needed to hear that.
- Talked about how when (I) work with children (I) do a lot of play therapy. (Youth) was abused and (we) work on communication and help her get her voice. Mother was a bit hesitant since has worked with others and this is the 4th OP therapist in 6 yrs because outpatient therapists leave. Discussed IHT and TM and if appropriate. (Youth) had TM shortly after abuse and (had a) bad experience but Mom did not want any other services at the time; spoke about medication and didn't need it.
- Referred by psychiatrist. Mom brought youth for psych eval the day after the eval he needed to be seen for an emergency appointment and was picked up to continue counseling. (I) communicated with school and they have been very supportive of youth's needs if he will take advantage of it. (I) worked with youth to increase his motivation for school.

- Basically, outlined that I am a talk therapist. He happens to be a youth that has seen many other therapists. Asked if there were more things that (youth) may need. Parent is familiar with lingo of types of therapy like DBT and CBT from other therapists. Did rapport building.
- I rarely jump into the different services. In this case, I discussed about frequency of meeting, type of modality – individual and family therapy. Types of different therapy I can do. The parent is a very educated person.
- (Youth) was transferred to me from previous OP therapist. (He was) very happy with her and wanted me to continue with the same goals/interventions, so we talked about what OP therapy is going to look like in terms of his goals. Also getting meds internally so I would consult with the psychiatrist. We would work on aggression and depression. (I) was told it would take a while for (youth) to open up with me.
- Youth was a transfer case to (me). (I) offered expertise with ADHD, discussed confidentiality and boundaries and work was focused on stabilizing the parenting. DCF interactions were focused on parent reactions to crisis. (I) let parent know (I) was available for school meetings as youth was struggling (youth is a twin but they are very different in their abilities and the challenges of raising twins)
- *NOTE: this interview is with the OP SUPERVISOR (OP tx no longer with agency, he worked very closely with her on this family and reported he was able to be interviewed).* (Therapist) told them that she was available to go to the school as needed to work on the IEP and discuss school behavior and success. As the therapist, she would work individually with (youth), consult with med prescribers, work with family as needed.
- Mother (was) concerned about her daughter's mental health. (She) asked a lot of questions to ascertain the needs and root causes. (I) described that (I) would make treatment goals, individual/family therapy and consults would be offered, explained all the services the agency has including CBHI and group therapy.
- This youth was a transfer from another therapist who worked with her about a month. I was seeing the youth at school but it was a while before meeting mom face to face. I told mom that I would see the youth at school for therapy and that there was a possibility of family therapy. I also worked with this youth's older sister in the same ways as well.
- (I ask) parents to identify their needs and this particular mom wanted to go to a support group for parents with autism. She found one that didn't work out so now (I am) working with another peer to possibly offer the group by running it myself. Last year a girls group was offered and the youth participated which was helpful. Anything else the provider identifies as helpful to the parent, (I) contact her to let her know.
- (I) clearly outlined OP services, let them know that (I) could work with DDS and school if needed.
- Outpatient therapy to address tics and behavioral difficulties (tic replacement therapy) parental guidance intervention and behavior modification techniques in the home as well as skill building for the youth and emotional support. (I) would coordinate with school and other providers as needed.
- (I) met the mother once at the beginning and talked about her concerns. What was true was the confidentiality piece with an older youth. Got history from mother and some surface of how life was from him and had him sign for CANS. She hasn't asked for anything more.
- Talked about family therapy due to the very young age of the child. It is important to have the family in the room and be sure it's a safe place. What did happen happened in the past and the family needs to be there to support her.
- I explained the therapy routine, every other week unless something was going on because that is about how many units we get. I told her I could with them in the home, school and could collaborate with the parent to help the child and/or the parent. I explained I could help with extenuating circumstance as needed. I also told her about how I could help her access our psychiatrist. She is anti-medication so she wasn't interested. I reintroduced it and she isn't interested.
- Informed (parent) about (my) role, told them (I) could help them hook up with providers and resources within and outside the agency that may be helpful for (youth). Would help them hook

up to the services and would help with DCF and school when needed. Could also help as an advocate for them and son.

- Grandfather and youth were primary family contacts; he had soiling issues, dealing with teasing. (I) offered them individual therapy and play therapy regarding anxiety and stressful relationship with mother who was substance abuser, in and out of hospital and not very involved.
- I told them I could provide OP therapy and could work with collaterals as they arise that includes school, DCF, Foster Care agencies and PCP.
- I offered to go to Alateen meetings, had talked about TM, support groups regarding the death of her father. At the beginning TM or other services didn't seem needed but now there are many more issues and we will re-evaluate other services.
- I am an in-school therapist. My services are provided in the school setting. I offered them sessions in the office and that there are extra services that can be provided in the home. I offered IHT, TM, FS&T.
- First I just want to let you know that I thought of this as a BCBS case originally, then I was told they only had MBHP but finally all was settled after seeing member for about 1 month. I told them we would work on coping skills, reducing frequency, duration and intensity of anxiety symptoms. (I) offered family therapy as indicated; support and consultation to parents; more frequent sessions if needed.
- Coordination with school if needed. (I) if anything was going on and helping him focus on his social needs, helping him communicate with prescriber if needed. If any other services (IHT/ICC/IHBS) were needed and explained those services. Family was very educated about their son's diagnosis and accessed many services on their own
- We discussed that weekly individual therapy would be provided to focus on the trauma and transition from leaving (home country) as well as the possibility of reunification with mother.
- I explained my job and responsibilities and clarified the concerns the youth had at the time. It was focused on mom engaging in a good relationship with her, the school, and the relationship with her father. At that time her father was involved and I explained that they would have to stay connected all the time (in contact throughout the treatment).
- Support. She was struggling at school so that's primarily where I saw her. She could call me to check in and I'd call her every three weeks or so as well.
- I told them I could be part of any team if needed to be. If he struggled in different domains, I could assist with meeting those needs for the family and youth. I talked about how I may help with pulling other family members in if needed due to divorce. I could be available as often as deemed necessary. I did mention the TM program.
- I had talked with mom only when the transfer from another parent was given and talked about easier access because he would be seen at school; would work on anger management problems using his strengths.
- She was currently going through adoption and needed help with adjustment. They told me about (youth's) trauma background. I told them they could help with those items. I explained family sessions and that I could see her in daycare to help with their schedules.
- She could work with (youth) individually or with grandmother. Trauma focused and if (they needed other services, I) would provide that as well. Did not involve father and step-mother in treatment because (I) felt it was detrimental to (youth). Another therapist met with father and older brother and the father sabotaged treatment. (I) wanted to work with (youth's) grandmother who was positive so as not to lose family. Set limits of (youth) to stay with grandmother and not live with father. Support: talked to them about IHT and TM had said they had that before and did not want it.
- I would get to know them. I would get to understand what their needs are; communicate with parents. With all youth I would request treatment planning meetings and help with their goals. As needed, reach out to guidance counselors; collaborate.
- I could work with them in the school and outpatient setting as well as told them about outpatient family therapy, IHT and referrals to TM

- School based transfer - discussed offering continuing OP services in school or clinic as well as medication management and she would be able to make referrals to other supportive services as needed
- I am an outpatient therapist. I say my job is to collect information and formulate a diagnosis and treatment and do case consults and work with others if they needed more involvement.

## **A.5: Did Therapist inform Caregiver about providing help with service coordination?**

### **A.5b Therapist Response**

**Therapist: Did you ever inform the caregiver that you could help coordinate services for the youth if there are multiple service providers, state agencies or school personnel involved? \*t04**

**Therapist: If “yes,” did you coordinate services for the youth and/or caregiver under these circumstances?**

#### **Therapist: Explain**

- Parent did not want any coordination from me at this time but signed a release for school for when the IEP is in place. The family is very private and independent, like to do things on their own, and they are very good advocates.
- Spoke with the school regularly; if problems at school will bring that information to the session; does have an IEP and tries to attend when possible; also have coordinated neuro-psych testing.
- Explained this to the parent but the youth does not have any of those services and does not attend public school (home schooled).
- I did go to a few IEP meetings with her. She didn't use me as a support but I just reminded her that I was available.
- I coordinated with the school, mediation between the parents, referral for family therapy, TM and psychiatric evaluation.
- Didn't think it was necessary for this family. Parent works in (program); this was their second adopted child and they know the systems.
- Got the release and informed about collaboration
- I spoke to the family about helping coordinate with the school because there was bullying of the youth. We had a phone conference with the parent and youth in my office with the school guidance counselor
- I didn't but (previous therapist) had because there was communication with the school and TM was in place so there was previous communication.
- (I) informed parent about the after school programs, helped her get youth signed up (youth was later kicked out) but most of the coordination was with school. Told mom about vouchers for YMCA, TM and youth wanted to volunteer at (program) and TM worked with her on this. Mom was very familiar with other organizations in (town) to get support her daughter needed
- Did not have other providers or need them
- I did a referral for IHT and then collaborated with them to set up appointments. We coordinated our schedules so we could meet with IHT. Also meet with school and referred for psych testing.
- Mom did, she was more than capable including getting involved with insurance companies.
- There were not multiple needs due to it going in to the summer months when engagement (in therapy) occurred initially.
- I helped to set up med appointments with med prescribers. He was here originally but stopped because (he) couldn't get here but then I was able to see him at school and work on behaviors, etc. in that setting.
- DCF involved and called as necessary.
- I was involved with the school, attended all meetings and had ongoing communication, but no other state agencies or other agencies involved so that coordination was not needed.
- She would look at us when there questions. I did refer to ICC
- I didn't necessarily use the word hub but I have performed those functions.
- I offered to be helpful and attend if she needed to go to court or school - she needed me to attend IEP meetings.

- Met with Mother, youth, school guidance counselor and teacher regarding her behavior and care plan; she had an incident in school with another child so had to make a plan regarding the incident.
- Coordination with school and psychiatrist in the beginning to stabilize youth and symptoms improved.
- I would have helped in any way. I don't shy away from stuff like that. This family is well versed in the services they could have.
- (I) helped with school and he does very well in school but he said some things that made her nervous so I reached out to the school to check in.
- When I made a referral for IHT I told the mother I would need contact with the IHT team. We also discussed how (youth) wasn't challenged in school so we discussed that I would talk with school once it starts in fall.
- DCF was involved.
- She coordinated the work with the school (placed out of district) and also spoke every session with grandmother (who had custody) sometimes in between sessions by phone. (I) also would speak with the prescriber and DCF if needed.
- I discussed coordinating with the group therapist and that I could help with the school if she had educational/social needs at school but mother declined because she felt she was making progress and she wanted to make the (agency) referral herself.
- There were no state agencies or high enough level needs for ICC or residential treatment. I coordinated with school personnel as a school based therapist. I attended 1-2 parent teacher conferences, talked with school staff, and guidance.
- Worked with the school and communicated with DDS.
- Consultation with psychiatrist was the main intervention needed. Mother worked for the (agency) as a (staff) so she is well versed in the services.
- Medication, evaluations, would talk to school if needed. (Mother) was concerned due to (youth) losing his father. I did help with crisis a couple years back.
- I coached the foster parent on how to manage the issue when the youth began wetting at daycare. The legal situation makes it difficult as I need to stay neutral and they have an agenda. I can't take sides because if she goes back to live with her biological father or mother, I can't alienate from her life so I have to maintain neutrality in what and how I say things to the collaterals. I hold my therapeutic privilege very high and take it very serious.
- The parent is such a good advocate for her child. She has handled just about anything she needed or the youth needed on her own. I did give her some information on local resources during the holidays and the TM did too when she was involved. The mother actually did it all on her own. She is very private and doesn't want a lot of people knowing her business. I was surprised to hear she did the interview.
- Communicated with DCF, DDS, school district, summer camp.
- Made a couple calls to school but don't think we ever connected. We were concerned about homework but grandfather is very bright and involved so we would discuss grades, doing homework supervising and grandfather would speak with school. (I) needed to help youth organize things and he would communicate with school.
- Early on when she first came to me at age 4, the school would call me (Day Care and preschool) occasionally about behaviors but since (she was) adopted her 1st grade year was very good with no big issues and now she is going into 2<sup>nd</sup>. I haven't had to have contact with them. Early on (I) would try to have meetings every other month with day care/preschool and (Pre-Adoptive Agency). All collaterals together to talk about approach to treatment.
- Mother did not want contact with the school adjustment counselor.
- I used the school guidance counselor a lot to fill in information gaps and it was very helpful.
- Not on a formal level but I informed the caregivers that I could always speak with the schools, PCP and things like that if the need arose.
- (I have) the releases in place but nothing arose to need the communication to take place. (There was) discussion with the school once when youth threatened suicide and had emergency session that evening with therapist.

- The youth did not need that. The foster parents were very involved and the school was receptive to working with the foster parents.
- I attended IEP meeting at school. The school that she was attending did not allow the youth to have therapy at school, so the services were provided in the home and at that time the issues for the youth were mostly occurring in the home (that she had an imaginary friend and was going everywhere with her).
- (Youth) is doing well in most domains: school, community.
- Mom was not involved and youth did not live with the mom for a period of time so (I) would try to have a meeting with Mom and school and she would not be available to attend. When (youth) lived with Grandmother, (she) only spoke Spanish, considered an interpreter but wasn't easy getting in touch with her.
- Help with adoptive family transition.
- The family did not want (me) to speak with the school in the beginning but as time went on (I) supported the grandmother on following up with the school. But (I) did not contact the school.
- I made the referral for IHT several times but they didn't want it a couple times once they were reached. After some time, IHT and ICC and then TM came involved due to the acuity of her symptoms.
- No need for these services so they were not reviewed.
- I would typically refer to the CSA or IHT. It would be too much work for me.

### A.5c Therapist Response

**Therapist: Did you inform the youth and caregiver that you could refer them to a more intensive care coordination service, such as In Home Therapy (IHT) or Intensive Care Coordination (ICC), to help coordinate services if the youth is involved with multiple service providers, state agencies, or school personnel? \*t05**

**Therapist: If yes, you did inform them, did you refer them to a more intensive care coordination service to help coordinate services for the youth?**

**Therapist: If no, explain why you did not refer them:**

- I discussed IHT with the parent, but since they were involved with the church mom declined because she felt the church support would be sufficient. The church members helped take care of the youth at their home.
- Had already done IHT and was now in OP because they had accomplished their goals. Mom didn't need ICC - she didn't think it was necessary
- Family did not want a higher level of care and felt that it would be too intense and invasive. They did not have enough time for it, as both parents worked full time.
- Because we felt that the grandmother was able to manage [youth's] behaviors in home. Also, the best school placement had already been obtained and grandmother was happy with the medication provider; the only need was TM, with the possibility of IHT if behaviors became unmanageable in the home or community.
- Other services were not needed. [Youth's] issues came from trauma, mother was very organized and knew the system, especially the CRA system, and really only wanted an outpatient provider.
- Not needed.
- (The involvement of the) individual therapist and PO was deemed appropriate.
- We discussed both but I did not refer because the parent said the youth had too many after school activities.
- Mother did not feel that she needed it.
- Didn't have those needs.
- Spoke to mother about service but (she was) not interested at the time. It is my understanding that at one point she did have IHT services.
- Grandmother is very competent in managing tasks needed.
- The parent had been overwhelmed by services. DCF had requested me and was acting as the care coordinator. If she had a need I would refer her back to DCF. I was a therapeutic support (play and art therapy for the youth).
- Had in the past with another sibling but mother didn't feel it was needed.
- Family did not want additional services and youth was not resistant to coming to therapy so things were going well.
- Again, the parent is well versed in what's out there I believe.
- Not needed.
- They were referred by DCF as parent declined them.
- No need for either level of care.
- Not needed, don't met criteria.
- Didn't feel it was necessary to have that level of intensity at that time. (Youth) had just transitioned from IHT to OP
- Parent did not want the services.
- Didn't get the feeling it was needed.
- Not needed. She has a very competent foster parent.
- When I talked the parent about care coordination, she said, "isn't that my job? I can do what I need to do for my child." And as for IHT, she is a private person and wants her daughter seen

here at the clinic. Maybe so other people don't know she sees a counselor. I do family work with them too so I guess she felt her needs are being met.

- I thought that DCF needed to make the referral but I spoke with DCF about it, they were in the house and I was not, if they need it then we can do it.
- They were not at a level of need and they were very private.
- Did not need that level of care.
- There wasn't that level of need for the youth given the involvement of the current providers – the (program's name) caseworker would visit weekly.
- Parent refused.
- She had a lot of siblings, family, and support and she primarily needed help with social supports so that's why I thought about the TM.
- Not needed.
- I was in the home already for 2 hours because I saw the brother too. It was a lot for them. They didn't need any other levels of care.
- Did not feel it was needed; said no to IHT so did not think they would want ICC.
- I was doing all the coordination and there was sufficient resources in place but if the need was to arise I would have introduced those services to the family.
- Youth did not need that level of care.
- They preferred to come to the office.

**Therapist: If “no,” you did not refer them, would that kind of support have been helpful to youth and caregiver?**

**Therapist: If “yes” (the referral would have been helpful), explain why the referral was not offered:**

- Mom is mostly Spanish speaking, and it would have been helpful for ICC/FP to help mother advocate for her daughter in the IEP process. IHT would have been helpful because they can see the family dynamic going on and what might be happening with the youth's eating behaviors and see what might have been true or not.
- They were referred by DCF, as parent declined them.
- I discussed IHT with them but mom did not agree with the referral.
- The parent wasn't interested and felt she do her own care coordination.
- They could have used more help in family relationships but wanted to come to the office and didn't want to commit to the time of IHT.
- Not needed.
- See earlier answer.
- Mother already knew from previous OP therapist and it wasn't needed. The TM was the most important thing. (Youth) wasn't even willing to do Family therapy with me so IHT would not have worked and ICC was not required.
- Mother adopted youth and has a really good handle on things and working on things prior to adoption. Mom is very aware and reaches out if she needs to.
- There was so much involvement with the church that it would be redundant for them or a possible conflict with the IHT team if the church had different opinions than the team.
- OP was the only provider - no state agencies involved. (I) wanted to speak with school but mother would not let (me).
- At the time the mom did not think it was necessary and I didn't know her that well then so I respected her knowledge.
- Grandmother was a good advocate.
- The youth did not meet that level of care and the family was implementing everything needed. If youth is diagnosed with autism and does get a lot of services at that time ICC may be needed.
- Need a lot of supports right now.
- Probably not. It would have added to the chaos. They had enough people coming in and mom had good control over him - he's relatively well behaved. She has extended family, so to have someone else come into the house would not have been successful. Mom has limited patience with people. She would have felt it to be intrusive.
- They have had it in the past and it was effective for the other sibling and the ICC for the brother is meeting those needs.
- TM but not sure if he could make use of that.
- I don't think so.
- Enough for them.
- Parents were well aware of the services and organized but when custody changed to father he may have benefited but he was not open to counseling services in general.
- Family is stable, and parent has good parenting skills.
- She had IHBS and we were able to meet needs with OP and IHBS.
- Maybe, it may have helped mother organize the environment and stabilize the external stressors and provided her more support.
- Didn't seem like a multi system needs existed. She and (youth) didn't complain.
- They had lots of supports from friends and family so they don't require anything more at this time.
- Made referral but too intense for the grandparents (care givers) and youth; wasn't what they wanted or needed. Youth just wanted social support.
- There was no need. There were no other providers involved. They were working on school issues which were improving so did not feel that level of service was needed.

- Not IHT but maybe ICC.
- There is no other agency involvement, no other CBHI services.
- They were a family with a lot of strengths and could figure it out themselves and some of it was cultural.
- Parents did well utilizing the suggestions of the therapist and putting her feedback in practice.
- I worked collaboratively with DCF and the (program) worker so there wasn't the need to utilize ICC or IHT because the youth did well at home.
- I felt that mother had the skills to do everything herself. She was involved at the school (taking ESL classes for herself) so she was at the school 3x a week and was very aware of what was going on.
- (Youth) didn't seem to need that level of care.
- Not needed.
- It would have been helpful due to the dynamics of the family; their inability to communicate effectively.
- Not enough players involved to coordinate things, hadn't reached that level, if it had she would have discussed.
- Yes.
- The family was overwhelmed with what they had and to have more people involved would have made it more complicated for the family.
- Too intensive for the needs.

## **A.6: Did Therapist assist Caregiver with access to supports and state agency coordination?**

### **A.6a Caregiver Response**

**Caregiver: Did the OP Hub Therapist assist you and/or your youth to access support services and/or state agency coordination? \*c07**

#### **Yes:**

- (OP therapist would) come to school meetings and we had an IHT but don't remember how that came about.
- OP (therapist) set up a Therapeutic Mentor.
- Provided a psychiatrist for me. She talked to my daughter's doctors about meds and got transportation.
- With the school, helped with CHINS, referral for Mentor and IHT.
- She's been awesome. She has helped [bring other people in].
- Connected to wraparound (In Home Therapy) after a crisis, heard about it from the hospital and worked with (OP therapist) to set it up. 4-5 months ago. [She was not able to clearly distinguish between "wraparound" and in-home therapy. They are clearly receiving some kind of therapy service in the house, which she calls wraparound and IHT interchangeably]
- TM and some advocating for us.
- (OP therapist) made a lot of phone calls for services.
- Helped us get ICC which we got in December.
- (OP therapist) goes to school to meet him. Trying to set up mentor and family therapy.
- School coordination.
- Have had meetings with mentor, has IEP and is home schooled but there is not a lot to coordinate.
- Referral for mentor and home therapy, never started. I never got notified by the agency and she never followed up with them.
- (OP therapist) brought in someone to work with (youth) on his behavioral issues and talked about therapeutic mentors and other school issues we had
- Getting meds for my daughter.
- Helped with letters and things while my child was in school, struggling to be on time, medications, etc.
- She communicated with the school about behavior issues.
- There were some incidents at school this year. It was great to be able to talk to (therapist) and her boss. They coordinated well.
- He put in for wraparound.
- He mentioned to talk to sibling therapist.
- (OP therapist) made recommendation for Therapeutic Mentor and was able to suggest more involved care.
- Talked to us about crisis services and talked with school counselor
- Gone to school, been to IEP meetings, met with school personnel.
- Got my child involved in a program with other children in the same situation.
- Went to school to meet with child.
- She did recommend for me a parenting group

#### **No:**

- No.
- I was very familiar with many other services from past experiences using them over the years.
- She's offered but I always reject it.

**Unsure/Can't Recall:**

- She talked to my daughter about seeing a psychiatrist and was going to look into that but then she left so now we are back to getting a new therapist.

## ***A.7: Would Service Support and Agency Coordination have been Helpful?***

### **A.7a Caregiver Response**

**Caregiver: If the therapist did not provide supports and agency coordination, would that kind of support have been helpful to you and your youth? \*c08**

#### **Caregiver: Explain**

- (Yes) I had asked about help finding groups for my daughter- such as DBT and (OP therapist) said there wasn't really anything out there. I asked for a psych eval and she said she wanted to do work with my daughter before setting that up and never did.
- (Yes) It would have been nice to have someone tell me about other supports and services to get her involved in- they are very dependent on me. It would be good to have other people and places to help.
- (No) Not needed at this time.
- (No) It wasn't needed.
- (No) At this point I think we're almost at the end of our services, we need to go up a little further. He's getting older and going into school. We don't know if he's going to be needing more services.
- (No) My child is good with just (OP therapist).
- (No) (Youth) doesn't need it. (OP therapist) recommends some books, which is helpful.
- (Unsure) Yes and no, depends on the situation. We have IEP and I asked if he could be there, but I ended up not asking him to come. School didn't seem to welcome involvement from (agency).
- (Unsure) (Youth) is a foster child and I don't have custody, the state does. There's so much that has to go through the state and not me.
- (Unsure) (OP therapist) never mentioned supports, but my son probably would have declined supports because he didn't want them.

## Section B: Areas of Need for Resources and Service Access

### ***B.1 Obtaining services for Youth***

#### **B.1a Caregiver's need for obtaining services for Youth**

**Caregiver: Did you need assistance with: obtaining services for youth? \*c09a**

**Caregiver: If you needed assistance, did you ever talk to the OP Hub Therapist about this?**

**Caregiver: If did not need this assistance, why not?**

- We have other people in place, but she did mention the mentor
- OP takes the lead on the suggestions for the youth.

**Caregiver: If you needed assistance, did you receive the assistance that you needed?**

**Caregiver: Please explain**

- (Yes) Medication referral and mentor.
- (Yes) She's been very helpful. When [child] was being difficult she acted right away, making connections to other services.
- (Yes) Connected us to a psychiatrist.
- (Yes) TM.
- (Yes) We discussed.
- (Yes) Therapist told us about various services.
- (Yes) Psychiatrist and neurologist, still on the list for the neuropsych.
- (Yes) Emergency crisis services.
- (No) I asked for assistance with the courts but she did not want to get between parents.
- (No) Wanted home therapy and mentor. Also asked for crisis evaluation, which never happened.
- (No) I asked OP for help with DBT and psych eval but she never followed up with them- couldn't help.
- (Somewhat) (OP therapist) is helping to get services, but everything has a waiting list.

**Caregiver: Who assisted you to receive the assistance that you needed?**

- OP got (agency) to take care of it
- OP and her psychiatrist and PCP.
- Therapist
- (Name of) the therapist
- Therapist
- (Therapist name)
- The therapist.
- Therapist.
- Therapist.
- Mother's therapists make these connections, also DCF.
- No one.
- Asked (therapist), did the referral, not sufficient follow through.
- Therapist got the services for us.
- Other therapist intern I think who worked with therapist.
- Therapist
- OP Therapist and Secretary at Counseling Center
- No one.
- OP help connect me with (support organization), a mentor and has gone to schools for IEP meetings. Helped apply for Social Security.

- OP Therapist, (names of two hospitals)

## B.1b Therapist's assistance in obtaining services for Youth

**Therapist:** Did the youth/caregiver need assistance with: obtaining services for the youth? \*t12a

**Therapist:** Did the youth/caregiver indicate that this was an area of need?

**Therapist:** Did you give the youth/caregiver assistance in this area of need?

**Therapist:** Did you talk with the youth/caregiver about assistance this area of need?

**Therapist:** If no, why not?

- Parent got overwhelmed sometimes.
- Not needed.
- Not needed. Primarily seen for behaviors at home.
- She is adept at handling things on her own. They did have a therapist before me who may have helped.
- Not indicated.
- Necessary services were in place. Parent was a very effective advocate and well informed of the services in the area.
- Felt it wasn't needed.
- Not needed
- It wasn't appropriate, it wasn't a service that was needed.
- The parent and grandmother were very involved and knew where to go in the community.
- Not needed.

**Therapist:** Did the youth/caregiver receive the assistance needed in this area?

**Therapist:** Who assisted in arranging for services and supports in this area?

- *Therapist: 14*
- *Therapist and another provider: 4*
- *Therapist, caregiver, and youth: 1*
- *Psychiatrist: 1*
- *Parent: 1*

**Therapist:** How was it decided who would assist in arranging for services and supports in this area? (T12a)

- Parent.
- Team – OP provider, school, mom, TM.
- Parent and service providers discussed.
- The parent decided she'd do it herself. I gave names for testing options only and the parent did all the follow up, including providing me with a copy of the results.
- Through past therapist and their supervisor and caretaker, who then consulted with me.
- Parents agreed to have an updated evaluation so I made the referral
- Parent
- Mom.
- Grandmother and I talked about it either before or after session.
- Mom came to me because she needed help and I made the phone calls and I called the mother to remind her of her appointments and also asked if she needed help with transportation and guidance for what to expect when she went.
- Depends on where the behaviors were exhibited.
- DCF and the adoption worker were there for that.
- I talked to parent.

- In discussion with mother.
- Parent and psychiatrist.
- Mother.
- Mom - it was an eval for possible medication. She was not on any and didn't make it to the initial appointment.
- Parent decided on own.
- As (youth's) behaviors got worse, Mom was not able to handle (them). (Youth) had them in the past and asked if OP could make a referral.
- Parent and OP decided.
- DCF and foster parent-if anything was needed which it really wasn't.
- In discussion about needs.
- It depended on what the referring agency needed. Usually crisis situations and through foster parents and then eventually adoptive parents.
- Parent.
- Mom and therapist and school joined in.
- Family.
- Family and OP discussed the CBHI services of MCI, IHT and ICC along with FP role.
- Therapist offered to the parent that she was available to talk to the school since she was there.
- Mother decided.

## ***B.2 Managing Youth's behavior at home or in the community***

### **B.2a Caregiver's need for assistance in managing Youth's behavior**

**Caregiver: Did you need assistance with: managing your youth's behaviors at home or in the community? \*c09b**

**Caregiver: If you needed assistance, did you ever talk to the OP Hub Therapist about this?**

**Caregiver: If you did not need assistance, why not?**

- (No) At the time it wasn't (name of current OP therapist), it was someone else.
- We did talk at home because (OP therapist) comes to my home.

**Caregiver: If you needed assistance, did you receive the assistance that you needed?**

**Caregiver: Please explain**

- Gave suggestions.
- Still working at home with child.
- Without (Op therapist) I'd probably be lost. She calls me the same day. I never have to wait. We have been very lucky to have her.
- Increased (therapy).
- Therapist gave me literature, books- that's how I like to learn and they were very helpful.
- Bring it up with family therapist.
- The suggestions worked.
- Called (OP therapist) to discuss behaviors a few times.
- (OP therapist) wrote a list of things for child to do when she's upset. Told me what to do with siblings when this occurs.
- We had a behavior support plan in place.
- Discussed between OP, child and family members and respect.
- (Therapist) gave advice is something was going on.

**Caregiver: Who assisted you to receive the assistance that you needed?**

- Therapist and at the time, IHT and medicine manager.
- (Therapist)
- OP and family members.
- Therapist and Mentor.
- (Therapist). (In home therapist) [interviewer was not clear on this person's role], another mentor for community activities.

## B.2b Therapist's assistance in managing Youth's behavior

**Therapist: Did the youth/caregiver need assistance with: managing your youth's behaviors at home or in the community? \*t12b**

**Therapist: Did the youth/caregiver indicate that this was an area of need?**

**Therapist: Did you give the youth/caregiver assistance in this area of need?**

**Therapist: Did you talk with the youth/caregiver about assistance this area of need?**

**Therapist: If assistance was not needed, why not?**

- *No comments*

**Therapist: Did the youth/caregiver receive the assistance needed in this area?**

**Therapist: Who assisted in arranging for services and supports in this area?**

*Responses can be categorized by the following:*

- Therapist: 21
- Therapist and other service provider(s): 9
- Therapist and caregiver(s): 4
- Therapist, youth, and caregiver/family: 2
- Psychiatrist: 1
- Team: 1

**Therapist: How was it decided who would assist in arranging for services and supports in this area?**

- During the session it was discussed how and who would be the best person to help and then we would make plans from there.
- Mutually agreed upon by parent and therapist.
- Parent and I collaborated and came up with a plan.
- Depends on where the behaviors were exhibited – for example, would include the TM if it was in the community.
- Parent decided on own.
- Parent
- They didn't need the help in this area.
- (I) asked mom and she said yes for (me) to help
- During the session it was discussed how and who would be the best person to help and then make plans from there
- Team – (program), school, mom, TM
- In discussion with caregivers; does a lot of psychoeducation and she is very aware she is a former teacher
- Behavior problems was one of the reason she came to OP and so myself and grandmother talked about this
- Mom would report behaviors after (youth) had been with Father and needed help after being with father - needed help dealing with issues in a positive way
- Grandmother's preference
- Did family work with them. Constant care coordination.
- They had IHT in the past but they didn't like it. I am hoping the ICC referral may get this in place again.
- Parent
- Parent and youth

- Parent felt there were enough supports
- I got the referral so assisted with that piece. Based on where they live, we went with (agency name); Mom talked to me in session and I made the referral but IHT didn't work out in the end.
- Parent and service providers discussed
- Per discussion between OP and grandma
- Mother
- IHT was recommended as a complimentary service but family was not interested at that time
- Discussion between parent and therapist
- The foster parent, DCF and I would discuss how things were going. We'd do specific skill training in sessions and the foster parent would follow up with activities between sessions.
- It was a conversation between me and the parent. She wasn't interested in having a new group of people. She felt we could work on it together in the office. (Youth) really is a good kid. They have a hard time at times because they're so much alike.
- Ask for OP's help
- Through discussion with the grandfather and PCP
- Informed of crisis afterward. Family would call ESP then DCF and then me until things calm down
- Parent
- They called me
- Family
- Mom and me
- Me and family
- Decided through the previous therapist, caregiver, TM and myself
- Through consults with family
- Father requested family therapy
- Parent decided
- Myself, youth and mother

## ***B.3 Filling Youth's prescription and resolving prescription problems***

### **B.3a Caregiver's need for assistance in Youth's prescription management**

**Caregiver: Did you need assistance with: filling your youth's prescriptions (and if a problem, did they trouble-shoot with you)?** \*c09c

**Caregiver: If you needed assistance, did you ever talk to the OP Hub Therapist about this?**

**Caregiver: If not, why not?**

- OP Therapist said I need to discuss with the doctor.

