Children's Behavioral Health Initiative

Outpatient Hub Services Evaluation: Executive Summary and Recommendations

February 3, 2015

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I. **EXECUTIVE SUMMARY**

Introduction to the CBHI Study

The *CBHI Outpatient Hub Services Evaluation* was conducted as part of an ongoing effort to evaluate, monitor, and improve quality of care delivered in accordance with the Children's Behavioral Health Initiative (CBHI). This evaluation is a comprehensive study of the extent to which OP Hub services comply with CBHI's goal of providing youth with a wide range of community-based services that are designed to keep youth in the community. The Massachusetts Behavioral Health Partnership (MBHP), in collaboration with Consumer Quality Initiatives (CQI), completed this evaluation on behalf of the Executive Office of Health and Human Services (EOHHS).

The purpose of this study was to evaluate:

- the extent to which OP Hub services are successfully functioning as a Hub, including coordinating care and facilitating access to other medically necessary behavioral health services; and
- the extent to which caregivers of CBHI–eligible youth judge the services as being coordinated and supporting the needs of their youth and families.

Toward this end, this evaluation presents findings from multiple data sources in an attempt to examine the twofold objective of OP Hub service range and adequacy, as well as the caregivers' perspective and experience with regard to providers' responsiveness to the needs of the youth and family.

For this study, MBHP pulled the claims data for a population of members that meet the following criteria:

- Uninterrupted eligibility between 12/1/2012 and 11/30/2013;
- Under the age of 21 years as of 11/30/2013; and
- Eight (8) or more outpatient visits uninterrupted by ICC or IHT claims between 12/1/2012 and 11/30/2013.

There were a total of 8,822 members who met these criteria. From this population of members, MBHP selected a random sample of 50 members to include in the data gathering for this study.

For these 50 youth members who had Outpatient services as their only CBHI Hub during the study timeframe, data for this study were collected from four sources: claims data, caregiver survey, OP therapist survey, and medical record audit. This report, *Executive Summary and Recommendations*, presents a high-level analysis of all four data sources and makes recommendations for improvements in CBHI service delivery, based on this analysis. A second document, *Report of Survey Findings*, presents the quantitative and qualitative findings from three surveys: caregivers, therapists, and medical records. All question-related comments, offered by both caregivers and OP therapists, are included in Appendix A of the *Report of Survey Findings.*

Data Sources for the Study

This report, the *CBHI OP Therapy Hub Services Evaluation: Executive Summary and Recommendations*, presents an analysis of four data sources for this evaluation of CBHI OP Therapy Hub services. The four data sources included in this analysis are:

- Service claims for the 8,822 youth members who were eligible for inclusion in this study, with a breakout of the claims for the 50 members who were randomly selected to be part of the study cohort
- A survey of 50 caregivers for the youth selected in the random sample
- A survey of the 50 OP Hub therapists who provided services to the youth in the random sample
- A medical record audit of the provider charts that documented service activities for the 50 youth included in the random sample

The detailed information gathered from the caregiver and therapist surveys, as well as the medical records audit, are included in the report *CBHI OP Therapy Hub Services Evaluation: Study Findings.* This report, *Executive Summary and Recommendations*, presents a claims-based comparison of the 50 youth members who were included in this study with the full population of 8,822 youth members who were eligible for inclusion in this study. Following the claims analysis, this report presents a synthesis of, and draws conclusions from, the Study Findings report. Based on this analysis, recommendations are made for improving the quality of Outpatient Therapy Hub-services.

Time Periods for the Four Data Sources

For each of the 50 youth in the study sample:

- MBHP's claims data for services provided with uninterrupted eligibility from 12/01/2012 through 11/30/2013.
- Caregiver surveys were administered by CQI between the dates of 05/30/2014 and 08/21/2014.
- OP therapist interviews were administered by MBHP's Youth Regional Network Managers (YRNMs) between the dates of 06/25/14 and 09/24/2014.
- Medical record reviews were conducted by MBHP's YRNMs between the dates of 06/25/14 and 09/24/2014.

A Note about Survey Methodology

The survey responses for both caregivers and therapists were gathered through face-to-face sessions with trained interviewers. During the interview sessions, the caregivers and therapists responded to the survey questions based on their memory of events related to services that were provided as long as 20 months prior to the date of the survey interview. The time period for this study was 12/01/12 to 11/30/13. The caregiver and therapist interviews occurred during the summer of 2014.

Given that caregivers and therapists were recalling specific service events from a look-back period ranging from of 6 to 20 months, and given that many of these youth received OP therapy services both before and after the one-year survey time parameters, there are discrepancies in the answers to some questions, such as counts of how many youth received specific services during the time parameters of the study. To the extent possible, the study reviewed actual counts of service utilization gathered from MBHP's service claims data for the 50 randomly selected youth during the study period (12/01/12 – 11/30/13).

II. CLAIMS ANALYSIS

The claims analysis that follows:

1. Compares the 50 member sample to the total population of members with OP as a Hub during the same period, to determine if the sample is representative;
2. Compares the level of clinical risk for all members with an OP Hub to the level of clinical risk for members with an ICC Hub;
3. Describes services used by the 50 member sample; and
4. Describes the use of collateral contacts, case consultation and family consultation by the 50-member sample and all members with OP as a Hub during the same period.

As noted, 8,822 youth members were found to be eligible for inclusion in this study. Eligibility was determined by these criteria:

- Services were received with uninterrupted eligibility from 12/01/2012 through 11/30/2013
- Youth members were under the age of 21 as of 11/30/2013
- Youth members must have eight (8) or more outpatient visits uninterrupted by ICC or IHT claims between 12/1/2012 and 11/30/2013

From this population base of 8,822 youth members, 65 members were selected as candidates for inclusion, and based on current contact information and availability of both caregivers and therapists, this list of 65 members was narrowed to 50 members who became the study members.

Comparability of 50 Member Sample to the Total Population of Members with Outpatient Hub

The random sample of 50 members represents a small portion of the overall population of 8,822 members whose outpatient therapist is their Hub provider. With a small sample of 50 members, an important question is whether the sample is representative of the larger member population. Based upon the analysis that follows, it appears that the sample is a reasonably accurate representative of the much larger population of members. For each metric in Table 1, the sample and the population show roughly comparable data:

Table 1: Comparison of the Member Sample vs. Total Population with OP as Their Hub

	50-Member Sample (N = 50)	Total OP Hub-Eligible Population (N = 8822)
Average age of members	12.4 years	13.5 years
Pct. of male/female members	M = 48% / F = 52%	M = 55% / F = 45%
Average # of OP visits	17.9 visits	17.8 visits
Pct. of members with individual tx	100%	96%
Pct. of members with group tx	8%	7%
Pct. of members with family tx	44%	41%
Pct. of members with med visits	44%	40%
Pct. of members with MCI	14%	7%
Pct. of members with Inpatient	0%	1.7%
Pct. of members with ICBAT/CBAT	0%	1.4%

Given the comparability of the randomly selected sample with the overall member population, it is likely that the findings from this study about the sample members can be generalized to all youth members who received outpatient (OP) as their CBHI Hub service. This assumption is supported by statistical testing, which shows that the differences in service utilization between the 50-member random sample and the full OP Hub population are not statistically significant ($p < .05$).

Level of Risk Comparison for Members with an Outpatient Hub vs. Intensive Care Coordination (ICC) Hub

One definition of clinical risk is the extent to which a youth member population accesses higher levels of care. By that criterion, a comparative claims analysis demonstrated that youth members with outpatient (OP) as their Hub are clinically different from youth members with ICC as their Hub. Table 2 presents an analysis of claims data for 875 members who were under 21 years of age and who had 350+ units of ICC between 12/1/2012 and 11/30/2013. This ICC group was compared to the OP Hub group with respect to a history of access to higher levels of care.

Table 2: Comparison of Members with OP Hub versus Members with ICC Hub

Members Using Service	OP Hub N = 8822		ICC 350+ Units N = 875		Significance*
	No.	Pct.	No.	Pct.	
Psych Inpatient	151	1.7%	174	19.9%	$p < .00001$
MCI	613	6.9%	426	48.7	$p < .00001$
ICBAT/CBAT	128	1.5%	267	30.5%	$p < .00001$
>2 Med Visits	2587	29.3%	463	53.0%	$p < .00001$

*Z-Test for 2 Population Proportions

As Table 2 demonstrates, members with an ICC Hub are at far greater clinical risk than members with an Outpatient Hub. This difference in the risk levels of members in the OP Hub compared to ICC Hub is highly statistically significant ($p < .00001$). For the purposes of this study, the conclusion is that outpatient service is the appropriate level of care for members in the OP Hub group.

Services Used by the 50-Member Sample

Table 3 shows that all 50 (100%) received individual therapy, 22 (44%) received family therapy, four (4) members (8%) attended group therapy, and 22 (44%) had medication visits. Twenty-two members (44%) received *both* individual therapy and family therapy, and 10 (20%) received *three* outpatient treatment modalities: individual therapy, family therapy, and medication treatment.

Table 3: Outpatient Hub Service Utilization

	Count of 50 Youth	Pct. of 50 Youth
Individual psychotherapy	50	100%
Family therapy	22	44%
Group therapy	4	8%
Two OP therapy types: individual and family therapy	22	44%
Three OP therapy types: individual, family, and meds treatment	10	20%
Medication management (psychiatrist or non-psychiatrist prescriber)	22	44%

Table 4 shows that, in addition to an intensive use of outpatient treatment, a relatively small percentage of members also made use of other CBHI services. The most frequently used CBHI service by youth members receiving outpatient treatment is Therapeutic Mentoring, with 12 members (24%) using that service. Mobile Crisis Intervention services were used by seven (7) (14%) members while in OP treatment. None of the 50 members in the sample group used In-Home Behavioral Services or Family Support and Training. One (1) member used ICC with FS&T and four (4) members used IHT, either before or after the period of outpatient treatment.

Table 4: Utilization of Other Hub-Dependent CBHI Services

	Count of 50 Youth	Pct. of 50 Youth
Therapeutic Mentoring (TM)	12	24%
Mobile Crisis Intervention (MCI)	7	14%
In-Home Behavioral Services (IBHS)	0	0%
Family Support and Treatment (FS&T)	0	0%

A further analysis of Table 4 shows that only seven (7) members (14%) required the use of MCI, and six (6) out of these seven (7) members had only one MCI episode. This pattern of service usage is consistent with the clinical risk criteria, which specify that members in the OP Hub are not a high-risk population.

Table 5 shows number and percentage of youth who received their OP Therapy Hub services in outpatient clinics that also provide CBHI services (that is, multi-CBHI service providers). These clinics would likely know about and refer the youth in their care to other CBHI services, as needed.

Table 5: Members Served by Multi-CBHI Service Providers

	Count of 50 Youth	Pct. of 50 Youth
OP therapy and IHT	29	58%
OP therapy and ICC	20	40%
OP therapy and TM	32	64%
OP therapy and MCI	13	26%
OP therapy and IHBS	15	30%
OP therapy and FS&T	24	48%

MassHealth Service Benefits: Collateral Contacts, Case Consultation, Family Consultation

In addition to a range of CBHI services available to eligible youth with Outpatient Therapy as their Hub service, clinical support services (such as collateral contacts, case consultation, and family consultation) are important for expanding the scope and comprehensiveness of clinical needs assessments, treatment planning, and care coordination. A definition of these clinical support services is as follows:

Collateral Contacts
A collateral contact is defined as a face-to-face or telephonic exchange lasting at least 15 minutes between the outpatient behavioral health provider of a member under 21 years of age and an individual or agency representative for the purpose of coordinating and supporting the treatment plan for that member's care. The following is a list of typical collateral contacts: teachers, principals, primary care clinicians, guidance counselors, day care provider staff, previous therapists, attorneys or other staff from the courts, state agencies, social service agencies, outreach programs, after-school programs, community centers, and behavioral health providers at another level of care such as inpatient providers.