**Caregiver: If you needed assistance, did you receive the assistance?**

**Caregiver: Please explain**

- (Yes) I got help from the psychiatrist.
- (Yes) (OP therapist) helped me to fill out the paperwork.

**Caregiver: If you needed assistance in this area, who assisted you?**

- Psychiatrist = 2
- OP therapist = 1

### B.3b Therapist's assistance in Youth's prescription management

**Therapist:** Did the youth/caregiver need assistance with: filling your youth's prescriptions (and if a problem, did they trouble-shoot with you)? \*t12c

**Therapist:** Did the youth/caregiver indicate that this was an area of need?

**Therapist:** Did you give the youth/caregiver assistance in this area of need?

**Therapist:** Did you talk with the youth/caregiver about assistance this area of need?

**Therapist:** If no assistance was needed, why not?

- Parents are comfortable with the transition from PCC to (agency name) prescribing and have had no issues with refills
- She wasn't taking any medication
- Not needed
- Not needed
- Was not on meds, didn't need them
- Not needed
- Youth not on meds
- Not on meds
- Not needed
- Not indicated
- Necessary services were in place. Parent was a very effective advocate and well informed of the services in the area
- Parent didn't help
- Not needed
- Parent has not indicated that this was a need and is very capable
- She didn't want to explore medications. We felt it wasn't needed.
- Not interested in this

**Therapist:** Did the youth/caregiver receive the assistance needed in this area?

**Therapist:** Who assisted in arranging for services and supports in this area?

- Two therapists reported that they made the arrangements.
- One therapist made arrangements with the parent.
- One therapist made arrangements with the medication clinic.

**Therapist:** How was it decided who would assist in arranging for services and supports in this area?

- (OP therapist made a referral but) the family didn't follow through though.
- Grandparents asked for help; I had to go to the pharmacy and do many steps to support the grandparents with medication.
- The team.
- Mom and I talked with the medication clinic.
- The parent and doctor
- Never an issue when discussed
- Not needed

## B.4: Managing behavioral and/or emotional crisis situations

### B.4a Caregiver's need for managing behavioral and emotional crisis situations

**Caregiver: Did you need assistance with: managing behavioral/emotional crisis situations?**

\*c09d

**Caregiver: If you needed assistance, did you ever talk to the OP Hub Therapist about this?**

**Caregiver: If no assistance was needed, why not?**

- One caregiver responded "no": I thought I could handle it myself. (OP therapist) and I didn't really talk much. She was really there for my daughter.

**Caregiver: If you needed assistance, did you receive the assistance that you needed?**

**Caregiver: Please explain**

- (Yes) Leaving school, unaccounted for in the afternoons, called the police and smashed mirrors.
- (Yes) I haven't needed it yet but I have the numbers.
- (Yes) (OP therapist) puts the team together, very quickly.
- (Yes) We would not have survived without help from therapist.
- (Yes) OP therapist increased visit with child while transitioning households.
- (Yes) OP and her boss were totally available. Whatever worked for me.
- (No) I talked to OP - didn't get help - talked to DCF worker who suggested I put a CHINS and then that was used against me and I lost custody.
- (No) I didn't ask for help.

**Caregiver: Who assisted you to receive the assistance that you needed?**

- Therapist and at the time IHT
- Police and family members
- OP and Psychiatrist
- Therapist and the Mentor
- (Therapist)
- OP
- OP
- no one
- Crisis Team
- (Therapist)
- OP and the crisis center
- Therapist at first and then the ICC helps too but we feel most comfortable with therapist because we've been working with her so long
- OP
- OP was key member.
- The school and the OP
- Combination between OP, school and (program)
- DCF- but suggestions weren't helpful
- OP's boss, OP wasn't avail at first.
- OP and Psychiatrist and Mom
- OP and Crisis team, a two team member that also came after hospitalization
- OP

#### B.4b Therapist's assistance in managing behavioral and/or emotional crises

**Therapist: Did the youth/caregiver need assistance with: managing behavioral/emotional crisis situations? \*t12d**

**Therapist: Did the youth/caregiver indicate that this was an area of need?**

**Therapist: Did you give the youth/caregiver assistance in this area of need?**

**Therapist: Did you talk with the youth/caregiver about assistance this area of need?**

**Therapist: If you did not need assistance, why not?**

- She never had any behaviors that would be considered "Crisis"
- Not needed
- Not needed
- No crisis came up
- Not indicated
- No crisis occurred
- Not needed
- Not needed

**Therapist: Did the youth/caregiver receive the assistance needed in this area?**

**Therapist: Who assisted in arranging for services and supports in this area?**

*Responses fell into the following categories:*

- *Therapist: 10*
- *Therapist and other provider(s): 5*
- *Housing/Red Cross (due to fire): 1*
- *Therapist, caregiver/youth, and other provider: 2*
- *MCI and psychiatrist: 1*
- *School: 1*

**Therapist: How was it decided who would assist in arranging for services and supports in this area?**

- By me, because mother didn't want to call crisis even though the youth had suicidal ideation.
- Mom would call me when she needed help. We had discussed MCI, but Mom didn't want it.
- Mother accessed services without discussion.
- Parent, school and youth.
- In session we spoke about safety planning and the supports available; they would call me.
- They didn't need the help in this area.
- In conversation with mother, she told me what happened. I told her I would have to file a 51A and she agreed
- Parent was asked how they could help
- Family discussion
- Speaking with grandmother
- Typically would hear about a crisis during a scheduled session. Their crisis was related to (youth's) relationship with his father and dealing with crisis and trauma and had a good relationship with mother and felt OP was good enough
- Discussed all strategies to help keep him stable. Thought about DCF again but we've been able to handle it recently without MCI involvement.
- Parent took care of these herself
- In discussion with mother and plan if escalate
- Parent, school

- Parent and service providers discussed
- Youth and parent
- Parent, school, and youth
- Would talk about it in session. (I) didn't know when the crisis happened but (youth) would inform (me) in session then would process
- Through sessions with foster parents and adoptive parents
- After a crisis situation mother informed OP and then they talked more in depth about safety plan and After Hours Emergency line
- Parent
- After my meeting with (youth), I would check in with the parent and they were ok with my interventions
- Family and school contacted emergency services
- Not needed
- The team.
- The school. The agency that I worked at was horrible about managing crisis. I didn't even work there anymore and I was at a private Friday night 11pm event when the agency kept calling me. When I finally answered, I explained to my former agency to call the crisis agency. They told the parent and youth that I would call them back in the crisis. I didn't feel it was appropriate because I wasn't available to manage a crisis at the time. I was worried that they told the family I would be the one calling.

## ***B.5: Accessing primary medical care for Youth***

### **B.5a Caregiver's needs for accessing primary medical care for Youth**

**Caregiver: Did you need assistance with: getting medical care for your youth? \*c09e**

**Caregiver: If you needed assistance, did you ever talk to the OP Hub Therapist about this?**

**Caregiver: If you did not need assistance, why not?**

- “Didn’t seem to be in (the OP therapist’s) area of expertise.”

**Caregiver: If you needed assistance, did you receive the assistance that you needed?**

**Caregiver: Please explain**

- (No): “It was outside of her range of experience”
- (Yes): “Referral to psychiatrist”
- (Yes): “Went to clinic in (town)”
- (Somewhat): “If I needed a ride they would help me get it. It was a little too much for the child to travel.”

**Caregiver: Who assisted you to receive the assistance that you needed?**

- In three of the caregiver comments, the OP therapist provided assistance, with one naming the Mentor as providing additional assistance.
- One caregiver responded that “no one yet” had provided assistance.

## B.5b Therapist's assistance in Youth's access to primary medical care

**Therapist:** Did the youth/caregiver need assistance with: getting medical care for your youth?

\*t12e

**Therapist:** Did the youth/caregiver indicate that this was an area of need?

**Therapist:** Did you give the youth/caregiver assistance in this area of need?

**Therapist:** Did you talk with the youth/caregiver about assistance this area of need?

**Therapist:** If you did not provide assistance, why not?

- Family has always had PCC for children
- The parents had located a new doctor for her and arranged all appointments and didn't need the help
- They had a doctor
- Not needed
- Not needed
- Not needed parent had doctor for him and he's healthy
- Youth already had PCC, records requested but no contact needed
- Not indicated
- Parent already had the service in place
- Parent didn't help
- Foster parent was familiar with maintaining child's health and didn't need any help.
- Mom was always in contact with PCC and worked closely with them
- (Caregiver) was good about managing her needs
- The parent is very educated on meeting the child's needs
- Not needed

**Therapist:** Did the youth/caregiver receive the assistance needed in this area?

**Therapist:** Who assisted in arranging for services and supports in this area?

- Myself and the older sibling.
- I did.
- Myself, school nurse, parent and youth.
- Parent and the youth's team of doctors.
- They didn't need any help in this area.
- No one
- Foster parent
- Parent and grandmother
- Parents

**Therapist:** How was it decided who would assist in arranging for services and supports in this area?

- Mom.
- The family needed support getting it. There were many somatic complaints, so I made sure he got to the doctor.
- Due to her chronic heart problems, she had a team of doctors that worked with her and her family.
- They didn't need the help in this area.
- Parent
- Parent and grandmother

## **B.6: Handling admissions/discharges from psychiatric inpatient or CBAT settings**

### **B.6a Caregiver's need for assistance with inpatient psychiatric or CBAT admission/discharges**

**Caregiver: Did you need assistance with: handling admissions and/or discharges to/from Community-Based Acute Treatment (CBAT) or inpatient settings? \*c09f**

**Caregiver: If you needed assistance, did you ever talk to the OP Hub Therapist about this?**

**Caregiver: If you did not need assistance, why not?**

- N/A

**Caregiver: If you needed assistance in the area, did you receive assistance?**

**Caregiver: Please explain**

- (OP therapist) recommended getting wraparound in place upon discharge

**Caregiver: Who assisted you to receive the assistance that you needed?**

- OP therapist

## **B.6b Therapist's assistance with inpatient psychiatric or CBAT admission/discharges**

**Therapist: Did the youth/caregiver need assistance with: handling admissions and/or discharges to/from Community-Based Acute Treatment (CBAT) or inpatient settings?** \*t12f

**Therapist: Did the youth/caregiver indicate that this was an area of need?**

**Therapist: Did you give the youth/caregiver assistance in this area of need?**

**Therapist: Did you talk with the youth/caregiver about assistance this area of need?**

**Therapist: If assistance was not needed, why not?**

- She never had an admit during their time with her.
- Not needed
- Not needed
- No hospital admissions
- He didn't use these services
- Not indicated
- Parent didn't (want) help
- It wasn't applicable
- Not indicated
- Not needed
- Not needed
- Not needed

**Therapist: Did the youth/caregiver receive the assistance needed in this area?**

**Therapist: Who assisted in arranging for services and supports in this area?**

- ESP, DCF, and myself.
- The ICC was involved and has taken the lead; I wasn't the primary person, but I always spoke to the treatment and attended all the meetings
- They didn't need any help in this area.
- Myself, Parent, and hospital, and psychiatrist
- Not needed

**Therapist: How was it decided who would assist in arranging for services and supports in this area?**

- The team.
- They didn't need the help in this area.
- He had a hard time talking to ICC and then (youth) got better. So I don't know if they were much help.
- Not needed

## ***B.7: Accessing other mental health care for Youth***

### **B.7a Caregiver's need for accessing other mental health care for Youth**

**Caregiver: Did you need assistance with: getting other mental health care for your youth? \*c9g**

**Caregiver: If you needed assistance, did you ever talk to the OP Hub Therapist about this?**

**Caregiver: If not, why not?**

- (No) I like to take things slow. You know you give up your child to these programs...

**Caregiver: If you needed assistance, did you receive the assistance that you needed?**

**Caregiver: Please explain**

- (Yes) Getting connected to psychiatrist.
- (Yes) Got ICC and psychiatrist for evaluation.
- (Yes) Got a psychologist for neurological testing.
- (Yes) (School name) placement.
- (Yes) DCF said that wrap-around would be useful.
- (Yes) Got to review OP therapists notes.
- (Yes – somewhat) Referred to family therapy – on waiting list
- (Somewhat) I have the skill sets from another child in the system
- (No) Referred for a psych eval and DBT – got no help

**Caregiver: Who assisted you to receive the assistance that you needed?**

- (Therapist)
- Therapist
- OP
- OP and family therapist
- No one. I educated myself.
- Pediatrician
- OP
- Talked to OP- got no help
- OP
- OP and DCF
- OP

## **B.7b Therapist's assistance in accessing other mental health care for Youth**

**Therapist: Did the youth/caregiver need assistance with: getting other mental health care for your youth? \*t12g**

**Therapist: Did the youth/caregiver indicate that this was an area of need?**

**Therapist: Did you give the youth/caregiver assistance in this area of need?**

**Therapist: Did you talk with the youth/caregiver about assistance this area of need?**

**Therapist: If "no," why not?**

- Not needed
- Not indicated
- Parent didn't help
- (Youth) didn't need anything other than a mentor when we worked together
- Not needed
- The family had services and knew about services due to having another child with Asperger's and OCD issues.

**Therapist: Did the youth/caregiver receive the assistance needed in this area?**

**Therapist: Who assisted in arranging for services and supports in this area?**

- Myself, TM, PCC.
- Parent found the agency online on her own.
- The TM and I worked with the parent to get a copy of the IEP for referral to psychological testing.
- I helped parents get their own therapists and CBHI team.
- I made referrals.
- No one - parent was aware of the services
- I did; referred for psychological testing at same agency
- I did
- IHT was decided upon
- Myself, MCI, parent and then ICC got in place by MCI
- I did
- DCF
- Psychiatrist
- Parent referred him to us
- I did
- I did
- School guidance counselor
- I did
- Myself, DCF and foster parent
- I did
- I did
- Myself, foster parents
- IHT

**Therapist: How was it decided who would assist in arranging for services and supports in this area?**

- Parents agreed to have an updated evaluation, so I made the referral.
- It was mutually agreed upon by me and the parent.
- Parent decided on own.

- Parent and school.
- Father, with me.
- Parent
- Mom
- Therapist and parent
- Referral to ICC has been made - waiting 8 weeks. DCF now involved so I hope it gets in quick.
- Parent, DCF
- Parent and psychiatrist
- Parent prior to coming to me for the service
- Parent and service providers discussed
- Mother
- Mom
- Parent
- Once she was engaged in treatment she was great. It was the early phase of treatment that I could coach her on participating as a parent of a foster child. She was very competent though and is great at follow up between sessions.
- Family
- Therapist, foster parents
- Parent and IHT staff
- Myself and family
- Parents and me

## ***B.8: Improving Youth's social skills and functioning in the community***

### **B.8a Caregiver's need for assistance in improving Youth's social skills and functioning in the community**

**Caregiver: Did you need assistance with: Improving your youth's social skills and ability to function in the community? \*c09h**

**Caregiver: If assistance was needed, did you ever talk to the OP Hub Therapist about this?**

**Caregiver: If no assistance was needed, why not?**

- N/A

**Caregiver: If assistance was needed, did you receive the assistance that you needed?**

**Caregiver: Please explain**

- (Yes) In Home Therapist dropped us because we're doing good. (OP therapist) still works with child.
- (Yes) Basketball.
- (Yes) (OP therapist) comes to our house with a Therapeutic Mentor.
- (Yes) Connecting to DDS to connect in programs there.
- (Yes) He connected us to the mentor.
- (Yes) [Parent is very pleased with progress]
- (Yes) Put in referral for mentor.
- (Yes) My child got a mentor.
- (Yes) We started with a mentor who takes her to the library.
- (Yes) Connect to Therapeutic Mentor.
- (Yes) We are receiving services now.
- (Yes) Got a mentor for the child.
- (Yes) We are working on that.
- (Yes) Therapist works with her on this.
- (Somewhat) Mentor and medication.
- (Somewhat) More assistance with school was provided, not as much for issues outside of school.
- (Somewhat) There's no filter or boundaries and can be inappropriate.
- (Somewhat) We are getting ready to work on this.

**Caregiver: Who assisted you to receive the assistance that you needed?**

- School, Therapist and IHT
- Mentor
- OPs encouraged her. And OP worked with bullying at school.
- Therapist and Mentor
- (Therapist)
- OP
- OP
- Special Ed Teacher
- Therapist
- (Therapist), TM
- OP
- therapist
- Now, recent change of therapist.
- The OP and the mentor. She had a mentor for 2 years and then 2 more mentors after that.

- OP
- OP and Mentor. Does friendship group with OP.
- OP
- OP and Mom's getting child involved in activities like pottery and sports.
- OP and Mentor and sometimes I talked with the pediatrician
- Outpatient therapy talks with child about how to handle things better. Offers suggestion to parent about teacher discussion.
- OP and a DCF worker and an IHT team
- OP
- The OP tested and made recommendation and the school implemented.
- OP and his school
- Therapist

## **B.8b Therapist's assistance in improving Youth's social skills and functioning in the community**

\*t12h

**Therapist: Did the youth/caregiver need assistance with: Improving your youth's social skills and ability to function in the community?**

**Therapist: Did the youth/caregiver indicate that this was an area of need?**

**Therapist: Did you give the youth/caregiver assistance in this area of need?**

**Therapist: Did you talk with the youth/caregiver about assistance this area of need?**

**Therapist: If no assistance was needed, why not?**

- I worked with in sessions on dealing with bullying. She had the support of her guidance counselor too.
- Not needed
- Parent declined additional services past OP
- Certain situations could cause him to dissociate so we managed to assist in balancing needs. We communicated regularly with his prescriber and supported him returning to manage his own symptoms.
- Not needed

**Therapist: Did the youth/caregiver receive the assistance needed in this area?**

**Therapist: Who assisted in arranging for services and supports in this area?**

*Responses can be classified into the following categories:*

- *Therapist: 17*
- *Therapist and caregiver: 3*
- *Therapist and other provider: 10*
- *Therapist, caregiver, and other provider: 1*
- *Therapist and youth: 1*
- *Caregiver: 1*

**Therapist: How was it decided who would assist in arranging for services and supports in this area?**

- In session in writing new treatment plan, and discussed weekly in our contact.
- Through discussion with caregivers.
- Concerns were discussed in session, so we worked on social skills in treatment.
- In discussion around initial intake/assessment and discussing goals of treatment.
- Family and school.
- Parent
- In discussing with parents, they felt the plan and current supports were adequate.
- I discussed with mom and she agreed
- Parent
- Grandmother asked
- Through scheduled session. I would talk to both (youth) and mom and these topics would come up
- Grandmother's preference
- Myself and parent
- A big part of our treatment plan is helping him with this. He is expected to behave in public. He was banned from a couple places so we had to address this. We work on his relationship with his friends.

- Help him connect with summer opportunities, bridge to school and communication with them. The home is so toxic so any service in the community is going to help him get out to see more.
- Parent
- In discussion with mother around improving social skills
- Had a conversation with Mom about TM but because (youth) was so opposed to it we put it on the back burner. We put a plan in place and then decided we would revisit in future
- Parent and service providers discussed
- In discussion during session or by phone and care giver agreed
- Youth
- Discussion between parent and therapist, discussion between parent and school and then discussion between school and therapist
- Needed help understanding downtime; helping regulation skills with transitions
- TM didn't last long and when that ended OP continued the work
- Through discussion with GF/youth
- Through conversations with Foster parents (there were about 4 sets of foster parents)
- In session discussion about current issues
- Parent & therapist
- Foster parents
- Parent and therapist
- Myself and family
- Through transfer from previous therapist, caregiver, TM and myself
- In session
- Father and me

## **B.9: Care coordination with state agencies**

### **B.9a Caregiver's need for assistance in dealing with state agencies**

**Caregiver: Did you need assistance with: dealing with state agencies?** \*c09i

**Caregiver: If you needed assistance, did you ever talk to the OP Hub Therapist about this?**

**Caregiver: If not, why not?**

- All six caregivers who had youth involved with state agencies had talked with their OP therapist. Consequently, there were no comments for this question.

**Caregiver: If you needed assistance, did you receive the assistance that you needed?**

**Caregiver: Please explain**

- Worked with child quite a bit and they would talk to me because I was losing my cool with the kids.
- Therapist talks with DCF and explains the situation about getting jumped at school.
- (DDS), respite
- DCF called in.
- (Therapist) talked to DCF, but we weren't totally satisfied with the assistance, she seemed to be giving in to DCF, in the end it worked out

**Caregiver: Who assisted you to receive the assistance that you needed?**

- Therapist, IHT
- Therapist, mom's therapist, siblings therapists, 5 mentor for all children
- (Other service provider), therapist
- therapist
- Therapist and DCF worker.
- (Therapist)

## B.9b Therapist's assistance in dealing with state agencies

**Therapist: Did the youth/caregiver need assistance with: getting assistance from state agencies? \*t12i**

**Did the youth/caregiver indicate that this was an area of need?**

**Therapist: Did you give the youth/caregiver assistance in this area of need?**

**Therapist: Did you talk with the youth/caregiver about assistance this area of need?**

**Therapist: If assistance was not needed, why not?**

- They had worked with DCF in past when they adopted another child. Mom works for (name of agency).
- Not needed
- Not needed
- No state agency involvement
- Been through it several times. She can come to us as needed.
- State agencies were not involved
- Parent didn't help
- Only discussed DCF mandatory reporting at intake
- Not needed
- Not needed
- Not needed

**Therapist: Did the youth/caregiver receive the assistance needed in this area?**

**Therapist: Who assisted in arranging for services and supports in this area?**

- *Six therapists responded that they arranged the supports.*
- *One responded that DCF and the grandmother arranged these supports.*

**Therapist: How was it decided who would assist in arranging for services and supports in this area?**

- Through disclosure in session.
- Parent.
- Parent discussion.
- Mom asked if I would go to DDS office with her because she felt she wasn't getting what she needed from the DDS case manager.
- In discussion with youth and caregivers, asked for his help to address needs.
- Parents.
- Grandmother's preference
- She has always involved me whenever she needs help. She is open to my support as needed with state agencies.
- In discussion during session or by phone and care giver agreed; attempts on therapist's part to get DMH needs met but DMH failed family
- Navigating being a foster parent has been a challenge for her. She is the best friend of the child's grandmother, who is now deceased. So she's like a family member but DCF doesn't see her as that and so they've looked beyond her for the permanence piece and this is difficult for her because she wants to be in the role of caregiver but DCF is saying where she isn't biological she can't be seen as a permanent solution until all this other stuff happens.
- Not needed
- I helped the parent

## B.10: Communicating with multiple treatment professionals

### B.10a Caregiver's need for assistance in communicating with multiple treatment professionals

Caregiver: Did you need assistance with: communicating with multiple treatment professionals?

\*c09j

Caregiver: If you needed assistance, did you ever talk to the OP Hub Therapist about this?

Caregiver: If you did not need assistance, why not?

- N/A

Caregiver: If you needed assistance, did you receive the assistance that you needed?

Caregiver: Please explain

- (Yes) (OP therapist) attended meetings at DDS, at school, and makes calls
- (Yes) She is great about this.

Caregiver: Who assisted you to receive the assistance that you needed?

- OP listens to me and talks with my doctor and my hospital and connects all of us.
- (Other service provider), therapist
- Therapist
- OP

## B.10b Therapist's assistance in communicating with multiple treatment professionals

**Therapist: Did the youth/caregiver need assistance with: communicating with multiple treatment professionals?** \*t12j

**Therapist: Did the youth/caregiver indicate that this was an area of need?**

**Therapist: Did you give the youth/caregiver assistance in this area of need?**

**Therapist: Did you talk with the youth/caregiver about assistance this area of need?**

**Therapist: If youth/caregiver did not need assistance, why not?**

- Didn't have multiple professionals involved
- Not needed
- Not needed
- Multiple treatment providers not involved
- No need
- Parent didn't help
- Not identified as a need
- Not needed
- Not needed
- Not needed

**Therapist: Did the youth/caregiver receive the assistance needed in this area?**

**Therapist: Who assisted in arranging for services and supports in this area?**

- *Five therapists reported that they arranged these supports.*
- *One therapist reported that the ICC took the lead. (NOTE: MBHP confirmed that Youth did not access ICC during the time covered in this report)*

**Therapist: How was it decided who would assist in arranging for services and supports in this area?**

- Parent discussion.
- In discussion during session or by phone and caregiver agreed.
- Discussion with parent.
- Through the conversations with foster parents during sessions.
- ICC (*NOTE: MBHP confirmed that Youth did not access ICC during the time covered in this report*)
- When she had ICC for him. Also, the school but she seems to be able to pull through and get things done as she needs to. (*NOTE: MBHP confirmed that Youth did not access ICC during the time covered in this report*)
- Parent
- Did not sign release for pediatrician
- Not needed

## ***B.11: Monitoring the effectiveness of prescribed psychiatric medicines***

### **B.11a Caregiver's needs for monitoring the effectiveness of prescribed psychiatric medicines**

**Caregiver: Did you need assistance with: monitoring the effectiveness of prescribed medications? \*c09K**

**Caregiver: If you needed assistance, did you ever talk to the OP Hub Therapist about this?**

**Caregiver: If did not need assistance, why not?**

- *N/A*

**Caregiver: If needed assistance, did you receive the assistance that you needed?**

**Caregiver: Please explain**

- (Yes) (OP therapist) saw her on the school-end, so we would collaborate and both talk to the med provider.
- (Yes) (OP therapist helped with) inpatient meds that didn't work very well.
- (Yes) (OP therapist) referred me to speak with the psychiatrist.

**Caregiver: Who assisted you to receive the assistance that you needed?**

- *Each of the seven caregivers referenced the OP therapist as providing assistance needed.*
- *In addition, three caregivers referenced the medical provider as being helpful.*
- *One comment referenced care coordination: "The school worked on it with feedback from (OP therapist), and (OP therapist) worked with the guidance counselor and parent."*

## **B.11b Therapist's assistance in monitoring the effectiveness of prescribed psychiatric medicines**

**Therapist: Did the youth/caregiver need assistance with: monitoring the effectiveness of prescribed medications? \*t12k**

**Did the youth/caregiver indicate that this was an area of need?**

**Therapist: Did you give the youth/caregiver assistance in this area of need?**

**Therapist: Did you talk with the youth/caregiver about assistance this area of need?**

**Therapist: If "no," why not?**

- No meds
- Not needed
- Not needed
- No meds
- Not on meds
- They don't need help with this.
- Mother was in contact
- Parent was skilled at monitoring the effectiveness of the medications as well as what would occur in meetings with the psychiatrist
- Youth tells psychiatrist and OP about symptoms and medication management on a regular basis
- Not applicable
- Not needed
- Not needed
- Not needed

**Therapist: Did the youth/caregiver receive the assistance needed in this area?**

**Therapist: Who assisted in arranging for services and supports in this area?**

- *Three therapists reported that the psychiatrist helped arrange the supports.*
- *Three therapists reported that they and the psychiatrist arranged for the supports.*

**Therapist: How was it decided who would assist in arranging for services and supports in this area?**

- Grandmother asked.
- It would always fall to the psychiatrist, as he is the one prescribing. I would have conversations with him after mom would report some medication issues.
- Parent discussion.
- In discussions during the session or by phone, and caregiver agreed.
- When there were issues, they would bring it up to me and contact the psychiatrist if needed.
- (Caregiver) is very good about this with psychiatrist. She was able to call him whenever she had questions about his medications or symptom management.
- Family has been inconsistent with medications. (Caregiver) wasn't reporting accurately about him taking medications. He complained about side effects. There is so much chaos in the home that the carry through isn't there. The skills needed by the family just is so intense.
- Not needed
- Parents, ICC, IHT and team
- Father with therapist

## **B.12: Accessing support from another parent, caregiver, and/or support group**

### **B.12a Caregiver's need to access support from another parent, caregiver, and/or support group**

**Caregiver: Did you need assistance with: accessing support from another parent, caregiver, and/or support group (PAL) with experience in caring for youth with special needs? \*c09i**

**Caregiver: If you needed assistance, did you ever talk to the OP Hub Therapist about this?**

**Caregiver: If assistance was not needed, why not?**

- (No) I never mentioned it- I talked to other parents of son's friends- didn't really think about asking therapist- didn't think he had any information about that
- (No) I had had the support for a year before OP was in the picture
- (No) I didn't need to because I got support from another grandparent and the school
- (No) My niece offers me the support I need because she has experience
- (No) I didn't know this would be possible but it sounds like it could help

**Caregiver: If you needed assistance, did you receive the assistance that you needed?**

**Caregiver: Please explain**

- (Yes) I had IHT in past and it helped a lot and I've talked to OP to get this set up again.
- (Yes) It was through ICC services prior to (OP therapist).
- (Yes) The other grandparent and the school.
- (Yes – somewhat) (OP therapist) recommended a support group but I didn't go- it was a little far for me.
- (No) I talked to (OP therapist) and she always said she didn't know of available resources or said it wasn't quite the time yet.
- (No) I cannot overcome practical needs of child care.

**Caregiver: Who assisted you to receive the assistance that you needed?**

- School had Grandparent Support Meeting and my husband.
- No one
- Therapist tried
- My niece
- Therapist
- OP
- OP helped set it up; family counselor helped too.
- Talked to OP but didn't get help
- ICC/Family Partner
- Therapist

**B.12b Therapist's assistance in accessing support from another parent, caregiver, and/or support group**

**Therapist: Did the youth/caregiver need assistance with: accessing support from another parent, caregiver, and/or support group (PAL) with experience in caring for youth with special needs? \*t12l**

**Therapist: Did the youth/caregiver indicate that this was an area of need?**

**Therapist: Did you give the youth/caregiver assistance in this area of need?**

**Therapist: Did you talk with the youth/caregiver about assistance this area of need?**

**Therapist: If no assistance was needed, why not?**

- Had never thought about it.
- She has a lot of supports already but it may be nice if she could talk with someone that's been through what's she going through in regards to the fostering.
- Parents are very good advocates so didn't feel they needed it.
- Not needed
- Parent is very private and has natural supports from others who do have experience caring for a child with special needs
- This parent becomes very overwhelmed really quick. She has a lot going on with her own mental health.
- She had friends and I guess what she needed
- Very self sufficient
- Parent has experience working with children with difficulties as well as a supportive extended family network and social network
- Parent didn't help
- Have family that are involved and can be supportive
- Because she lived with extended family, she relied on her mother to meet those needs along with her older two sisters.
- Spoke to the caregiver about it but in the end weren't interested. Doesn't drive after dark and has to be home for (youth) after school
- Not needed
- She sought help from her parents.

**Therapist: Did the youth/caregiver receive the assistance needed in this area?**

**Therapist: Who assisted in arranging for services and supports in this area?**

- Two therapists reported that they arranged for services in this area.
- One therapist reported that the FP arranged for the services in this area.
- One therapist reported that the ICC and parents arranged for services in this area (*NOTE: MBHP confirmed that Youth did not access ICC during the time covered in this report*)

**Therapist: How was it decided who would assist in arranging for services and supports in this area?**

- Parent.
- In discussion during session or by phone and caregiver agreed.
- Parent decided on own.
- In CPT team and during ICC engagement an FP was put on the team. She has helped parents organize the multiple documents received from recent inpatient and CBAT stays. (*NOTE: MBHP confirmed that Youth did not access ICC during the time covered in this report*)
- I discussed the referral with mom but she declined because it would be after school and there was not enough time since the youth was involved in so many activities

- I spoke with them about PPAL but they were resistant and weren't interested in the end.  
Transportation was also an issue
- Parent decided she didn't want an FS&T referral but would continue to use her own therapist
- Parent and grandmother

## ***B.13: Other needs not included in topics B.1 through B.12***

### **B.13a Caregiver's other needs not included in topics B.1 through B.12**

**Caregiver: Did you need assistance with: other needs not included in questions B.1 through B.12?** \*c09m

**Caregiver: Listing of Other Needs (identified by 9 of 50 caregivers):**

- School
- I've been bouncing around from place to place, but I don't think she can help me out with that so I don't bring it up. (Housing- living in a shelter, 5 houses in the last two years)
- I wonder if there was more (OP therapist) could have offered. I would love to get my child in a group. I would like to be in a group. I would hope that the therapist would inform me. I am open to being a better parent and help my child grow. I would want to be informed.
- I was trying to move. OP Helped me write a letter to housing. Medication provider actually got the help to move that I needed.
- Issues around youth running away from home
- She should have had a med referral a lot sooner. It took too long. Caused my family a lot of grief. I felt like we didn't have a lot of communication.
- We did get extra help with programs at school.
- We involved the sibling's issues at school but the school was not supportive of observations.
- There have been a couple times I receive emails from the other parent and needed advice.