Case Consultation
Case consultation is a scheduled telephonic or in-person meeting between the clinician and other clinicians or collateral contacts on behalf of the member for any of the following medically necessary purposes:

- Treatment coordination
- Aftercare planning
- Treatment planning
- Assessment of appropriateness of additional or alternative treatment
- Clinical consultation (which does not include supervision or team meeting discussions)
- Second clinical opinion

- Termination planning

Family Consultation
Family consultation is a scheduled telephonic or in-person meeting on behalf of the member for any of the following medically necessary purposes:

- Treatment coordination
- Aftercare planning
- Treatment planning
- Assessment of the appropriateness of additional or alternative treatment
- Termination planning

For these purposes, "Family" includes the mother, father, adoptive parent(s), foster parent(s), kinship parents or anyone else the member identifies as family.

The majority of Outpatient Therapy Hub-only youth who were included in this study (N = 8,822) received one or more clinical support services that included collateral contacts, case consultation, and/or family consultation. Table 6 shows the rates of service access for the full population of OP Hub-only youth.

Table 6: Total OP Hub Population (N = 8,822) Receiving Collateral Contacts and/or Consultations

	No. of Members	Pct. Of Members	No. of Service Units	Service Units per Member
Collateral Contacts	826	9%	5,504	6.7
Case Consultation	3,570	40%	48,762	13.7
Family Consultation	3,659	41%	44,166	12.1

Based on the data represented in Table 6, a total 59% of the OP Hub-only youth (5,206 of 8,822 youth) received one or more of the services that included collateral contact, case consultation, and/or family consultation.

Table 7 shows the range of clinical support services (collateral contacts, case consultation, family consultation) for the 50 randomly selected youth who were included in this study. As seen in previously tables, the service utilization of the randomly sampled youth (N = 50) is comparable to the service utilization of the full OP therapy-only youth population (N = 8,822).

Table 7: Random Sample OP Hub-Only Youth (N = 50) Receiving Collateral Contacts and/or Consultations

	No. of Members	Pct. Of Members	No. of Service Units	Service Units per Member
Collateral Contacts	6	12%	11	1.8
Case Consultation	21	42%	268	12.8
Family Consultation	26	52%	238	9.2

As similar to the full youth population, a total 68% of the OP Hub-only youth (34 of 50 youth) received one or more of the services that included collateral contact, case consultation, and/or family consultation.

III. SURVEY ANALYSIS

Section A. Informing Caregivers about Services and Facilitating Access

What was the tenure with the therapist and frequency of outpatient visits?

The youth in the sample population experienced a long tenure with their OP Hub therapist, with 40% seeing the therapist between one and two years, and 50% seeing the therapist for three to four years. Regarding the number of sessions with the OP therapist, one of the criteria for youth to be included in the survey was at least eight continuous OP sessions. According to caregivers' estimates, a majority of the 50 youth (62%) met with their OP Hub therapist between 50 and 200 times.

Were caregivers informed by therapists regarding the availability of assistance and supports?

The majority of the 50 caregivers (52%) report that they discussed with their therapists the type of assistance or support the therapists could provide. Generally, the caregivers learned about services and supports through individual sessions and family meetings with therapist. Of the 50 caregivers who commented on this question, none were critical of the therapist with regard to information sharing.

The therapists gave a higher estimate (86%) of their having informed the caregivers about the availability of supports. Based on the comments by both caregivers and therapists, there is often no clearly defined start of the service relationship. The caregivers for many of the youth have worked previously with other service professionals, such as agency caseworkers, primary care practitioners, and behavioral health staff from other levels of care. Some caregivers could not recall from whom they learned about services.

Because the current process of informing caregivers is relatively informal, this process could be improved by creating a more structured protocol that includes the availability of educational materials to give to the caregivers.

There was more agreement between caregivers and therapists regarding the role of the therapist in helping caregivers to access services for their youth. The majority of both caregivers and therapist (78%) reported that the caregiver was informed about the therapists' role in accessing services. Still, nearly one quarter (22%) of caregivers indicated that they were not informed or were unsure about being informed. Again, a more structured introduction protocol could improve these rates.

Were caregivers provided assistance with service coordination and access, including state agency coordination?

A majority of caregivers were informed by the outpatient therapist that the therapist could help coordinate services when there were multiple service providers, state agencies, and/or school personnel involved (caregivers report 68%; therapists report 78%). A majority of the caregivers (66%) said that the therapist actually assisted them in accessing support to services and coordinating services with state agencies.

If coordination was not provided, would this have been helpful?

Of the 16 caregivers who said that service coordination support was not provided, these 16 were asked if this coordination support would have been helpful. Only three (3) of 16 (19%) indicated that this would have been helpful. The other 13 caregivers said that they did not need this kind of support (63%), and they were unsure about this question (18%). For this question, then, only three (3) of the 50 caregivers (6%) reported that they did not receive the assistance they needed with service coordination and/or state agency interface.

Section B. Areas of Need for Resources and Service Access

In the *Integrated Report of Survey Findings*, Section B asks about the caregivers' need for assistance in accessing services and supports in 13 areas of need. A follow-up question asks whether the needed assistance was provided. These two questions were asked of both caregivers and therapist. There were additional questions asking both parties to explain their answers about receiving (or not receiving) assistance.

In the 13 tables that follow, the responses for the two primary questions in Section B are summarized showing the numeric count of how many youth needed assistance and how many received assistance, according to the recall of both caregivers and therapists.

As an example of interpreting these tables, consider Table B1. This table shows that the caregivers for 19 of 50 youth needed assistance in obtaining services. Of those 19 in need (out of 50 total), 16 caregivers reported receiving the needed services (out of 19 total). Conversely, 24 of 50 therapists reported that their caregivers needed assistance, and therapist reported providing the needed assistance to 23 of the 24 caregivers who needed it.

Table B.1. Obtaining services for youth	# Needing Assistance	# Receiving Assistance
Caregiver report of needing assistance	19	16
Therapist report of providing assistance	24	23

Table B.2. Managing the youth's behavior at home or in the community	# Needing Assistance	# Receiving Assistance
Caregiver report of needing assistance	23	22
Therapist report of providing assistance	41	38

Table B.3. Filing the youth's prescription and resolving prescription problems	# Needing Assistance	# Receiving Assistance
Caregiver report of needing assistance	3	3
Therapist report of providing assistance	4	4

Table B.4. Managing behavioral or emotional crisis situations	# Needing Assistance	# Receiving Assistance
Caregiver report of needing assistance	21	19
Therapist report of providing assistance	21	21

Table B.5. Accessing primary medical care for youth	# Needing Assistance	# Receiving Assistance
Caregiver report of needing assistance	4	3
Therapist report of providing assistance	4	4

Table B.6. Handling admissions and discharges from psychiatric inpatient or CBAT settings	# Needing Assistance	# Receiving Assistance
Caregiver report of needing assistance	1	1
Therapist report of providing assistance	2	2

Table B.7. Accessing other mental health care for youth	# Needing Assistance	# Receiving Assistance
Caregiver report of needing assistance	11	10
Therapist report of providing assistance	21	18

Table B.8. Improving the youth's social skills and functioning in the community	# Needing Assistance	# Receiving Assistance
Caregiver report of needing assistance	25	25
Therapist report of providing assistance	40	35

Table B.9. Care coordination with state agencies	# Needing Assistance	# Receiving Assistance
Caregiver report of needing assistance	6	6
Therapist report of providing assistance	11	7

Table B.10. Communicating with multiple treatment professionals	# Needing Assistance	# Receiving Assistance
Caregiver report of needing assistance	4	4
Therapist report of providing assistance	9	6

Table B.11. Monitoring the effectiveness of prescribed psychiatric medicines	# Needing Assistance	# Receiving Assistance
Caregiver report of needing assistance	7	7
Therapist report of providing assistance	8	7

Table B.12. Accessing support from another parent, caregiver, and/or support group	# Needing Assistance	# Receiving Assistance
Caregiver report of needing assistance	10	7
Therapist report of providing assistance	8	4

Table B.13. Other needs not included in topics B.1 – B.12	# Needing Assistance	# Receiving Assistance
Caregiver report of needing assistance	10	5
Therapist report of providing assistance	3	3

Upon review of these 13 areas of need, it is apparent that therapist reported higher numbers of caregivers who both needed assistance and received assistance. For some areas of need (such as B3, resolving prescription issues), the differences in reporting are small. In others (such as B8, improving youth's social skills in the community), the differences are large. These differences may be attributable to therapists identifying great needs for the youth than were identified by the caregivers. Another explanation (which doesn't negate the previous explanation) is that some questions in this section were more specific than others. For example, B3 specifically asks about medication management, which involved relative few youth, whereas B8 is a much broader question, asking about the youth's social skills and functioning in the community.

Although there were discrepancies between the caregivers' and therapists' reports of needs and needs met, the numbers show that the large majority of caregivers who expressed a need for services did receive those needed services by or through their OP therapist.

Section C. Familiarity with CBHI Services

In this section, therapists were asked about their familiarity with six CBHI services. The following table shows the number and percent of therapist who affirmed their familiarity with the services. In Tables C1 and C2, note that the rows are sorted by percentage of familiarity.

Table C.1 Therapists' Familiarity with CBHI Service

	Number	Percent
In-Home Therapy (IHT)	49	98%
Therapeutic Mentor (TM)	49	98%
Intensive Care Coordination (ICC)	47	94%
Mobile Crisis Intervention (MCI)	47	94%
Family Support and Training (FS&T)/Family Partner	46	92%
In-Home Behavioral Services (IHBS)	44	88%

Caregivers were asked this question about CBHI service familiarity in Sections D and E, but their responses are shown here with the therapists' responses for the sake of comparison. Note that the rows are sorted by percentage of familiarity.

Table C.2 Caregivers' Familiarity with CBHI Service

	Number	Percent
In-Home Therapy (IHT)	39	78%
Therapeutic Mentor (TM)	34	68%
Mobile Crisis Intervention (MCI)	33	66%
In-Home Behavioral Services (IHBS)	20	40%
Intensive Care Coordination (ICC)	18	36%
Family Support and Training (FS&T)/Family Partner	13	26%

Regarding therapists' familiarity with CBHI services, this analysis shows that the large majority of OP therapists are familiar with the range of CBHI services. However, some services are better known than others; notably, only 88% were familiar with IHBS and 92% were familiar with FS&T. While these percentages are still high, it is important that 100% of the therapists are equally familiar with each of the six CBHI services.

The table reporting caregivers' familiarity with CBHI services shows that caregivers are under-informed about CBHI service. It may be unrealistic to expect 100% of the caregivers to be fully familiar with all CBHI services. However, these findings point to the importance of developing an improved protocol for therapists to educate caregivers about the range of CBHI service options for their youth.

Sections D and E. CBHI Services: Need, Access, and Utilization

This analysis combines the information presented in both Sections D and E in the *Report of Survey Findings*. In the analysis that follows, the perspectives and experiences of caregivers and OP therapists are compared relative to four questions:

- Which CBHI services were utilized in addition to OP therapy?
- Was there sufficient communication between the OP therapist and the CBHI service provider?
- Was the communication between the OP therapist and the CBHI service provider helpful to the youth and caregiver?
- If the youth did not receive CBHI service beyond OP therapy, might those services have been helpful?

As has been previously noted, the analysis of the caregivers' and therapists' "yes" responses to these four question is based on their recall regarding services that may have been provided as long as 20 months prior to the date of the survey interview. The time period for this study was 12/01/12 to 11/30/13. The caregiver and therapist interviews occurred during the summer of 2014.

Given that specific service events are being recalled from a look-back period of 6 to 20 months, the study reviewed actual service utilization reported by MBHP's service claims data for the 50 randomly selected youth during the study period (12/01/12 – 11/30/13). (Refer to Tables D-E.1 and D-E.2.)

Table D-E.1 show the utilization of two services (ICC and IHT), both of which are CBHI Hub services that are intended to address higher levels of clinical risk than the OP Hub. One criterion for the selection of the 50 youth included in the sample population was that the 50 youth receive neither ICC nor IHT services during the study period. By this criterion, the "claims count" in Table D-E.1 is appropriately "zero" (0). However, several caregivers and therapists reported that their youth received ICC or IHT. The likely explanation for these caregiver and therapist response is that they were recalling ICC or IHT services that had been provided either before or after the study period (12/01/12 - 11/30/13). It is notable that, for both ICC and IHT, the therapists recalled more youth having accessed one of these services than did the caregivers.

Table D-E.1 Utilization of ICC and IHT Hub Services

Service Utilization	Claims Count	Caregivers' Youth Count	Therapists' Youth Count
Intensive Care Coordination (ICC)	0	1	3
In-Home Therapy (IHT)	0	4	7

The claims count in Table D-E.2 references the data presented in Table 4 (see Section A, above). Table D-E.2 compares the caregivers' and therapists' recollection of CBHI service utilization to the actual utilization of services during

the study period. As noted earlier, the caregivers and therapists could be recalling service utilization that was outside the time parameters of the study. With that factor in mind, the claims count of actual service utilization has a generally positive correlation to the caregiver and therapist recollection of service utilization. Within the parameters of the actual and recalled service utilization, it is clear that TM is the most frequently utilized service (24% by claims count) in addition to OP therapy, followed by MCI (14% by claims count). IHB and FS&T (Family Partner) had no utilization within the study period by claims count.

Table D-E.2 Utilization of OP Hub Dependent Services

Service Utilization	Claims Count	Caregivers' Youth Count	Therapists' Youth Count
Therapeutic Mentoring (TM)	12	14	15
Mobile Crisis Intervention (MCI)	7	3	9
In-Home Behavioral Services (IBHS)	0	1	2
Family Support and Training (FS&T)	0	2	2

Table D-E.3 considers whether there was sufficient communication between the OP therapist and the CBHI service provider. The response options for both caregiver and therapist were: yes, no, unsure, or no response. Table D-E.3 presents a count of the "yes" responses, and the percentages calculations are based on the yes count (numerator) and the total number of youth who utilized the service (denominator), as recalled by the caregiver and therapist.

An analysis of Table D-E.3 shows that, with one exception, caregivers were more satisfied with the communication between OP therapist and the CBHI service provider than were the therapists. The one exception was TM, where the therapists were more satisfied with provider communication than were the caregivers.

Table D-E.3 Rating of Sufficient Communication between OP Therapists and CBHI Service Provider

Sufficient Communication With Provider	Caregivers: Yes	Therapists: Yes
Intensive Care Coordination (ICC)	1 of 1 (100%)	2 of 3 (66%)
In-Home Therapy (IHT)	4 of 4 (100%)	5 of 7 (71%)
Therapeutic Mentoring (TM)	10 of 14 (71%)	15 of 15 (100%)
Mobile Crisis Intervention (MCI)	3 of 3 (100%)	6 of 9 (66%)
In-Home Behavioral Services (IBHS)	1 of 1 (100%)	2 of 2 (100%)
Family Support and Training (FS&T)	2 of 2 (100%)	1 of 2 (50%)

In Table D-E.4, the question is asked whether the communication between the OP therapist and CBHI service provider was helpful to the provision of services. As seen in Table x3, the caregivers were more positive about the value of this communication than were the therapists, with the same exception of TM.

Table D-E.4 Rating of Helpful Communication between OP Therapist and CBHI Service Provider

Communication Helpful To Service Delivery	Caregivers: Yes	Therapists: Yes
Intensive Care Coordination (ICC)	1 of 1 (100%)	2 of 3 (66%)
In-Home Therapy (IHT)	4 of 4 (100%)	6 of 7 (86%)
Therapeutic Mentoring (TM)	11 of 14 (79%)	15 of 15 (100%)
Mobile Crisis Intervention (MCI)	2 of 3 (66%)	5 of 9 (56%)
In-Home Behavioral Services (IBHS)	1 of 1 (100%)	2 of 2 (100%)
Family Support and Training (FS&T)	2 of 2 (100%)	1 of 2 (50%)

Table D-E.5 presents a different question from the three preceding questions. The question posed to caregivers and therapists in Table D-E.5 concerns those youth who did not receive any other CBHI service beyond OP therapy. The question asked of caregivers and therapists is whether CBHI services might have been helpful to the youth who only received OP therapy. In this table, the count of "yes" is the numerator for the percentage calculation, and the denominator is the sum of youth who did not receive other CBHI services, as recalled by the caregivers and therapists and shown in Table D-E.1. For example, regarding ICC services, one caregiver reported that one youth received ICC (as seen in Table D-E.1). The denominator for this cell in Table D-E.5 is therefore 50 youth – one (1) who received ICC = 49 who did not receive ICC (as recalled by the caregiver).

A review of the findings in Table D-E.5 shows that for all six CBHI services, many caregivers thought that additional CBHI service could have been helpful to the youth and their families. This caregiver estimation of service need varied from 86% (for TM) to 19% (for MCI). It is interesting to look back to Table C.2 and note that the perceived need to a particular service is not correlated with the caregivers' familiarity with the services. For example, 78% of caregivers were familiar with IHT, but only 24% thought this service might be helpful. The

caregivers' perception of the youths' need for service appears to be independent of service familiarity.

As noted, Table D-E.5 shows that many caregivers would like their youth to receive other CBHI services in addition to OP therapy. However, compared to caregivers, fewer therapists thought that the youth needed additional CBHI services. A possible explanation for the differences in the therapists' perception of need compared to the caregivers' perception of need may be due to differences in knowledge about medical necessity criteria for CBHI services. Many caregivers (41%) said that ICC and IHT would have been helpful services in addition to OP therapy.

In contrast, fewer therapists said that the youth could benefit from ICC (11%) or IHT (33%). Since both ICC and IHT are CBHI Hub services, which provide services to youth with higher clinical risk profiles, it may be that fewer therapists thought the youth would meet the medical necessity criteria for these higher levels of care. In other words, caregivers may believe a particular CBHI service would be helpful, but therapists may be viewing the youths' need for service from the perspective of medical necessity, which would lead therapists to a more clinically driven determination of need.

When caregivers were asked whether the six CBHI services would be helpful, they (duplicate count total = 109) [1]were also asked to explain their answers (yes, no, or unsure). A review of comments of caregivers who answered "yes" (the service would be helpful) is fruitful in better understanding the caregivers' expression of service need. Of the caregivers who said that one of the six CBHI listed in Table D-E.5, caregivers made 60 comments about their needs.

Of the 60 caregiver comments with "yes" as the answer (that is, yes, the service would have been helpful), 22 comments (37% of 60) were qualified by the caregivers saying that: the service is currently being provided; the service was being arranged at the time of the interview; or that the service would have been helpful, but the youth would not (or had not) accepted the service. A few caregivers said the service would be helpful, but added that their OP therapist was meeting their needs (one such response for ICC: "That would be great, but it sounds like what (OP therapist) is doing. She's very involved. She talks to the teachers."). Two other caregivers said "yes" to the need for IHT because it would solve their transportation problems. One caregiver said "yes" to the need for a Family Partner in the context of needing a babysitter ("It's hard to get into something like this because I need a babysitter."). Another who said "yes" to the need for a Family Partner said that she was getting "….something similar through DCF."

From this review of caregiver comments, it is apparent that some caregivers expressed a genuine need for CBHI services in addition to OP therapy (for example, ICC: "It probably would have saved a lot of stress on my child and

[1] Some caregivers said that multiple services would have been helpful.

myself."); others did not fully understand the purpose of some of the additional CBHI services and still others indicated that, at the time of the interview, the service was desirable and was being provided or would be provided.

Irrespective of a causal explanation of the caregivers' perceived needs for services compared to the youths' eligibility for the services, the data in Table D-E.5 show that therapists should improve their review of CBHI services with caregivers at the outset of OP therapy to ensure that both the youth and caregiver are fully informed about CBHI service options and medical necessity criteria at the beginning of the therapeutic encounter. (See recommendations 1 and 2 in Section IV: Recommendations.)

Table D-E.5 Rating of Potentially Helpful CBHI Services in Addition to OP Therapy

Service Not Received, But Might Have Been Helpful	Caregivers: Yes	Therapists: Yes
Intensive Care Coordination (ICC, a Hub service)	20 of 49 (41%)	5 of 47 (11%)
In-Home Therapy (IHT, a Hub service)	19 of 46 (41%)	14 of 43 (33%)
Therapeutic Mentoring (TM)	31 of 36 (86%)	11 of 35 (31%)
Mobile Crisis Intervention (MCI)	9 of 47 (19%)	6 of 41 (15%)
In-Home Behavioral Services (IHBS)	12 of 49 (24%)	9 of 48 (19%)
Family Support and Training (FS&T)	18 of 48 (38%)	8 of 48 (17%)

Section F. State Agencies

This section summarizes information about the involvement of the 50 selected youth and their caregivers in state agency services[2]. The sources of information include the caregiver's survey, OP therapist's survey, and the medical record review. The survey questions that are highlighted and analyzed in this section include those summarized in previous sections, specifically:

- Which state agency services were utilized in addition to OP therapy?
- Was there sufficient communication between the OP therapist and the state agency caseworkers?
- Was the communication between the OP therapist and the state agency caseworkers helpful to the youth and caregiver?
- If the youth did not receive services from the state agencies, might those services have been helpful?

Table F.1 lists the four state agencies that serve CBHI youth and Probation Services. Table F.1 presents a count, as recalled by caregivers and therapists, of youth involvement in the four state agencies and Probation Services. As seen in other sections, there are differences in the recollections of caregivers and therapists in youth involvement, although the differences are small. As a counterpoint to the recollections, the documentation of agency involvement as evidenced in the medical records is included.

Table F.1 shows that the DCF has the highest rate of involvement (approximately 30%) of the 50 youth in the sample. For other agency services, including Probation Services, the rates of involvement range from 2% to 6%. The youth in this study sample had no DYS involvement.

Table F.1 Caregivers' and Therapists' Count of Youth Receiving State Agency Services

Received State Agency Services	Caregivers: Yes	Therapists: Yes	Medical Record
Dept. of Child and Family Services (DCF)	16	14	13
Dept. of Mental Health (DMH)	1	1	0
Dept. of Developmental Services (DDS)	2	3	2
Dept. of Youth Services (DYS)	0	0	0
Probation Services	2	3	2

[2] Note: there are several other state agencies that serve children and adolescents; however, the agencies listed in Table F.3 are the most frequently used by MassHealth youth.

For those youth receiving agency services, Table F.2 shows the ratings of the caregivers and therapists regarding whether there was enough communication between the OP therapists and agency caseworks.

As with any third party, the three-way path of communications between the youth and caregiver, OP therapist, and agency caseworker is complex. Information might flow between the caseworker and youth, but not the caregiver; or between the therapist and caseworker, but not the youth and caregiver. With respect to DCF, the majority of both caregivers and therapists reported that there was enough communication among the parties. Based upon caregivers' comments, communication appears to work best when the caregiver feels trust for both the caseworker and the therapist, so that if there are lapses in communication, the caregiver has confidence that the youth's issues are being satisfactorily addressed.

The sufficiency of communications is more difficult to assess in the other agencies with low numbers of youth. However, regardless of whether many or few youth are served by an agency, the dynamics of good communications are the same: the caregiver needs to be able to trust that both the therapist and agency caseworker are working toward shared goals on behalf of the youth and that there is a reasonable communication path to the caregiver and youth.