**Caregiver: If you had other needs, did you ever talk to the OP Hub Therapist about this?**

**Caregiver: If you did not have other needs, why not?**

- (No) I feel like if she's a certain kind of therapist, she can't help me with my frequent housing moves.
- (No) Financial issues. I didn't know whether or not it was appropriate. We were facing homelessness. He was aware, but he never offered any resources or advice.

**Caregiver: If you had other needs, did you receive the assistance that you needed?**

**Caregiver: Please explain**

- (Yes) (OP therapist) gives suggestions. My son has given therapist permission to talk to me.
- (Yes) (OP therapist) help me somewhat with adoption and support with coping skills.
- (Yes) I brought it up and therapist took it from there.
- (No) It's ongoing, waiting to hear from housing authority.
- (No) I ended up losing custody due to child running away and (OP therapists) stating to court that child prefers to live with father and so she supported that.
- (No) The school did not cooperate.

**Caregiver: Who assisted you to receive the assistance that you needed?**

- Therapist
- Pediatrician got us in for a diagnosis and that person (identified) that she was not bipolar so we could get her the meds she needed.
- Figured it out myself.
- Therapist
- Family Counselor and (therapist) have attempted to mediate.
- (Therapist)
- No one
- DCF/OP but help was not helpful

- OP
- OP and the medical management person.

**B.13a Therapist's assistance with other needs not included in topics B.1 through B.12**

**Therapist: Did the youth/caregiver need assistance with: other needs not included in questions 12.a through 12.i?** \*t12m

**Other needs identified:**

- The need for formal testing (neuropsych)
- Transportation
- After school care
- AI-Teen

**Therapist: Did the youth/caregiver indicate that this was an area of need?**

**Therapist: Did you give the youth/caregiver assistance in this area of need?**

**Therapist: Did you talk with the youth/caregiver about assistance this area of need?**

**Therapist: If the youth/caregiver did not have other needs, why not?**

- N/A

**Therapist: Did the youth/caregiver receive the assistance needed in this area?**

**Therapist: Who assisted in arranging for services and supports in this area?**

- Myself, supervisor, colleague (observed the friendship group and confirmed the suspicion that the additional neuro testing was needed) and the TM.
- I once took client and parent to dentist.
- I did.
- I did
- Resources on adoptions, adolescent development and adopted adolescent development; how to integrate her birth identity and how she fits into both families.

**Therapist: How was it decided who would assist in arranging for services and supports in this area?**

- Myself, supervisor, and parent.
- Parent.
- In session, went 2 times but only youth there so stopped going.
- The mother wanted help from me to help the bio brother transition home because he had been the part of trauma on youth. (We) did a safety plan and role playing for him coming home; very good advocate about the intervention
- Parents are open to asking for help and asked me for this help over the 7 years of OP treatment.

## **Section D: CBHI Hub Services – Prior Need, Access, and Utilization**

Note: The questions in Section D concern the prior utilization of the 50 selected youth in the two Hub services that involve higher levels of care: Intensive Care Coordination (ICC) and/or In-Home Therapy (IHT). Because one criterion for the selection of the 50 youth sample was that the youth did not receive ICC or IHT Hub services during the study period (12/01/2012 – 11/30/2013), these questions pertain to service utilization that either pre-dates or post-dates the study period.

### ***D.1: Intensive Care Coordination (ICC)***

#### **D.1a Caregiver's familiarity with ICC**

\*c10a

**Caregiver: Are you familiar with this service?**

**Caregiver: Explain**

- (Yes) Have had this in place since December 2013
- (No) I do not know about this
- (Yes) I did it with two of my other kids

**How did you find out about ICC?**

- OP therapist or other network provider = 7
- Works in (or knows someone who works in) human services = 6
- Had service as a consumer = 2
- DCF = 1
- MassHealth = 1
- Brochure = 1

**Caregiver: Did the OP Hub Therapist discuss ICC with you in regards to the youth possibly benefitting from it?**

**Caregiver: Explain**

- (Yes) Two caregivers mentioned already having ICC in place prior to involvement with OP therapist
- (Yes) I think (OP therapist) mentioned it but I wanted to wait until I got (my youth's) diagnosis.
- (Yes) Discussed but (youth) didn't meet criteria.
- (No) Don't have enough services to need the coordination
- (No) (Youth) already had it in place prior to OP therapist assignment.

**Caregiver: Do you think ICC would have been helpful to your youth/you during the time your youth was working with the OP Hub Therapist?**

**Caregiver: Explain**

- Could have
- (Youth) is almost 18, so it's hard to get anything now
- It might have been. But she shuts down and sometimes too much affects her response.
- I think that would benefit us.
- (Youth) fought having services at all because it didn't really manifest the changes at all
- That would have been great. But it sounds like what (therapist) is doing. She's very involved. She talks to the teachers.
- It probably would have saved a lot of stress on my child and myself.
- In a way, yes. Sometimes I don't have communications with my child.
- Don't have those needs
- They would have been doing what I was doing.

- We put it in place
- Not this last year, but several years ago it would have been very helpful. But now everything is in place and I'm good.
- I'm a sole parent and any kind of support to stabilize would have been helpful.
- Her problems were only at school. Not at home.
- I just really needed to get things set up at school- that was really our focus
- I've had them before
- Maybe
- OP pretty much steers us in the right direction.
- Didn't need it by the time we started working with (therapist)
- I have a team in place that is not ICC but I coordinate
- There would have been more of a flow between the school and therapy.
- With my other kids, it was a different behavior problem. This child's behavior is not difficult.
- We don't have a lot of issues we are dealing
- Child not good with new people
- We don't have any behavioral problems with him.
- Not needed
- We don't need that

## **D.1b Caregiver's/Youth's prior access to ICC**

\*c11a

**Caregiver: Did your youth have ICC during the time s/he worked with his/her OP therapist?**

**Caregiver: If yes, was it important to you for the OP therapist to communicate with the ICC team?**

**Caregiver: Explain**

- We put this in place in December and the whole team has a lot of communication. Even though we're working with an ICC now we still do a lot through the OP therapist since we have a longer relationship with her

**Caregiver: How did you know if/when the OP therapist communicated with the ICC team (did they keep you informed)?**

- E-mail loop and conversation

**Caregiver: If communication was important, did you feel there were enough communications between the OP therapist and the ICC team?**

**Caregiver: If communication was important, did the communication between the OP therapist and the ICC team helps with the delivery or coordination of your youth's care?**

## **D.1c Therapist's coordination of prior access to ICC**

\*t14a

**Therapist: Did the youth receive ICC service during the time that you, as the OP therapist, worked with him/her and the caregiver?**

**Therapist: Was it important for you, as the OP therapist, to communicate with the provider?**

**Therapist: Was there enough communications between you and the provider?**

**Therapist: Did your communication with the provider help with the delivery of the youth's services?**

**Therapist: Explain**

- Same as with IHT.
- They had ICC a long time ago, in 2010 and it didn't last long because the grandparents and youth can't deal with that type of structure. It's too much and they don't like people telling them what to do.
- We helped each other and the family manage the crisis situations and support her stabilization.

**Therapist: How did you keep the caregiver informed about your communications with the provider?**

- OP sessions
- They are often there. If they aren't, I always tell them.
- ICC

**Therapist: If the youth did not receive ICC, would this type of service have been helpful?**

**Therapist: If the youth did not receive ICC, how would the youth have benefitted from it?**

- It will help mother feel more confident that the educational needs for youth are being met and possibly some additional services for the rest of the family.
- Mom is mostly Spanish speaking and it would have been helpful for ICC/FP to help mother advocate for her daughter in the IEP process.
- Help the parent meets basic needs.
- A lot of the problems seemed to be in the home. Initially the problems reported were in school and the community but later on they seemed to be in the home. The problems seemed less intense in the office.
- It may have been helpful when she was having problems with housing but she didn't want the help. She felt her job as a mother was to do it on her own and she did it.
- Not needed.

**Therapist: If the youth did not receive this CBHI service, did you discuss with the caregiver the possible benefits of this service?**

**Therapist: If you did not discuss this service with the caregiver, why not?**

- The situation did not warrant it.
- Mom was very clear that if she needed something she would let them know but she had a lot of support from the church. Mom was a very strong advocate and was on top of her daughter's behaviors and needs.
- Didn't discuss because at intake they discuss all LOC and in meeting and working with the family they didn't need that level of intensity.
- Parent is good at managing her family's needs.

- For the longest time it was just me and the prescriber and the needs didn't appear to be significant to refer to ICC but that may change.
- She wouldn't have met medical necessity criteria for ICC
- IHT was started as it seems the best assessed service for the needs
- It was necessary.
- Family did not want additional services other than OP
- When OP first started with family they just ended ICC, they had met their goals so that level of intensity was not needed when (therapist's name) was the therapist.
- This service was not clinically indicated
- The youth did not appear to meet medical necessity criteria for it. Mom was aware of the services but only wanted outpatient services
- Didn't feel that level of intensity care coordination was necessary
- (Caregiver) didn't need help coordinating (youth's) care
- They didn't have that intense of need
- I wasn't aware of service
- That level of care did not seem necessary. If they were not working in IHT I would have moved up but mom did not have time for IHT
- The needs didn't match the service
- Not indicated
- Did not feel that it would have been necessary
- Parent declined
- The need did not match the intensity of ICC
- Never brought up ICC because there was only OP (involved) and there was no need for ICC but would always revisit if that should things change
- Not clinically indicated
- Youth did not need that level of care
- Not needed.

**Therapist: If you did discuss this service with the caregiver, what was the outcome?**

- Referral has been made this week, ICC worker has been assigned - parents to postpone intake until after school starts.
- Parent declined because youth had too many activities after school and would not be available.
- Grandmother decided they didn't need that service at the time; the needs weren't to that level. She was also concerned about having too many meetings.
- Family did not have multiple service providers and mom is very capable of coordination.
- The parent felt it was her job to coordinate her child's care and she does it.
- Not enough need and mom didn't want it
- Mom felt her time with (youth) and me in IHT and then OP was enough, didn't need that level of intensity
- Parent had too much going on at the time
- Can't recall the discussion
- Not indicated
- Family declined - felt they did not need that level of service

## ***D.2: In-Home Therapy (IHT)***

### **D.2a Caregiver's familiarity with IHT**

\*c10b

**Caregiver: Are you familiar with this service?**

**Caregiver: Explain**

- Somewhat, compared to mentor. Could have used this.

**Caregiver: How did you find out about IHT?**

- OP therapist or other network provider = 14
- Had service as a consumer = 12
- Works in (or knows someone who works in) human services = 4
- Brochure = 2
- DCF = 1
- School = 1
- Don't recall = 4

**Caregiver: Did the OP Hub Therapist discuss IHT with you in regards to the youth possibly benefitting from it?**

**Caregiver: Explain**

- (Yes) It might have.
- (Yes) There was a waiting list.
- (Yes) Mentioned it early on.
- (Yes) We've had two sessions with them now.
- (Yes) It doesn't work. (Youth) doesn't want to comply and I don't have the time.
- (Yes) She recommended it a couple of times but we declined.
- (Yes) Already in place.
- (Yes) We opted out.
- (Yes) Did not qualify.
- (Yes) It's important because I have MS.
- (Yes) With my husband only.
- (Unsure) She might have mentioned it once.
- (No) There aren't behaviors in the home that we can't handle
- (No) Right from the get go the OP came to the house for both our children.

**Caregiver: Do you think IHT would have been helpful to your youth/you during the time you youth was working with the OP Hub Therapist?**

**Caregiver: Explain**

- Maybe
- Because I cannot afford the transportation to take my child to the therapist. I have to take 2 buses to see her.
- Not right now
- Not sure, it might have been something, but I'm not sure if (youth) is the right candidate.
- I didn't want that
- We ended up having arguments between me and my child.
- He doesn't need that
- At one point but because I already had it for a sibling. The sibling would have drawn in the therapist and taken away from child.

- We are working on getting this in place
- Already in place
- Hygiene
- It would have saved me 2 hours of driving each week.
- Hard to know given that we've never experienced it.
- Referral, but no follow through made by (therapist)
- My child is very clingy and so I could have used help having her separate from me.
- Well we pretty much had this with OP
- I think neutral setting out of home was better for her but providers would have seen her true colors and how she behaves in the home
- OP comes to the house so it would not be necessary. The less people involved, the better.
- (Therapist) can take care of the situation
- In home therapy was too easy for (youth) to avoid, hid in room, etc. A captive audience in the office. IHT would not have been effective.
- Not a need for our family
- Therapist comes to the house - that works for me
- What we had worked well
- That could be helpful- it might help me with support in home- working on them listening to me more
- Child did not want them; too much like the hospital after 3 visits.
- Not needed
- My daughter and I discussed it because sometimes she wants to quit OP but we didn't find it effective in the past- there were distractions being in the house

## **D.2b Caregiver's/Youth's prior access to IHT**

\*c11b

**Caregiver: Did your youth have IHT during the time s/he worked with his/her OP therapist?**

**Caregiver: Was it important to you for the OP therapist to communicate with IHT?**

**Caregiver: Explain**

- I signed (release of information) papers so they could all talk.

**Caregiver: How did you know if/when the OP therapist communicated with IHT (did they keep you informed)?**

- We agree they would talk and we met on the same day (as youth's appointment). We talked weekly
- IHT would tell me. So did the OP therapist. I made sure everyone had phone numbers.
- I coordinated the weekly meetings. We all came together and discussed the family.
- They tell me.

**Caregiver: Did you feel there were enough communications between the OP therapist and IHT?**

**Caregiver: Explain**

- *No comments*

**Caregiver: Did the communication between the OP therapist and IHT help with the delivery or coordination of your youth's care?**

**Caregiver: Explain**

- *No comments*

## **D.2c Therapist's coordination of prior access to IHT**

\*t14b

**Therapist: Did the youth receive this CBHI service during the time that you, as the OP therapist, worked with him/her and the caregiver?**

**Therapist: Was it important for you, as the OP therapist, to communicate with the provider?**

**Therapist: Was there enough communications between you and the provider?**

**Therapist: Did your communication with the provider help with the delivery of the youth's services?**

**Therapist: Explain**

- Yes: Since they also worked at our office we were able to check in about individual and family sessions; every other week they would meet here so we would all get together and talk about goals, progress etc. I do admit my documentation when they are internal treaters is worse because we see each other in the halls, etc.
- Yes: [Youth] wasn't engaging with them. I tried to support them and communicate with the family that the hope there would be a better connection.
- Yes: The IHT provider did not meet mother's expectations. Mother did not feel that they were helping her in the ways she wanted and were not going to the school to provide the service versus coming twice a week to the home, which she did not want.
- Yes: We helped each other and the family to manage the crisis situations and support her stabilization.
- Yes: The OP case was transferred to IHT and the same clinician took the IHT case.
- Yes: Because of boundary issues with the family they had to work together to make it successful.
- No: I contacted his IHT clinician several times and he never called back. We offered to meet in person if that worked better; he finally called back and the case was closed. He never responded.

**Therapist: How did you keep the caregiver informed about your communications with the provider?**

- I told her but also she was present for all of it.
- In the room with her. Or let her know.
- Follow up phone calls and in person as needed.
- By phone or at appointments.
- They are often there. If they aren't, I always tell them.
- We talked about IHT during session. (Caregiver) would express her frustrations with IHT, how he was seeing (youth's) diagnosis, but the IHT clinician was not helpful. Mom closed case because (IHT clinician) wouldn't show up for appointments, was giving unusual advice. The way he diagnosed was concerning to Mom and (youth) didn't like him
- IHT

**Therapist: If the youth did not receive this CBHI service, would this type of service have been helpful?**

**Therapist: If the youth did not receive this CBHI service, how would the youth have benefitted from it?**

- IHT would have been helpful because they can see the family dynamic going on and what might be happening with the youth's eating behaviors and see what might have been true or not.

- It would have helped the parents to better manage his challenging behaviors; helping with sibling relationship; bringing the family together, better communication; psycho-education about trauma, managing symptoms of trauma
- It may have been helpful. I do family therapy with them and it seems to be going pretty well. I don't see his behaviors as severe as some other youth that I work with that have IHT.
- I think the parent could have benefitted for the support but has a multi generational home and she has many supports and is very limited with being open to home based services. She always came here even though I tried to go to the home.
- The family could have learned some skills to help this youth with the difficulty of having a special needs sibling and how it impacted the family structure and my client's functioning
- It would have been if mother would have been open to it. It could have helped with family dynamics around mother's boyfriend. (Youth) did not like him and he did not like her - that was a big source of her frustration
- At the beginning it could have helped her manage (youth's) behaviors and recognizing triggers and helped her with parenting skills.
- Help with family dynamics
- There were some family issues that came up but we'd discuss in our time together
- It could have improved communication between (youth) and family members. I think it could have helped mom stand up to (youth's) father or feel more empowered. I think it could have helped increase the positive time the family spent together which would have helped (youth) feel better about herself, being at home, safe and would have removed the idea that (youth) was the identified problem when she wasn't.
- It would have provided some in home therapy interventions to stabilize oppositional behavior and assist mom in stabilizing the environment
- It may have helped in processing some grief and working on family unit but parent is somewhat distant in his treatment as he's a young man
- Youth and mom do not communicate well together. My goal was to have an In Home therapist to teach them appropriate interactions and how to get their needs met by one another
- It would have helped family dynamics

**Therapist: If the youth did not receive this CBHI service, did you discuss with the caregiver the possible benefits of this service?**

**If you did not discuss this service with the caregiver, why not?**

- Parents felt it was more effective to have OP therapy (individual and family) with one person versus too many people coming into the home. The behaviors haven't been that concerning to parents to warrant a referral for that service to bring others into the home.
- I did not think she would be open to it; she had rejected family therapy with me so I figured she wouldn't want IHT because that would be more intrusive.
- At intake, I discuss all services and didn't feel it was needed. I do family and individual work and if after doing those interventions it appears that IHT was needed then I would bring it up.
- They had IHT prior to OP. I was the IHT clinician so they already had the service, met their goals, so we transitioned to OP and I continued as the OP therapist.
- It was not needed; the youth was dealing with anxiety and depression and they were able to come up with own coping skills and mother was a good advocate.
- She wouldn't have met medical necessity criteria for IHT
- At that point in time I did not know about it. I was an Intern and really didn't know the mom and client at that point but in hindsight it would have helped for parenting skills but now I know better. Originally mom brought client in because the school was requiring services, so it was more school based.
- Family did not want additional services other than OP
- The youth didn't need a lot of services to be coordinated
- The youth did not appear to meet medical necessity criteria for it. Mom was aware of the services but only wanted outpatient services

- If bio mother were involved then it may have been helpful but the grandparents were very stable and competent advocates and able to implement the behavior and school plan
- The needs didn't match the service
- Not indicated
- Mom didn't follow through with bringing youth to clinic for services. It appeared that she would not follow through with other services
- Not clinically indicated
- Youth did not need that level of care

**If you did discuss this service with the caregiver, what was the outcome?**

- Did discuss it with Mom but did not feel it was needed.
- Had IHT, met needs, and transitioned to OP.
- Family was not interested; too intensive and youth did not meet the level of care.
- Because I did family work and they trusted me and didn't feel that was needed.
- Parent declined the service after speaking with the IHT staff and finding out the commitment that was involved.
- Parent declined because youth had too many activities after school and would not be available
- Parent declined due to support she already had from the church
- Family transferred from individual and family therapy to IHT
- It would not have been a good service. Mom was challenging to work with and she did not want anyone else in the home
- I think I may have mentioned it. (Caregiver) works a lot and has many demands as a single parent.
- Grandmother did not feel the need for that level of intense care and working with me was adequate
- IHT was recommended as a complimentary service but family was not interested at that time
- Parent declined
- The parent didn't want a bunch of people coming to her house.
- They weren't interested
- Family declined - felt they did not need that level of service
- Parent declined
- If the family work I was doing with (caregiver) and grandmother wasn't working, I would discuss IHT again but at this time the family work in OP is working
- The parent didn't want it. She had other services for her other daughter and was very busy.
- (Unsure) Unsure whether we discussed this

## Section E: CBHI Core Services – Current Need, Access, and Utilization

### E.1: Therapeutic Mentor (TM)

#### E.1a Caregiver's familiarity with TM

\*c10c

**Caregiver: Are you familiar with this service?**

**Caregiver: Explain**

- (Yes) Started today
- (Yes) Had one. It was not a good match
- (Yes) Had them for other children
- (Yes) She has one
- (Yes) (Therapist) does that. We also had someone else.
- (No) It might have been helpful to him - he has issues with his older brother so it might help to have someone to work on this with him

**Caregiver: How did you find out about Therapeutic Mentors?**

- *OP therapist or other network provider = 19*
- *Had service as a consumer = 10*
- *Works in (or knows someone who works in) human services = 2*
- *DCF = 1*
- *Media (TV) = 1*
- *Don't recall = 1*

**Caregiver: Did the OP Hub Therapist discuss Therapeutic Mentors with you in regards to the youth possibly benefitting from it?**

**Caregiver: Explain**

- (Yes) Attachment issues with this child makes us not want to risk another relationship.
- (Yes) Each week a different issue came up. She explained the program. I decided to try it out. We have had 2 mentors.
- (Yes) I asked her about it but she never did anything.
- (Yes) Started to get this in place but couldn't find the time.
- (Yes) I don't think she needs it at this time- maybe in the future.
- (No) He already had one when he started with OP and works within the facility.
- (No) Already enrolled.

**Caregiver: Do you think a Therapeutic Mentor would have been helpful to your youth/you during the time your youth was working with the OP Hub Therapist?**

**Caregiver: Explain**

- Mentor is good because OP is out on maternity leave. Mentor is a good advocate.
- Why not? All the help she can get is good. For teenagers today, it is difficult.
- Already enrolled
- We had to stop because she was being taken out of school and her grades were dropping. The mentor was not flexible.
- It would be great for her to have someone to help her and talk with about her anger and mood swings
- Child chose not to see his mentor anymore.
- He doesn't need it

- OP did a great job hand picking the right mentor
- it would have been too much
- we are getting a mentor but I don't think it's a therapeutic mentor
- Enrolled now, started today
- Somewhat
- We did use a mentor.
- (Therapist) made a referral, but no follow- through
- Started to put this in place but timing was a challenge so revisiting in summer
- Child wasn't interested
- It is but it is not. Mentor did art and art was so great for child she did not talk. So now they are not doing art and its working.
- (Therapist) has taken care of it.
- Only in the school though. That's where the issues are. Schools have something that does this for us, though. Helping him learn the rules and consequences. It's all worked out.
- Possibly in future as she gets older
- Already involved with positive role model
- He's a pretty busy kid.
- I don't know because it was such a short time.
- Issues with older brother- might be good for him to have someone to help him with this
- Child had no interest
- Maybe. He's very shy and so that might help.
- Between OP and day care she gets what she needs. She's very young, she does ok.
- I think my son's teacher is working on that with an older student.
- that sounds like it would be good for her but she doesn't always want to engage so this would be difficult for her to do
- Child is not trusting. Hard to say if that would be helpful.

## **E.1b Caregiver's/Youth's access to TM**

\*c11c

**Caregiver: Did your youth have TM during the time s/he worked with his/her OP therapist?**

**Caregiver: Was it important to you for the OP therapist to communicate with the TM?**

**Caregiver: Explain**

- Make sure we're on the same page
- I liked that.

**Caregiver: How did you know if/when the OP therapist communicated with the TM (did they keep you informed)?**

- I don't think they talked much--only when things happened with child
- They see each other when they come here, they tell me they talk
- She didn't speak to me, she spoke to the child
- No, they did not keep me informed
- Both tell me they've spoken to each other, phone or in person
- They would tell me they were going to call each other or they would tell me that they talked.
- At the therapy appointments, she tells me about it.
- Work in same office, through the mentor.
- OP would mention to me that she and mentor talked about certain issues.
- They do regularly with me weekly
- Between the 3 of us, we could talk together and so we talked on the phone together. I asked (therapist) to speak with the mentor.
- They both told me they had talked
- They kept notes and OP seemed to know how the sessions went.
- I spoke to both individually

**Caregiver: Did you feel there were enough communications between the OP therapist and the TM?**

**Caregiver: Explain**

- (Yes) There were a couple of periods that OP was not in the picture so things became stagnant.
- (Unsure) She didn't talk to me about it.
- (Unsure) I'm not sure
- (Unsure) I was not aware when they talked. Only when they mentioned to me.

**Caregiver: Did the communication between the OP therapist and the TM help with the delivery or coordination of your youth's care?**

**Caregiver: Explain**

- (Yes) Very much.
- (Yes) When OP said something, the mentor did it, as opposed to me saying it.
- (Yes) Only when they talked. I didn't perceive they talked much.
- (No) I have no way of knowing.
- (N/A) Conflicts with school and inflexible scheduling. They did not offer us another mentor. We just had to end the service abruptly

## E.1c Therapist's coordination of access to TM

\*t14c

**Therapist: Did the youth receive TM during the time that you, as the OP therapist, worked with him/her and the caregiver?**

**Therapist: Was it important for you, as the OP therapist, to communicate with the provider?**

**Therapist: Was there enough communications between you and the provider?**

**Therapist: Did your communication with the provider help with the delivery of the youth's services?**

**Therapist: Explain**

- TM gives an update of week before, if anything comes up and she isn't sure how to handle, we discuss. Works with the youth on social skills, progress, and if not talk about alternatives
- Fortunately [youth] had a solid relationship with the TM; for the short time that the TM was involved while I was doing OP we would check in weekly; we were able to play off of each other; if I saw something in session the TM could work with it next time he saw him.
- The Mentor has been able to see her at a more intensive level - i.e. sees her in the community and at home; tells me how she is in stores and with peers and strangers.
- A little bit but it was very short lived; TM gave more info that was helpful for me to address in session but youth just wanted a social peer and didn't want to work on skills
- The TM helped move the social skill training development forward. TM would help with middle communication between the parent, youth and I.
- There was one situation in which there was conflict between the child and mom and the TM was able to talk with both the youth and the mother and Mom was resistant. It was helpful because I had an outside person – the TM witnessed a conflict and realized the mom got very angry and it didn't seem that should have created such a big response.
- The mentors were great, they were involved in the daily conversations with the parent. They would communicate with therapist when talking with mom. They had to coordinate because youth was saying different thing to therapist and mentor. They all talked often. Nothing but good things to say about the mentors. If we were unsure of something with the youth we would always communicate.
- At our agency the TM has to give the therapist a written update weekly. I prefer to talk in person so we also meet monthly in person. I try to contact her once per week to keep her updated on the youth's progress in treatment
- I wish there had been more
- To coordinate and align the TM goals with the OP and family goals
- Very helpful because I don't go to the home so (the mentor) gets info about family dynamics and how the youth communicates with the family members. The TM tried going into the community and the reaction of the youth showed me the areas I needed to do more work with the youth. I realized the youth was taking toys from the office during session and working with the TM they are both working on this. I alerted the TM so that the TM would know this if they were in the community. These things can also practice with the youth before going into the community. We support each other's work with the youth. The TM has good experience with youth on the autism spectrum and provides helpful insight to (me).
- Discussed engagement strategies with parent
- Because I worked in the school a lot of my contact was via email and cell phone, we played a lot of phone tag. It has improved but in the beginning it was frustrating. What we had was helpful because it fills the gap of what's going on at home and gives you more information
- The TM was able to discuss any concerns or behaviors or changes in (youth) that he felt more comfortable sharing with the TM than me and help me come up with a plan of action to deal with these issues. (youth) often times felt more comfortable speaking to the TM and other times felt

more comfortable speaking with me about things so we would communicate to make sure we were all on the same page. It was also helpful because the TM had more communication with the care giver so I could get updates that way.

- I was able to coordinate the different interventions for (the TM) to do in the community. I could answer questions for her and help her improve. It helped her improve in the community
- It helped with the review of treatment goals and implementation of interventions

**Therapist: How did you keep the caregiver informed about your communications with the provider?**

- Phone and in person conversation - we would all try to stay on the same page and current with youth's needs.
- Before and after sessions and in phone consultations.
- The TM schedules her appointments with the youth after the therapy session so we all check in together when the youth is done. If the TM has talked to the mother, the TM calls the therapist to update.
- There was minimal communication between myself and Mom due to mom's own mental health problems and also the language barrier with Grandma when she has temporary guardianship.
- Usually every week I'd touch base with who I would talk to and I told them at the start that we'd be talking to provide the best care we could.
- Told them about TM early in treatment
- Honestly I did not, the mom was aloof - she didn't want to do Family Therapy but it gave me a better understanding that she could fly off the handle rather easily
- Usually tell mother before session
- During the session I would have with (youth), I would tell Mom or TM would inform Mom
- Weekly check ins in person
- Always when I saw her or I'd call her
- Therapist would check in before each OP appointment and communicate with mentor
- Whenever I saw the mother before or after office based sessions, I'd talk to her. I was the go between to ensure they were comfortable with each other.
- Would inform them when I saw them or they would bring it up
- Via phone calls
- We both were open with the family about our communications.
- Meetings and phone contact

**Therapist: If the youth did not receive TM services, would this type of service have been helpful?**

**Therapist: If the youth did not receive TM, how would the youth have benefitted from it?**

- Maybe. He got into a little trouble and if I thought he'd engage, I might have thought more about it for him.
- Building more positive self esteem and increase independent living skills and better social and behavior skills in the community.
- So the youth could be engaged with someone completely outside her family, to get to learn social skills with others, as she did not have any siblings.
- Provide someone younger to support her in some of her emerging adolescent issues; social skills, communication with peers; more integration in community.
- She could have learned some skills to help her with the high level of peer pressure due to the culture of the affluent community she lived in.
- Social skills development, interacting in the community and learn and model female relationships
- It would have helped (youth) build better social skills and make more friends
- Actually ensuring his summer job search was done

- Youth had difficulty socializing. (Youth was) immature for his age and other kids were challenged by her behavior
- He has a Big Brother but it would have helped make friends but at this point he has a lot more social successes
- Help him to get out more. He was so isolative. We discussed the TM but she didn't feel he needed it because he naturally met some friends at school and got a bike. Mom didn't understand he was very social because he was on the gaming things.

**Therapist: If the youth did not receive this CBHI service, did you discuss with the caregiver the possible benefits of this service?**

**Therapist: If you did not discuss this service with the caregiver, why not?**

- He had a history of lack of engagement and where I went to his home, I would do some social skills work too.
- He is a very young child.
- Family did not want additional services other than OP, but I will revisit this with them due to this conversation.
- Not clinically indicated.
- She had had it in the past and it had been helpful and successful and needs at the time did not require TM.
- Not currently but possibly in the future
- Unsure
- She did not need the service or meet medical necessity criteria
- Would have caused more anxiety for him
- Not needed.
- Did not know about it but was working on skills and if it felt critical I would have found out about it
- She was not in need for that type of work
- Never escalated to need this service
- They would not have been helpful
- (Blank) Youth has a close relationship with the older brother and spent time with him weekly. Foster parents are very invested and active. They have a teen son who the youth is close to. There's a lot of structure and they have the youth engaged in a lot of activities – the YMCA, swim lessons, and going to the gym.

**Therapist: If you did discuss this service with the caregiver, what was the outcome?**

- Family did not want too many people involved.
- I love TMs but the family had her enrolled in many community-based activities that she was successful in so they felt it wasn't needed.
- No issues in the community; he does well in the community it is just in school and home. Had TM in past but he didn't like it.
- I doubt [youth] would have complied and may have felt more stigmatized. He got worse when ICC was involved.
- They have hired their own high school aged youth to come over and meet with her to do homework and be a positive role model for her.
- Referral has been made
- Mother said (youth) was too busy and didn't have time for more services but OP will revisit with youth and caregivers
- Because historically (youth) and grandmother weren't open to many services so we thought we could start with IHT and see if they could help. Hadn't really sought services in past and (youth) really didn't want to come in every other week as it was so we didn't want to overwhelm. Plan was we would probably add it later once engaged with IHT
- Family decided to start with IHT

- (Youth) did not want TM. Wanted to wait for IHT to start and see how that would work out but since IHT was a negative experience at this point we are not pursuing it
- Parent was interested but felt she had too much going on at the time
- Parent declined
- First foster parents were resistant and after that all others felt they could manage
- (Youth) had a lot of coping skills and got involved in a lot of things on her own initiative, did boxing, listening to music and didn't need that. I am going to bring this up again with the mother
- Mom decided to put the youth in dancing classes and soccer
- Discussed with both and said she didn't want that, just wants to be with friends and OP but will revisit down the road
- The parent didn't want a TM she had a lot of services for her autistic daughter and it would have been too much for her to have more providers involved.