Table F.2 Ratings of Sufficient Communication between OP Therapists and State Agency Staff

Sufficient Communication With State Agency	Caregivers: Yes	Therapists: Yes
Department of Child and Family Services (DCF)	12 of 16 (75%)	11 of 14 (79%)
Department of Mental Health (DMH)	0 of 1 (0%)	0 of 1 (0%)
Department of Developmental Services (DDS)	1 of 2 (50%)	1 of 3 (33%)
Department of Youth Services (DYS)	0 of 0 N/A	0 of 0 N/A
Probation Services	1 of 2 (50%)	1 of 3 (33%)

Table F.3 considers the question of whether the communications between the OP therapists and agency caseworkers were helpful to the caregivers and youth. Similar rates of satisfaction are seen in both Tables F.2 and F.3. However, for DCF, one caregiver gave a lower rating of the communication helpfulness. For DDS, one caregiver reported that the communication was helpful (Table F.3), even though the communication was not sufficient (Table F.2). In all other

instances, the ratings of “enough communication” and “helpful communication” were linked for both caregivers and therapists.

Table F.3 Ratings of Helpful Communication between OP Therapist and State Agency Staff

Communication Helpful To Service Delivery	Caregivers: Yes	Therapists: Yes
Department of Child and Family Services (DCF)	11 of 16 (69%)	11 of 14 (79%)
Department of Mental Health (DMH)	0 of 1 (0%)	0 of 1 (0%)
Department of Developmental Services (DDS)	2 of 2 (100%)	1 of 3 (33%)
Department of Youth Services (DYS)	0 of 0 N/A	0 of 0 N/A
Probation Services	1 of 2 (50%)	1 of 3 (33%)

Section G. Community-Based Services and Supports

The survey questions in Section G focus on the youth and caregivers receiving community-based provider services and support in addition to services from the OP Hub therapists. The services from network providers are listed in Table G.1, and include non-provider supports from family members and friends. As seen in previous sections, the number of youth receiving additional services and supports is based on the recollections of caregivers and therapists, as well as an audit of the youths' medical records.

Table G.1 Caregivers' and Therapists' Count of Youth Receiving Community-Based Services and Supports

Received Community-Based Services and Supports	Caregivers: Count	Therapists: Count	Medical Record: Count
G.1 Primary Care Physician (PCP)	49	42	37
G.2 Psychiatrist	25	24	9
G.3 Medication management (by a non-psychiatrist prescriber)	7	6	N/A[3]
G.4 Psychiatric hospital/CBAT	4	3	1
G.5 Substance use disorder services	0	0	0
G.6 Other OP services	9	7	22[4]
G.7 Family members who were helpful	29	29	4
G.8 Friends who were helpful	23	14	0

Table G.1 shows that the youth in the study sample most frequently received services from their PCP, followed by the medication management services of a

[3] Medication Management by a non-psychiatrist was not included in the medical record review protocol.

[4] This measure should be an unduplicated count of youths' medical records showing documentation of OP services other than OP Hub therapy. However, given the audit challenges of counting and classifying multiple documents, this youth count of "22" may contain duplicate counts of youth, so that the actual unduplicated count may be closer to the therapist and caregiver reports.

psychiatrist. A relatively smaller number of youth received medication management services from non-psychiatrist prescribers.

About half of the youth in the sample had the support of family members and friends. This support was less well documented in the medical records, primarily because many of these informal support individuals did not have signed releases of information that would allow the therapist to communicate with the extended family member or friend.

It is notable that none of the 50 youth in the sample received services from substance use disorder providers. The reasons for this lack of utilization cannot be explained by the survey results. This issue is addressed in Section IV: Recommendations.

Table G.2 shows the ratings of caregivers and therapists regarding whether there was enough communication between the OP therapists and other community-based service providers and supports. The percentage of "yes" responses ranges from 50% to 100%, indicating that the large majority of both caregivers and therapists were in agreement that there was sufficient communication. It is interesting to note that OP therapists were less satisfied with the sufficiency of communication with the PCP and the psychiatrist compared to caregiver ratings. Presumably, therapist would have liked more frequent communications with PCPs and psychiatrist.

Table G.2 Ratings of Sufficient Communication between OP Therapists and Community-based Services and Supports

Sufficient Communication With Community-Based Services and Supports	Caregivers: Yes	Therapists: Yes
G.1 Primary Care Physician (PCP)	39 of 49 (80%)	30 of 42 (71%)
G.2 Psychiatrist	21 of 25 (84%)	17 of 24 (71%)
G.3 Medication management (by a non-psychiatrist prescriber)	4 of 7 (57%)	4 of 6 (66%)
G.4 Psychiatric hospital/CBAT	2 of 4 (50%)	3 of 3 (100%)
G.5 Substance use disorder services	0	0
G.6 Other OP services	6 of 9 (66%)	6 of 7 (86%)
G.7 Family members who were helpful	29 of 29 (100%)	23 of 29 (79%)
G.8 Friends who were helpful	23 of 23 (100%)	10 of 14 (71%)

Table G3 presents caregivers' and therapists' ratings of the helpfulness of communications. For this question, caregivers were noticeably less satisfied that the communication was helpful, primarily between the PCP and therapist. When reviewing the comments that some caregivers gave in response to this question, most of the respondents said that the communication between OP therapists and PCP was "not needed" or "not applicable." Consequently, the fewer "yes" responses to the question posed in Table G.3 about the helpfulness of communication between the PCP and therapist does not necessarily reflect a dissatisfaction with the communications, but rather the lack of need for such communications.

Table G.3 Ratings of Helpful Communication between OP Therapists and Community-Based Services and Supports

Communication Helpful To Service Delivery	Caregivers: Yes	Therapists: Yes
G.1 Primary Care Physician (PCP)	13 of 49 (27%)	17 of 42 (40%)
G.2 Psychiatrist	18 of 25 (72%)	18 of 24 (75%)
G.3 Medication management (by a non-psychiatrist prescriber)	4 of 7 (57%)	5 of 6 (83%)
G.4 Psychiatric hospital/CBAT	3 of 4 (75%)	3 of 3 (100%)
G.5 Substance use disorder services	0	0
G.6 Other OP services	6 of 9 (66%)	5 of 7 (71%)
G.7 Family members who were helpful	11 of 29 (38%)	7 of 29 (24%)
G.8 Friends who were helpful	2 of 23 (9%)	0 of 14 (0%)

Section H. Schools, Special Education, and After-School Support Programs

Section H explores the services and supports that the youth and caregivers received from the schools[5] and the extent to which the OP therapists helped to facilitate communication with the schools.

Table H.1a shows that both caregivers and therapists were largely satisfied with the sufficiency of communication between the OP therapist and the schools. In part, these ratings that communication was "good enough" can be explained by comments from caregivers who said that such communications were "not needed" because their youth did not have problems at school, which means that there was no need for communication between therapists and schools. In Table H.3a, below, the issue of youth with school-related problems is further explored. By caregivers' counts, 60% of the youth in this study sample did not have school-related problems (see Table H.3a).

Table H.1a Ratings of Sufficient Communication between OP Therapists and Schools

	Caregivers: Yes	Therapists: Yes
Sufficient communication between OP therapists and schools	40 of 50 (80%)	39 of 50 (78%)

Table H.1b considers the question of whether the communication between the schools and OP therapists was helpful to the delivery of services to the caregiver and youth. For this question, 16 (32%) of the caregivers didn't respond, presumably because their youth had not school problems so there was no need for helpful communication. Only five (10%) of the caregivers said that communication was not helpful, and four (8%) were "unsure." When excluding the 16 caregivers who did not respond to this question, the rate of caregivers who found the communication helpful is 74% (25 of 34 caregivers).

Table H.1b Ratings of Helpful Communication between OP Therapists and the Schools

	Caregivers: Yes	Therapists: Yes
Communication helpful between therapists and schools	25 of 50 (50%)	32 of 50 (64%)

Table H.2 presents caregivers' and therapists' responses to the question: Did your youth have an Individual Education Plan (IEP) or other special education

[5] Forty-seven of the 50 youth in the sample were school age. One of the 47 students was home-schooled and received no services from the local school district.

needs? The caregivers who said "yes" to this question are greater than that of the therapists (66% vs. 50%, respectively). It should be noted that having an IEP does not imply that the youth is having problems at school. The question of need for specialized assistance is addressed in Table H.3a, below. In addition, of the 33 caregivers (66%) who responded "yes" to this question about an IEP, five (5) caregivers (10%) said that their youth had a 504 Plan, which specifies necessary accommodations without specifying the need for special education.

Table H.2 Youth with Individual Education Plans

	Caregivers: Yes	Therapists: Yes
Youth with Individual Education Plans	33 of 50 (66%)	25 of 50 (50%)

In Table H.3a, the survey protocol for therapists asked the question: During the time that you worked with the youth, did s/he have problems at school? This same question was not asked of caregivers. By the therapists' responses, 37 youth (74%) were having problems at school. In their comments about this question, therapists described a variety of behavior problems, some of which were transitional for youth who were new to a school, and others of which were long-term.

Table H.3a Youth Having Problems at School

	Therapists: Yes
Youth having problems at school	37 of 50 (74%)

In Table 3.Hb, both caregivers and therapists reported that 20 youth (40%) needed assistance with school services and supports. Comments in response to this question by both caregivers and therapists emphasized the importance of good communication for making the assistance effective for the youth.

Table H.3b Caregivers' and Therapists' Count of Youth Needing Assistance with School Services and Supports

	Caregivers: Count	Therapists: Count
Youth needing assistance with school services and supports	20	20

As shown in Table H.3c, the greater majority of caregivers and therapists rated the assistance that was provided in cooperation with the schools as helpful to the youths' educational experiences. Several comments noted the helpful role of the

therapist as a neutral negotiator of differences between the caregivers and the schools.

Table H.3c Ratings of Assistance as Helpful between OP Therapists and Schools

	Caregivers: Yes	Therapists: Yes
Assistance helpful between therapists, schools	17 of 20 (85%)	16 of 20 (80%)

Table H.4a asks caregivers and therapists whether their youth needed help in accessing after-school services and supports. Based upon the recollection of caregivers and therapists, about one-quarter to one-third of the youth needed this help.

Table H.4a Number of Youth Needing Assistance with After-School Programs and Supports

	Caregivers: Count	Therapists: Count
Youth needing assistance with after-school programs and supports	13 of 50 (26%)	19 of 50 (38%)

Table H.4b shows that caregivers were largely satisfied (85%) with the communication between therapists and after-school staff, whereas the OP therapists were less satisfied (58%).

Table H.4b Ratings of Sufficient Communication between OP Therapists and After-School Staff

	Caregivers: Yes	Therapists: Yes
Communication between OP therapists and after-school staff was sufficient	11 of 13 (85%)	11 of 19 (58%)

In Table H.4c, both the caregivers and the therapists rated the helpfulness of the communication with the school much lower than the sufficiency of the communication.

Table H.4c Ratings of Assistance as Helpful between OP Therapists and After-School Staff

	Caregivers: Yes	Therapists: Yes
Assistance was helpful between therapists and after-school staff	3 of 13 (16%)	4 of 19 (21%)

IV. RECOMMENDATIONS

1. Ensure that caregivers are aware, understand, and know how to access CBHI services by providing the OP therapist with training and educational materials. MCEs should train therapists to provide an overview of the CBHI services along with a resource toolkit, including pertinent materials to be given all caregivers during the initial sessions of working with a youth. An example of an information document is: “Worried about the way your child is acting or feeling?”

2. Hold OP therapists accountable for ensuring that caregivers are aware of CBHI services and how to access them. MCEs should expect OP therapists to ask caregivers to sign a document attesting to their having been provided an overview of CBHI services by the therapist. This attestation should reside in the youth’s medical record and should be reviewed for compliance through medical record reviews.

3. Develop a toolkit for the Outpatient Hub provider that will be given to caregivers and will include the following information:
    a. Resources for parents, such as NAMI and PAL
    b. A CBHI overview and educational materials
    c. An overview of what caregivers should expect from their outpatient provider who is serving as the “Hub” for their care

4. It is understood that as part of the online CANS certification and recertification process for providers, the website will be modified provide an overview of the CBHI services, including scenarios of youth who would meet the medical necessity criteria for these services. The provider seeking certification or recertification will be required to answer questions related to CBHI services in order to be certified or recertified. This accountability protocol will ensure that providers have a clear understanding of the range and use of CBHI services.

5. It is notable that of the 50 selected youth, none were noted to be involved with substance use disorder services by the caregivers or therapists. This may be explained by the young age of the 50 randomly selected for this study (average age = 12.4 years), but does merit further investigation with providers to ensure that they are screening youth for substance use disorder.

Children's Behavioral Health Initiative

Outpatient Hub Services Evaluation: Report of Survey Findings

January 23, 2015

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METHODOLOGY

A. Brief Overview of the Child Behavioral Health Initiative[1]

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

CBHI services are a benefit for MassHealth-enrolled youth under the age of 21 who meet the medical necessity criteria specified for each service. Through CBHI, MassHealth requires primary care providers to offer standardized behavioral health screenings at well child visits, mental health clinicians to use a standardized behavioral health assessment tool, and provide new or enhanced home- and community-based behavioral health services. CBHI also includes a larger interagency effort to develop an integrated system of state-funded behavioral health services for children, youth and their families.

CBHI places the youth and family at the center of the service delivery system and builds an integrated system of behavioral health services that meets the individual needs of the youth and family. The core values of the services offered through CBHI include: youth-centered and family driven; strengths-based; culturally responsive; collaborative and integrated; and continuously improving.

Youth who are eligible for CBHI services receive care management and service access through one of three CBHI "Hubs":

- Outpatient (OP) Therapy - strengths-based youth and family needs assessment, MA-CANS assessment, outpatient therapy, care coordination, state agency and other systems navigation, advocacy with collaterals, and referrals to Hub-dependent and other CBHI services
- In-Home Therapy (IHT) - intensive, clinical, home-based intervention that is needed to enhance the families problem-solving, limit setting, and risk and safety management for the purpose of developing more effective patterns of household/family interaction that will sustain the youth in the home setting
- Intensive Care Coordination (ICC) – CBHI's most intensive service that coordinates services from multiple providers, state agencies, special education, and other ancillary services in order to more uniformly address the youth's serious emotional disturbance (SED) and improve the youth's overall level of functioning in the community[2]

B. Purpose of the CBHI Outpatient (OP) Therapy Hub Services Evaluation

The *CBHI Outpatient Hub Services Evaluation* was conducted as part of an ongoing effort to evaluate, monitor, and improve quality of care delivered in accordance with the Children's Behavioral Health Initiative (CBHI). As part of the Rosie D. lawsuit disengagement criteria, this evaluation is a comprehensive study of the extent to which OP Hub services comply with CBHI's goal of providing youth with a wide range of community-based services that are designed to keep youth in the community. The Massachusetts Behavioral Health Partnership (MBHP), in collaboration with Consumer Quality Initiatives (CQI), completed this evaluation on behalf of the Executive Office of Health and Human Services (EOHHS).

The purpose of this study was to evaluate:

- the extent to which OP Hub services are being provided to CBHI–eligible youth in accordance with CBHI's values and strategic objectives; and

[1] Adapted from the EOHHS website: http://www.mass.gov/eohhs/gov/commissions-and-initiatives/cbhi/childrens-behavioral-health-initiative-overview.html

[2] Adapted from the EOHHS document: *Tip Sheet for Outpatient Clinicians: Roles and Responsibilities as a CBHI Hub Provider*

- the manner in which caregivers of CBHI–eligible youth judge the services as being coordinated and supporting the needs of their youth and families.

Toward this end, this evaluation presents findings from multiple data sources in an attempt to examine the twofold objective of OP Hub service range and adequacy, as well as caregiver experience.

This report, then, is a presentation of the findings for an evaluation of CBHI OP Therapy Hub services. An analysis of these findings is presented in a companion document, *CBHI Outpatient Hub Services Evaluation: Executive Summary and Recommendations*. This report of findings presents the results of two surveys: one survey of caregivers for 50 CBHI-eligible youth, as defined in this study; and a second survey of OP Hub therapists who provided services to the 50 CBHI-eligible youth, as defined in this study. A third source of information for this report comes from a medical record audit for the 50 youth who are included in the study.

C. Description of the 50 Youth Member Cohort

For this study, MBHP pulled the claims data for a population of members that meet the following criteria:

- Uninterrupted eligibility between 12/1/2012 and 11/30/2013;
- Under the age of 21 years as of 11/30/2013; and
- Eight (8) or more outpatient visits uninterrupted by ICC or IHT claims between 12/1/2012 and 11/30/2013.

There were a total of 8,822 members who met these criteria. From this population of members, MBHP selected a random sample of 50 members to include in the data gathering for this study.

The sample of 50 members represents a small portion of the overall population of 8,822 members whose outpatient therapist is their Hub provider. With a small sample of 50 members, an important question is whether the sample is representative of the larger member population. Based upon the analysis that follows, it appears that the sample is a reasonably accurate representative of the much larger population of members. For each metric in Table 1, the sample and the population show roughly comparable data:

Table 1: Comparison of Selected Sample versus Population of Members with OP as Their Hub

	50 Members Sample	**Eligible Population 8,822 Members**
Average age of members	12.4 years	13.5 years
Pct. of female members	52%	45%
Average # of OP visits	17.9 visits	17.8 visits
% of members with individual tx	100%	96%
% of members with group tx	8%	7%
% of members with family tx	44%	41%
% of members with med visits	44%	40%
% of members with MCI	14%	7%
% of members with Inpatient	0%	1.7%
% of members with ICBAT/CBAT	0%	1.4%

Given the comparability of the randomly selected sample with the overall member population, it is likely that conclusions drawn about the sample members can be generalized to all youth members who received outpatient (OP) as their CBHI Hub service.

D. Evaluation Period Timelines and Data Sources

As noted above, the 50-member sample was based upon services received with uninterrupted eligibility from 12/01/2012 through 11/30/2013.

- The service claims history was pulled for each of these 50 youth for the above-noted period of time.

For each of the 50 youth in the study sample:

- Caregiver surveys were administered by CQI between the dates of 05/30/2014 and 08/21/2014.
- OP therapist interviews were administered by MBHP's Youth Regional Network Managers (YRNMs) between the dates of 06/25/14 and 09/24/2014.
- Medical record reviews were conducted by MBHP's YRNMs between the dates of 06/25/14 and 09/24/2014.

E. Methodology for Construction of the Surveys

Three surveys were constructed for the purposes of this study. One survey evaluated the service experience of caregivers who were biological parents, adoptive parents, foster parents, or parental surrogates of the 50 youth included in the study sample. A second survey was developed for the outpatient therapist who provided services to the 50 youth. A third survey was developed as a medical record audit tool for assessing service documentation and conversations with collateral resources.

Each of these surveys was developed by MBHP in collaboration with CQI and other stakeholders.

F. Overview of the "Report of Survey Findings" for the OP Hub Services Evaluation

This report presents the findings of the caregiver, outpatient therapist, and medical records surveys in a format that blends the three data sources by survey topic. These topics are outlined in the report's table of contents. For each topic, the data source is identified as the caregiver, outpatient therapist, or medical record review. The rationale for blending the three data sources by topic is to allow an integrated and continuous narrative of the findings.

As noted above, the findings in this report are descriptive in nature: frequency counts for questions asking a "yes/no/unsure" response, and respondents' comments on questions that probed for an explanation. The frequency counts are presented in tables, and the comments are presented verbatim, as recorded by the interviewer in conversation with the respondent. In other words, the comments are narrative summaries written by the trained interviewers.

Because some questions evoked comments from all or almost all respondents, only a sampling of five comments per question is included in this report of the survey findings. A complete listing of all comments made by caregivers and outpatient therapists is included in Appendix A.

It should be noted that many questions in the surveys included sub-questions that probed for a more detailed response to the primary question. For example, a yes-no question might be followed by sub-question that asks only those who answered "yes" to respond to the sub-question. In the language of survey construction, this is known as "skip-logic" and it results in a smaller set of respondents to the sub-questions. Where skip-logic questions appear in this report, a brief sentence is included to explain the tables that follow and that show data for the sub-questions.

It is also worth noting, that caregivers and therapists did not always respond to every question and sub-question. Generally, the rates of response (yes/no/unsure) are quite high. However, the survey protocol was lengthy and sometimes repetitive for both caregivers and therapists. In some instances, a lack of response simply means that the respondent made the point in an early question and did not want to make the same point again. Overall, the number of "no response" per question are relatively few.

Section A: Informing the Caregiver and Facilitating Service Access

A.1: Caregiver recalls length of time OP Therapist worked with youth

Caregiver: As you recall, how long has/did the youth work with the OP Hub Therapist? *c01[3]

Of the 50 youth in the sample, more than half (60%) worked with their OP Hub Therapist for three years or longer.

Under 1 year	1-2 years	3-4 years	5 years	Total
10	10	25	5	50
20%	20%	50%	10%	100%

A.2: Caregiver recalls number of times the OP Therapist met with the youth

Caregiver: About how many times has the OP Therapist met with the youth since they started working together? *c02

The caregivers' response to this question was based on recall, but the responses indicate for the 50 youth in the sample, 31 (62%) of the youth met with their OP Hub Therapist between 50 to 200 or more times.

10-25 times	25-50 times	50-100 times	100-200 times	200+ times	Total
10	9	17	12	2	50
20%	18%	34%	24%	4%	100%

[3] This code (*c01) is a shorthand reference to the survey question being summarized in this report (in this case: *c01 = caregiver survey, question 1). "*c" references the caregiver survey questions, while "*t" references therapist survey questions.

A.3: Did Therapist inform Caregiver about types of assistance & supports available?

A.3a Caregiver Response

Caregiver: Did the OP Hub Therapist ever discuss with you the kinds of support and care coordination s/he could offer (in addition to providing outpatient therapy)? *c04

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
26	52%	15	30%	9	18%	0	0%	50

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

Each of the 50 caregivers responded to this question. None of the responses were negative or critical. A few responses were factual ("He specializes in trauma therapy."). One caregiver could not recall anything about the beginning of the therapeutic relationship. The verbatim responses, below, represent a random sample of the caregivers' recollection of what they were told about supports and care coordination by the therapists.

- 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 youth--school, cutting, triggers etc.
- 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.
- Don't remember, I know she went over so many things. We were referred to her 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 youth. I don't recall what exactly (OP 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 youth. I can't say enough good things.
- 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
- Started through CBHI and Therapeutic Mentor. (OP therapist) outlined all services (the youth) would qualify for, as well as others that he might need in the future.

A.3b Therapist Response

Therapist: In addition to providing outpatient therapy, did you tell the caregiver about the kinds of coordination you could offer? *t02

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
43	86%	6	12%	1	2%	0	0%	50

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

Sample of comments:

- 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.
- 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 a updated physical with her PCP. 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 that had been helpful at that time and continued briefly with me.
- The first thing she spoke to them about is TM; so she 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.

A.4: Did Therapist inform Caregiver about options for service access?

A.4a Caregiver Response

Caregiver: Were you ever informed that the OP Hub Therapist could help your youth and family to access other services and supports, including In-Home services? *c05

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
39	78%	8	16%	3	6%	0	0%	50

A.4b Therapist Response

Therapist: Did you inform the caregiver that you could help the youth and his/her family access other services and supports, including in-home services? *t03

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
39	78%	10	20%	1	2%	0	0%	50

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

A.5a Caregiver Response

Caregiver: Were you ever informed that the OP Hub Therapist could help coordinate services for you if there are multiple service providers, state agencies, or school personnel involved? *c06

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
34	68%	14	28%	2	4%	0	0%	50

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
39	78%	10	20%	1	2%	0	0%	50

Of the 39 therapists who said "yes" to the question above, 31 responded to the following question:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
23	74%	8	26%	0	0%	31

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.