## **E.2: Mobile Crisis Intervention (MCI)**

### **E.2a Caregiver's familiarity with MCI**

\*c10d

**Caregiver: Are you familiar with this service?**

**Caregiver: Explain**

- Emergency Services – Therapeutic Mentor gave me the number
- We know it as BEST team

**Caregiver: How did you find out about Mobile Crisis Interventions?** (Comments = 33 of 50)

- *OP therapist or other network provider = 14*
- *Had service as a consumer = 8*
- *Works in (or knows someone who works in) human services = 7*
- *Media (brochure, newspaper) = 2*
- *PCP (Pediatrician) = 1*
- *Social networking = 1*

**Caregiver: Did the OP Hub Therapist discuss MCI with you in regards to the youth possibly benefitting from it?**

**Caregiver: Explain**

- (Yes) In case we need it I have all of the information but right now his behavior is better so I don't think I need it.
- (Yes) During the incident at school.
- (Yes) But what therapist said about it wasn't accurate- called them when in crisis and they said they couldn't come out as she was violent.
- (No) This wasn't really a concern for this child.
- (No) Not needed.
- (No) We discussed it in regards to younger daughter, not (youth).
- (No) We are able to handle her issues.
- (No) We've never had that kind of issue with this child.
- (No) We don't have that type of issue.

**Caregiver: Do you think MCI would have been helpful to your youth/you during the time your youth was working with the OP Hub Therapist?**

**Caregiver: Explain**

- On a couple of occasions
- No need
- (Therapist) comes when there is a crisis.
- No crises this year, but in the past yes.
- Never had a crisis with (youth)
- Not needed
- We used them.
- Have used it multiple times
- Three weeks ago she had a crisis at school. School took care of it, but I'm not happy with how they managed it.
- I may have used it during this one time had I known.
- We have not had a need
- We haven't had any crises

- It wasn't helpful
- Never used it
- Never needed it
- We got an outpatient appointment immediately, so it wasn't necessary.
- Didn't need them
- Not in crisis
- Haven't needed it so far but it sounds good to know about

## **E.2b Caregiver's/Youth's access to MCI**

\*c11f

**Caregiver: Did your youth have MCI during the time s/he worked with his/her OP therapist?**

**Caregiver: Was it important to you for the OP therapist to communicate with the MCI team?**

**Caregiver: Explain**

- (No) It (MCI) occurred right when we started working with her so I didn't think it was pertinent.

**Caregiver: How did you know if/when the OP therapist communicated with the MCI (did they keep you informed)?**

- They spoke to each other.
- They didn't.
- Both DCF and the OP therapist would tell me.

**Caregiver: Did you feel there were enough communications between the OP therapist and the MCI?**

**Caregiver: Explain**

- (Yes) None needed.

**Caregiver: Did the communication between the OP therapist and the MCI help with the delivery or coordination of your youth's care?**

**Caregiver: Explain**

- *No comments*

## **E.2c Therapist's coordination of access to MCI**

\*t14f

**Therapist: Did the youth receive this CBHI service during the time that you, as the OP therapist, worked with him/her and the caregiver?**

**Therapist: Was it important for you, as the OP therapist, to communicate with the provider?**

**Therapist: Was there enough communications between you and the provider?**

**Therapist: Did your communication with the provider help with the delivery of the youth's services?**

**Therapist: Explain**

- Collateral contact during evaluation.
- If MCI was involved, there was immediate communication and we would both work together during the intervention. The goal was to prevent hospital level of care.
- We spoke to coordinate care for her needs during crisis evaluations and inpatient stay decisions.
- Services were accessed when therapist was not in office. Mother is a valid reporter of the information needed by MCI.
- I spoke to the parent, the school, and youth about this process after her evaluation. They provided me with the information from the process.
- I made a referral for an MCI eval after an emergency session with the client and she talked with them to express her feelings and so that another clinician could evaluate her
- I don't recall if she received this service
- Can't recall if there was communication
- Helped inform me to know how to respond to her once she was discharged from wherever she was and would help with my therapy with her
- Can't recall

**Therapist: How did you keep the caregiver informed about your communications with the provider?**

- Discussed with mom in person after emergency therapy about sending youth to MCI and then called mom after MCI evaluated client.
- She was there.
- They were the guardians and kept in the loop; even after he turned 18 he didn't have a problem letting [them] be involved.
- They were often right there during evaluations and the team meeting/crisis planning meetings.
- The parent was part of the contacts.
- Conversation with parent
- E-mail, supervisor contact, or in person

**Therapist: If the youth did not receive MCI services, would this type of service have been helpful?**

**Therapist: If the youth did not receive MCI services, how would the youth have benefitted from it?**

- This was after youth ran away. It would have been helpful because they go to the house and mom would not have had to put the youth in the car, but youth agreed to go to the ER.
- If [youth] was being unsafe at home or needed higher level of care or de-escalated at home GM could use it but she never did.

- Mom was very concerned about the youth's behaviors. She was going to take the youth to the hospital for inpatient services and they could have helped mom and kept youth in home in a way satisfactory to mom in another incident the police were called who handled things much differently than MCI would have
- When she had melt downs she would become violent to mom or younger nieces. Had negative experience in past and didn't want that again.
- It would have been helpful for MCI to discuss alternative placement, i.e. grandmother's house when things got crazy at home and he had angry outbursts.
- It could be helpful if he has more episodes like he did while in high school. I think he's got the support at college and home to help too.
- Mom brought (youth) to the ER for an eval. It was a crisis. It was more planned but if she had used it would have been helpful

**If the youth did not receive this CBHI service, did you discuss with the caregiver the possible benefits of this service?**

**Therapist: If you did not discuss this service with the caregiver, why not?**

- Behaviors did not warrant it.
- The info was given to access the service but the family did not have any need arise for it.
- Youth has not had any crisis events.
- Family did not want additional services other than OP.
- The mom was not in agreement with the 51A that was filed, and at the time youth was in crisis and so wasn't willing to speak with me in general because angry.
- Not needed
- There was no need
- Behaviors didn't meet criteria for MCI intervention
- Didn't seem necessary to bring up, has number for mobile crisis if needed. Uses me or guidance counselor if issues arise
- Not needed
- Not clinically indicated
- Not needed
- Not needed.
- The crisis they had were dealt within the family and were somewhat natural reactions to the situation i.e. mother passing away unexpectedly. They would manage then tell me in session then we would talk about strategies to address the "crisis"
- No need
- Did not feel they would be necessary
- Not needed
- Not clinically necessary
- They would not have been helpful
- (Blank) No crisis situation occurred

**Therapist: If you did discuss this service with the caregiver, what was the outcome?**

- Parents were aware of the service. No action was needed, as this youth doesn't have behaviors to warrant this service at this time.
- Educated on service but the youth and family have never needed it; her behaviors aren't that extreme.
- Mom decided she didn't want it and would just take her to the hospital.
- I always inform families of MCI but the youth/family did not need that intervention, at least not yet but they know the number and what the service is all about.
- Mother did not want due to past negative experience (placed in CBAT and very bad experience).
- Reviewed the service in case it was needed but it was not used

- Grandmother worked overnights [place of employment removed] so she never really wanted to utilize an ambulance or emergency services because concerned about confidentiality.
- Didn't need it.
- Provided education on the service if needed
- Gave the information about it, gave the number, but his behavior never got to the point of needing it.
- Caregiver had the number available and given the protocol of how to call MCI if needed but they never needed that intervention.
- Gave (caregiver) MCI as an option as well as some other things. Not sure why mom didn't call them but she felt like if she needed to she will take the youth to the hospital or call a hotline
- In the event there were other incidents at school, it was mentioned
- I did develop a safety plan and described the service to the mother. The youth hasn't presented with anything that has warranted a continued conversation about it.
- After the incident and going over the safety plan we did discuss MCI and how it could be helpful going forward. (Caregiver was) not aware of MCI before the situation
- Parent decided she did not need MCI at the time
- I always educate (caregivers) at the beginning of treatment, but the youth and family really do not need that type of intervention. (Therapist agency) does have MCI team, so it is on the card and on my voice mail if the need arises
- I educated her on how to access.

## ***E.3: In-Home Behavioral Services (IBHS)***

### **E.3a Caregiver's familiarity with IBHS**

\*c10e

**Caregiver: Are you familiar with this service?**

**Caregiver: Explain**

- *No comments*

**Caregiver: How did you find out about In-Home Behavioral Services?**

- *OP therapist or other network provider = 5*
- *Had service as a consumer = 4*
- *Works in (or knows someone who works in) human services = 4*
- *Brochure = 2*
- *DCF = 1*
- *School = 1*
- *PCP = 1*
- *Don't recall = 2*

**Caregiver: Did the OP Hub Therapist discuss In-Home Behavioral Services with you in regards to the youth possibly benefitting from it?**

**Caregiver: Explain**

- (yes) (Youth) did not qualify

**Caregiver: Do you think In-Home Behavioral Services would have been helpful to your youth/you during the time your youth was working with the OP Hub Therapist?**

**Caregiver: Explain**

- (Yes) He used to swing things around the house and breaks windows.
- (Yes) My child wants to take over and she goes to sleep and doesn't respond to me.
- (Yes) There was a particular impulse control problem and listening skills.
- (Yes) Might have helped with the clinginess.
- (Yes) could have used help with his behavioral issues at school - using bad language
- (Yes) Is that something that can be done with an autistic child or is that only for mood disorders?
- (Yes) That's what the crisis team was.
- (Yes) Maybe, might have been helpful. I don't think she's been harmed by not having it.
- (No) Don't need that.
- (No) Not needed.
- (No) (Therapist) has been working on this with us.
- (Unsure) Maybe.
- (Unsure) Can be "iffy" because she's a kid that doesn't talk to people. More people is not always better.
- (Unsure) My child has multiple disorders. I can't tell whether he could benefit from it or not.
- (Unsure) We're just testing now.

### **E.3b Caregiver's/Youth's access to IBHS**

\*c11d

**Caregiver: Did your youth have IBHS during the time s/he worked with his/her OP therapist?**

**Caregiver: Was it important to you for the OP therapist to communicate with the IBHS?**

**Caregiver: Explain**

- *No comments*

**Caregiver: How did you know if/when the OP therapist communicated with the IBHS (did they keep you informed)?**

- The OP therapist and IHT told me. *(MBHP confirmed that there was no IHT involvement during the time covered in this report)*

**Caregiver: Did you feel there were enough communications between the OP therapist and the IBHS?**

**Caregiver: Explain**

- *No comments*

**Caregiver: Did the communication between the OP therapist and the IBHS help with the delivery or coordination of your youth's care?**

**Caregiver: Explain**

- *No comments*

### **E.3c Therapist's coordination of access to IBHS**

\*t14d

**Therapist: Did the youth receive this IBHS service during the time that you, as the OP therapist, worked with him/her and the caregiver?**

**Therapist: Was it important for you, as the OP therapist, to communicate with the provider?**

**Therapist: Was there enough communications between you and the provider?**

**Therapist: Did your communication with the provider help with the delivery of the youth's services?**

**Therapist: Explain**

- Could collaborate and make sure they were giving mom the same messages and not giving conflicting care. Help support mom because she would report she hadn't seen them - I would call and check in with the team.
- Again, this was also very short lived; thought it would be helpful to deal with youth's behavior but family didn't want it in the end. Too much.

**Therapist: How did you keep the caregiver informed about your communications with the provider?**

- Would discuss when mom came in for OP session.
- Would inform them when I saw them or they would bring it up.

**Therapist: If the youth did not receive IBHS services, would this type of service have been helpful?**

**Therapist: If the youth did not receive this CBHI service, how would the youth have benefitted from it?**

- To evaluate the child's behavior to learn how to communicate with the child and manage her behavior at home.
- We were hoping that the IHT team would work at home re: relationships but it now seems it would be important to work on behaviors so we are discussing making a referral.
- Had I known about it at the beginning I may have made a recommendation
- Maybe around encopresis

**Therapist: If the youth did not receive IBHS services, did you discuss with the caregiver the possible benefits of this service?**

**Therapist: If you did not discuss this service with the caregiver, why not?**

- She didn't have behaviors that warranted that intervention; more issues in school re: social skills.
- [Youth's] behaviors were not severe enough to need IHBS; our interventions were working and progress was made with youth and family.
- Parent manages his behaviors adequately. Her own therapist asked her about the referral and asks me about the referral and as they talked, decided she did not want that.
- The youth did not appear to meet MNC for it. Mom was aware of the services but only wanted outpatient services.
- Didn't really know about service but at the same time was improving with my and PCP's help.
- Family did not want too many people involved
- Wouldn't meet medical necessity criteria for this service
- Not needed
- Did not feel it was indicated

- I didn't think it would be a good fit for them given grandmother (has her) own issues and the relationship between them wasn't well, so a behavioral approach did not seem that it would work
- When I first took him on I was an intern and didn't know about the service but he gets help in school and with me and he is better; he is maturing
- Grandmother was good about follow through when needed. She would engage when problems arose.
- Not the appropriate level of care
- Didn't feel he needed it.
- Family did not want additional services other than OP
- Not needed
- IHT would have been the more appropriate service
- Not clinically indicated
- Didn't need this service
- Not needed.
- I didn't feel this level of care was needed. The parent has pretty good skills and takes our discussions and my suggestions to help at home.
- Didn't seem appropriate for this kiddo. Didn't have severe enough behaviors
- (Youth) doesn't have a lot of behavioral issues at home or at school. (Behaviors) were all anxiety based and now depression
- Not indicated for this youth's issues
- Not appropriate. No real behavioral issues and would have declined (services)
- No behavioral issues in the home. They communicate very effectively with the (agency name) worker and if anything came up they were addressed at the weekly home visit. More intensive services were not needed
- Did not feel they would be necessary
- She had a lot of support and wasn't needed.
- Not needed
- Did not discuss because she didn't have real behavioral problems. Any problems are being addressed in OP. (Youth was) not out of control in community or at home. It is inconsistent
- Not clinically necessary
- They would not have been helpful
- (Blank) The family was so involved with the church and felt she had enough support. (Youth) had services in the past from IHT and felt it was too many people coming in and out

**Therapist: If you did discuss this service with the caregiver, what was the outcome?**

- Mom and [youth] thought that the services that [youth] was getting at the time were sufficient.
- Family decided to start with IHT.
- Mother was receiving the service for another sibling. She would ask opinions about certain interventions but did not feel it was needed for [youth] – behavior was not that extreme.
- Right now it is on back burner, but heard that [provider] provides really good IHBS so we are going to look into that.
- Family did not feel they needed the service and that their needs were being met by outpatient services.
- Family did not want too many people involved with the family
- Youth's schedule is too busy after school
- Grandmother did not feel they needed those services
- Parent declined

## **E.4: Family Partner (FP)**

### **E.4a Caregiver's familiarity with FP**

\*c10f

**Caregiver: Are you familiar with this service?** (Comments = 13 or 50)

**Caregiver: How did you find out about Family Partners?** The responses can be grouped into these categories:

- *OP therapist or other network provider = 5*
- *Works in (or knows someone who works in) human services = 4*
- *Learned about it through survey interviewer = 2*
- *Brochure = 1*
- *Community college class on helping skills = 1*

**Caregiver: Did the OP Hub Therapist discuss Family Partners with you in regards to you possibly benefitting from it?**

**Caregiver: Explain**

- (Yes) Not needed
- (No) Works in the field – doesn't feel that comfortable due to her professional experience

**Caregiver: Do you think a Family Partner would have been helpful to your youth/you during the time your youth was working with the OP Hub Therapist?**

**Caregiver: Explain**

- (Yes) Could have been.
- (Yes) Maybe.
- (Yes) MassHealth wouldn't pay to continue so they stopped it.
- (Yes) It would have been helpful to me.
- (Yes) It's hard to get into something like this because I need a babysitter.
- (Yes) Have one.
- (Yes) I used Craigslist to find a parent who is going through the same issues.
- (Yes) Maybe.
- (Yes) Jumping into the whole adoption, it would have been helpful, although we had something similar through DCF.
- (Yes) I have my own counselor but it might be nice to have someone who can relate to what I'm going through.
- (Yes) Might have been, it's always good to have extra eyes and ears. It can be helpful to have someone to talk to.
- (No) (Therapist) is all we need, along with the psychiatrist.
- (No) Not needed.
- (No) I feel we are doing better right now so I don't need it right now.
- (No) I don't want more people involved.
- (No) Not needed.
- (No) Only because child would rather talk with me about his problems and no one else is in the mix so that he doesn't have to answer to so many people.
- (Unsure) I don't know if I would have liked it but it could have helped. It would have had to been on my terms. I would have liked to have had support groups or maybe play groups for my child.
- (Unsure) I've been at this for so long....I think I've had that program already.
- (Unsure) It's hard to tell because my child doesn't have behavioral issues.
- (Unsure) Could be helpful.

#### **E.4b Caregiver's/Youth's access to Family Partner (FP)**

\*c11e

**Caregiver: Did your youth have a Family Partner during the time s/he worked with his/her OP therapist?**

**Caregiver: Was it important to you for the OP therapist to communicate with the Family Partner?**

**Caregiver: Explain**

- *No comments*

**Caregiver: How did you know if/when the OP therapist communicated with the Family Partner (did they keep you informed)?**

- Family Partner told me and so did the OP therapist
- We have a group e-mail and everyone is on it and we do weekly reports

**Caregiver: Did you feel there were enough communications between the OP therapist and the Family Partner?**

**Caregiver: Explain**

- *No comments*

**Caregiver: Did the communication between the OP therapist and the Family Partner help with the delivery or coordination of your youth's care?**

**Caregiver: Explain**

- *No comments*

#### **E.4 c Therapist's coordination of access to FP**

\*t14e

**Therapist: Did the youth receive this CBHI service during the time that you, as the OP therapist, worked with him/her and the caregiver?**

**Therapist: Was it important for you, as the OP therapist, to communicate with the provider?**

**Therapist: Was there enough communications between you and the provider?**

**Therapist: Did your communication with the provider help with the delivery of the youth's services?**

**Therapist: Explain**

- We speak at CPT meetings and in between as needed. The ICC is the hub though. (NOTE: MBHP confirmed that Youth did not receive ICC services during the time covered in this report.)
- I really don't recall that a FP was involved, if so it was very brief

**Therapist: How did you keep the caregiver informed about your communications with the provider?**

- We do talk about it in the CPT meetings. The parent would like the IHT and me to talk and not have to include the ICC all the time but the ICC is very involved in the communication with all of us.
- Not sure if there was much communication, again I really don't remember a FP being involved

**Therapist: If the youth did not receive Family Partner services, would this type of service have been helpful?**

**Therapist: If the youth did not receive this CBHI service, how would the youth have benefitted from it?**

- I think it would have been helpful. She could be harsh with her daughter and it may have been helpful to help with parenting skills. Have another parent with teens to talk to her about discipline.
- She may have been able to deal more the basic needs of the family.
- FP has experience and perspective that could be really helpful to this parent.
- For mom to know that she is not the only one to raise a child with special needs.
- It would be helpful because mom is anxious and she needs additional support. Her husband is not that supportive. I will still encourage her to use this.
- Help mom navigate the school system
- Provide additional support to grandmother
- She may have been able to deal more the basic needs of the family
- Support the grandmother in parenting as (youth) becomes more of an adolescent. (Grandmother) gets reactive to things (youth) does like being on the phone. If (youth) struggles again with Math may help in meeting with school for testing

**Therapist: If the youth did not receive Family Partner services, did you discuss with the caregiver the possible benefits of this service?**

**Therapist: If you did not discuss this service with the caregiver, why not?**

- Parents know how to navigate systems.
- Mom is well organized; able to advocate for herself, manages household very well. May have been helpful with sibling regarding diabetes but not for youth.
- She wouldn't have been receptive; not always available due to her work schedule and felt it could be intrusive and time consuming.
- No need and they had extensive family network in which they could find support.

- Mom stated she didn't need or want help with parenting skills.
- Not needed
- Not the appropriate level of care
- (Caregiver) is a great advocate herself.
- Mom would not be agreeable
- Not enough need and a good advocate
- Family did not want additional services other than OP
- Not needed
- Not clinically indicated
- Didn't think about it
- Didn't feel she'd need this service
- Not needed.
- I felt that the grandparents would not want that service/structure
- I really didn't know about this service but the grandfather would most likely decline. He was a very educated man and was able to advocate for his grandson
- Mom is a very good advocate for herself, able to get support and work with school, etc
- Never escalated to need this service
- Did not feel they would be necessary
- Not needed
- There was an inconsistency of attendance at office so it appeared that she would not follow through with FP services
- When (caregiver) said "No" to IHT, I decided to wait before bringing up FP. (Family is a) very closed off "alcoholic" environment so need to go slow
- Not clinically necessary
- They would not have been helpful

**Therapist: If you did discuss this service with the caregiver, what was the outcome?**

- Youth's schedule is too busy after school - thought this had to be a service youth was to be available for.
- I did when discussing the CSA and that she could have just ICC or ICC and FP; so was generally not very responsive to other services until the end.
- Grandmother is a very busy person and felt she could manage.
- When mentioning ICC.
- Mother is very self-sufficient - very aware of services. Myself and the previous therapist have asked if she needed support/FP and she always said "no."
- Family did not want too many people involved
- I had the sense that she did not want input that was negative about her behavior
- Parents were not interested
- Mom said she was good – all the services in place were enough
- Parent was interested but felt she had too much going on at the time
- Mom was aware of the services but only wanted outpatient services
- Parent declined
- I thought she might benefit from it when she was having a hard time with housing but she wasn't interested. She was able to get her needs met.
- First foster family but they didn't want it and the others didn't need it

## Section F: State Agency Services

### *F.1: Department of Child and Family Services (DCF)*

#### F.1a Caregiver 's experience of Youth's involvement with DCF

\*c11h

**Caregiver: Did your youth have DCF during the time s/he worked with his/her OP therapist?**

**Caregiver: Was it important to you for the OP therapist to communicate with DCF?**

**Caregiver: Explain**

- (Yes) On the same page
- (Yes) I thought it was good to communicate with all parties.

**Caregiver: How did you know if/when the OP therapist communicated with DCF (did they keep you informed)?**

- Therapist kept us informed.
- Both told me.
- We're his guardians now, so it's unclear if he's still under DCF.
- Informed by telephone or in person.
- Both DCF and therapist would tell me.
- My worker would tell me, (therapist) would tell me too.
- DCF worker would tell me.
- I found out from DCF social worker.
- We set up a meeting, also spoke on the phone with her.
- I didn't.
- They do communicate- more with other agencies but they do talk- emails are sent out to everyone and during my check in with OP.
- If I mentioned to each of them, they indicated that they talked.
- Both would tell me.
- (Agency) workers, DCF, OP and foster parent all met every 90 days. (Agency) is organized.
- She would only if I asked. I have no idea when the last time was she talked to them.
- He would tell me when he received a notice from the case worker. Or caseworker would tell me (he had) sent something to (therapist). We found (therapist) through (youth's) caseworker. They work back and forth through the whole thing.

**Caregiver: Did you feel there were enough communications between the OP therapist and DCF?**

**Caregiver: Explain**

- (Yes) I think so. I don't really know. I don't think they share that with the parent.
- (Yes) Going through adoption – very useful.
- (Yes) Not needed.
- (No) If communication would have been better and they were on the same page, we'd be in a better place.
- (No) It could have been better.
- (Unsure/Can't recall) I'm not sure how much (OP therapist) needed to speak to them (DCF)

**Caregiver: Did the communication between the OP therapist and DCF help with the delivery or coordination of your youth's care?**

**Caregiver: Explain**

- (Yes) Somewhat

- (Yes) In the beginning, definitely – as (youth) transitioned to our house
- (Yes) DCF facilitated everything

## **F.1b Therapist's coordination of Youth's involvement with DCF**

\*t14h

**Therapist: Did the youth receive services from this state agency during the time that you, as the OP therapist, worked with him/her and the caregiver?**

**Therapist: Was it important for you, as the OP therapist, to communicate with the agency?**

**Therapist: Was there enough communications between you and the state agency?**

**Therapist: Did your communication with the state agency help with the delivery of the youth's services?**

**Therapist: Explain**

- We had meetings together with the DCF worker and [caregiver].
- It was clarified to the worker that the mom was being a good parent to the youth and that she did not witness any abusive interaction between mom and youth, which was the concern.
- Helped parent show they were working with services and assess continued need for services.
- The referral came from DCF. There were monthly meetings to discuss his progress and treatment goals. As he continued the long-term goal changed to care instead of reunification.
- Just an exchange of factual information.
- They were very helpful in adoption supports
- When things came up to keep them informed
- We had meetings together with the DCF worker and (caregiver).
- We spoke regularly about the status of the youth, the placement of the youth and how things were going
- Grandfather was working with DCF on getting guardianship. When I came on board DCF left shortly afterward
- Coordination of treatment
- It was hard to reach the social worker and the process of adoption was dragged out.

**Therapist: How did you keep the caregiver informed about your communications with the state agency?**

- Didn't make specific calls but they would know because there was follow up during our family sessions and we did have one meeting all together with DCF.
- Mention it in the next meeting.
- Phone communication as needed.
- I never communicated with DCF – grandfather did.
- Meetings and phone.
- She was there.
- Face to face before or after session
- (Caregiver) would often be there or I'd let her know when we saw each other
- In session
- Meetings and phone calls
- I would tell them and the DCF worker would come to their home at the end of session to check in.

**Therapist: If the youth did not receive this service, would this type of service have been helpful?**

**Therapist: If the youth did not receive services from this state agency, how would the youth have benefitted from it?**

- Thought about filing a CHINS/CRA which would have involved a probation officer.
- Provide more support to the family.

**Therapist: If the youth did not receive services from this state agency, did you discuss with the caregiver the possible benefits of this agency's services?**

**Therapist: If you did not discuss this state agency with the caregiver, why not?**

- Not necessary. Mom is very supportive of the child.
- Not needed.
- It did not come up as being a necessary service.
- Mother angry with me for filing a 51A.
- Only in context of confidentiality.
- No need
- Never met medical necessity criteria for this level of care
- Youth had a lot of support
- Not needed
- Not indicated
- Not needed
- Not needed
- Not indicated
- Not involved
- It did not come up as being a necessary service
- Did not meet criteria for those state agencies
- Not needed
- Not needed
- (Blank) Grandmother would relay information as needed

**Therapist: If you did discuss this state agency with the caregiver, what was the outcome?**

- Grandmother didn't want to go the legal police route. We talked about it as an option but she was not interested.
- Yes. Case closed.

## ***F.2: Department of Mental Health (DMH)***

### **F.2a Caregiver 's experience of Youth's involvement with DMH**

\*c11

**Caregiver: Did your youth have DMH during the time s/he worked with his/her OP therapist?**

**Caregiver: Was it important to you for the OP therapist to communicate with DMH?**

**Caregiver: Explain**

- *No comments*

**Caregiver: How did you know if/when the OP therapist communicated with DMH (did they keep you informed)?**

- I don't believe (OP therapist) did communicate with them (DMH).

**Caregiver: Did you feel there were enough communications between the OP therapist and DMH?**

**Caregiver: Explain**

- (No) It would have been good because I believe coordinating a child's mental health is important.

**Caregiver: Did the communication between the OP therapist and DMH help with the delivery or coordination of your youth's care?**

**Caregiver: Explain**

- (No) But it didn't hinder it (care coordination). I managed it myself.

## **F.2b Therapist's coordination of Youth's involvement with DMH**

\*t14i

**Therapist: Did the youth receive services from this state agency during the time that you, as the OP therapist, worked with him/her and the caregiver?**

**Therapist: Was it important for you, as the OP therapist, to communicate with the agency?**

**Therapist: Was there enough communications between you and the state agency?**

**Therapist: Did your communication with the state agency help with the delivery of the youth's services?**

**Therapist: Explain**

- I tried to get services in place but DMH always put some barrier so they never really got what they needed.

**Therapist: How did you keep the caregiver informed about your communications with the state agency?**

- *No comments*

**Therapist: If the youth did not receive this service, would this type of service have been helpful?**

**Therapist: If the youth did not receive services from this state agency, how would the youth have benefitted from it?**

- The family could receive respite and some therapeutic after programming to help her stay safe.

**Therapist: If the youth did not receive services from this state agency, did you discuss with the caregiver the possible benefits of this agency's services?**

**Therapist: If you did not discuss this state agency with the caregiver, why not?**

- Would not have been helpful.
- It did not come up as being a necessary service.
- Did not meet criteria for those state agencies.
- Did not feel they were necessary.
- Not needed.
- No need
- Not necessary
- Not needed
- Not indicated
- Didn't come up
- Not needed
- Not needed
- This service not needed
- Not indicated
- Not indicated
- Not involved
- Not needed
- Not needed
- They were not indicated
- Service not needed
- Not needed
- (No response): Not needed

**Therapist: If you did discuss this state agency with the caregiver, what was the outcome?**

- The ICC has tried but reports that with CSA the youth can't have any DMH services. *(NOTE: MBHP confirmed that this youth did not receive ICC services during the time covered in this report.)*

### ***F.3: Department of Developmental Services (DDS)***

#### **F.3a Caregiver 's experience of Youth's involvement with DDS**

\*c11k

**Caregiver: Did your youth have DDS during the time s/he worked with his/her OP therapist?**

**Caregiver: Was it important to you for the OP therapist to communicate with DDS?**

**Caregiver: Explain**

- (Yes) (OP therapist) attended meeting with DDS. (OP therapist) tries hard, but DDS doesn't do enough.
- (Yes) DDS has not done anything yet because (youth) has not turned 22 yet. DDS should kick in when (youth) is age 22.

**Caregiver: How did you know if/when the OP therapist communicated with DDS (did they keep you informed)?**

- Attend meetings.
- In the past, there was communication, but not recently. I don't know.

**Caregiver: Did you feel there were enough communications between the OP therapist and DDS?**

**Caregiver: Explain**

- (No) I don't know if they are talking.

**Caregiver: Did the communication between the OP therapist and DDS help with the delivery or coordination of your youth's care?**

**Caregiver: Explain**

- (Yes) Somewhat.

### **F.3b Therapist's coordination of Youth's involvement with DDS**

**\*t14k**

**Therapist: Did the youth receive services from this state agency during the time that you, as the OP therapist, worked with him/her and the caregiver?**

**Therapist: Was it important for you, as the OP therapist, to communicate with the agency?**

**Therapist: Was there enough communications between you and the state agency?**

**Therapist: Did your communication with the state agency help with the delivery of the youth's services?**

**Therapist: Explain**

- No: They did not have an integral role with the family
- Yes: Able to get respite.

**Therapist: How did you keep the caregiver informed about your communications with the state agency?**

- In session or by phone.