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
28	56%	9	18%	0	0%	13	26%	50

Of the28 therapists who said "yes" to the question above, 28 and 21 therapists responded to the following two questions, respectively:

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
6	21%	22	79%	0	0%	28

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.

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
7	33%	14	67%	0	0%	21

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.

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 #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
33	66%	16	32%	1	2%	0	0%	50

- *A total of 19 caregivers answered "yes" to both Q6 and Q7. Here is a sampling of these comments:*
  - 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.
  - (OP therapist) brought in someone to work with (youth) on his behavioral issues and talked about therapeutic mentors and other school issues we had.
  - (OP therapist) goes to school to meet (youth). Trying to set up mentor and family therapy.
  - (OP therapist) made recommendation for Therapeutic Mentor and was able to suggest more involved care.
  - (OP therapist) made a lot of phone calls for services.
- *A total of three caregivers answered "no" to both Q6 and Q7. Here are all three comments*:
  - 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.

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

A.7a Caregiver Response

Of the 16 caregivers who said "yes" to the question above (A.6a), these 16 caregivers responded to the following question:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
3	19%	10	63%	3	18%	16

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) My child is good with just (OP therapist).
- (No) (Youth) doesn't need it. (OP therapist) recommends some books, which is helpful.
- (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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
19	38%	30	60%	1	2%	0	0%	50

Of the 19 caregivers who said "yes" to the question above, these 19 caregivers responded to the following questions:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
17	89%	2	11%	0	0%	19

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
16	84%	3	16%	0	0%	19

Caregiver: Please explain

- (Yes) She's been very helpful. When [child] was being difficult she acted right away, making connections to other services.
- (Yes) Medication referral and mentor
- (Yes) Emergency crisis services
- (No) Wanted home therapy and mentor. Also asked for crisis evaluation, which never happened.
- (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 therapist and her psychiatrist and PCP
- OP therapist help connect me with ARC (support organization), a mentor and has gone to schools for IEP meetings
- Mother's therapists make these connections, also DCF
- No one (two caregivers made this comment, which were the only negative comments)

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
24	48%	26	52%	0	0%	0	0%	50

Of the 24 therapists who said "yes" to the question above, these 24 therapists responded to the following questions:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
23	96%	1	4%	0	0%	24

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
24	100%	0	0%	0	0%	24

Therapist: If no, why not?

- *No comments*

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
23	96%	1	4%	0	0%	24

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.

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
23	46%	27	54%	0	0%	0	0%	50

Of the 23 caregivers who said "yes" to the question above, these 23 caregivers responded to the following questions:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
21	91%	2	9%	0	0%	23

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
22	96%	0	0%	1	4%	23

Caregiver: Please explain

- Called (OP therapist) to discuss behaviors a few times
- 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.
- (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.
- The suggestions worked
- Gave suggestions

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

- *Each of the 23 comments references the OP therapist as providing the needed assistance, and some comments referenced other providers. A sampling of the elaborated comments include:*
    - OP therapist provided cell phone so I kept open dialogue with her.
    - OP therapist assisted with the child's behaviors at home and suggested a family therapist. A family therapist helped also.
    - OP therapist with some - doing behavior charts; also trying to get therapeutic mentor

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
41	82%	9	18%	0	0%	0	0%	50

Of the 41 therapists who said "yes" to the question above, 39, 40, and 38 therapists responded to the following three questions, respectively:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
39	100%	0	0%	0	0%	39

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
40	100%	0	0%	0	0%	40

Therapist: If assistance was not needed, why not?

- *No comments*

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
38	97%	1	3%	0	0%	38

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.

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
3	6%	47	94%	0	0%	0	0%	50

Of the three caregivers who said "yes" to the question above, these three caregivers responded to the following questions:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
2	67%	1	33%	0	0%	3

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
3	100%	0	0%	0	0%	3

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
4	8%	46	92%	0	0%	0	0%	50

Of the four therapists who said "yes" to the question above, four therapists responded to the following questions:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
4	100%	0	0%	0	0%	4

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
4	100%	0	0%	0	0%	4

Therapist: If no assistance was needed, why not?

- *No comments*

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
4	100%	0	0%	0	0%	4

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.

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
21	42%	29	58%	0	0%	0	0%	50

Of the 21 caregivers who said "yes" to the question above, these 21 caregivers responded to the following questions:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
19	90%	1	5%	1	5%	21

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
19	90%	2	10%	0	0%	21

Caregiver: Please explain

- (Yes) I haven't needed it yet but I have the numbers.
- (Yes) (OP therapist) puts the team together, very quickly.
- (Yes) OP therapist increased visit with child while transitioning households.
- (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?

- *Of the 21 comments, 19 referenced the OP therapist as providing key assistance, and many caregivers also mentioned ancillary providers: psychiatrists, crisis teams, In Home Therapist (IHT), Intensive Care Coordination (ICC), police, and schools.*
- *Of the two critical comments, one caregiver said "no one" provided assistance and another caregiver said that DCF offered suggestions that weren't helpful.*

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
21	42%	29	58%	0	0%	0	0%	50

Of the 21 therapists who said "yes" to the question above, 20, 20, and 21 therapists responded to the following three questions, respectively:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
20	100%	0	0%	0	0%	20

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
20	100%	0	0%	0	0%	20

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

- *No comments*

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
21	100%	0	0%	0	0%	21

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.

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
4	8%	46	92%	0	0%	0	0%	50

Of the four caregivers who said "yes" to the question above, these four caregivers responded to the following questions:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
3	75%	1	25%	0	0%	4

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

- The only comment to this question was the one caregiver who did not talk to the OP therapist. The reason: the medical problem "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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
3	75%	1	25%	0	0%	4

Caregiver: Please explain

- **(**No): "It was outside of her range of experience"
- (Yes): "Referral to psychiatrist"
- (Yes): "Went to clinic in Northampton"
- (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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
4	8%	46	92%	0	0%	0	0%	50

Of the four therapists who said "yes" to the question above, these four therapists responded to the following questions:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
3	75%	1	25%	0	0%	4

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
4	100%	0	0%	0	0%	4

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

- *No comments*

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
4	100%	0	0%	0	0%	4

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.

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.

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
1	2%	49	98%	0	0%	0	0%	50

One caregiver said "yes" to the question above and responded to the following questions:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
1	100%	0	0%	0	0%	1

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

- N/A

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
1	100%	0	0%	0	0%	1

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
2	4%	47	94%	1	2%	0	0%	50

Of the two therapists who said "yes" to the question above, these two therapists responded to the following questions:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
2	100%	0	0%	0	0%	2

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
2	100%	0	0%	0	0%	2

Therapist: If assistance was not needed, why not?

- *No comments*

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
2	100%	0	0%	0	0%	2

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

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

- The team.

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
11	22%	39	78%	0	0%	0	0%	50

Of the 11 caregivers who said "yes" to the question above, these 11 caregivers responded to the following questions:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
10	91%	1	9%	0	0%	11

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
10	91%	1	9%	0	0%	11

Caregiver: Please explain

- (Yes) Got a psychologist for neurological testing
- (Yes) DCF said that wrap-around would be useful
- (Yes) Got ICC and psychiatrist for evaluation
- (Yes – somewhat) Referred to family therapy – on waiting list
- (No) Referred for a psych eval and DBT – got no help

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

- *Eight (8) comments referenced the OP therapist as helpful, with additional help for two caregivers coming from DCF and a family therapist.*
- *One (1) referenced the pediatrician as helpful.*
- *Two (2) caregivers were negative:*
    - Talked to OP therapist – got no help
    - No one (was helpful). I had to educate myself.

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
21	42%	28	56%	0	0%	1	2%	50

Of the 21 therapists who said "yes" to the question above, 20 therapists responded to the following two questions, and 19 responded to the third, respectively:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
20	100%	0	0%	0	0%	20

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
20	100%	0	0%	0	0%	20

Therapist: If "no," why not?

- *No comments*

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
18	95%	1	5%	0	0%	19

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.

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.

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
25	50%	24	48%	1	2%	0	0%	50

Of the 25 caregivers who said "yes" to the question above, these 25 caregivers responded to the following questions:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
25	100%	0	0%	0	0%	25

Caregiver: If no assistance was needed, why not?

- *N/A*

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
25	100%	0	0%	0	0%	25

Caregiver: Please explain

- (Yes) Connect to Therapeutic Mentor.
- (Yes) Connecting to DDS to connect in programs there
- (Yes) (OP therapist) comes to our house with a Therapeutic Mentor.
- (Yes) We started with a mentor who takes her to the library.
- (Yes) In Home Therapist dropped us because we're doing good. (OP therapist) still works with child.

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

- *Of the 24 comments, each of the 24 caregivers referenced the OP therapist as providing assistance needed.*
- *In addition to citing the OP therapist, most also referenced other resources: Mentors, In Home Therapy teams, schools, special education teacher, pediatrician, and DCF.*

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
40	80%	10	20%	0	0%	0	0%	50

Of the 40 therapists who said "yes" to the question above, 39, 37, and 36 therapists responded to the following three questions, respectively:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
35	90%	4	10%	0	0%	39

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
37	100%	0	0%	0	0%	37

Therapist: If no assistance was needed, why not?

- *N/A*

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
35	97%	1	3%	0	0%	36

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.

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
6	12%	44	88%	0	0%	0	0%	50

Of the six caregivers who said "yes" to the question above, these six caregivers responded to the following questions:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
6	100%	0	0%	0	0%	6

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
6	100%	0	0%	0	0%	6

Caregiver: Please explain

- *Of the five (5) comments, three (3) referenced DCF*
  - *(Yes) (OP therapist) talked to DCF, but we weren't totally satisfied with the assistance.(OP therapist) seemed to be giving in to DCF, but in the end, it worked out.*
  - *(Yes) (OP therapist) talked with DCF and explained the situation about (the youth) getting jumped at school.*
  - *(Yes) DCF called in.*
- *One comment referenced getting respite service from DDS.*
- *One comment was non-specific about the state agency: "Worked with child quite a bit and they would talk to me because I was losing my cool with the kids."*

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

- Each of the six caregivers referenced the OP therapist as providing needed assistance.
- One caregiver included other resources: OP therapist, mom's therapist, siblings' therapists, five mentors for all children

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
11	22%	38	76%	1	2%	0	0%	50

Of the 11 therapists who said "yes" to the question above, 10, 11, and nine therapists responded to the following three questions, respectively:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
9	90%	1	10%	0	0%	10

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
10	91%	0	0%	1	9%	11

Therapist: If assistance was not needed, why not?

- *N/A*

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
7	64%	2	18%	0	0%	9

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.

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
4	8%	46	92%	0	0%	0	0%	50

Of the four caregivers who said "yes" to the question above, these four caregivers responded to the following questions:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
4	100%	0	0%	0	0%	4

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

- *N/A*

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
4	100%	0	0%	0	0%	4

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?

- *Each of the four caregivers referenced the OP therapists as providing needed assistance.*
- *One caregiver elaborated: "(OP therapist) listens to me and talks with my doctor and my hospital and connects all of us."*

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
9	18%	41	82%	0	0%	0	0%	50

Of the nine therapists who said "yes" to the question above, six therapists responded to the following questions:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
6	100%	0	0%	0	0%	6

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
6	100%	0	0%	0	0%	6

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

- *N/A*

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
6	100%	0	0%	0	0%	6

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)*

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
7	14%	43	86%	0	0%	0	0%	50

Of the seven caregivers who said "yes" to the question above, these seven caregivers responded to the following questions:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
7	100%	0	0%	0	0%	7

Caregiver: If did not need assistance, why not?

- *N/A*

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
7	100%	0	0%	0	0%	7

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
8	16%	42	84%	0	0%	0	0%	50

Of the eight therapists who said "yes" to the question above, eight therapists responded to the following questions, and seven responded to the third:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
8	100%	0	0%	0	0%	8

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
8	100%	0	0%	0	0%	8

Therapist: If "no," why not?