**Therapist: If the youth did not receive this service, would this type of service have been helpful?**

**Therapist: If the youth did not receive services from this state agency, how would the youth have benefitted from it?**

- *No comments*

**Therapist: If the youth did not receive services from this state agency, did you discuss with the caregiver the possible benefits of this agency's services?**

**Therapist: If you did not discuss this state agency with the caregiver, why not?**

- Didn't come up.
- It did not come up as being a necessary service.
- Did not meet criteria for those state agencies.
- Not needed.
- Did not feel they were necessary.
- No need
- Not necessary
- Not indicated
- Not needed
- Not needed
- This service not needed
- Not indicated
- Not indicated
- Not involved
- Not needed
- Not needed
- It did not come up as being a necessary service
- Not needed
- Not indicated
- Service not needed
- Not needed
- (Blank): never met MNC for this level of care

**Therapist: If you did discuss this state agency with the caregiver, what was the outcome?**

- *No comments.*

## ***F.4: Department of Youth Services (DYS)***

### **F.4a Caregiver 's experience of Youth's involvement with DHS**

\*c11j

**Caregiver: Did your youth have DHS during the time s/he worked with his/her OP therapist?**

**Caregiver: Was it important to you for the OP therapist to communicate with DHS?**

**Caregiver: Explain**

- *N/A*

**Caregiver: How did you know if/when the OP therapist communicated with the DHS (did they keep you informed)?**

- *N/A*

**Caregiver: Did you feel there were enough communications between the OP therapist and DHS?**

**Caregiver: Explain**

- *N/A*

**Caregiver: Did the communication between the OP therapist and DHS help with the delivery or coordination of your youth's care?**

**Caregiver: Explain**

- *N/A*

#### **F.4b Therapist's coordination of Youth's involvement with DYS**

\*t14j

**Therapist: Did the youth receive services from this state agency during the time that you, as the OP therapist, worked with him/her and the caregiver?**

**Therapist: Was it important for you, as the OP therapist, to communicate with the agency?**

**Therapist: Was there enough communications between you and the state agency?**

**Therapist: Did your communication with the state agency help with the delivery of the youth's services?**

**Therapist: Explain**

- *No comments*

**Therapist: How did you keep the caregiver informed about your communications with the state agency?**

- *No comments*

**Therapist: If the youth did not receive this service, would this type of service have been helpful?**

**Therapist: If the youth did not receive services from this state agency, how would the youth have benefitted from it?**

- *No comments*

**Therapist: If the youth did not receive services from this state agency, did you discuss with the caregiver the possible benefits of this agency's services?**

**Therapist: If you did not discuss this state agency with the caregiver, why not?**

- It did not come up as being a necessary service.
- Did not meet criteria for those state agencies.
- Not needed.
- Did not feel they were necessary.
- Service not needed.
- No need
- Never met MNC for this level of care
- Not necessary
- Not needed
- Not indicated
- Didn't come up
- Would not have been helpful
- Not needed
- Not needed
- Not indicated
- Not indicated
- Not involved
- Not needed
- Not needed
- Did not feel they were necessary
- Not needed
- Not indicated

- Not needed

**Therapist: If you did discuss this state agency with the caregiver, what was the outcome?**

- *No comments.*

## ***F.5: Probation Service***

### **F.5a Caregiver 's experience of Youth's involvement with Probation Service**

\*c11l

**Caregiver: Did your youth have a probation officer during the time s/he worked with his/her OP therapist?**

**Caregiver: Was it important to you for the OP therapist to communicate with the probation officer?**

**Caregiver: Explain**

- (Unsure) They really didn't communicate – not a great probation officer

**Caregiver: How did you know if/when the OP therapist communicated with the probation officer (did they keep you informed)?**

- I was always involved in the communication
- They did not communicate

**Caregiver: Did you feel there were enough communications between the OP therapist and the probation officer?**

**Caregiver: Explain**

- (No) (OP therapist) made some attempts, but it wasn't always successful

**Caregiver: Did the communication between the OP therapist and the probation officer help with the delivery or coordination of your youth's care?**

**Caregiver: Explain**

- (Yes) I had to have verification in writing that he was attending therapy and so the communication helped verify this

## **F.5b Therapist's coordination of Youth's involvement with Probation Service**

\*t14l

**Therapist: Did the youth receive services from a probation officer during the time that you, as the OP therapist, worked with him/her and the caregiver?**

**Therapist: Was it important for you, as the OP therapist, to communicate with the probation officer?**

**Therapist: Was there enough communications between you and the probation officer?**

**Therapist: Did your communication with the probation officer help with the delivery of the youth's services?**

**Therapist: Explain**

- Would have parent relay information.
- (Blank) Can't recall if I spoke with them.

**Therapist: How did you keep the caregiver informed about your communications with the probation officer?**

- Parent or youth would relay information.
- (Blank) Via family consult before or after session.

**Therapist: If the youth did not receive Probation Service, would this type of service have been helpful?**

**Therapist: If the youth did not receive services from the probation office, how would the youth have benefitted from it?**

- *No comments*

**Therapist: If the youth did not receive services from the probation office, did you discuss with the caregiver the possible benefits of this agency's services?**

**Therapist: If you did not discuss the probation office with the caregiver, why not?**

- Not necessary
- Not needed
- Would not have been helpful
- It did not come up as being a necessary service
- Service not needed
- No need
- Not necessary
- Not needed
- Not indicated
- Didn't come up
- Would not have been helpful
- Not needed
- Not needed
- This service not needed
- Not indicated
- Not involved
- Not needed
- Not needed
- It did not come up as being a necessary service
- Not needed

- Did not feel they were necessary
- Not needed
- Not indicated
- Service not needed
- Not needed
- (Blank) Never met MNC for this level of care

**Therapist: If you did discuss the probation office with the caregiver, what was the outcome?**

- Parent went to file a CHINS and was told that since youth was almost 18 and it probably wouldn't do anything for her.

## Section G: Community-Based Services and Supports

### G.1: Primary Care Physician (PCP)

#### G.1a Caregiver's/Youth's access to a PCP

\*c11q

**Caregiver: Did your youth have a PCP during the time s/he worked with his/her OP therapist?**

**Caregiver: Was it important to you for the OP therapist to communicate with the PCP?**

**Caregiver: Explain**

- (Yes) As needed. They were both aware of each other.
- (Yes) Not as much as with the psychiatrist.
- (Yes) On occasion.
- (Yes) If I needed him to.
- (Yes) If needed.
- (No) If there was a mental issue then I would.
- (No) The pediatrician is just a regular family doctor.
- (No) A medication provider for mental health is more important.
- (Unsure) OP therapist had releases but I'm not sure if they ever did communicate.
- (Unsure) It was not one way or the other.
- (Unsure) If OP felt a need to but I don't know.

**Caregiver: How did you know if/when the OP therapist communicated with the PCP (did they keep you informed)?**

- We would know. It was not mentioned at all.
- Same as the last one. One will tell me.
- I never observed that they ever talked.
- Both told me that they talked.
- Both told me and I had to sign a release.
- He had the info but he never needed to call.
- Signed a release. They are all on the same page.
- Not needed.
- Signed consents.
- I told the pediatrician.
- Didn't happen.
- She has not. I don't think they have. They have my signature for them to talk.
- He knows his name, but they don't really need to talk. The PCP recommended (program name).
- Not needed.
- They both would tell me and paperwork was done.
- They both tell me.
- OP has told me when they talked.
- I had an open conversation with (OP therapist). Only time was when I mentioned anti-anxiety meds to the pediatrician, who contacted (OP therapist) to make the referral to a psychiatrist. Psychiatry appointment is next week.
- I wouldn't know. It wouldn't matter either way.
- I signed the releases, no they have not spoken.
- I don't think there was ever an occasion for them to speak.
- I would get a report from OP.
- I signed a release.
- I don't know.

- I don't. My pediatrician asked me if she was seeing a therapist.
- Was referred by pediatrician so (OP therapist and PCP) talked at beginning - don't know if they ever talked during treatment. Pediatrician told me he talked to (OP therapist) at the beginning.
- I signed a release. She tells me when they talk.
- They didn't. I don't think there were issues.
- Not applicable.
- Because my Pediatrician told me he did.
- Not needed.
- I didn't know but I don't think it would have necessarily been helpful.
- I don't think they've communicated at all.
- At the scheduled appointments (OP therapist) lets me know.
- Not needed.
- Gave a synopsis of the discussion prior to the appointment.
- I'm not aware of any.
- I'm not sure.
- He hasn't. I'm sure therapist would have told me.
- Not applicable.
- I haven't had to request communication.
- None needed - none occurred.
- I signed papers. I do not know if they talk.
- We signed a release form. I don't know.
- Not needed.
- They did not. I would have had to sign a paper, and I never did.
- I don't know if they communicated.
- I don't think they have. That is not something that would be necessary
- Not applicable.

**Caregiver: Did you feel there were enough communications between the OP therapist and the PCP?**

**Caregiver: Explain**

- (Yes) Adequate. Could have been better.
- (Yes) For our current needs.
- (Yes) They do when it's important.
- (Yes) If there was any.
- (Yes) For our current needs.
- (Yes) There wasn't any but I suppose they would have talked if they needed to.
- (Yes) They don't need to talk to each other.
- (No) I don't think that (the OP therapist) saw that side of (youth) that the rest of us saw, including the pediatrician.
- (Unsure) Don't know what if any communication occurred.
- (Unsure) I don't think (OP therapist) ever did.

**Caregiver: Did the communication between the OP therapist and the PCP help with the delivery or coordination of your youth's care?**

**Caregiver: Explain**

- *Each of the 10 caregivers who made comments said that communication was "not needed" or "not applicable." One said that her youth made so much progress that she no longer needed her prescribed medications.*

## **G.1b Therapist's coordination of access to a PCP**

\*t14q

**Therapist: Did the youth receive this service during the time that you, as the OP therapist, worked with him/her and the caregiver?**

**Therapist: Was it important for you, as the OP therapist, to communicate with the provider?**

**Therapist: Was there enough communications between you and the provider?**

**Therapist: Did your communication with the provider help with the delivery of the youth's services?**

**Therapist: Explain**

- Yes: It helped get everyone on the same page to see that the youth needed to be tested for autism spectrum and needed this to get further services and approval from the insurance company.
- Yes: I reviewed the well child information provided by the doctor to make sure there wasn't any medical problems that may be affecting her symptoms.
- Yes: PCP was informed of anxiety treatment and to address the issues of psychosomatic symptoms.
- Yes: The youth was throwing up
- Yes: I was aware of med changes; Mom usually informed me then I would follow up with the PCP
- Yes: I was aware of any changes and it was just as important for the (PCP) to know what was going on
- Yes: He was healthy and developing normally and I felt the pediatrician's form he returned was adequate
- Yes: They were informed and able to make the referral for neuropsych testing due to our communication
- Yes: Requested records but I did not speak to them. Mom was concerned she was overweight but there were no other problems
- Yes: (PCP) provided background of medical history
- Yes: (PCP) Ruled any medical problems
- Yes: (PCP) received info from me. I would get the physical so being aware is always useful. Also at the beginning he had encopresis so it was important to communicate
- Yes: There was something that happened to (youth) at school and she asked me to contact the doctor to confirm his information. I did that for her, then asked mom to follow up with the PCC if she had any further concerns
- Yes: We use the two way form to get information. She is a healthy child.
- Yes: She had tubes in her ears at one point and that answered a lot of questions.
- Yes: She had a lot of problems with her heart so we got records to make sure all was okay with her.
- No: He is in really good health and she isn't prescribing so there was really no need to communicate.
- No: No contact back from PCP.
- No: (Youth) had a doctor and his parent would relay information
- No: The Psychiatrist was through the PCP office so I assume they discussed things but there was no medical issues etc. If grandmother had wanted me to communicate then I would have. I did have a release and sent letters but after that didn't feel the need
- No: I had a release and communication when I was the IHT provider but in OP it wasn't needed; he had not medical issues, not on psych meds
- No: He is in really good health and (PCP) isn't prescribing so there was really no need to communicate
- No: (I received) no contact back from the PCP

- No: (There was) nothing that needed to be discussed with the doctor
- No: Parent told me about how he was doing health wise.
- No: There was no communication because there were no physical issues
- No: Was not necessary to speak with the PCP. (Youth) had no medical issues and (PCP) was not prescribing meds
- No: Not sure if I got anything back from the doctor or had any other contacts
- No: I did not see a need for that
- No: There was no clinical need to discuss case with the PCP. There were no medical issues and (he was) not prescribing meds
- No: (There were) no specific concerns to discuss with the PCP though the youth was taking meds
- Blank: This was a new PCP and she hadn't seen them yet, I don't think
- Blank: Not needed. (Youth is) healthy and doing well
- Blank: (I) did not feel there was a need

**Therapist: How did you keep the caregiver informed about your communications with the provider?**

- Verbal discussion and requesting updated physicals and documents.
- Either in person or call her.
- I let the grandmother know that I'd be sending PCP office information and had ROI signed.
- Weekly updates.
- Discussion during session and informed at intake that such communication would occur.
- (Caregiver) signed a ROI for me to send to PCC. As the youth hadn't yet seen the new PCC, I didn't get information back.
- (I) asked (caregiver) to sign the release and (had) phone contact between therapy sessions
- Through sessions
- Via family consults before or after session
- I thought this would have been taken care of by referral to the APRN. Mom was very good about getting the youth to her regular PCC appointments as well and there were no concerns about her physical health
- (Caregiver) signed ROI along with DCF
- (Caregiver) signed a consent for me to get the information. I told her what I was requesting the information for and she okay with it, surprisingly. She said no to the school at first and the Virtual Gateway is still a "no."
- Consenting to the release
- Informed mom by phone or at the next appointment
- (Caregiver) signed a consent and knew what we were going to ask for
- (Caregiver) gave permission
- (Caregiver) was not informed - no conversations took place with the PCP

**Therapist: If the youth did not receive this service, would this type of service have been helpful?**

**Therapist: If the youth did not receive this service, how would the youth have benefitted from it?**

- *No comments*

**Therapist: If the youth did not receive this service, did you discuss with the caregiver the possible benefits of this service?**

**Therapist: If you did not discuss this service with the caregiver, why not?**

- Not needed
- He had a doctor already
- (Blank) Grandmother would relay information as needed
- (Blank) Didn't impact behavioral treatment

- (Blank) They had a doctor and didn't need my help.

**Therapist: If you did discuss this service with the caregiver, what was the outcome?**

- *No comments*

## **G.2: Psychiatrist**

### **G.2a Caregiver's/Youth's access to a Psychiatrist**

\*c11m

**Caregiver: Did your youth have a psychiatrist during the time s/he worked with his/her OP therapist?**

**Caregiver: Was it important to you for the OP therapist to communicate with the psychiatrist?**

**Caregiver: Explain**

- (Yes) I've asked them to call each other; for example, the stress of moving for the child.
- (Yes) I guess so. I'm assuming that was best.
- (Yes) They did an initial consultation to exchange information.
- (Yes) We just started with a new one – started with first (psychiatrist) in December

**Caregiver: How did you know if/when the OP therapist communicated with the psychiatrist (did they keep you informed)?**

- They work in the same office building. Therapist told us.
- Either the psychiatrist or (OP therapist) will let me know "I spoke to ... regarding (youth)." I have signed a release form.
- I don't know.
- Both told me and we had a meeting together.
- Gave her the release, she told me what they talked about.
- I signed consents, she lets me know.
- When she saw him, she would let me know that she talked to him.
- Son knew more.
- On email loop.
- I don't know if they have.
- On a couple of occasions, therapist came to meeting with Psychiatrist.
- The referral was put in and then OP went on leave.
- They inform me when they meet with me and child.
- They're in the same office. They did not inform me.
- Psychiatrist told me he was trying to get in touch with therapist. They must have talked but I don't remember.
- OP called me after and talked to me about the conversations.
- I just know that they did. The providers told me.
- OP told me. The psychiatrist leaves a note.
- I don't know.
- When I go to my daughters appointment we touch base, then I get out so they can talk.
- During calls with OP.
- OP told us.
- They each will tell me when they talk and they repeat things that I said to the other person.
- OP would tell me or (psychiatrist) would read reports
- They have the release but they haven't needed to.

**Caregiver: Did you feel there were enough communications between the OP therapist and the psychiatrist?**

**Caregiver: Explain**

- (Yes) It got the job done. I don't know. It was enough to get the referral.
- (Unsure) I'm not sure they've talked.

**Caregiver: Did the communication between the OP therapist and the psychiatrist help with the delivery or coordination of your youth's care?**

**Caregiver: Explain**

- (Yes) We can all be on the same page.
- (Unsure) I don't know much about the communication. He as a lot of patients. Unless there's a problem, they probably don't talk much. We have low needs.
- (Unsure) It was irrelevant. It was all about the medication.

## **G.2b Therapist's coordination of access to a Psychiatrist**

\*t14m

**Therapist: Did the youth receive this service during the time that you, as the OP therapist, worked with him/her and the caregiver?**

**Therapist: Was it important for you, as the OP therapist, to communicate with the provider?**

**Therapist: Was there enough communications between you and the provider?**

**Therapist: Did your communication with the provider help with the delivery of the youth's services?**

**Therapist: Explain**

- Yes: I had referred for a psychiatric evaluation to review symptoms and see if medication would be helpful. No medications were prescribed.
- Yes: [Youth] had a hard time reporting symptoms and side effects so in session she would tell me things as well as grandmother, and I would support them in making sure they reported symptoms, etc. We talked a lot about adding an anti-depressant and that was when I spoke with psychiatrist.
- Yes: It helped diagnostically to help fill in the blanks, with his mood, different medication; it has been informative.
- Yes: (We) would communicate as needed via email
- Yes: (Youth) was able to get in and be evaluated, and it was determined that meds were not needed
- Yes: (Caregiver) lets me know. I let her know and I can see his medication notes in our records.
- Yes: We share a record
- Yes: (Psychiatrist) voiced concerns about how mom was doing re: her stress level and (I was) able to address it in the next session
- Yes: (The communication) validated that (we both) had same perception of symptomology and ideology
- Yes: (We would) talk about behaviors and what might be an appropriate med for (youth)
- Yes: Being able to discuss the concerns about (youth's) level of depression and what would be helpful for him and monitoring his progress once the antidepressants were prescribed
- Yes: (Youth is) in the process of getting adjusted to new meds. I would consult with the psychiatrist and relay the information back to the mother
- Yes: It informed my decisions around treatment goals and treatment plans
- Yes: Staying on the same page with what meds the youth was taking and what changes were noticed or whether they thought she was on or off of it
- No: Parent was very competent and followed through with all recommendations.
- No: Only communicated through reviewing notes.
- Blank: The meds were set up with the psychiatrist while the therapist was on maternity leave - she returned this week so has not had the opportunity to communicate with the med provider but will be

**Therapist: How did you keep the caregiver informed about your communications with the provider?**

- Parents were aware that I provided clinical information to the psychiatrist and that I would get a summary of the evaluation.
- (Mom and I) would check in once a month to give each other updates and then she would bring up meds, etc. That is when we would discuss my speaking with the psychiatrist.
- Phone communication as needed.
- Mom updated me on any contact with the psychiatrist
- I didn't because there really was no communication. It was all within the file.
- Via phone

- I told (caregiver) verbally when we would check in
- Through phone conversation, when the appointment was, who (youth would be) seeing and what to expect
- (Caregiver) was there.
- In person at session
- I'd let her know I reviewed his notes
- In person check in at beginning of youth's session
- In session or by phone
- Discussion during session
- In session
- Any communication to date would have gone through the agency's medical department
- Meetings and phone calls
- Informed mom by phone or at the next appointment
- We do part of a session together. The youth stated she wanted a female person so we were able to accommodate that. So she now (youth) sees the female nurse prescriber.
- Meetings and phone
- Phone contact

**Therapist: If the youth did not receive this service, would this type of service have been helpful?**

**Therapist: If the youth did not receive this service, how would the youth have benefitted from it?**

- To minimize her anxiety and depression besides learning coping skills and relaxing exercises
- At one point when (youth was) really depressed (I) felt it may help. Discussed the option but (caregiver) didn't want it

**Therapist: If the youth did not receive this service, did you discuss with the caregiver the possible benefits of this service?**

**Therapist: If you did not discuss this service with the caregiver, why not?**

- *All therapists responded that this would not have been helpful or was not needed.*

**Therapist: If you did discuss this service with the caregiver, what was the outcome?**

- There is an appointment scheduled.
- They said yes at first then changed their mind because [youth is] doing better.

### ***G.3: Medication Management (by a non-psychiatrist prescriber)***

#### **G.3a Caregiver's/Youth's access to Medication Management (by a non-psychiatrist prescriber)**

\*c11n

**Caregiver: Did your youth have medication management by a non-psychiatrist prescriber during the time s/he worked with his/her OP therapist?**

**Caregiver: Was it important to you for the OP therapist to communicate with the (non-psychiatrist) prescriber?**

**Caregiver: Explain**

- (Yes) That would have been great.
- (Yes) It was important for the therapist to talk with the (med management) provider and psychiatrist together.

**Caregiver: How did you know if/when the OP therapist communicated with the non-psychiatrist prescriber (did they keep you informed)?**

- They would both let me know.
- I didn't know.
- They do not talk at all.
- I just know that they do. I don't really know when. Sometimes my child will tell me that they have talked.
- (OP therapist) would tell my child.
- Email Loop.

**Caregiver: Did you feel there were enough communications between the OP therapist and the non-psychiatrist prescriber?**

**Caregiver: Explain**

- (Unsure) I don't know.
- (Unsure) Psychiatrist isn't always responsive; it's not a result of the therapist's efforts

**Caregiver: Did the communication between the OP therapist and the prescriber help with the delivery or coordination of your youth's care?**

**Caregiver: Explain**

- (Yes) It actually made it easier for me because they had quicker access to each other.

**G.3b Therapist's coordination of access to Medication Management (by a non-psychiatrist prescriber)**

\*t14n

**Therapist: Did the youth receive this service during the time that you, as the OP therapist, worked with him/her and the caregiver?**

**Therapist: Was it important for you, as the OP therapist, to communicate with the provider?**

**Therapist: Was there enough communications between you and the provider?**

**Therapist: Did your communication with the provider help with the delivery of the youth's services?**

**Therapist: Explain**

- Yes: I talked to the youth each time there was an appointment for meds and update about any changes in behavior or response after med change. Both parents were also frequently in contact with the prescriber and very observant of the youth.
- Yes: It helped coordinate between sessions. School reports and any changes the prescriber made or need to make.
- Yes: We share a record so I can see what they've discussed and the prescriber can see what we've discussed.
- Yes: Grandfather worked with nurse practitioner. I would read notes in record and ask about youth and how feeling but there were never big issues. All was going well with meds so didn't need much communication.

**Therapist: How did you keep the caregiver informed about your communications with the provider?**

- In same agency with the prescriber. The parents were very involved with communicating any changes, positive and negative with the youth to the therapist and prescriber both.
- Before or after session or telephone.
- I would let him know of course.
- In session.
- We do part of a session together.

**Therapist: If the youth did not receive this service, would this type of service have been helpful?**

**Therapist: If the youth did not receive this service, how would the youth have benefitted from it?**

- Help with treatment.
- Manage symptoms.
- It would have been helpful to regulate her mood. She might have responded well to an antidepressant. She had persistent but not severe depressive symptoms that would increase in severity on a monthly cycle so possible pre-menstrual dysphoria.
- Reduce ADHD symptoms and help the youth stay on task and possibly increase her motivation.

**Therapist: If the youth did not receive this service, did you discuss with the caregiver the possible benefits of this service?**

**Therapist: If you did not discuss this service with the caregiver, why not?**

- *All therapists who commented indicated that the service was not needed.*

**Therapist: If you did discuss this service with the caregiver, what was the outcome?**

- Referral was made but the family did not follow through.
- Yes but the parent's culture feels medication isn't the answer. Still no medication.

## **G4: Psychiatric Hospitalization/Community-Based Acute Treatment (CBAT)**

### **G.4a Caregiver's/Youth's access to Psychiatric Hospitalization**

\*c11g

**Caregiver: Did your youth have psychiatric hospitalization during the time s/he worked with his/her OP therapist?**

**Caregiver: Was it important to you for the OP therapist to communicate with the psych hospital staff?**

**Caregiver: Explain**

- (Yes) We all kept in communication.

**Caregiver: How did you know if/when the OP therapist communicated with the psych hospital staff (did they keep you informed)?**

- I don't know.
- We all met together.
- I don't think they did.
- OP therapist would tell me, as would the hospital.

**Caregiver: Did you feel there were enough communications between the OP therapist and the psych hospital staff?**

**Caregiver: Explain**

- (No) I handled it mostly myself
- (Unsure) Medication after hospitalization had to be corrected

**Caregiver: Did the communication between the OP therapist and the psych hospital staff help with the delivery or coordination of your youth's care?**

**Caregiver: Explain**

- *No comments*

#### **G.4b Therapist's coordination of access to Psychiatric Hospitalization**

\*t14g

**Therapist: Did the youth receive this service during the time that you, as the OP therapist, worked with him/her and the caregiver?**

**Therapist: Was it important for you, as the OP therapist, to communicate with the provider?**

**Therapist: Was there enough communications between you and the provider?**

**Therapist: Did your communication with the provider help with the delivery of the youth's services?**

**Therapist: Explain**

- Yes: It was good.
- Yes: In a general way they helped understand what her triggers were so I could translate into therapy and family care.

**Therapist: How did you keep the caregiver informed about your communications with the provider?**

- I told her.
- In session.
- They would be part of the meetings.

**Therapist: If the youth did not receive this service, would this type of service have been helpful?**

**Therapist: If the youth did not receive this service, how would the youth have benefitted from it?**

- May have stabilized him during a crisis
- It may have been helpful during the crisis at the beginning to focus more on his needs versus the needs of his mother and chaotic environment.

**Therapist: If the youth did not receive this service, did you discuss with the caregiver the possible benefits of this service?**

**Therapist: If you did not discuss this service with the caregiver, why not?**

- Mother angry with me for filing a 51A
- Never met medical necessity criteria for this level of care
- Not necessary
- Not needed
- Not needed
- Not indicated
- Not found to be in need of this level of care
- Not needed
- Parent is very educated and doesn't need much assistance with taking care of her children
- This service not needed
- Not needed
- Not indicated
- Not needed
- It did not come up as being a necessary service
- Did not feel they were necessary
- Not needed
- No needed
- Needs did not indicate that level of care

- Not needed

**Therapist: If you did discuss this service with the caregiver, what was the outcome?**

- Parent declined but requested increased frequency of outpatient therapy which was provided and the youth stabilized.
- (Caregiver was) given (information) about the service if it was needed in the future
- Parent had concerns about youth being sent away (institutionalized in a residential program) and mom did not want this and it was not indicated
- Did not feel (youth) needed that level of care, and neither did father
- Family felt they had control of the situation and I agreed

## **G.5: Substance Use (SU) Services**

### **G.5a Caregiver's/Youth's access to Substance Use (SU) Services**

\*c11p

**Caregiver: Did your youth have SU services during the time s/he worked with his/her OP therapist?**

**Caregiver: Was it important to you for the OP therapist to communicate with the SU provider?**

**Caregiver: Explain**

- *N/A*

**Caregiver: How did you know if/when the OP therapist communicated with the SU provider (did they keep you informed)?**

- *N/A*

**Caregiver: Did you feel there were enough communications between the OP therapist and the SU provider?**

**Caregiver: Explain**

- *N/A*

**Caregiver: Did the communication between the OP therapist and the SU provider help with the delivery or coordination of your youth's care?**

**Caregiver: Explain**

- *N/A*

## **G.5b Therapist's coordination of access to Substance Use (SU) Services**

\*t14p

**Therapist: Did the youth receive this service during the time that you, as the OP therapist, worked with him/her and the caregiver?**

**Therapist: Was it important for you, as the OP therapist, to communicate with the provider?**

**Therapist: Was there enough communications between you and the provider?**

**Therapist: Did your communication with the provider help with the delivery of the youth's services?**

**Therapist: Explain**

- *No comments*

**Therapist: How did you keep the caregiver informed about your communications with the provider?**

- *No comments*

**Therapist: If the youth did not receive this service, would this type of service have been helpful?**

**Therapist: If the youth did not receive this service, how would the youth have benefitted from it?**

- Youth is using all her money to buy marijuana. She has not used recently because she is getting tested by the cheer leading squad through school but the youth says the marijuana calms her down better than the meds.

**Therapist: If the youth did not receive this service, did you discuss with the caregiver the possible benefits of this service?**

**Therapist: If you did not discuss this service with the caregiver, why not?**

- No need
- Not sure how to broach the subject
- I don't think it was a problem
- Would not have been helpful
- Did not feel they were necessary
- Was not needed
- Not needed
- Not indicated
- Not needed
- Not needed
- This service was not needed
- Not indicated
- Not indicated
- Not involved
- Not indicated
- It did not come up as being a necessary service
- Not needed
- Not needed
- Not indicated
- Service not needed
- Not needed
- Blank: Not needed

**Therapist: If you did discuss this service with the caregiver, what was the outcome?**

- *No comments*

## **G.6: Other OP Therapy Services**

### **G.6a Caregiver's/Youth's access to Other OP Therapists' Services**

\*c110

**Caregiver: Did your youth have another therapist during the time s/he worked with his/her OP therapist?**

**Caregiver: Was it important to you for the OP therapist to communicate with the other therapist?**

**Caregiver: Explain**

- (yes) Also includes child's mom
- (yes) if they needed to, but it seems like everything was working well
- (no) (Other therapist) wasn't really for mental health; upper body motor skills
- (no) Speech teacher and socialization class

**Caregiver: How did you know if/when the OP therapist communicated with the other therapist (did they keep you informed)?**

- (OP therapist) goes with me to IEP meetings and stuff like that. They also send home notes and (OP therapist) will read them and give feedback.
- OP therapist told me she would talk with the other therapist.
- We were all together at the same meeting.
- I would hear from one of them.
- They did not
- I'm not sure.
- School gave us the assessment and we shared the paperwork.
- I don't know if they did.
- I did not know whether they communicated.

**Caregiver: Did you feel there were enough communications between the OP therapist and the other therapist?**

**Caregiver: Explain**

- *No comments*

**Caregiver: Did the communication between the OP therapist and the other therapist help with the delivery or coordination of your youth's care?**

**Caregiver: Explain**

- (Yes) After reviewing the written assessment

## **G.6b Therapist's coordination with Other Therapists' Services**

\*t14o

**Therapist: Did the youth receive this service during the time that you, as the OP therapist, worked with him/her and the caregiver?**

**Therapist: Was it important for you, as the OP therapist, to communicate with the provider?**

**Therapist: Was there enough communications between you and the provider?**

**Therapist: Did your communication with the provider help with the delivery of the youth's services?**

**Therapist: Explain**

- Yes: Yes, to learn about history. Youth's previous therapist and I discussed his lack of engagement. That's why I was assigned.
- Yes: It helped a lot because this was the first time the therapist was able to observe her in a group. This informed the therapist on what areas she would need to continue to work on.
- Yes: The counselor at school. She would assist if he struggled at school with crisis situations of dissociation
- Yes: Through ongoing coordination of treatment planning and treatment goals.
- IHT is part of the team
- Blank: There was no need

**Therapist: How did you keep the caregiver informed about your communications with the provider?**

- Phone communication as needed.
- In person check in at beginning of youth's session.
- The parent and youth were active in the communication.
- Meetings and phone.
- During home visits

**Therapist: If the youth did not receive this service, would this type of service have been helpful?**

**Therapist: If the youth did not receive this service, how would the youth have benefitted from it?**

- *No comments*

**Therapist: If the youth did not receive this service, did you discuss with the caregiver the possible benefits of this service?**

**Therapist: If you did not discuss this service with the caregiver, why not?**

- He already had a therapist.
- Would not have been helpful.
- Not needed.
- If too many people are involved it becomes challenging. We were doing fine with what we had and making progress.
- Did not feel they were necessary.
- No need
- Was not needed
- Not needed
- Not indicated
- Not needed
- Not indicated

- Not needed
- Not needed
- Service not needed
- Not needed
- Would be duplicative
- Blank: Not needed

**Therapist: If you did discuss this service with the caregiver, what was the outcome?**

- *No comments*

## ***G.7: Family members who were helpful***

### **G.7a Caregiver's perspective support coordination with family members who were helpful**

\*c11s

**Caregiver: Did your youth (and/or you) have family members who helped out in any way during the time s/he worked with his/her OP therapist?**

**Caregiver: Was it important to you for the OP therapist to communicate with family members?**

**Caregiver: Explain**

- (Yes) Maybe it would have helped.
- (Yes) Daughters attend all the meetings
- (Yes) I would explain to the family what the therapist thought
- (Yes) Family is involved with (the) child
- (Yes) With husband.
- (Yes) I asked to have the OP therapist reach out to the natural father.
- (Yes) (OP therapist) attempted to communicate with the father.
- (Yes) (OP therapist) met with every family member that was actively involved in (the youth's) life.
- (Yes) Not that I know.
- (No) I never thought about it.

**Caregiver: How did you know if/when the OP therapist communicated with family members (did they keep you informed)?**

- They talked together at the house.
- None
- She did not communicate
- I don't know
- Daughters attend all the meetings
- I participated
- (Therapist) doesn't because she has not asked me and I have not given numbers.
- Not needed
- Not needed
- (Therapist) did with a godfather and pastor
- Discussed it
- Not needed
- She didn't need to so it didn't happen
- None occurred. (Therapist) would have asked my permission.
- There was none.
- (Therapist) does talk to all of us in the waiting room.
- Not needed
- We met at the dining room table.
- She told me
- They would tell me and they did not
- Not needed
- They tell me about it. She asked for permission to talk to them.
- Gave a synopsis prior to the appointment, told me when he was going to try and then informed of the outcome at the next appointment.
- OP told me
- When my husband was there the therapist communicated.