- *N/A*

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
7	100%	0	0%	0	0%	7

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.

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
10	20%	40	80%	0	0%	0	0%	50

Of the 10 caregivers who said "yes" to the question above, these 10 caregivers responded to the following questions:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
5	50%	5	50%	0	0%	10

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
7	70%	3	30%	0	0%	10

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 – 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?

- *Five caregivers specifically referenced their OP therapists as providing the assistance needed.*
- *One caregiver referenced the school as having grandparent support meetings*
- *Assistance from other sources included: family counselor, niece, ICC, Family Partner.*
- *One caregiver said "no one" provided assistance, and another said she talked with the OP therapist but "didn't get help."*

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
8	16%	41	82%	1	2%	0	0%	50

Of the eight therapists who said "yes" to the question above, eight therapists responded to the following questions, and six responded to the third:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
7	88%	1	13%	0	0%	8

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
6	75%	2	25%	0	0%	8

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.

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
4	67%	2	33%	0	0%	6

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)*

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
10	20%	39	78%	1	2%	0	0%	50

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.

Of the 10 caregivers who said "yes" to the question above, these 10 caregivers responded to the following questions:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
8	80%	2	20%	0	0%	10

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
5	50%	5	50%	0	0%	10

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;
- (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?

- *Six (6) of the nine (9) caregivers identified the OP therapist as providing needed assistance. In addition to the OP therapist, other resources included the Family Counselor (once) and the pediatrician (twice).*
- *There were three critical comments:*
    - "No one" assisted me.
    - "I figured it out by myself."
    - DCF and the OP therapist assisted, but "it was not helpful."

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: *<u>other needs not included in questions 12.a through 12.l?</u>*
*t12m

Other needs identified:

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

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
3	6%	0	0%	0	0%	47	94%	50

Of the three therapists who said "yes" to the question above, these three therapists responded to the following questions:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
3	100%	0	0%	0	0%	3

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
3	100%	0	0%	0	0%	3

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
3	100%	0	0%	0	0%	3

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.

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.

Section C: OP Hub Therapists' Familiarity with CBHI Services

C.1: Therapist familiarity with CBHI Services

*t13

C.1a Intensive Care Coordination (ICC)

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
47	94%	3	6%	0	0%	0	0%	50

C.1b In-Home therapy (IHT)

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
49	98%	1	2%	0	0%	0	0%	50

C.1c In-Home Behavioral Services (IHBS)

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
44	88%	6	12%	0	0%	0	0%	50

C.1d Family Support and Training (FS&T)/Family Partner

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
46	92%	4	8%	0	0%	0	0%	50

C.1e Therapeutic Mentor (TM)

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
49	98%	1	2%	0	0%	0	0%	50

C.1f Mobile Crisis intervention (MCI)

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
47	94%	3	6%	0	0%	0	0%	50

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
18	36%	32	64%	0	0%	0	0%	50

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

Of the 18 caregivers who said "yes" to the question above, these 18 caregivers responded to the following question:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
10	56%	8	44%	0	0%	18

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
20	40%	26	52%	4	8%	50

Caregiver: Explain

- *(Yes) Eight of the 10 caregivers in this response category wished they could have had ICC.*
  - *One caregiver said that her OP therapist does all the care coordination needed.*
  - *One caregiver said that she and her spouse put ICC in place themselves.*
- *(No) Nearly all of the caregivers who said that ICC would not have been helpful said that either the youth didn't need ICC or that the youth would not have accepted ICC services (e.g., "My child is not good with new people.").*
  - *One caregiver said that she has a care team in place, which is not ICC, and she coordinates this team.*

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
1	2%	47	94%	2	4%	0	0%	50

Of the one caregiver who said "yes" to the question above, this one caregiver responded to the following questions:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
1	100%	0	0%	0	0%	1

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
1	100%	0	0%	0	0%	1

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
1	100%	0	0%	0	0%	1

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
3	6%	46	92%	0	0%	1	2%	50

Of the three therapists who said "yes" to the question above, these three therapists responded to the following questions:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
3	100%	0	0%	0	0%	3

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
2	67%	0	0%	1	33%	3

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
2	67%	0	0%	1	33%	3

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.

Of the 46 therapists who said "no" to the question about receiving ICC service, 42 and 40 therapists responded to the following two questions, respectively:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
5	12%	37	88%	0	0%	42

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.

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
12	29%	25	63%	3	7%	40

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.

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.

D.1d ICC-related medical records documentation

ICC-related conversations documentation

- **Total Number of Conversations Documented in the Medical Record:**

	Number	Percentage
Members with Conversations	2	4%
Avg. Number of Conversations/Member	6.5 / 2	

- **Topics of Discussion:**
  Of the 50 medical records, two contained documentation of 13 ICC-related conversations (6.5 conversations per member) and for which there were two notes about conversations:
  - Summary of care planning meeting and assessment of youth and family needs
  - Notes about a crisis/safety planning meeting and care coordination consultation

ICC-related communications other than conversations

Intensive Care Coordination	**Documentation: Yes**		**Documentation: No**	
	#	**Pct.**	**#**	**Pct.**
Release of Information	1	2%	49	98%
E-Mails	0	0%	50	100%
Written/Verbal Request for Information	0	0%	50	100%
Two-Way Communication	0	0%	50	100%
Documents from Other Providers & Services	0	0%	50	100%
Voice-Mail Messages	0	0%	50	100%

D.2: In-Home Therapy (IHT)

D.2a Caregiver's familiarity with IHT

*c10b

Caregiver: Are you familiar with this service?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
39	78%	11	22%	0	0%	0	0%	50

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

Of the 39 caregivers who said "yes" to the question above, these 39 caregivers responded to the following question:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
22	56%	14	36%	3	8%	39

Caregiver: Explain

- (Yes): There was a waiting list
- (Yes): It doesn't work. (Youth) doesn't want to comply and I don't have the time
- (Yes): We opted out
- (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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
19	38%	27	54%	4	8%	50

Caregiver: Explain

- *(Yes) The 12 caregivers who said that they would have found IHT helpful gave a variety of reasons for their responses. In some responses, the caregiver answered "yes" to the question, but the comments suggested that IHT would not be helpful.*
    - *"Yes" comments suggesting that IHT would be helpful:*
        - *Two caregivers mentioned that IHT would have helped them with their transportation issues.*
        - *One said the youth is "clingy" so that IHT would have helped with a positive separation.*
    - *"Yes" comments suggesting that IHT would not be helpful:*
        - *Three caregivers who answered "yes" mentioned that IHT would have been rejected by the youth or would not be helpful.*
        - *One who answered "yes" said the OP therapist is sufficient, and another said IHT is being arranged.*
- *(No) Each 11 caregivers who said IHT would not have been helpful explained their response by saying that their youth had no need for IHT.*

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
4	8%	45	90%	1	2%	0	0%	50

Of the four caregivers who said "yes" to the question above, these four caregivers responded to the following questions:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
4	100%	0	0%	0	0%	4

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
4	100%	0	0%	0	0%	4

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
4	100%	0	0%	0	0%	4

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
7	14%	42	84%	0	0%	1	2%	50

Of the seven therapists who said "yes" to the question above, these seven therapists responded to the following questions:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
7	100%	0	0%	0	0%	7

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
5	71%	2	29%	0	0%	7

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
6	86%	1	14%	0	0%	7

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.

- 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.

Of the 42 therapists who said "no" to the question about receiving IHT services, 38 and 37 therapists responded to the following two questions, respectively:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
14	37%	23	61%	1	3%	38

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

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
19	51%	15	41%	3	8%	37

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.

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.

D.2d IHT-related medical records documentation

IHT-related conversations documentation

- **Total Number of Conversations Documented in the Medical Record:**

	Number	Percentage
Members with Conversations	3	6%
Avg. Number of Conversations/Member	5.3 / 3	

- **Topics of Discussion:**
  Of the 50 medical records, three contained documentation of 16 IHT-related conversations (averaging 5.3 conversations per members) and for which there were eight notes about conversation. A summary of the topics referenced in these notes is as follows:
  - Summarized a referral made
  - Another note summarized a crisis/safety planning meeting
  - One medical record contained six (6) separate note entries regarding: initial IHT home visit, youth's peer interactions at school, coordinating care with DCF, incident management, possible transitioning to Therapeutic Mentor, youth resistance self-care and IHT services.

IHT-related communications other than conversations

In Home Therapy	**Documentation: Yes**		**Documentation: No**	
	#	**Pct.**	**#**	**Pct.**
Release of Information	2	4%	48	96%
E-Mails	0	0%	50	100%
Written/Verbal Request for Information	0	0%	50	100%
Two-Way Communication	0	0%	50	100%
Documents from Other Providers and Services	0	0%	50	100%
Voice-Mail Messages	0	0%	50	100%

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
34	68%	16	32%	0	0%	0	0%	50

Caregiver: Explain

- (Yes) Started today
- (Yes) Had one. It was not a good match
- (Yes) Had them for other children
- (Yes) She has one
- (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*

Of the 34 caregivers who said "yes" to the question above, these 34 caregivers responded to the following question:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
24	71%	9	26%	1	3%	34

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) 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

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
31	62%	15	30%	4	8%	50

Caregiver: Explain

- *(Yes) The 16 caregivers who said that they would have found TM helpful gave a variety of reasons for their responses. In summary, the responses can be summarized by these topics:*
  - *The youth is currently enrolled in TM*
  - *The youth tried TM and didn't like it*
  - *Received TM support at school*
  - *Arrangements for TM were made but summer vacation made the timing bad.*
  - *Three caregivers said they would have like to have tried TM with their youth.*
- *(No) The 10 caregivers who said TM would not have been helpful explained their response by saying that their youth didn't need TM.*

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
14	28%	35	70%	1	2%	0	0%	50

Of the 14 caregivers who said "yes" to the question above, 14, 14, and 12 caregivers responded to the following three questions, respectively:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
14	100%	0	0%	0	0%	14

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)?

- *In summary, 12 of the caregivers mentioned various means of communicating directly with the OP therapist and the TM about OP therapist/TM communications: spoke to each individually, spoke at joint meetings, talked by telephone, etc. Each of the 12 described the communication positively.*
- *Three caregivers made less positive comments:*
    - *She didn't speak to me. She spoke to the child.*
    - *I don't think they talked much. Only when things happened to the child.*
    - *No, they did not keep me informed.*

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
10	71%	1	7%	3	21%	14

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
11	92%	1	8%	0	0%	12

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
17	34%	33	66%	0	0%	0	0%	50

Of the 17 therapists who said "yes" to the question above, 15 therapists responded to the following questions:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
15	100%	0	0%	0	0%	15

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
13	87%	2	13%	0	0%	15

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
15	100%	0	0%	0	0%	15

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.

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.

Of the 33 therapists who said "no" to the question about receiving this service, 33 and 30 therapists responded to the following two questions, respectively:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
11	33%	22	67%	0	0%	33

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.

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
17	57%	13	43%	0	0%	30

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.

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.