- (Therapist) never did
- Phone conferences
- No, he did not communicate
- They did not

**Caregiver: Did you feel there were enough communications between the OP therapist and family members?**

**Caregiver: Explain**

- None
- It was what it needed to be
- Not needed
- Not needed
- Not needed
- not needed
- Not needed
- Not needed
- On (the OP therapist's) end yes, ex-husband was not cooperative, at least six tries to communicate with father
- Not needed

**Caregiver: Did the communication between the OP therapist and the family members help with the delivery or coordination of your youth's care?**

**Caregiver: Explain**

- (Yes) (Youth) experienced the father's refusal first hand and then knew that he needed to help son with the father. (Youth) got the picture about why things are the way they are. Focused on this area during therapy.
- (Yes) It's important for us all to be working together
- (No) I don't think it made much of a difference as his acting out was really centered on school issues
- Not needed
- Not needed
- Not needed
- Not needed
- None

## **G.7b Therapist's coordination with family members who were helpful**

\*t14s

**Therapist: Did the youth access to family members who were helpful during the time that you, as the OP therapist, worked with him/her and the caregiver?**

**Therapist: Was it important for you, as the OP therapist, to communicate with family member(s)?**

**Therapist: Was there enough communications between you and the family member(s)?**

**Therapist: Did your communication with the family member(s) help with the delivery of the youth's services?**

**Therapist: Explain**

- Yes: Helped with family.
- Yes: Parent would communicate anything needed to the grandmother and her other family members as needed.
- Yes: Typically only when bringing youth to OP appointment and Grandma would fill me in on any events that may have happened in between sessions
- Yes: After I was able to meet with (youth's) bio Mom, then mom engaged in her own OP treatment and (youth) engaged with her. (Bio mom) started becoming a more active player in (youth's) treatment.
- Yes: would have liked to talk to each parent more but was not able to due to legal constraints regarding custody
- Yes: (I had) communication with youth's older sister to help mom and youth carry out goals on the treatment plan and behavior plan
- No: Felt parents were good judges of who they would have involved the family and provide child care.
- No: It was important to make an effort to become part of the family system and learn about the family dynamics.
- No: I did not see a need for that. It was a short term visit (respite for youth and parent because things had gotten bad) and I didn't want to get involved in the family in that way.
- No: The youth didn't want this to happen so it's hard to treat these relationships like a service that I would be involved in. He would have felt stigmatized.
- No: I communicated often with the father (divorced) when (youth) was in IHT, but when in therapy with me the main issue was his relationship with his father. Jacob didn't want me to bring him in to our session or call - he was uncomfortable. I did ask him many times if he wanted to involve his father.
- No: (Youth's) father was inconsistently involved with the family (divorced) and he was a support for (youth) at times but Mom didn't feel it would be helpful to have him involved
- No: Not needed
- No: (Youth) is over 21 so it would have to be him that initiated any other family contact
- No: Some family members were supportive and continue to be but they were never involved in treatment. Grandfather did not feel that was needed. Many family members have some problems as well
- No: I did not see a need for that, it was a short term visit (respite for youth and parent because things had gotten bad). I didn't want to get involved in the family in that way
- No: There was extended family available but there was no need for them to speak with me
- No: Grandmother did speak Spanish so that was a barrier but I did send a letter re: school ending and that I would like to continue to see (youth) for consistency and coordination of care.

**Therapist: How did you keep the caregiver informed about your communications with family member(s)?**

- Foster brother.
- Parent was present.
- The parent would fill me as to how things were going.
- Grandmother would relay info to Mom
- I had to seek her permission to have communication with bio mom from grandmother, so once she said "yes" then she knew we spoke and would talk about the outcome
- In session or by phone
- Informed mom by phone

**Therapist: If the youth did not receive support from family member(s), would this type of support have been helpful?**

**Therapist: If the youth did not receive this support, how would the youth have benefitted from it?**

- Youth was integrating into a new family

**Therapist: If the youth did not receive support from family member(s), did you discuss with the caregiver the possible benefits of this support?**

**Therapist: If you did not discuss this source of support with the caregiver, why not?**

- *Each therapist who responded indicated that this was not needed.*

**Therapist: If you did discuss this source of support with the caregiver, what was the outcome?**

- I tried to do some family therapy to include the grandparent but the parent wanted me to see just the youth and I'd check in with her at pick up and drop off for treatment and calls as needed.

## **G.8: Friends who were helpful**

### **G.8a Caregiver's perspective support coordination with friends who were helpful**

\*c11r

**Caregiver: Did your youth and/or you have friends who helped out in any way during the time s/he worked with his/her OP therapist?**

**Caregiver: Was it important to you for the OP therapist to communicate with the friends?**

**Caregiver: Explain**

- (No) They're just teens.
- (Unsure) It's not necessary, but if I thought it was then I would suggest it

**Caregiver: How did you know if/when the OP therapist communicated with the friends (did they keep you informed)?**

- Friend told me she talked to therapist
- None
- They did not.
- Not needed
- No communication
- They didn't communicate
- We'll discuss it
- Not needed
- She never did
- I don't think so.
- There were no interactions with friends.
- I'm not really sure how we do that with HIPAA
- They did not. Friends never knew OPs name.
- Not needed
- I know they know each other but I don't think they've communicated with each other
- Not needed
- They didn't
- None occurred
- Not needed
- They did not communicate
- I would not know if they communicated.

**Caregiver: Did you feel there were enough communications between the OP therapist and the friends?**

**Caregiver: Explain**

- None needed
- Not needed
- Not needed
- Not needed
- They never did communicate. Not important.
- Not needed

**Caregiver: Did the communication between the OP therapist and the friends help with the delivery or coordination of your youth's care?**

**Caregiver: Explain**

- Not needed
- Not needed
- Not needed
- Not needed
- Not needed

## **G.8b Therapist's support coordination with friends who were helpful**

\*t14r

**Therapist: Did the youth and/or caregiver have friends who were helpful during the time that you, as the OP therapist, worked with him/her and the caregiver?**

**Therapist: Was it important for you, as the OP therapist, to communicate with the friend(s)?**

**Therapist: Was there enough communications between you and the friend(s)?**

**Therapist: Did your communication with the friend(s) help with the delivery of the youth's services?**

**Therapist: Explain**

- No: No communication needed.
- No: (I) felt parents were good judges of who they would have involved
- No: The youth didn't want this to happen so it's hard to treat these relationships like a service that I would be involved in. He would have felt stigmatized if I began engaging with his friends.
- No: Important to let other people know that she does a good job as a mom, that she is caring and committed
- No: Not needed
- No: (Youth) is pretty isolating and when he is out and about. I don't think he'd want to share his struggles with his friends.
- No: They did not have friends of the family
- No: Only spoke once and it was really more communication via Grandmother
- Blank: Parents didn't want me to communicate with their supports. They had many "out of the box" type of supports in their life and are very competent in passing anything along to me.
- Blank: Helpful for child but no need for me to communicate
- Blank: Parent was in contact with them and did well advocating for her daughter
- Blank: Not necessary

**Therapist: How did you keep the caregiver informed about your communications with the friend(s)?**

- Parent was present
- In session

**Therapist: If the youth did not have friends who were helpful, would this type of support have been helpful?**

**Therapist: If the youth did not have friends who were helpful, how would the youth have benefitted from it?**

- Youth was forming friends at her new home

**Therapist: If the youth did not have friends who were helpful, did you discuss with the caregiver the possible benefits of this support?**

**Therapist: If you did not discuss this source of support with the caregiver, why not?**

- Not needed
- Not indicated
- Service not needed
- Didn't want me to
- Not needed

- (Youth) didn't want me to
- Not needed
- I have talked to (caregiver) about a family partner but she is just very closed about her stuff. She focuses on her daughter.
- Family did not report any friends were available for support
- Not needed
- Not needed
- Not needed-due to her age and I saw her at school, confidentiality is very important
- Not available
- It may help with the parent support piece. She may have people around but she doesn't bring them up.
- Blank: Foster preferred to be the conduit
- Blank: Support for youth and Mom but I did not need to communicate with them

**Therapist: If you did discuss this source of support with the caregiver, what was the outcome?**

- *No comments*

## Section H: Schools, Special Education, and After-School Programs

### *H.1: Communication with Schools*

#### **H.1a Caregiver's need for assistance with OP Therapist communicating with school**

\*c16a, c16b, c16c, c16d

**Caregiver: Did you feel it was important for the OP Hub Therapist to communicate with the school?**

**Caregiver: How did you know whether the OP Hub Therapist had communicated with the school?**

- The school or therapist would tell the (youth) or (me).
- Not sure that he has yet, I just signed the release. I believe they will communicate regarding the depression.
- Only when I asked the school if the child was meeting with the therapist because she was missing so many classes.
- I know that (therapist) does talk but I don't know when or what for.
- I was told by both and received email and signed release
- (Therapist) told me he talked to the guidance counselor a couple of times
- She calls me to tell me what's going to happen
- Not needed
- If there's a problem, we talk to (therapist) and decide together what steps to take. (Therapist) attended a meeting at school.
- They did not communicate
- I would call (therapist) and she would tell me
- (Therapist) calls me when she has a discussion or the staff will ask permission.
- Not needed
- Not needed
- OP told me and the school informed me
- Therapist communicates with guidance counselor - always has
- OP told me
- Not needed
- It's not relevant.
- In attendance at meeting
- Therapist told me
- Both the school and OP informed me.
- They don't
- Not needed
- (Therapist) and I discussed what was needed and (therapist) implemented with the school.
- The only communication they had was at meetings I was at - she got paperwork from school but I don't know if they talked outside of our meetings
- (Therapist) attends IEP meetings, Child brings home notes and (therapist) may respond to them.
- I don't believe they did
- (Therapist) told me
- Because I set it up for the 504 plan.
- (Therapist) told me, called and told me what she discussed with the teachers.
- I didn't - not necessary- when (youth) was with me she was doing very well in school but that's not the case anymore
- I was present at the meetings with them. OP and guidance counselors talk because OP told me.

- She told me about it.
- As far as I know she hasn't had to. She's felt things happening at school are sufficient. She knows she has my permission to do so.
- (Therapist) attended meetings with (me).
- OP tells me
- OP would let me know as would the school
- I did not know.
- I don't believe they communicated.
- I haven't asked him to but we talked about me getting the diagnosis first. He offered to go in for any of my kids, though.
- I suggested it and then they let me know they had talked about the issues that were going on
- Because I signed papers.
- I don't know.
- Not needed
- I would sign the paper and OP spoke with psychologist at school for 3 year evaluation.
- I did not know but I spoke with the guidance counselor and sometimes she would tell me that she spoke with OP.
- None that I know of
- Not with the preschool, but I've notified him of the new school and he has promised to work with the district. No contact with the current preschool

**Caregiver: Did you feel there was enough communication between the OP Hub Therapist and the school?**

**Caregiver: Explain**

- None yet
- It would have been good for (therapist) to go into school to see (youth) at times so the issues with school would have been more clear to him
- Not needed
- Not sure if communication would have been helpful
- Not needed
- Not needed
- Not needed
- It's not relevant.
- (Youth) did not attend school, was home schooled. (I) think (youth) should be able to partake in extracurricular activities and she is not allowed.
- Not needed
- She was very accommodating- came to meetings at 7am before school
- For now
- There could have been more but it would have led to testing that would not be good for child
- We are both waiting for a phone call back from the school. They should still return a call.
- Therapist would have helped. But I'm having trouble with the school with other family members; not this child.
- When I've wanted them to communicate they have
- Not needed
- None needed

**Caregiver: Did the communication between therapist and school help with the delivery or coordination of the youth care?**

**Caregiver: Explain**

- (Yes) (OP therapist) helped us get through it and come out the other side. He was wonderful. I can't say enough good about him. He jumped right in to "deal with this trauma" and managed goal setting, etc.
- (Yes) It was helpful to have everyone on the same page, communicating and that led to son being more accountable.
- (Yes) Therapist actually met with my child at the school sometimes
- (Yes) On (therapist's) part yes, but not on the school. (as related to a very recent issue)
- (No) I don't think the school has bought in to the plan.
- (No) They could have utilized it better. I would call the school for the therapist and the school didn't know. The school told me that I should have the OP check in with the school so they would know she's there.
- (Unsure) Not yet
- (Unsure) With the IEP but right now, we are still waiting to hear from them.
- Not needed
- Not needed
- It's not relevant.
- Not needed
- Not needed
- Didn't happen
- Not needed

## H.1b OP Therapist's coordination of school communications

\*t06, t07, t08, t09

**Therapist: Did you feel it was important for you to communicate with the school about the youth?**

**Therapist: Explain**

- Yes: Supported the youth in the adjustment to an urban environment and more diversity; had history of being a victim of bullying. Provided youth with a point person at the school so I would communicate with the school. guidance counselor
- Yes: School staff wanted recommendations to support youth in the classroom. I gave them interventions that could keep her in the classroom and how to interact with her if she was having difficulty.
- Yes: I spoke to his teacher before and after session every week and spoke with school SW at least weekly; it is a very team based approach in school so they include me whenever needed and I with them and call me with any questions.
- Yes: At one point I spoke with the school adjustment counselor to convey that mother was not happy, felt the youth needed more services, and youth was not happy either. (School) made some modifications that were helpful for the remainder of the year and it did decrease his behaviors
- Yes: I communicated with the school often – one to two times per week because of the bullying that (youth) was experiencing
- Yes: To get a better understanding of her behavior and issues with peers in school
- Yes: I Wanted to get the school's perspective regarding his behavior at school
- Yes: Originally her behavior at school wasn't a problem. In the last year I worked with her, her behavior got worse. I sent letters to the school per grandmother's request that she was in treatment. We came up with a safety plan when I met with school
- Yes: 50% of youth's behaviors were occurring in the school environment. Her anxiety and inability to interact with others was most apparent there. When I brought it to their attention they saw that she needed additional support and her IEP needed extra supports added and interventions. Youth has had an IEP since Kindergarten. She has a very low IQ, age not meeting cognitive abilities - IEP had areas of speech, language goals but social emotional was not identified. This brought to their attention that they needed to (enhance) this area to help the youth be more successful. I also supported mom in how to advocate for her daughter.
- Yes: When I first saw him I saw him at school. When he went to the alternative school, I have had less direct school contact but his mother tells me how he is doing.
- Yes: Totally. Partly having a TM would help facilitate contact with school and physical presence at the school. I attend meetings but (TM) does as well
- Yes: Specific to the IEPs by attending the meetings, not independently. The schools he was attending had good SPED programs and knew what his needs were in that regard. Mom is a good mom and wants to make sure his other needs were cared for (safety, etc.) but that is not how she is seen by the school staff
- Yes: Regarding the youth's behaviors and other needs
- Yes: Initially school wouldn't allow youth back until he had an evaluation. He is in a special classroom and has a consistent environment and I worked with this teacher early on who he has (had) every year and have not had to have too much follow up with him
- Yes: He said some things that concerned the adjustment counselor so I reached out to be on the same page
- Yes: I started getting calls from school nurse about youth's immature behaviors and difficulty to remove her from the setting, disrupting the class, overwhelmed with the work, highly distracted and unable to keep up and cope. Participated in school & IEP meetings to discuss different interventions for the school and parent to use. I would get calls every couple weeks and emails with progress and problems. As these problems resolved she gained friends for probably the first time and her social interactions became her main focus

- Yes: The (youth's) behavior could be severe at school. (Youth) had some aggression and I had to speak with the school to manage the behavior and support grandma - ongoing behavior and scholastic management
- Yes: The youth had difficulty with abiding by rules at school in the beginning of treatment but they quickly resolved so I did not talk to the school. It is helpful to speak directly with the school as you get a different perspective and the family may have misinterpreted information that was given by the school or the school's system
- Yes: School was (youth's) safe place - she loved school. She had mild to moderate depressive symptoms that affected her mood, ability to concentrate and social relationships. She felt misunderstood and profiled by some of the teachers. I was able to communicate in a way that was helpful to increase or improve communication with her and her teachers rather than her shutting down and giving up. Communicating with guidance around getting involved in extracurricular activities which the guidance counselor managed.
- Yes: Youth had good behavior at school and wanted to know how they could maintain that at the house too. I also filed a 51A against school, as youth had reported an inappropriate touch at (name of) classroom. (51A) was not supported
- Yes: (Youth) had a dissociative reaction at school and I spoke to school and discussed the crisis
- Yes: To collaborate and advocate for youth so they could understand his behavior and academic struggles and future goals. (Youth) wants to leave school and hoping he will stay. (School is) helping with ADLS and job skills because he turned 21
- Yes: I tried to communicate but (school) never responded. If I thought youth was failing I would have made more of an effort but (youth) was doing well and grandfather was an advocate as well
- Yes: Back in the Spring and Summer with issues she was having it would have been helpful to have communication with the school. (I) will discuss with mother for this upcoming year. (It) would be important due to recent issues and in 10th grade.
- Yes: The youth had a lot of concerning behaviors in the school, skipping class, grades were dropping. I checked in a lot with the guidance counselor on how she's doing and mediate progress to see if we need to change our plan of action
- Yes: We explored it. The issue was raised but upon discussion it was not necessary to speak with the school
- Yes: The one time stated previously - discussed what triggers to look for, what to do if the behaviors escalated and how to identify them as well as alternate strategies to de-escalate and how to access emergency services. The school understood the youth's mental health needs but wanted outside confirmation that the youth was stable
- Yes: When the impression that the youth's behavior was concerning at school, mother would report to me and I would follow up with the school
- Yes: That's where I'd see her and I'd check in with them on a regular basis. I'd check in with teacher at my pick up and drop off. She was her teacher for two years.
- Yes: It was important because the school was seeing him 5 days a week, 8 hrs a day. (I would) give updates on behavior or mood changes, establish a plan to work on those behaviors and mood changes
- Yes: I saw her at the daycare. For a period of time she exhibited problems at the daycare then started getting better at daycare and switched back to home setting.
- Yes: When she wasn't doing well she spoke with the GM to speak with school bc she could be doing better; wanted GM to do it first but if needed support told her she would get involved; GM able to speak with school and things did improve; for the most part Nat has been a good student so school wasn't an issue.
- Yes: But the mother worked closely with the guidance counselor through the years so she'd let me know how things were going in school. In the past, I had communicated more with the school. The guidance counselor is active now on the team.
- Yes: I was a school based clinician and there were many school staff involved that I needed to communicate with

- Yes: The school was concerned because the youth has attitude with the teachers. They have reported noticing a change when she does and doesn't take her medication for ADHD. Conversations were mostly around when the staff thought the youth wasn't taking her medication because mother wasn't giving it to her but also didn't allow her to take at the school. Mom felt the youth was able to manage her behaviors at home (and also having challenges getting youth to take it). She didn't see it as pressing because she wasn't seeing the behaviors at home
- Yes: Especially when there were things that happened at school. Emotional things.
- No: Never spoke to guidance - his treatment focus was on at home behaviors.
- No: She was doing really well in school socially and academically so there was no need.
- No: As an OP provider school was going pretty well. (When I was the IHT provider) there were big issues but things got better. As (the OP therapist), the main issues were problems with father. Also Mom always kept me up to date about school both academically and socially
- No: It was summer time and he wasn't in school
- No: Grandmother would give reports and school didn't want to have involvement with OP
- No: One instance when the parent gave me permission to speak with the school but the school never called. Everything they would have talked about the parent told me.
- No: At the beginning he was doing well in school but recently found out he isn't challenged so I talked to Mom about having contact with the school when he starts next week.
- No: Youth does not attend school - home schooled by mother
- No: Mom was a valid reporter as to what was occurring at school. Youth's presentation at school has been consistent and mom has not reported much dissatisfaction
- No: Not in school. The foster parent was very competent and managed the daycare communications and didn't need my assistance.
- No: The parent always relays any information that she feels is applicable to (youth's) care. I had seen her in the school in the past, when she was Head Start, but she switched to the clinic when she started public school. Again, maybe to keep it private that her daughter has a counselor. She shows me the report cards, IEPs and tells me when meetings are happening. When I offer to go, she says no that she'll give the information to me.
- No: She was young, only in 1st grade this year, and since she has been in school the reports from adoptive parents have been good
- No: The (agency) worker and foster parents were so involved, there was no therapeutic need, the youth adjusted very well to school here, there were no behavioral issues or concerns that came up in therapy relating to school
- No: He was doing well.

**Therapist: Did you feel there was enough communication between you and the school?**

**Therapist: Explain**

- Yes: I am a therapist stationed at the school and had regular contact with the school staff and could speak to her teachers as needed because I was on site.
- Yes: Coordinating the communication was often an issue but both parties were trying to communicate. Mother was worried because things weren't happening fast enough and that she was falling behind.
- Yes: Information necessary for treatment was communicated by parent and validated by contact with the school adjustment counselor.
- Yes: Would have brief checks each school visit. For more extended conversations I would support it in a collateral note but the quick check ins before or after a school session were just a minute so I didn't record every one.
- Yes: I spoke 1-2 times per week and met with the youth 1-2 times per week, depending on how she was doing.
- Yes: I didn't feel I needed to because she was doing well. She was 16 and she would be able to tell me if there were issues going on

- Yes: It can be hard to get in touch with the school but when connected it was good insight to work with (youth)
- Yes: I talked with the school daily and placed in the (program name) program as a counselor
- Yes: But it could have been better communication - we had different agendas. Originally when I reached out to school and sent a release they said I didn't send it. Then the school counselor would say one thing then Vice Principle would say another. It was never clear who was making decisions to meet (youth's) needs; it was a bit tough for grandmother and (youth) too
- Yes: Mom consistently reported what was going on at school – academically and socially
- Yes: The teachers and the social workers are available to me all day in school and even if not the day I see youth they will pull me aside and talk to me
- Yes: I have a very good relationship with school. I have multiple youth in the schools with the same guidance counselor, so we had regularly scheduled time biweekly to review these youth
- Yes: His mother would tell me about how things are going. We did discuss whether he should stay at current school placement. We think he'd do better in mainstream
- Yes: It was sufficient to attend the IEP meeting. My job was to support mom and give a different view of mom and the same with the youth. I was able to see what was provided at the school and reinforce that he had additional interests
- Yes: There were some difficult times due to the guidance counselor's hours and end of school there was an incident and they never connected but both did communicate
- Yes: They have been very helpful
- Yes: The parent gave me very up to date information on school matters. They are extremely consistent in their reporting between the parent and youth.
- Yes: (School contact) is very available if I needed to reach out again,
- Yes: Didn't have it yet but will see once he starts school this year.
- Yes: I believe I was in touch with the school at least bi-weekly
- Yes: Therapist did not speak with the school as the assessment was that there was no need, it was almost the end of the school year as well
- Yes: They felt it was enough. We reviewed medications and if it was safe to come to school.
- Yes: The mother has relayed all information to me that I feel I need to know about her. I have offered and the parent continues to want to be the person running the ship with the school.
- Yes: They know they could always contact me. (School) saw therapist as a positive support and good communication between both (school and therapist) is a good support
- Yes: Indirectly from parents now that she is adopted and in first grade
- Yes: Being a school based therapist I readily had school staff available to consult with or ask questions
- Yes: It wasn't needed; I would get updates from (youth) and sometimes Mom
- Yes: The incident of suicidal ideation was the most pertinent in the youth's functioning at school. There was biweekly treatment and mom was so good at recognizing her son's needs and strengths that she had taken care of any issues before the sessions occurred but looked to me for feedback on how they handled it afterwards
- Yes: There wasn't the need for me to communicate with the school because the foster parent & (agency) caseworker were communicating with school
- Yes: It was good
- Yes: They were very open and supportive
- Yes: He was doing well. I didn't need to for him though.
- Yes: Almost every week I saw him there was some form of communication between either his school counselor or teachers
- Yes: Foster father helped with communication as well.
- Yes: The grandmother was doing it. If grandmother hadn't follow through (I) would have contacted (the school) with permission.
- Yes: I was a school based clinician and I saw the youth in school so I had easy access to all his school staff
- Yes: There was frequent communication with the school

- Yes: We'd speak as needed or if the parent asked me to call them.
- No: Could have been better. Only spoke once per semester to see how her transition from home to school. Was difficult to get ahold of school and if no big problems they didn't call; IHBS had a lot of contact and would give me info.
- No: I don't think without the specific diagnosis the school did not take into account the needs the youth had. They felt that if he wasn't struggling academically anything else should be for the family and therapy to deal with. I think one of the reasons the parent agreed for the ICC referral at this time is to more people advocating with the school for the youth.
- No: Mother would not let me speak with them.
- No: Could have been more
- No: Mom didn't want me to speak with school. (Youth was) on the soccer team (and had) no problem with peers. Youth was doing fairly well and mom didn't want him to communicate or see him at school. She didn't want that attention on him
- No: Would have been helpful but they didn't want it
- No: A good deal of it. A hard question because I am not sure. I think there could have been more. They did as much as they could. They are hard to reach. I worked hard for them to make accommodations to help him.
- No: Youth does not attend school - home schooled by mother
- No: I would have liked for them to respond to my calls

**Therapist: Did the communication between you and the school help with the coordination of the youth's care or the delivery of services/supports, improved academic, or behavioral performance for the youth?**

**Therapist: Explain**

- Yes: Yes, she had times that she was really on and then times with struggles. She ended up doing very well and that's when we closed.
- Yes: Useful for service delivery but did not lead to behavioral improvement, academic performance has been static throughout.
- Yes: The couple times I heard from the school, the reports were good so it confirmed that the parents and school were handling things.
- Yes: They made a few small changes in the classroom. The behaviors and tearfulness and reluctance to attend school decreased after these changes were made
- Yes: I think so. (I) had good suggestions on how youth could navigate the culture of the school and with certain teachers. When the anniversary came up of the parent's death, she could have an extra check in or check in when adoption was finalizing
- Yes: It helped her feel more supported. The meetings with the school counselor made her feel more supported because she had specific time devoted her by the counselor after that
- Yes: It helped behaviorally but not sure about academically
- Yes: The communication helped with her behavioral performance but she moved to another school because she wasn't succeeding with her grades.
- Yes: It helped with coordinating his care and then at end of school the feedback was that his behavior was improving and he was using some of the skills we had talked about and worked on. Academically, (I'm) not so sure because I never saw his report card. He hadn't been restrained, he stayed on the "level" (good) for a long time. However he did get suspended once but able to pull it together by end of the year and they decreased.
- Yes: It helped by bringing the awareness of her issues to the school's attention - the behaviors she was exhibiting were related to anxiety and I helped the school develop interventions for her. This helps her with improved testing and making initial contacts with peers which she reports to mom and therapist. These connections are helping her to like school better and want to attend and do better and improve her self-esteem. The consults after meetings with youth's mom has helped mom make sure she understands everything and is on the same page with the school as the IEP meetings are technical at times

- Yes: But it wasn't direct. It was through the foster parent. It's important to empower the parent. The parent was doing fine so it was important for her to continue being the direct person for all school matters.
- Yes: It did. They were quite flexible to make changes to make him safe and get him breaks. I could support them in knowing what some of his triggers were. He may need something more intense at times at school. He is in a substantially separate classroom. The parent and child oppose going to a smaller school and much more contained. I encouraged that they look at it but they just don't want to do it. He has gained some very good trust with them.
- Yes: It helped the school see mom differently and helped mom see the importance of what the school was doing with the youth. I would interpret for both. Schools mean well and when they first meet someone the first impression is not always accurate and I helped to change the vision for both (school) and the parent.
- Yes: When (we) met in the school, we discussed behaviors and came up with plans they could do in the classroom and what they do at home. Since the meeting, (youth) has not had detentions, now knows that school is aware and I work very hard with youth about his behaviors and ways to act in school. (Youth needs) a lot of positive reinforcements
- Yes: Academic and behavior have both improved
- Yes: It made (me) aware of what was going on at school and the adjustment counselor could learn about what I was doing.
- Yes: It didn't change the coordination but the youth made progress overall but the consistency was variable. Her motivation was often very low and she had poor self esteem
- Yes: Our goal was to tie in the school's academic and scholastic goals with the home behavior plan so the communication and coordination helped in that process. (Youth) showed progress.
- Yes: It was crucial that I worked with her at school. I acted as an advocate for (youth), encouraged more communication between her, mom and her teachers about her performance. I knew when she was doing well so I could reinforce her positives and improvement. Her behavior at school was not an issue. Her issues were about being engaged and building up self-esteem.
- Yes: (School) reported what they did to handle emotional outburst and shared structure they provided throughout the day
- Yes: He was able to return to school. He got some accommodations
- Yes: (I) wrote letters to school so they could collaborate around his needs and then also attended meetings at the most recent school. The school district and grandparents are still paying for school and all hope he continues. He is now 21 and it is unclear if he will be able to hold a steady job
- Yes: Indirectly through the grandfather. Through our conversations and grandfather's with the school we were able to ensure youth's academic success
- Yes: (I) helped them realize that everyone was on the same page, recognized needs and strengths and that they are knowledgeable about the resources available (emergency services)
- Yes: My communication with the school was not needed
- Yes: It helped improve her academic and behavioral functioning, and now we're working on transition. Mom is very concerned about her social functioning - youth had no friends other than her imaginary friend and is very shy. I will have to start over with her at the new school when she starts in the fall and will make an appointment with the guidance counselor when it resumes to get her up to speed as to the concerns for the child
- Yes: Based on conversations with the social worker at the school there was a decrease in angry outbursts. He was learning to self-regulate in order to concentrate and focus on school academics.
- Yes: Because some of the behaviors were exhibited in the daycare but things did getting better.
- Yes: Improved academic performance (per grandmother) – (youth) started understanding Math
- Yes: Because the counselor would let us know of an issue if there was an issue with peers and we could then each talk with the youth. The parent acted as a link between us.
- Yes: Coordination with teachers, school administrators, and adjustment counselor helped provide consistency of care

- Yes: It helped working on the goals and figuring out what progress was being made as well as the concerns about respect to teachers and staying in contact with them on a regular basis
- No: That happened in IHT by the time we transitioned to OP school needs were met and Mom was an advocate and would give me updates.
- No: It didn't help with the delivery of services but it helped identify what services were needed.
- No: Because I did not have communication with the school. Much of the school intervention had been done with the previous therapist. When I came in she was doing better.
- No: Couldn't speak with school
- No: The school perceived (youth's) academic struggles as due to laziness and lack of motivation, and they didn't see her mental health issues. They wanted grandmother to initiate harsh punishments at home. Didn't seem to be supportive or strength based plan we were trying to put in place.
- No: The school didn't want to be involved in the coordination or care with OP
- No: Not at this point but will see once this year starts
- No: No need to speak with school
- No: Youth does not attend school; home schooled by mother
- No: Couldn't speak with them
- No: It wasn't indicated to speak with the school
- No: I feel that the public school didn't know how to meet her needs. I helped the mother get her into a charter school.
- Blank: Was none
- Blank: The foster parent would talk to me about how things were going and if needed help, she'd ask then I'd guide and she'd manage. She is great.
- Blank: The parent serves as collaborator between school and counselor

**Therapist: How did youth's caregiver know whether you communicated with the school? How did you keep the caregiver informed about your discussions with the school?**

- Aware of my weekly session and knew I was in regular communication. I did family sessions every so often as well so we had good communication.
- I called the family between therapy sessions to check in whenever I contacted the school or any other provider.
- Daily phone contact with parent.
- I would never talk to the school without her knowing. We were frequently talking about school with the parent and I would support her and educate her on how to talk to school.
- The mentor helped and we did have some regular check ins and I'd leave her messages too.
- Verbal communication by phone or face to face
- In the first sessions, mother and (I) spoke about the (me) collaborating but that never happened. I may have called and left a voicemail and I would have talked to mother
- Because (youth) was doing so well I did not feel the need to communicate with the school.
- I usually told them before I called and then I would call after meeting and if I was at the meeting they would see me there.
- I would check in prior to every session to update on what grandmother and (youth) did and find out if I needed to do anything on her behalf. I only responded to school if she requested it, i.e. wrote a letter to school and then went to a meeting with her
- Did not communicate with school but Mom and Dad (divorced) would update me
- I would talk to mom at least monthly particularly if (youth) hadn't been in school to make sure all was ok. She also came into the school for meetings and communication would happen then or by phone.
- It was not applicable
- (I did a) parent consult at least 15 min every 2 weeks, but for this youth there were weekly updates. Sometimes mom would call so the youth didn't overhear. The school would also tell me more information than the parent so I would contact her and also let the school know that mom felt that she wasn't getting responses back from them about her calls

- Entirely transparent. I would call in our family sessions or I would go to the school with her to talk to the school. I share all communications with the parent and the child. You really have to do it that way for respect and enhances our relationship. There has also been a need to talk to the health clinic around medications but that has been difficult due to the fact they miss so many appointments there.
- I attended the meeting with the parent and was invited by her so she was witness to any communication between myself and the school
- I meet with mother before or after session. (We discuss) how youth has been and where things stand at school. Mom is very involved and they talk about communication with school, etc at the session.
- When parent brings youth in for session she received an update during the first few minutes
- Not applicable.
- She asked me to call there and she brought me the consent. And then I told her.
- A few weeks ago Mom and I had a discussion about lack of challenge in school. Up until recently he did best in school and Mom always would comment on that; now that he doesn't seem to be doing well I will be in contact. I think he starts this week.
- I cc'd her on emails, and follow up phone calls and parent was engaged with me to give me a call if the school called her
- (I) met with her before, after sessions and had phone consults to discuss the updates re: the school.
- No communication with school
- It started with notes home in the beginning and moved to mostly by phone contact as needed. I would share my opinions or information I had gathered. I shared the positive feedback so she could be aware of (youth's) strengths.
- Youth does not attend school. She is home schooled by mother
- Mom would ask me to call school and then I would let Mom know she did that or mom would inform me how an IEP meeting went
- In person during parent meetings or at the beginning of sessions. The parent made one request that the therapist contact the school and thought that contact would be helpful
- I think I talked to her and told her. I had a release from her.
- The foster parent would relay information between the daycare and myself as needed so there was no middle man communication.
- In the past, when she was at Head Start, I would call the mother that day to let her know that I'd seen her and what we did. She always wants to know who anyone talks about it. It's just something I know she really wanted to happen when I saw her at school. Even now in the clinic, she has wanted to sit right outside the door when I am in session. That's fine but as she's gotten older, I've talked to the mother about managing what happens in individual sessions with the family session needs.
- Most the time (caregiver and I) were calling or writing letters together, had discussions by speaker phone, and spoke about it in advance and then (caregiver) follow up afterward if (I) wasn't there
- I called the school a couple times and they had not responded and grandfather kept me informed of the meetings
- During our therapy sessions when they brought her in, I would let them know if I had contact from the school and they would report how she was doing.
- (I had) frequent phone contact
- Never needed to speak to school because youth is a great student. Her emotional issues were at home, so there was no need to breach privacy about that so I never spoke with school
- Through email, phone calls, and in person meeting
- Foster parent communicated directly with the school. I did not need to
- I called mom by phone and let her know I spoke with the school
- There was communication at the beginning but then (youth) was removed for a while and then (I) had contact about 3 times regarding (youth's) progress in school, the CANS release and attending therapy in summer and the transition to another clinician. (I) ran into her at the clinic when she was going to see her own therapist. It was very hard to get ahold of her otherwise.

- They signed permission for treatment at school. The foster parents would update me and I'd update them too.
- Never spoke with school did not have a release per grandmother. However, I do have a release for this upcoming year
- The parent has been the primary communicator for us but I would tell them myself if it were another child and the parent weren't as skilled as this parent.
- Regular meetings and phone conversations
- I would send letters home or call the parent of the youth to inform her
- (Caregiver) signed a release. I wouldn't communicate unless she gave me permission. I would always ask her before I spoke to anyone.

## ***H.2: Individual Education Plan (IEP)***

### **H.2a Caregiver's recall of IEP for Youth**

\*c15

**Caregiver: During the time the youth worked with the OP Hub Therapist, did the youth have an Individualized Education Plan (IEP), specialized school services, or other troubles at school?**

#### **Caregiver: Explain**

- (Yes) Yes to all, Spec Ed can't keep to the IEP, there was also a bullying issue
- (Yes) This was what we needed but pediatrician didn't feel comfortable initiating this without us working with therapist
- (Yes) She takes special classes
- (Yes) IEP, school has lost the 504
- (Yes) IEP, Incident in health class (inappropriate comments)
- (Yes) IEP and special school
- (Yes) IEP and special school
- (Yes) IEP and special school
- (Yes) IEP
- (Yes) IEP
- (Yes) IEP
- (Yes) IEP
- (Yes) IEP
- (Yes) IEP
- (Yes) Could use an IEP although no learning disabilities
- (Yes) 504, not abided by at school
- (Yes) 504 plan
- (Yes) 504 plan
- (Yes) 504
- (No) We are exploring these options now for Kindergarten next year
- (No) Still in pre K
- (No) Only a 504 and we are waiting for diagnosis.

### **H.2b OP Therapist's recall of IEP for Youth**

\*t10b

**Therapist: Did the youth have an Individualized Education Plan (IEP) or specialized school services?**

### ***H.3: Managing problems related to school services and supports***

#### **H.3a Caregiver's need for assistance with problems related to school services and supports**

\*c16

**Caregiver: During this time, did you need assistance dealing with school problems or obtaining services, support, help at the youth's school?**

**Caregiver: Explain**

- (Yes) Needed to get son an IEP and needed help to get this in place. I'm now getting extra help during school and after school
- (Yes) (OP therapist) has called school and talked with principal, teacher and adjustment counselor
- (No) My older daughter had an IEP and a counselor, so I had a connection with the school.
- (No) The school provided all the support we needed.
- (No) Comfortable on my own.
- (Yes) I was not hearing that she was failing. No communication from the school.
- (Yes) In a behavioral class at school. Therapist attended meetings at school with (youth).
- (Yes) I need help dealing with the school. I've been doing this solo for years. It's never been told to me that it's possible to get this help.
- (Yes) She was not his therapist at the last IEP meeting.
- (Yes) Issue with classmates, I wasn't really informed, I gave permission for school to communicate with therapist. It could have been handled better by both therapist and school.
- (Yes) The OP had it all going and under control.
- (Yes) OP contacted school about making provisions for child and helped write the 504 plan.
- (Yes) OP has attended IEP meetings with mom.
- (Yes) Incident in class
- (Yes) It was a complete mess. The school felt unqualified to manage (youth's) issues. Eventually they offered out placement. I was ready to home school him.
- (No) Not in school yet, starting September
- (No) I may need an advocate, but usually they are pretty good about one for children.
- (No) The therapist is not even in the same school district. So there is a disconnect.

**Caregiver: If you needed assistance with the school, did you receive the help you needed?**

**Caregiver: Explain**

- (Yes) (OP therapist) calls the teachers.
- (Yes) (OP therapist) sees child at school. (OP therapist) often talks to the guidance counselor. They talk on a really regular basis, almost weekly.
- (Yes): School gave MCI info and suggested calling other professional. We could get an appointment with (therapist) no problem. She does not participate in the IEP meetings. I don't need her there.
- (Yes) (OP therapist) was in constant contact with school, attended many meetings, he was at the placement meeting, dealt with the behavioral consultant, counselor. It was intense and (OP therapist) was right there.
- (No) On a limited basis.
- (Yes) Very satisfied with (therapist)
- (Yes) Different therapist
- (Yes) (Therapist) meets with him at school so she is familiar with how things are going and we all meet once a month
- (Yes) (Therapist) met with the guidance counselor and attended IEP meeting.
- (Yes) It took a while to get it set up but we did- (town's) public schools IEP coordinator helped a lot

- (Yes) The school listens more when she's there.

### H.3b OP Therapist's coordination for problems with schools services and supports

\*t10a, t11

**Therapist: During the time you worked with the youth, did s/he have any troubles at school?**

**Therapist: Explain**

- Yes: A lot of tantrums, easily frustrated, bullied at times, and it may have been an issue that his brother was in the same class and doing better academically which was frustrating for him. The youth hates reading.
- Yes: Adjustment problems; some bullying and did she very well overall though. This is a private school so there was no IEP but school counselor helped to support some of her past IEP adaptations.
- Yes: She had a brief honeymoon period than she stopped taking her meds. Said she didn't need them but couldn't sit still in class, impulse control was nil, she would have depressive episodes and cry in school also and aggression started later on.
- Yes: Not behavioral. Her mood affected her self-concept which affected her motivation to do well, participate, and be engaged with her academics. She wasn't failing anything but her grades improved when we worked together.
- Yes: The youth lost a lot of weight previous to working with this therapist and peers had made fun of her when she was overweight, calling her names. She wouldn't stand for this and was getting into fights. Now, since she has lost weight, she is bullying others and has the girls who used to call her names as friends now and they gang up on others. The youth also has an IEP due to a learning disability and had difficulty with comprehension.
- Yes: Peer relationships, has trouble making friends, keeping friends, boundaries with peers. Youth has frequent fights with girls
- Yes: Her grades were historically poor but in 7th grade she was failing most of her classes. She was on a 504 plan and didn't turn in home work. Towards winter 2014, she was talking about self-harm and not wanting to be alive at school
- Yes: During therapy, (youth) had some minor disagreements and minor conflicts with a couple of peers for a minimum period of time. Youth informed the teacher's assistant and with better coping skills was able to work out on his own with the TA's support
- Yes: His impulsivity often times would get him into trouble because he would act out without thinking, in particular if his peers were involved and at one point he got suspended. Early on he had to be restrained at least once but that got better.
- Yes: Behavior and focus at times
- Yes: PICA symptoms, anxiety, social/emotional - not able to form any relationships with peers, as a result there was risk for her to be bullied
- Yes: He did have problems academically, peer problems and social problems.
- Yes: Youth would be oppositional, negative, cursing (learned from young uncles) and then he wouldn't listen and would get stuck on doing what he wanted when he wanted. He takes a lot of toys to the school, and there was a conflict with the school not wanting this to happen. The youth was never sure whether he would have his things or not due to their unstable housing. It was important for both the school and mom to understand. Also youth had special needs due autism symptoms.
- Yes: Acting out and talking back. There was an incident with a boy in which boy did a sexually inappropriate action
- Yes: Youth was not allowed to come back to school until evaluated due to a crisis situation and has a need for specialized classroom
- Yes: A couple minor things. The parent told me about them. None were suspension-related but one detention.
- Yes: He has had no behavior or academic concerns. Just the one thing [school adjustment counselor had been concerned about something youth had said]

- Yes: I believe there were behavioral issues, i.e. difficulties following directions, finishing work and making social connections
- Yes: In the beginning of treatment with following rules but it rectified itself quickly
- Yes: Conflicts with peers, increased intensity of tics resulting in inability to attend school for brief periods
- Yes: The dissociative episode I mentioned earlier
- Yes: Some soiling and regulation issues. Nothing intense though
- Yes: Ongoing; (Therapeutic School) and current (name of school) - they drive all the way to (hometown) to get him to school; sometimes won't go because he is hung over and tired of school
- Yes: She had a lot of peer related issues; this year she went from straight A student as a freshman. I was on maternity leave and she had two therapists while I was gone and the issues were different than prior therapy; depression set in and she is struggling with it
- Yes: Academically her grades were poor, youth was skipping classes, lack of interest in school in general, unmotivated, not doing home work
- Yes: She had anxiety about completing assignments on time and up to her standards
- Yes: there is sporadic teasing, and youth has had some outbursts due to frustration with peers and the one major suicidal ideation outburst
- Yes: She had difficulty making friends, accepting responsibility for her actions, lying a lot, hyper, a little disrespectful to the teachers. She never engaged in a fight but got angry at peers and would take things from them saying they were given to her. Mom later found out it wasn't true and that the youth had taken it.
- Yes: A blip at end of last year but (mom and I) felt it was more to do with his dad. He was distracted and he needed to do less video games and more homework.
- Yes: He would have angry outburst and shut down and not participate in academic learning. And approximately three times he refused to meet with me due to "not being in a good space".
- Yes: Impulse control, acting out behaviors-tantrums, aggression
- Yes: Reported doing poorly in Math; worried she may be sliding on some of the other subjects
- Yes: With peers; she's impulsive and sometimes can be persuaded by peers
- Yes: The youth had social issues and academic challenges
- Yes: Attitude with the teachers, challenges focusing on school work, fidgeting, singing to herself during class which was disruptive to the classroom
- Yes: Educational problems and bullied a lot and was susceptible to social pressures.
- No: She was doing well socially and academically.
- No: Nothing significant when she first got involved. It was more problems in the home.
- No: Some school conduct problems.
- No: Youth does not attend school. She is home schooled by mother
- No: Not significant problems but mostly had to do with missing homework and having to catch up. Youth had pretty good grades, did well on MCAS and had no peer problems. At one point (youth) was getting teased but then it stopped after grandfather addressed it with school
- No: Sometimes she would have a tantrum but nothing serious
- No: It was minor acting out, two times (youth) got in trouble for throwing something in the cafeteria
- Can't Recall: The case opened before me and it was a referral from the school.

**Therapist: During this time, did the youth's caregiver need assistance dealing with school troubles or obtaining services, support, help at the youth's school?**

**Therapist: Explain the assistance that the youth needed:**

- Yes: I requested meetings outside the IEP with the school staff, discussing if the youth had a difficult day trying to help school understand why and help the school develop strategies so the youth could have more success.
- Yes: I helped her to learn how to talk to teachers.

- Yes: Foster parents were very competent and good at follow through.
- Yes: Parent requested I call the school adjustment counselor and back up what she had just called and explained to him
- Yes: Primarily talked about what was happening at home; stabilizing the home environment
- Yes: Because of a language barrier for mother it was difficult to understand everything going on in the IEP meeting.
- Yes: The therapeutic mentor supported mom and we discussed getting an ed advocate
- Yes: (Youth's) grandmother wanted her to be more successful at school and get more support services. I gave her two previous neuropsych tests we had on file and then gave info on how to get new testing and how to request Special Education services
- Yes: (I) would communicate interventions (I) was introducing
- Yes: I would coach her on navigating the school
- Yes: By supporting mom and helping her write comments that would not be misunderstood by the school staff and trying to assist mom to call the school and talk to the teacher and SPED coordinator proactively
- Yes: (Mother) wanted help after the incident with the boy but mostly the mother is a good advocate and she is able to get the help she needs
- Yes: There were differences in opinions in parent reaction and the school's concerns - sometimes (caregiver) felt she needed more or less and the school did not see it that way. - School made the report to DCF as a result of parent trying to keep child from running from home by grabbing her and inadvertently pulled her hair - youth told the school nurse and they filed a 51A
- Yes: (Caregiver) needed help with basic communication with the school
- Yes: During the suicidal ideation incident the parent reached out because the school wanted the youth seen by a professional before he could return
- Yes: Mom only needed help with the IEP process
- Yes: They needed help coordinating with the school staff. I was the link between the teachers and the parents and assisted with communication between them all
- Yes: In dealing with the medication compliance issue, talking to the school nurse about getting morning dose at school and with teachers about managing the behaviors and working with mom on med compliance
- Yes: I think parents really don't understand they need to be assertive with the school. I educated her on what may be available.
- No: The youth was doing so well, the mother did not even need to communicate with the school.
- No: With my encouragement mom attended most of the parent teacher conferences but the youth didn't have any IEP/SPED plans or behavioral issues at school and wasn't failing. There was one teacher who was especially challenging, we had a discussion about it but that was all that was needed.
- No: (Caregivers were) pretty educated to the systems. They are great.
- No: Mom is a really good advocate, is very organized, and knows her rights and will pursue those if she needs to
- No: Mother was a former teacher and was able to advocate for herself. Also there were no major school issues
- No: Mother was able to advocate
- No: It was a specialized school and the parents were very involved - they have to be, but I saw youth at school for OP so we all worked together. Most of these kids have a one to one staff member with them so have a lot of support.
- No: Mom had already had the special ed services in place at the school before the counseling and when the youth had the incident she was already getting youth evaluated by (me)
- No: Parent has own therapist. She is invested and cares but she is good at taking the information and assessing the information with her therapist or me when needed.
- No: Parent is proactive and knows how to deal with the school.

- No: He is a good student, he is quiet at school, teachers like him and Mom says he is his best when he is at school.
- No: Parent was well organized and knowledgeable
- No: Youth does not attend school – she is home schooled by mother
- No: Whenever an issue arose Mom was able to take care of it. She drove youth to school every day and spoke with teacher consistently
- No: Parent is a good advocate and has those skills. She attended school with the principal
- No: The parent worked with the school, psychiatrist and me to work out the situation when he dissociated at school
- No: The foster parent was skilled and would navigate any information between those involved
- No: The parent has been a great advocate with the school. The last meeting she actually recorded. The meeting almost didn't happen but she fought for it and she did it. So they each have their recording of the IEP meeting.
- No: They were able to manage things
- No: Her school behavior was manageable for the most part. she was a typical RAD (Reactive Attachment Disorder) kid
- No: Mother did a good job dealing with the school. Mother was able to advocate for herself
- No: Mom is very proactive and communicated frequently with the teachers and guidance counselors
- No: She did not have behavioral, emotional or academic issues at school
- No: Foster parent was capable of communicating effectively with the school
- No: Mother was happy with her relationship with the school and the support they provided her.
- No: She is very good advocate. So is his grandmother.
- No: She did not communicate any need for assistance with youth's academics. Behaviorally she may have had asked for help to manage behaviors at school because prior he was having a lot of outbursts both at home and at school
- No: Grandmother took initiative to get the help
- No: The mother works in the school system so she knows how to do it and she works closely with the school because they live in the same community.
- Blank: Not applicable - it was summer

**Therapist: If assistance was needed, did they receive the assistance they needed?**

**Therapist: Explain whether the assistance was provided and from whom:**

- Yes: I coordinated meetings and was a neutral voice, helping translate the school speak for the parent and help diffuse some of the emotion that occurs with school difficulties, helping mom advocate for her daughter's needs and inform the school of her difficulties.
- Yes: Therapist worked with mom to ensure parent was prepared to help youth with any transitions that may be needed - new school year, new school district etc. and help her understand how difficult how transitions are for the youth.
- Yes: OP was a mediator between school and what the caregiver could provide in the home. It was an out of district placement so it was a bit more of a challenge because normally we go to the schools in the community so the communication would have been easier.
- Yes: I called the school and backed up what the mother said
- Yes: (By me) and parent's therapist
- Yes: I attended the last two IEP meetings with the parent
- Yes: I couldn't have asked for a better team to work with (mom, TM, and program at school). Not sure if mom followed through with getting the advocate or just talked with them to get advice. (Mom and I) believed she was placed in the wrong educational setting from the beginning. She needed a smaller classroom
- Yes: I guess yes. I think some are medication related and we would help her to educate school about his medications and his behaviors. I don't know if she'd say that but the school is saying

he'll start in an alternative school but (caregiver) thinks he may be better to go back to mainstream. We'll say he's stable at this home, school, and community.

- Yes: As much as a parent could get
- Yes: Attempted to meet with Guidance Counselor but it was the end of school year and (we) were not able to connect. The mother met with the guidance Counselor without (me). Had District Attorney, School President, Guidance Counselor and teacher; the meeting went well and youth is being moved to another classroom
- Yes: See earlier comment [Parent is proactive and knows how to work with the school]
- Yes: Yes, but the parent was not happy about (school's) involvement but it got DCF involved who enforced mom getting help for the family
- Yes: Rely on me for advocacy, (I) try to empower youth and grandparents and have tried other services but they don't last long
- Yes: (I) explained in writing what was discussed with the youth and the youth signs the form so that all are aware that everyone is on the same page with what behaviors occurred and alternatives for responding
- Yes: I made copies in Spanish so mom could read it and understand what it was, explained what advantages of having it was. Mom thought the IEP was only for severely disabled students and that her daughter was being labeled
- Yes: The youth was taught by me coping skills and regulation skills to deal with emotions which helped decrease the outbursts
- Yes: If needed anything else, I would coach them or the DCF worker could help but overall they did it all without help
- Yes: (Caregiver) works in the school system and knows how to navigate it to get her child's needs met
- Yes: I was the link between the teachers and parents to improve communication
- No: The school didn't want to engage with the OP at all. Grandmother would relay information as needed.
- No: Not her old, public school. Once she was at the charter school, they were more attuned to her emotional needs. The mother really did a good job advocating and getting her into the charter school on her own.
- No: I did my part in trying to work with grandmother and the school but we didn't get the IEP like they wanted. She received some services through a 504 but continued to struggle academically and behaviorally. (Youth) didn't feel the school was on her side and grandmother also felt the school wasn't providing the services they needed
- No: School had a policy that morning meds were to be given at home by the parent and could not be given by the school

## ***H.4: After-School Programs and Supports***

### **H.4a Caregiver's need for access to after-school programs and supports**

\*c11t

**Caregiver: Did your youth have after-school services during the time s/he worked with his/her OP therapist?**

**Caregiver: Was it important to you for the OP therapist to communicate with the school staff?**

**Caregiver: Explain**

- (Yes) Because of behavioral issues that occurred after-school, when the meds wore off
- (Yes) OP therapist met at the Y after school
- (Yes) Therapist helped us find money to get afterschool supports and camp
- (Yes) (Name of program) a private pay, social skills practice, etc.
- (Unsure) Yes and no – all (OP therapist) can do is provide services to the child. She talks with her about things that happen there (school).
- (No) On a team for a bit
- (No) She only went for a little bit

**Caregiver: How did you know if/when the OP therapist communicated with the school staff (did they keep you informed)?**

- I believe they did communicate since (OP therapist) met (youth) at school every week.
- I did sign the releases, but OP therapist never told me if she contacted them.
- (OP therapist) observed child there. May have had questions. We signed a release to allow him to communicate with her. Not aware of any other formal communication outside of the observation. Might have been during the IHT period.
- It didn't happen.
- Not necessary
- Didn't- never discussed
- The case manager at the school which includes after school tells me.
- Tell me
- No communication
- They would meet at the after school program.
- Not aware of any - none needed
- They did not keep me informed.

**Caregiver: Did you feel there were enough communications between the OP therapist and the school staff?**

**Caregiver: Explain**

- (Yes) not sure what communication occurred, but it was fine.
- (Yes) I'm alright with that.
- (Yes) None was needed
- (No) Not aware of any.

**Caregiver: Did the communication between the OP therapist and the school staff help with the delivery or coordination of your youth's care?**

**Caregiver: Explain**

- (Yes) Absolutely
- (No) I don't know if they talked, so I can't say if it helped. But since things didn't turn out well, probably not.

#### **H.4b Therapist's coordination of access to after-school programs and supports**

\*t14t

**Therapist: Did the youth receive this resource during the time that you, as the OP therapist, worked with him/her and the caregiver?**

**Therapist: Was it important for you, as the OP therapist, to communicate with the resource(s)?**

**Therapist: Was there enough communications between you and the resource(s)?**

**Therapist: Did your communication with the resource(s) help with the delivery of the youth's services?**

**Therapist: Explain**

- Yes: I think it strengthened the therapeutic relationship, increased her circle of natural supports (other students), it gave her a healthy enjoyable activity to participate in and increased her self-esteem that highlighted a skill/talent that she had, and improved her sense of belonging, which left less time to isolate and be alone after school.
- Yes: The parent was able to provide information on the brief experience and how she did with peers. And I talked to the youth too about the experience.
- Yes: The program wasn't open to it. They have their own structure and I'm sure if there was a problem they'd outreach.
- No: The parents do a lot of research about the programs that they consider enrolling the children in and I defer to their judgment on that
- No: The youth was involved in afterschool activities and the family and youth would relay success and strength in this area and they didn't need my involvement
- No: (I was) never allowed to speak with them. Better understanding of his behavior at school; why he feels a certain way at school and at home
- No: She went for two weeks for academic help and everything dealing with the school was very contentious; grandmother and I decided we would focus on therapy and she would graduate and be in high school and could start fresh
- No: Youth did not stay in the program long, but if he would have I would have considered communicating with them
- No: I never needed to communicate with afterschool. (Youth) does really well there
- Blank: Parent was in contact with them and did well advocating for her daughter
- Blank: I communicated when he was in IHT but once at (afterschool program), they specialize with kids on the Spectrum so after I became familiar them through IHT, Mom and (youth) would report back, and I didn't need to be in contact because there were no issues
- Blank: (Youth) was involved with (after school program), and I don't recall if there was communication but if there had been an issue (I) would have called
- Blank: Not necessary
- Blank: I did not have any communication

**Therapist: How did you keep the caregiver informed about your communications with the resource(s)?**

- By phone check in.
- I didn't speak to them. I received parent and youth report.
- The parent would fill me as to how things were going.

**Therapist: If the youth did not receive this resource, would this type of support have been helpful?**

**Therapist: If the youth did not receive this support, how would the youth have benefitted from it?**

- Might help him a bit with other activities.
- Youth needs to be more involved in community and need social interaction.
- Helped to keep her safe afterschool when she was discharged from 24 level of care and her parents worked.
- Parents enrolled her into activities that interested her with no assistance from me or DCF

**Therapist: If the youth did not receive this resource, did you discuss with the caregiver the possible benefits of this support?**

**Therapist: If you did not discuss this resource with the caregiver, why not?**

- Not needed.
- Not indicated.
- As a result of this interview will discuss with parent that youth will need more social involvement with community as graduation is approaching and will recommend an after school club.
- Youth had too many concerning social behaviors to get involved with another group, when she is more stable it will be great for her to get involved with something.
- Not available.
- Not needed
- Not needed
- Not needed
- Service not needed
- Not needed
- A teacher that has acted as a mentor at the school with him. Kind of like a big brother. Nothing formal just took him under his wing. I spoke to him regularly.
- Not needed

**Therapist: If you did discuss this resource with the caregiver, what was the outcome?**

- ICC was unable to get DMH due to the CSA being open (*It was confirmed that there was no ICC involvement during the period of time covered in this report*).

## Section I: Caregivers' and OP Therapists' Needs for Other Services and Supports

### I.1: Caregiver's Report of Need for Other Services and Supports

\*c12

**Caregiver: Are there any other specific services the OP Hub therapist has not discussed with you that you think would benefit your youth?**

	<b><i>Are there any other specific services that you and [therapist name] have not discussed that you think would benefit your child? Explain</i></b>	<b><i>For each service mentioned (in left column), what is it about the service that would be helpful to your child/you? *c13</i></b>
Yes	To get a job in the future.	To earn money and to learn how to support himself and pay bills.
Yes	In-Home Therapy and mentoring	The more services, the better for my child.
Yes	After school program	It's better for her mental health. She wouldn't be bored. Less anxiety about being home alone. There are no siblings, so she would benefit from being more social.
Yes	Mentor; girls program or group- for kids her age	She needs to get out and socialize and be around other kids
Yes	Volunteer internship at animal shelter	Interest of child.
Yes	Any kind of support groups would be helpful. Afterschool or summer programs would be very helpful. Parent support network would be helpful. I think IHT would have been very helpful. If these things were available, I have lost an opportunity to benefit.	IHT would be helpful because they come to the house and work on specific issues and measure the effectiveness. Support group because there is not a lot of support. Any kind of social program or confidence building program available would be helpful. Help with prescriptions and medication would be helpful. 15 minutes every month and that's it! Last summer, I took her off meds for camp and it would have been helpful having more guidance.
Yes	I wish there were more programming for kids who are not in school.	Music is so important to my child but only can be used if the child attends school.
Yes	Youth Employment	Youth Employment
Yes	Child showed signs of PTSD but therapist did not put that label on her. I'm curious if that is still an issue.	A therapist that specializes in PTSD was not offered. IT would help my child cope better.

Yes	Now that I have my diagnosis, I will sit down with him and discuss what he can help with.	I want to talk about social group, how to find a behavior specialist, and school advocate.
Yes	Maybe a mentor or something like that	Someone for son to bond with
Unsure	I can't think of anything	
No	Having counseling at school at times would have been good- it would have helped with the issues there more and he would have benefitted from the break	
No	She tells me about everything - groups and classes and activities- they share everything with us, but don't try to overwhelm us	
No	The main thing was that he needed an IEP and OP therapist helped with that	
No	They're saying she's not eligible because she does not have a diagnosis yet.	
No	All the bases are covered.	
No	She's having allergies and allergic reactions- look into needing to get an allergist	
No	Maybe mentor services. Or a support group for teenagers	
No	I think she's at an age where she's had some damage, but she's young enough that we can help her with stability and consistency. Just that seems to be enough.	

**Caregiver: How did you learn about these services?**

\*c14

- City of Boston programs, but they aren't working, but (OP therapist) hasn't been a help.
- Through this interview and from TV
- Collaboration between Mentor and OP therapist
- From this interview
- Through this survey.
- From experience.
- Enrolled in the past but had to drop due to finances
- Through the school and with the IHT and Mentors.
- OP therapist
- All I know about is Girls, Inc., but that program isn't ideal
- I learned from the OP therapist and an friend of mine

## ***I.2: Therapist's Report of Coordination of Access to Other Services and Supports***

\*t14u

### **Other Resources Utilized:**

- Church
- Educational Advocate
- (Town's) Housing
- Court- CRA
- Dad, step dad, girl friend, neighbor child who is friends with (Youth)
- OT
- GAL
- High School
- PHP
- (Specialized) School
- (named special needs resource center)

**Therapist: Did the youth receive this resource during the time that you, as the OP therapist, worked with him/her and the caregiver?**

**Therapist: Was it important for you, as the OP therapist, to communicate with the resource(s)?**

**Therapist: Was there enough communications between you and the resource(s)?**

**Therapist: Did your communication with the resource(s) help with the delivery of the youth's services?**

### **Therapist: Explain**

- Yes: It helped to be abreast of the legal implications of the case regarding custody.
- Yes: Helped with IEP and transition to next school.
- Yes: Status of therapy treatment
- Yes: Parent was a valid reporter, referral was made by primary care physician
- Yes: The parent wanted additional testing done so I gave her some names and she reached to get the testing done. She provided me with a copy of the results and we went over them. She felt that was appropriate.
- No: We never connected because I work part-time and so we just left each other messages. Partial hospital left messages about discharge date and her involvement in groups and when I called only left name and number.
- No: The major issues were taken care of in IHT and changing of school from regular school to [specialized school].
- No: Grandma and nurse prescriber were involved in this process, I spoke to Grandma about this and helped in understanding application but did not need to communicate with them.
- Blank: Parent was in contact with them and did well advocating for her daughter

**Therapist: How did you keep the caregiver informed about your communications with the resource(s)?**

- I would tell the DCF worker and/or the foster parent that the GAL reached out.
- Not applicable - parent is very private. She didn't want the CANS in the VG either.
- Often had meetings together or would inform them before session; once youth was older would inform youth who would communicate info to grandparents too.
- I let mom know that the clinician at PHP left me messages to let me know how [youth] was doing.
- Same as above [Often is meetings together or would inform them before session; once youth older would inform youth who would communicate info to grandparents too]

**Therapist: If the youth did not receive this resource, would this type of support have been helpful?**

**Therapist: If the youth did not receive this support, how would the youth have benefitted from it?**

- To help him co-regulate and care for someone

**Therapist: If the youth did not receive this resource, did you discuss with the caregiver the possible benefits of this support?**

**Therapist: If you did not discuss this resource with the caregiver, why not?**

- *No comments*

**Therapist: If you did discuss this resource with the caregiver, what was the outcome?**

- Yes, the parent is now being helped by a friend to follow up [for therapy dog services]

## Section J: Sufficiency of Access to CBHI Services and Supports

### *J.1: Caregivers' Ratings of Satisfaction with Access to Services and Supports*

\*c17

**Caregiver: Did you feel that you have/had too many, not enough or just the right amount of services while working with the OP Hub Therapist?**

#### **Sampling of comments:**

- (Just the right amount) If my son had his way, he would go more than once a week. He loves (OP therapist). I think we have just the right amount of time with her. It's tailored to us. I can't say enough nice things. She's like a member of the family.
- (Just the right amount) In the beginning, there were too many; but things have settled down and there are fewer people involved now, so it is working well now.
- (Just the right amount) She does a very good job
- (Just the right amount) Would have just wanted (therapist) to go to the school to see him- he might have told us he couldn't do that due to his schedule - didn't have the time
- (Just the right amount) It's working very well. We have no problems. I'm glad we have (therapist).
- (Just the right amount) We've been ok
- (Not enough) Definitely not enough.
- (Not enough) I just want to get family therapy and a mentor, but we're working on it.
- (Not enough) Needed an IEP
- (Not enough) Not everything I wanted (referencing DDS)
- (Not enough) Now that I'm talking to you
- (Not enough) The situation is starting to change. I think we're going to need more. The past trauma is starting to affect school.
- (Not enough) There is one service I'd like but don't have yet is a therapeutic camp for the summer
- (Not enough) There's never enough- I'm open to finding services and trying them out
- (Not enough) There were others I tried to get in place and got no help
- (Not enough) We have needed more but it ran its course with OP.

## Section K: Concluding Comments

### *K.1: Caregivers' Concluding Comments*

\*c18

**Caregiver: Is there anything else you want to tell us about care coordination for your youth?**

- No. But we've been told that we're losing our MassHealth coverage. They're dumping us. They haven't offered us any other options. That's certainly going to impact the coordination of our care.
- I think a mentor and an In-Home therapist would be good, but there is a waiting list.
- We've been very pleased with it. I think (youth) has outgrown her OP therapist. (Youth) and (OP therapist) have discussed it. I'm sure it will be taken care of.
- I think my OP therapist is amazing. I recommend him highly.
- Things change as time goes by, I'm always learning.
- Not coordination of care, but one of the things that happened when switching from IHT to OP, we started having trouble with MassHealth rejecting insurance claims. They suggested we change providers. I refused to change providers. This billing issue added a lot of stress to the situation. We had to halt for three weeks while we got it straightened out.
- I feel like I'm doing a lot of the coordination, but I am fine with it.
- Problem: My child wanted name change now that he is adopted. Already completed in court system but cannot get MassHealth to get a new card with new name.
- I am going to inquire about an In Home Behavioral Therapist.
- (OP therapist) is doing a really good job. They have a nice bond together. She is really helpful with the behavior issues. She's doing a good job. If I have questions about anything in general, even not about child, she always tries to help. She's easy to talk to.
- OP therapist is an excellent counselor and I'm very happy with him. It would be easier if I did not have to make an appointment with a psychologist in order for my child to see a counselor. It would be easier if we could go straight to the counselor without going to the psychologist first.
- This OP therapist has been a very good influence on my child. I don't know how much the therapy has helped her. She always trusted the therapist but I don't know how effective the therapy has been. I feel now after talking with you, I'm feeling like other services could have been helpful to both of us.
- I think one of the most fabulous things I like about (the OP therapist) is that with all my child's issues and problems, he has had fantastic care with mentoring and OP therapy. I don't think he would be able to succeed without these services. We love the mentoring program. I hope he can continue along with his therapist.
- OP therapist really never did anything for us with this. She just kept saying she wanted to get to know daughter better, but then never seemed to do that and never followed up with getting services that I requested. In the end, she was the one who led to daughter's father getting custody and things have got much worse for daughter since then.
- When OP leaves for several weeks, it's a problem. Consistency is difficult.
- I would like access to a database of providers that accept the insurance. It's a remote area we live in, so it is difficult to find reachable services.
- I wish I could get more hours of respite.
- I am thankful for (OP therapist's) services. He's done a wonderful job and I think the OP is well trained and capable of giving us the right services.
- No, just that the OP therapist has been excellent.
- We're just muddling through. If there's something I feel like I need, I've been able to get it.
- When a family is in crisis and they're not showing up for their appointments, rather than the counselor sending a letter to state you've missed it and giving an ultimatum, I feel they should be in contact and find out what's going on. In 2011, we were in crisis and missed a lot of appointments. We never received any calls, just got a letter, and I feel that (OP therapist) should have been a little more involved. I was in an abusive relationship and I couldn't get him

out of my house and I had no one to help me with me and my daughter. Also, I think we should be getting more education about these services. These would have been helpful and saved a lot of stress for us. I wasn't aware there were such services.

- (My youth) is doing good. The school's involved with a good counselor. He's grown up a lot but he has more growth to do.
- No, it's working out very well. I am very happy with (my youth's) progress.
- Mentor went awry. Took child and went to her family's house. She brought her son along. Crossed professional line. Child goes down the boyfriend path pretty quick.
- I did like that when things happened at school or after-school program, it was brought to my attention that day through my OP therapist because the OP was often at the school and there was good communication between the two. The school would not have let me know, though.
- I'm very pleased with (OP therapist's) work.
- Nope. I have everything under control. (The OP therapist) is a great resource. Between school and her, everything is taken care of. I feel I'm on the right track. I know I can ask if I need anything. It's all very caring and considerate.
- No. We are pleased with it.
- I'm very pleased.

## **K.2: OP Therapists' Concluding Comments**

\*t15a

### **Therapist: Is there anything else you want to tell us about care coordination for the youth?**

- This was a really easy case because the family has not wanted a lot of support. They are on top of the needs and are very strong advocates for all of their children (who have special needs). They know the systems and what's available; they did their research on their children's needs prior to adopting them. Recently this youth is starting to recognize that he is different and has improved in that he used to sit and cry, and now after they have worked with him, he is talking and expressing this more. The focus is on the lack of social skills at this time. He is making progress and he is developing a sense of humor, which he lacked previously. The therapy is working for this family very well, the youth and other children are comfortable with the therapist after a year working with him and the children are feeling secure in the adoption and that they are not going to have to leave this home.
- Not really. There is often confusion about all the different services and who can do what.
- I am pleased that (the youth) is doing as well as she is, she is doing very well. I did communicate through voice mail with the TM on a regular basis. I guess I didn't document that but know I should.
- Both the mentors I worked with were great. They communicated well with me, even if I struggled to get back to them. They communicated very well with me.
- Time was a big issue. They (the children) are involved in many activities. I wanted to refer to TM but Mom didn't think there would be time between soccer and all other activities. It wouldn't hurt to bring up the TM again and explore with mother and what her preference is, as things change. I do family work and really, the family does not need intensity of IHT; but I always assess while I work with the family, and if needs arise, then I will make referrals if the family wants it.
- I don't think so.
- No
- No, I don't think so, other than it can be tricky billing for care coordination. If an encounter i.e. voice mail, e-mail doesn't equal up to 8 minutes then you can't bill and with everything you are doing, seeing 30 members, it can slip to document especially when you see someone in the hall. I had many conversations with school, psychiatrist and IHT (at the end) but realize now if I didn't document many.
- Most of the work we were doing on an OP basis was based on relationship with Father and older brother (later). We were doing some trauma work and (youth had) some difficulties at school. Once we worked through those issues the family did not feel OP was needed, and we closed the case and they know they can call back at any time.
- No.
- I think once school starts this year I may request a TM as he transitions to 8th grade and wants to transfer to "regular" school. It all depends on behavior at school so it may help to develop skills. The school is very structured so it would help to have him build skills in prep for next year. Also, decision making skills. I used to be a teacher - this is a career change and I know the parents and I try to be mindful of the culture of the community, sometimes when offer too many services they think you are judging them and I try to be very aware of the culture of the community.
- No
- Being an OP clinician, this was a youth who needed a lot of care coordination with the school. Youth that have IEPs may need the Family Partner role or one step above who also has therapeutic knowledge in addition to lived experience and system navigation knowledge would have been helpful. This type of referral will be something I revisit with mother.
- I guess not. I think that it's funny that technology has opened a whole new world of crap. It's helped with more communication but sometimes gets in the way. More paperwork and more focus on collaterals and billing that isn't therapeutic.

- When I made the referral for CSP, I think there was confusion with what service to request from ICC and FP but sometimes I don't know if I should make a referral for all 3 at once. I did refer to ICC when the CSP closed but the family is on an 8 week waitlist.
- It would benefit the youth to have a hub person who would be a true 'coordinator' of services and benefits (transportation, school, DCF). I'm there for the youth and to support mom as best I can but mom gets stuck financially in many ways and does negotiate through the system but doesn't understand all the issues – for example, to put electric in her name when living with her family and moved out so she thinks she would stop paying. In general it's a good idea to have a care coordinator who would be in touch with all the services.
- Mother is a very good advocate for youth if she needs extra support and family as a whole and will call OP if anything comes up. She knows about all the services and isn't afraid to speak up when needed
- No, everything was covered
- I don't think so. I think the family is making good use of the services available to them. I work with one youth of many in a small living space. He takes advantage of our time and finds it useful. He is engaged and takes away from our sessions. He's 17 and if he was not getting something out of it, he wouldn't engage so well. He seems very much to be benefiting from it.
- No. His parents often need help and the kids use our time appropriately.
- It has been a big challenge regarding (youth) and getting services. I had made a referral earlier to IHT but they didn't meet criteria. There was confusion on why they didn't meet criteria. (They) said it was just normal behavior and then tried with another provider and that didn't work out as well but I have used CBHI services with other families and things have worked out well. I will continue to assess (youth's) needs and we may refer to IHBS.
- There needs to be a way to make it easier for the OP clinicians to be a part of the hub system
- As I recall the Grandmother was very educated and quite able to deal with the school and advocate for herself. There was a lot of communication with Grandmother, TM and school. I'm not sure if (the therapist) documented all those communications. The challenge as an OP provider is that CBHI services can only be in for so long, they aren't flexible to stay in once a goal is met or a crisis solved and sometimes there is a real disconnect between providers. Our culture here is to do all parts of OP, we don't just sit in our office for a 50 minute session we go to people's homes, schools. We do what we need to do to meet the needs of the families. I don't think most OP providers function that way.
- No
- No
- I think this is a rare case - everyone seems to be on the same page and everyone is working well as a team. I am learning a lot from the parent and TM and we are lucky things have worked out this well and it is very helpful to (youth)!. In this case everything came together and the staff are the right match including the psychiatrist.
- Didn't feel there were any unmet needs while I was the OP therapist. I communicated with school, DDS and made referral to IHBS when needed. They had IHT (through me), and met goals so they were progressing. Mom was a good advocate for youth and very involved with school.
- Berkshire County is a very small community and there is a lot of informal communication that occurs. The school and other professional staff often know each other multigenerational and may be some relation which leads to a more casual feel with coordination efforts. So many native clients may be reluctant to use ICC because the collaboration comes easily and informally that there isn't the need to have a formal process for gathering teams.
- I worry at times with him regarding possible psychosis emerging. The way he lost his father was abrupt and never dealt with by him so when he runs into sudden change, or changes, he likes to have control over what he's exposed to. If he gets upset enough, he would come out of himself. He spoke to his doctor's about it. I think his diagnosis is temporary and emerging other intense. He is a team of one and I have concerns. He is a good musician.

- A very easy case to manage. The foster parent is very competent. For some other cases, it is more intense as an OP therapist. I always reach out to the collaterals and I have to be sensitive to the family's individual needs for the type of help they need.
- I provided information on camps, afterschool programs, help with holidays, and information for community holiday needs, and peer community event awareness.
- Hoping he doesn't fall through the cracks because he's 21 and gets services from DDS. I also fear the school district may stop paying and will stop school. Youth has the option to see an OP therapist and med prescriber in (town) were currently lives. I hope people won't take advantage of him. I want him to stay connected to DDS, school, job core. If not he will fall through the cracks - basically I've been working with this family for years. I referred to CBHI services when I felt it was appropriate or the family asked but in the end they didn't want the services. I do the work and coordination that is my role. I often don't bill for coordination because it is a hassle.
- There were attempts to coordinate with school. I have release and given the info to the PCP for an evaluation for ADD. Youth was seen by the psych nurse for meds and is doing well in school. The grandfather was a good advocate and there did not seem to be a reason for a higher level of care.
- I am really glad you picked this case it is a total success story. At 4 years old she was known as a feral child. She couldn't use a fork and could barely speak but knew every bad word. She is now happy and adopted - she is proud she is going into second grade, and she loves her new family. She is a happy kid that has survived a lot of severe neglect, loss and problems. DCF said to me that I have salvaged this life, and this child is blossoming. This child has Reactive Attachment Disorder - she needed a constant presence in her life and quite frankly that was me. She had so many foster parents, was placed in inpatient settings. She had DCF workers but she always knew she would see me and that helped her have hope.
- It would have been better and helpful for youth if Mom had signed releases. Mom and the family are very private. Going forward I am going to discuss the importance of having a release for the school due to all the new issues she is going through. I am also going to talk to Mom about TM and how it may be beneficial
- No
- She was not a kid that had urgent or severe needs. I have a lot of MBHP kids and she is my highest functioning kid and family is very supportive
- No
- This was a great case, lots of involvement of the foster parents who were very effective and capable
- The parent was very responsible, my communication with the parent is very good. I respond to her quickly and she is very responsive. The youth has improved a lot and that is due to her mother. Mom is involved in a new positive relationship and that was what the youth was missing and she sees him as her father figure. He is very respectful to her and he has a relationship with his son from a previous relationship but he treats them both the same. It's a good thing that she is moving to the (new) school district because they give more attention in their SPED classes and she will be receiving the help that she wasn't receiving in the (old) school system.
- No, I think we covered it. Everything went well.
- I think I engaged family and I was proactive with his family and him as needed. Now, we are on maintenance. He can now come in once a month to touch and to maintain his skills. I wish there were mental wellness checks not just physical checks. He's in a good place.
- I think that I was able to communicate frequently with TM and tried my best to communicate with DCF so overall I think care was coordinated well. It probably could have been with the daycare too due to language and there was a lack of privacy at the daycare.
- I will revisit a Mentor with her periodically to see if she will agree and revisit it with grandmother to support her in parenting – i.e. a Family Partner and if symptoms increase will revisit IHT. This may happen because she is becoming an adolescent and things may escalate. Otherwise grandmother was a good advocate - needs were discussed and dealt with in OP.
- I think we've covered it.
- No

- No
- No. I think we covered it all.

# **Children's Behavioral Health Initiative**

## **Outpatient Hub Services Evaluation: Medical Record Survey**

**February 6, 2015**

## Outpatient Medical Record Survey: Outpatient Hub Services Evaluation

**Project Goal:** Gather a random sample of 50 youth enrolled in MBHP currently receiving outpatient as their only “hub” service and conduct an interview with the youth’s caregiver to answer the following questions:

1. Is this youth eligible to receive ICC or IHT?
2. Does this youth have an IEP and need providers to coordinate/collaborate with school personnel?
3. How often does the outpatient therapist have contacts with the other provider, state agencies, and school personnel? What form do these contacts take (meetings, phone calls, etc)?
4. Is the youth/family receiving the level of coordination his/her situation requires?

**Interviewer:** Review the CQI caregiver file, the MBHP data file and CareConnect for the Member prior to completing the Medical Record Review. Complete the Medical Record review prior to interviewing the outpatient therapist. When reviewing the record, look at documentation for dates of service that reflect the episode of care during which the OP therapist was the hub provider (no ICC or IHT was in place).

### Conversations Documented

School Personnel (list type of school personnel)	1. Total number of documented conversations (in person, by phone, team meeting, etc) with this person:	1 a. What was discussed?
State Agency	2. Total number of documented conversations (in person, by phone, team meeting, etc) with this person:	2a. What was discussed?
DCF		
DMH		
DYS		
DDS		
DPH/BSAS		
Service Provider	3. Total number of documented conversations (in person, by phone, team meeting, etc) with this person:	3a. What was discussed?
Probation Officer		
Child’s doctor (PCC)		
Friends that help out in any way		
Family that help out in any way		
After school programs/svcs supports		
Child Care Provider		
*Other:		

*Other:		
*Other:		
<b>*Fill in "other" for any others documented as having been communicated with in the record.</b>		
<b>Provider listed in MBHP Master Member Data File Claims</b>	<b>4. Total number of documented conversations (in person, by phone, team meeting etc) with this person:</b>	<b>4a. What was discussed?</b>
<b>4b. Is this provider listed in the MBHP Member Level Claims Data File?</b>		
In Home Therapy		
Intensive Care Coordination		
Therapeutic Mentor		
In Home Behavioral Services		
Family Partner		
Mobile Crisis Intervention		
Psychiatric Hospitalization		
CBAT		
Psychiatrist		
Group Therapist		
Family Therapist		

**NON-CONVERSATIONAL COMMUNICATION DOCUMNETED**

Enter "yes" for documentation of the following non-conversational communication with this provider	Release of Info	E-mails	Written/verbal request for documentation	Two Way Communication Form	Documents from other providers/services are in the record (CANS, Comp assessment, TX plan, IEP, etc)	Voice Mail Messages	Other (describe)
School							
DCF							
DMH							
DYS							
DDS							
DPH/BSAS							
In Home Therapy							
Intensive Care Coordination							
Therapeutic Mentor							
In Home Behavioral Services							
Family Partner							

Mobile Crisis Intervention							
Psychiatric Hospitalization							
CBAT							
Psychiatrist							
Group Therapist							
Family Therapist							
Probation Officer							
Child's doctor (PCC)							
Friends that help out in any way							
Family that help out in any way							
After school programs/svcs supports							
Child Care Provider							
Other:							
Other:							
Other:							
*Fill in "other" for any others documented as having been communicated with in the record.							

# **Children's Behavioral Health Initiative**

## **Outpatient Hub Services Evaluation: Caregiver Survey**

**February 6, 2015**

**Caregiver Survey:  
Outpatient Hub Services Evaluation**

CAREGIVER ID: \_\_\_\_\_ MEMBER NUMBER: \_\_\_\_\_ MEDICAID NUMBER: \_\_\_\_\_

DATE OF INTERVIEW: \_\_\_\_\_

*Interviewer: We'd like to ask you some questions about [name of youth] and your experience working with [name of outpatient therapist] from [name of outpatient therapist's agency]. Specifically, we are interested in learning about the ways (outpatient therapist name) has provided support or assistance to (name of youth) and your family, including providing you with information about available supports and working with other providers with whom your child is involved.*

1. How long has/did [youth name] work with [outpatient therapist]?
2. About how many times has the therapist met with [youth name] since they started working together?
3. Thinking back to when your child first started working with [therapist name], what did [therapist name] tell you about the ways s/he could work with you and your child and the type of assistance or support s/he could provide?
4. Did [therapist name] ever discuss the kinds of support and care coordination s/he could offer (in addition to providing outpatient therapy)?
  - ☐ yes
  - ☐ no
  - ☐ unsure/can't recall
5. Were you ever informed that [therapist name] can help your child and family access other services and supports, including in-home services?
  - ☐ yes
  - ☐ no
  - ☐ unsure/can't recall
6. Were you ever informed that [therapist name] can help coordinate services for you if there are multiple service providers, state agencies or school personnel involved?
  - ☐ yes
  - ☐ no
  - ☐ unsure/can't recall
7. If yes to 5 or 6, did [therapist name] do any of these things for you/your child/family?
8. If no to 5 or 6, would that kind of support have been helpful to you and your child?
9. Now I'd like to talk to you about the needs of your child and family and find out about the assistance you received for these needs. During the time you and [name of youth] were working with [name of outpatient therapist], did you need assistance for [name of youth] with any of the following:

Did you need assistance with:	Yes/No	Did you ever talk to the outpatient therapist about this	If no, why not	Did you receive the assistance that you needed ( <i>was it sufficient</i> )	Who assisted you (child's therapist, dr, friends, after school support)
Obtaining services for youth	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't recall			
Managing your child's behaviors at home or in the community	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't recall			
Filling youth's medication prescriptions – if a problem, did they troubleshoot with you	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't recall			
Managing behavioral/emotional crisis situations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't recall			
Getting medical care for youth	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't recall			
Handling admissions and/or discharges to/from CBAT or inpatient settings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't recall			
Getting other mental health care for youth	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't recall			
Improving your child's social skills/ability to function in the community	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't recall			
Dealing with state agencies	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't recall			
Communicating with multiple treatment professionals	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't recall			
Monitoring the effectiveness of prescribed medications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't			

		recall			
Support from another parent Or caregiver with exper. caring for children w/special needs- could be a support groups, PAL	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't recall			
<b>Other needs: Please list</b>					

10. Next I'd like to talk to you about all of the services and supports that your child and family had while you were working with [therapist name]. First, there are certain in home and remedial services that are offered through MassHealth. I am going to review these services with you now in order for me to get an understanding of your thoughts on these services: *Interviewer should list each service and, if necessary, provide a brief explanation of the service.*

ICC (intensive care coordination)

- a. Are you family with this service? How did you find out about ICC?
  
- b. Did [outpatient therapist] discuss ICC with you in regards to [name of youth] possibly benefitting from it?
  
- c. Do you think ICC would have been helpful to your child/you during the time your child was working with [name of outpatient therapist]? Explain:

IHT (In home therapy)

- d. Are you familiar with this service? How did you find out about IHT?
  
- e. Did [outpatient therapist] discuss IHT with you in regards to [name of youth] possibly benefitting from it?
  
- f. Do you think IHT would have been helpful to your child/you during the time you child was working with [outpatient therapist]? Explain:

### **Therapeutic Mentor**

- g. Are you familiar with this service? How did you find out about Therapeutic Mentors?**
- h. Did [outpatient therapist] discuss Therapeutic Mentors with you in regards to [name of youth] possibly benefitting from it?**
- i. Do you think a Therapeutic Mentor would have been helpful to your child/you during the time your child was working with [outpatient therapist]? Explain:**

### **MCI (Crisis Services)**

- j. Are you familiar with this service? How did you find out about MCI?**
- k. Did [outpatient therapist] discuss MCI with you in regards to [name of youth] possibly benefitting from it?**
- l. Do you think MCI would have been helpful to your child/you during the time your child was working with [outpatient therapist]? Explain:**

### **In Home Behavioral Therapy**

- m. Are you familiar with this service? How did you find out about In home behavioral therapy?**
- n. Did [outpatient therapist] discuss In home behavioral therapy with you in regards to [name of youth] possibly benefitting from it?**
- o. Do you think In home behavioral therapy would have been helpful to your child/you during the time your child was working with [outpatient therapist]? Explain:**

### **Family Partner**

- p. Are you familiar with this service? How did you find out about Family Partners?**

- q. Did [outpatient therapist] discuss Family Partners with you in regards to you possibly benefitting from it?
- r. Do you think a Family Partner would have been helpful to your child/you during the time your child was working with [outpatient therapist]? Explain:

11. Next I'm going to talk to you about all of the services and support [name of youth] received during the time you were working with [name of outpatient therapist]?

Services - Supports	Had it during time worked with outpatient therapist	Was it important to you for the therapist to communicate with service/support provider (Explain)	How did you know if/when therapist communicated with service/support provider (do they keep you informed)	Did you feel there was there enough communication b/w therapist and service/support provider –explain:	Did the communication b/w therapist and provider help with the delivery or coordination of your child's care – explain:
ICC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
IHT	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Therapeutic Mentor	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
In home behavioral Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Family Partner	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Mobile Crisis Intervention	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Services - Supports	Had it during time worked with	Was it important to you for the therapist to	How did you know if/when therapist communicated with	Did you feel there was there enough communication	Did the communication b/w therapist and provider help with the

	outpatient therapist	communicate with service/support (Explain)	service/support provider (do they keep you informed)	b/w therapist and service/support provider –explain:	delivery or coordination of your child’s care – explain:
Psychiatric Hospitalization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
DCF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
DMH	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
DYS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
DDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Probation Officer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Psychiatrist	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Medication Management	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Other therapist	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Substance use services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Child’s doctor (PCP)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
<b>Services - Supports</b>	<b>Had it during time worked with</b>	<b>Was it important to you for the therapist to</b>	<b>How did you know if/when therapist communicated with</b>	<b>Did you feel there was there enough communication</b>	<b>Did the communication b/w therapist and provider help with the</b>

	outpatient therapist	communicate with service/support provider (Explain)	service/support provider (do they keep you informed)	b/w therapist and service/support provider –explain:	delivery or coordination of your child’s care – explain:
Friends that help out in any way	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Family that help out in any way	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
After school programs/svcs supports	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	

**12. Are there any other specific services [therapist name] has not discussed with you that you think would benefit your child? (what are they)**

**13. For each service mentioned above (q12), what is it about the service that would be helpful to your child/you?**

**14. How did you learn about these services?**

**15. During the time [name of youth] worked with [therapist name] did [youth name] have an Individualized Education Plan (IEP), specialized school services or other troubles at school?**

- ☐ yes
- ☐ no
- ☐ Unknown

**16. During this time, did you need assistance dealing with school problems or obtaining services, support, help at [name of youth]’s school?**

- ☐ Yes – explain the assistance you needed:
- ☐ No – explain (why not):

**a. If yes, did you receive the assistance you needed?**

- ☐ Yes – explain:
- ☐ No – explain:

**a. Did you feel it was important for [name of outpatient therapist] to communicate with the school? Explain:**

- b. How did you know whether [name of outpatient therapist] had communicated with the school?
- c. Did you feel there was enough communication between [name of outpatient therapist] and the school? Explain:
- d. Did the communication b/w therapist and school help with the delivery or coordination of your child's care – explain:

17. Did you feel that you have/had too many, not enough or just the right amount of services while working with [name of outpatient therapist]?

- ☐ To many
- ☐ Not enough
- ☐ Just the right amount

18. Is there anything else you want to tell us about care coordination for [youth's name]?

# **Children's Behavioral Health Initiative**

## **Outpatient Hub Services Evaluation: Therapist Survey**

**February 6, 2015**

## Therapist Survey: Outpatient Hub Services Evaluation

**Project Goal:** Gather a random sample of 50 youth enrolled in MBHP currently receiving outpatient as their only “hub” service and conduct an interview with the youth’s caregiver to answer the following questions:

1. Is this youth eligible to receive ICC or IHT?
2. Does this youth have an IEP and need providers to coordinate/collaborate with school personnel?
3. How often does the outpatient therapist have contacts with the other provider, state agencies, and school personnel? What form do these contacts take (meetings, phone calls, etc)?
4. Is the youth/family receiving the level of care coordination his/her situation requires?

### Interviewer:

*MBHP and MassHealth are engaging in an this initiative to broaden our understanding of the care coordination needs for youth receiving outpatient therapy as their hub service under the Children’s Behavioral Health Initiative (CBHI). We want to learn more about the statewide experience for families/youth not the specific agency practice per se. The number of youth reviewed from your agency is too small to reflect the overall agency practice or your overall individual practice. We will compile an aggregate report with the findings to develop a broader understanding of the 50 youth and families experience. You and your agency will not be identified. Any Questions?*

*We’d like to ask you some questions about [name of youth] and your experience working with him/her. Specifically, we are interested in learning about the ways you have provided support or assistance to (name of youth) and his/her family. We’d also like to learn more about information you’ve given the family regarding available supports/services and your work with other providers with whom (name of youth) is/was involved.*

1. SED Determination (if spreadsheet indicates “none” you must review page 4 of CANS tool and determine SED with therapist during the interview):

- ☐ N/A SED determination is on file
- ☐ Yes SED upon determination during interview
- ☐ No SED upon determination during interview

*I’m are going to ask you a few questions about time during which you were the hub provider, meaning there was no Intensive Care Coordination (ICC) or In Home Therapy (IHT) in place. Please answer the following questions with that time period in mind. Reviewer, define ICC and IHT.*

2. What did you tell the parent/caregiver about the ways you could work with the parent/caregiver and [youth name]? What did you tell them about the type of assistance or support you could provide?
3. In addition to providing outpatient therapy, did you tell the parent/caregiver about the kinds of coordination you could offer?
  - ☐ Yes
  - ☐ No
  - ☐ Unsure/can’t recall
4. Did you inform the parent/caregiver that you could help [youth’s name] and his/her family access other services and supports, including in-home services?
  - ☐ Yes - did you help [youth’s name] or his/her family access other services? Explain:
  - ☐ No - Explain:

☐ Unsure/can't recall

5. Did you ever inform the parent/caregiver that you can help coordinate services for [youth's name] if there are multiple service providers, state agencies or school personnel involved?

☐ Yes - did you coordinate services for [youth's name] or his/her family under these circumstances?

Explain:

☐ No – Explain:

☐ Unsure/can't recall

6. Did you inform [youth name]'s parent/caregiver that you can refer them to a more intensive care coordination service such as In Home Therapy (IHT) or Intensive Care Coordination (ICC) to help coordinate services for [youth's name] if there are multiple service providers, state agencies or school personnel involved?

☐ Yes - did you refer them to a more intensive care coordination service to help coordinate services for [youth's name]? If no, explain why not:

☐ No - would that kind of support have been helpful to [youth name] and his/her parent/caregiver? If yes, explain why it was not offered:

☐ No -Not familiar enough with the services

Next, we'll spend some time talking about [youth name]'s experience at school as well as communication with school personnel during the time in which you were the hub provider.

7. Did you feel it was important for you to communicate with the school about [youth name]?

☐ Yes – Explain:

☐ No -Explain:

8. Did you feel there was enough communication between you and the school?

☐ Yes – Explain:

☐ No -Explain:

9. Did the communication between you and the school help with the coordination of [name of youth]'s care or the delivery of services/supports, improved academic, or behavioral performance for [name of youth]?

☐ Yes – Explain:

☐ No -Explain:

10. How did [youth name]'s parent/caregiver know whether you communicated with the school? How did you keep him/her informed about discussions with the school?

11. During the time you worked with [youth name] did s/he have any troubles at school? Did he have an Individualized Education Plan (IEP) or specialized school services?

☐ Yes – explain:

☐ No

☐ Unknown/can't recall

12. During this time, did [youth name]'s parent/caregiver need assistance dealing with school troubles or obtaining services, support, help at [name of youth]'s school?

☐ Yes – explain the assistance needed:

☐ No – explain (why not):

a. If yes, did they receive the assistance they needed?

☐ Yes – explain and from who:

☐ No – explain why:



Next we'll talk about [youth name] and his/her family's needs and find out about the assistance they received for these needs during the time in which you were the hub provider. Please let me know if [youth name]'s parent/caregiver needed assistance for [name of youth] with any of the following items.

Need Areas	13. Did [youth name]'s parent indicate to you that this was a need? Yes/No/Can't recall	Did [youth name] and his/her caregiver need assistance with this? Yes/No/Can't recall	Did you ever talk to the parent/caregiver about this? Yes/No/Can't recall	If no, why not?	Did [name of youth]'s caregiver receive the assistance they needed?	Who assisted with this (child's therapist, Dr., friends, after school support)?	How was it decided who would help with this?
Obtaining services for [name of youth]							
Managing [name of youth]'s behaviors at home or in the community							
Filling [name of youth]'s medication prescriptions – if a problem, did you troubleshoot with the parent/caregiver							
Managing crisis situations							
Getting medical care for [name of youth]							
Handling admissions and/or discharges to/from CBAT or inpatient settings							
Getting mental health care for [name of youth]							
Improving [name of youth] social skills/ability to function in the community							
Dealing with state agencies							
Communicating with multiple treatment professionals							
Monitoring the effectiveness of prescribed medications							
Support from another parent or caregiver with exper. caring for children							

w/special needs							
<b>Other needs: Please list</b>							

Next we'll talk about the services available under MassHealth's Children's Behavioral Health Initiative - the CBHI services. I am going to review each service with you and ask you questions about them relative to [youth name].

*Interviewer gives a brief description of each of these services:*

- *Intensive Care Coordination (ICC)*
- *In Home therapy (IHT)*
- *In Home Behavioral Therapy (IHBS)*
- *Family Support and Training (FS&T)/Family Partner*
- *Therapeutic Mentor (TM)*
- *Mobile Crisis intervention (MCI)*

**13. Which of these services are you familiar with? List:**

Next we'll discuss the CBHI services that [name of youth] *may or may not* have used during the time in which you were the hub provider.

	15. Did [Youth's name] receive this CBHI service during the time you were his/her hub provider? (If yes, ask questions A-C, if no ask questions D-h)	A. Was it important for you to communicate with this service/support provider? Yes/No/Can't recall	B. Was there enough communication b/w you and service/support provider? Yes/No/Can't recall	C. Did the communication b/w you and the provider help with the delivery or coordination of [name of youth]'s care – explain:	D. How did you let the parent/care giver know (or keep them informed) of things communicated to other supports/providers	E. Would this Service have been helpful? Yes/No	F. How could it have helped?	G. Did you discuss this service with [name of youth]'s parent/caregiver in regard to [name of youth] possibly benefiting from them? Yes/No	H. If no, why not? If yes, what was the outcome?
Therapeutic Mentor									
In Home Behavioral Services									
Family Partner									
Mobile Crisis Intervention									

Next we'll discuss non-CBHI services that [name of youth] may or may not have used during the time period in which you were the hub provider:

	15. Did [Youth's name] receive this service during the time you were the hub provider? (If yes, ask questions A-C, if no ask questions D-h)	A. Was it important for you to communicate with this service/support provider? Yes/No/Can't recall	B. Was there enough communication b/w you and service/support provider? Yes/No/Can't recall	C. Did the communication b/w you and the provider help with the delivery or coordination of [name of youth]'s care – explain:	D. How did you let the parent/caregiver know (or keep them informed) of things communicated to other supports/providers	E. Would this Service have been helpful? Yes/No	F. How could it have helped?	G. Did you discuss this service with [name of youth]'s parent/caregiver in regard to [name of youth] possibly benefiting from them? Yes/No	H. If no, why not? If yes, what was the outcome?
Psychiatric Hospitalization/CBAT									
DCF									
DMH									
DYS									
DDS									
Probation Officer									
Psychiatrist									
Medication Management									
Other therapist									
Substance use services									
Child's doctor (PCP)									
Friends that help out in any way									
Family that help out in any way									
After school programs/svc supports									
Other:									
Other:									
Other:									
Other:									

Next we'll discuss the other two CBHI hub services that [name of youth] may or may not have used when you were working with him/her (this is not specific to the time that you were the hub provider).

	15. Did [Youth's name] receive this service during the time you worked with him/her (If yes, ask questions A-C, if no ask questions D-h)	A. Was it important for you to communicate with this service/support provider? Yes/No/C an't recall	B. Was there enough communication b/w you and service/support provider? Yes/No/C an't recall	C. Did the communication b/w you and the provider help with the delivery or coordination of [name of youth]'s care – explain:	D. How did you let the parent/caregiver know (or keep them informed) of things communicated to other supports/providers	E. Would this Service have been helpful? Yes/No	F. How could it have helped?	G. Did you discuss this service with [name of youth]'s parent/caregiver in regard to [name of youth] possibly benefiting from them? Yes/No	H. If no, why not? If yes, what was the outcome?
In Home Therapy									
Intensive Care Coordination									

14. Is there anything else you want to tell us about care coordination for [youth name]'s?