E.1d TM-related medical records documentation

TM-related conversations documentation

- **Total Number of Conversations Documented in the Medical Record:**

	Number	Percentage
Members with Conversations	15	30%
Avg. Number of Conversations/Member	11.3 / 15	

- **Topics of Discussion:**
  Of the 50 medical records, 15 contained documentation of 169 TM-related conversations (11.3 conversations per member) and for which there were 27 notes about conversations. A sampling of the notes is as follows:
  - Youth had crisis at school, was suspended for (incident with) teacher, and when told walked out of school and stated she was going to kill self
  - Social skills; possibility of filing a 51A (yelling of Mom's boyfriend); progress around goals, making friends and/or any relationships successfully (Note: upon interview reports weekly conversations all in e-mail but hasn't put in record, informed provider to put docs in record in real time)
  - Engagement strategies for parent, goals of TM, gaining trust of family, on one individual session note stated (OP therapist) will talk to TM about peer issues at school. Session note: "mom likely to end TM"
  - Discussed initial meeting of TM with the mother and concerns that parent would not be able to fully participate as well as father's reaction to TM involvement, further TM services put on hold until after therapist discusses further with mother
  - Updates on activities, progress and treatment status
  - TM interventions, progress, barriers, issues at home and school; ADHD/difficulties concentrating
  - Discussed activities, skills and progress towards goals

TM-related communications other than conversations

Therapeutic Mentor	**Documentation: Yes**		**Documentation: No**	
	#	**Pct.**	**#**	**Pct.**
Release of Information	7	14%	43	86%
E-Mails	1	2%	49	98%
Written/Verbal Request for Information	1	2%	49	98%
Two-Way Communication	0	0%	50	100%
Documents from Other Providers and Services	3	6%	47	94%
Voice-Mail Messages	2	4%	48	96%

E.2: Mobile Crisis Intervention (MCI)

E.2a Caregiver's familiarity with MCI

*c10d

Caregiver: Are you familiar with this service?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
33	66%	17	34%	0	0%	0	0%	50

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*

Of the 33 caregivers who said "yes" to the question above, these 33 caregivers responded to the following question:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
15	45%	18	55%	0	0%	33

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) We've never had that kind of issue with this child.
- (No) We are able to handle her issues

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
9	18%	38	76%	3	6%	50

Caregiver: Explain

- *(Yes) Three caregivers who said that they would have found MCI helpful also said that they had successfully used MCI services in the past. One caregiver said that in retrospect, MCI might have been helpful.*
- *(No) The 13 caregivers who said MCI would not have been helpful explained their response by saying that their youth had no need for crisis intervention services. One said that she got an appointment for her youth at the OP clinic, which averted a crisis. Another said that her OP therapist manages the crises well.*

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
3	6%	47	94%	0	0%	0	0%	50

Of the three caregivers who said "yes" to the question above, three, three, and two caregivers responded to the following three questions, respectively:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
2	67%	1	33%	0	0%	3

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
3	100%	0	0%	0	0%	3

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
2	100%	0	0%	0	0%	2

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
9	18%	41	82%	0	0%	0	0%	50

Of the nine therapists who said "yes" to the question above, these eight therapists responded to the following questions:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
5	63%	1	13%	2	25%	8

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
6	75%	1	13%	1	13%	8

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
5	63%	3	38%	0	0%	8

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.

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.

Of the 41 therapists who said "no" to the question about receiving this service, 38 and 35 therapists responded to the following two questions, respectively:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
6	16%	32	84%	0	0%	38

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.

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
17	49%	18	51%	0	0%	35

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.

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).

E.2d MCI-related medical records documentation

MCI-related conversations documentation

- **Total Number of Conversations Documented in the Medical Record:**

	Number	Percentage
Members with Conversations	5	10%
Avg. Number of Conversations/Member	2.0 / 5	

- **Topics of Discussion:**
  Of the 50 medical records, five contained documentation of 10 MCI-related conversations (averaging 2.0 conversations per member) and for which there were five notes about conversation:
  - Suicidal ideation; thoughts about overdosing becoming more frequent; started superficial cutting on arm
  - Youth had crisis at school; was suspended aggression toward teacher
  - Current issues causing escalation of behaviors, crisis/support plan, steps that help youth calm down
  - Screened due to threatening a teacher at school
  - Crisis/safety planning meeting

MCI-related communications other than conversations

Mobile Crisis Intervention	**Documentation: Yes**		**Documentation: No**	
	#	**Pct.**	**#**	**Pct.**
Release of Information	2	4%	48	96%
E-Mails	0	0%	50	100%
Written/Verbal Request for Information	0	0%	50	100%
Two-Way Communication	0	0%	50	100%
Documents from Other Providers and Services	2	4%	48	96%
Voice-Mail Messages	1	2%	49	98%

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

E.3a Caregiver's familiarity with IBHS

*c10e

Caregiver: Are you familiar with this service?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
20	40%	30	60%	0	0%	0	0%	50

Caregiver: Explain

- *No comments*

Caregiver: How did you find out about In-Home Behavioral Services? (Comments = 20 of 50)

- *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*

Of the 20 caregivers who said "yes" to the question above, these 20 caregivers responded to the following question:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
4	20%	16	80%	0	0%	20

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
12	24%	33	66%	5	10%	50

Caregiver: Explain

- *(Yes) Caregivers who thought that IHBS services would have been helpful had varied responses. One caregiver didn't know what advantages that IHBS would offer, and the other seven caregivers speculated about whether IHBS would have been helpful to them.*
- *(No) Two caregivers said that they have not needed IHBS services, and one said that the OP therapist fulfills this role.*

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
1	2%	49	98%	0	0%	0	0%	50

Of the one caregiver who said "yes" to the question above, one caregiver responded to the following questions:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
1	100%	0	0%	0	0%	1

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.

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
1	100%	0	0%	0	0%	1

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
1	100%	0	0%	0	0%	1

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
2	4%	48	96%	0	0%	0	0%	50

Of the two therapists who said "yes" to the question above, these two therapists responded to the following questions:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
2	100%	0	0%	0	0%	2

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
2	100%	0	0%	0	0%	2

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
2	100%	0	0%	0	0%	2

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.

Of the 48 therapists who said "no" to the question about receiving this service, 45 and 39 therapists responded to the following two questions, respectively:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
2	4%	43	96%	0	0%	45

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.

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
9	23%	30	77%	0	0%	39

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.

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.

E.3d IBHS-related medical records documentation

IBHS-related conversations documentation

- **Total Number of Conversations Documented in the Medical Record:**

	Number	Percentage
Members with Conversations	3	6%
Avg. Number of Conversations/Member	3.7 / 3	

- **Topics of Discussion:**
  Of the 50 medical records, three contained documentation of 11 IBHS-related conversations (3.7 conversations per three members) and for which there were three notes about conversation notes:
  - Behavior plan w/ treatment and monitor (aggressive behaviors); adjustments to plan when not working; discharge plan due to goals being met
  - Goals of IHBS; behavior plan to address aggressive behaviors
  - OP therapist discussed foster parents interest in IHBS in two family consult sessions.

IBHS-related communications other than conversations

In Home Behavioral Services	Documentation: Yes		Documentation: No	
	#	Pct.	#	Pct.
Release of Information	2	4%	48	96%
E-Mails	0	0%	50	100%
Written/Verbal Request for Information	1	2%	49	98%
Two-Way Communication	0	0%	50	100%
Documents from Other Providers and Services	2	4%	48	96%
Voice-Mail Messages	2	4%	48	96%

E.4: Family Partner (FP)

E.4a Caregiver's familiarity with FP

*c10f

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
13	26%	37	74%	0	0%	0	0%	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*

Of the 13 caregivers who said "yes" to the question above, these 13 caregivers responded to the following question:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
3	23%	9	69%	1	8%	13

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
18	36%	25	50%	7	14%	50

Caregiver: Explain

- *(Yes) The caregivers who thought that Family Partner services would have been helpful had varied responses, which ranged from "maybe" (five caregivers) to one who found another parent through Craig's List who was have the same youth-challenges.*
- *(No) Each of six caregivers said that they did not need Family Partner services.*

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
2	4%	48	96%	0	0%	0	0%	50

Of the two caregivers who said "yes" to the question above, these two caregivers responded to the following questions:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
2	100%	0	0%	0	0%	2

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
2	100%	0	0%	0	0%	2

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
2	100%	0	0%	0	0%	2

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
2	4%	48	96%	0	0%	0	0%	50

Of the two therapists who said "yes" to the question above, these two therapists responded to the following questions:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
1	50%	0	0%	1	50%	2

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
1	50%	0	0%	1	50%	2

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
1	50%	1	50%	0	0%	2

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.)

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.

Of the 48 therapists who said "no" to the question about receiving this service, 45 and 40 therapists responded to the following two questions, respectively:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
8	18%	37	82%	0	0%	45

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.

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
15	38%	25	63%	0	0%	40

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.

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.”

E.4d FP-related medical records documentation

FP-related conversations documentation

- **Total Number of Conversations Documented in the Medical Record:**

	Number	Percentage
Members with Conversations	2	4%
Avg. Number of Conversations/Member	5.0 / 2	

- **Topics of Discussion:**
  Of the 50 medical records, two contained documentation of 10 FP-related conversations (5.0 conversations per member) and for which there were two notes about conversations:
  - Discussed step-down from CSA to OP therapy and Family Partner; discussed continued goals that Family Partner would be working with grandmother
  - Crisis/safety planning meeting; CPTs; discharge planning team meetings; case consult with OP therapist

FP-related communications other than conversations

Family Partner	**Documentation: Yes**		**Documentation: No**	
	#	**Pct.**	**#**	**Pct.**
Release of Information	0	0%	50	100%
E-Mails	0	0%	50	100%
Written/Verbal Request for Information	0	0%	50	100%
Two-Way Communication	0	0%	50	100%
Documents from Other Providers and Services	0	0%	50	100%
Voice-Mail Messages	0	0%	50	100%

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
16	32%	34	68%	0	0%	0	0%	50

Of the 16 caregivers who said "yes" to the question above, 16, 16, and 15 caregivers responded to the following three questions, respectively:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
13	81%	3	19%	0	0%	16

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)?

- *Thirteen (13) caregivers said that they were informed of communication between the OP therapist and DCF through the OP therapist or through both. The communications were varied, but mostly came through one-to-one meetings or care planning meetings. Sampling of comments:*
  - (Provider's) workers, DCF, OP therapist, and foster parent all met every 90 days. (The provider was) well organized.
  - My DCF worker would tell me; OP therapist would tell me too.
  - We (OP therapist and caregiver) set up a meeting; also spoke on the phone with her (DCF case worker)
  - They do communicate- more with other agencies but they do talk- emails are sent out to everyone and during my check in with OP therapist
- *Three (3) caregivers gave more qualified response regarding shared communications:*
  - (OP therapist) would tell me only if I asked. I have no idea when the last time was she talked with them (DCF).
  - We're his guardians now, so it's unclear if he is still under DCF.
  - I didn't know (about communications).

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
12	75%	2	13%	2	13%	16

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
- (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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
11	73%	3	20%	1	7%	15

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
14	28%	36	72%	0	0%	0	0%	50

Of the 14 therapists who said "yes" to the question above, 12 therapists responded to the following questions:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
11	92%	1	8%	0	0%	12

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
11	92%	1	8%	0	0%	12

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
11	92%	1	8%	0	0%	12

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.

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.

Of the 36 therapists who said "no" to the question about receiving DCF services, 25 and 18 therapists responded to the following two questions, respectively:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
2	8%	23	92%	0	0%	25

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
2	11%	16	89%	0	0%	18

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.

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.1c DCF-related medical records documentation

DCF-related conversations documentation

- **Total Number of Conversations Documented in the Medical Record:**

	Number	Percentage
Members with Conversations	13	26%
Avg. Number of Conversations/Member	3.7 / 13	

- **Topics of Discussion:**
  Of the 50 medical records, 13 medical records contained documentation of DCF-related 48 conversations (3.7 conversations per 13 members), for which there were 17 conversation notes. A sampling of the topics referenced in these notes is as follows:
  - Discussion about whether youth's sib should return to the home. Therapist states “no,” because it would be overcrowded in the shelter-hotel they are living in at the time
  - Family needs and service goals, family strengths, and how to use them to support improvements
  - Team meeting with (OP provider) caseworker, foster parent, Family Net to discuss continued foster placement but possible other homes. Discussion of progress & continuing individual treatment and f/u on psych & med eval
  - Possible referral to 'family stabilization’ from ‘individual stabilization.' Appointments are not kept consistently. When they are, the youth has playmates coming over and interrupting them with no boundary set by mother.

DCF-related communications other than conversations

Department of Children and Families	Documentation: Yes		Documentation: No	
	#	Pct.	#	Pct.
Release of Information	7	14%	43	86%
E-Mails	0	0%	50	100%
Written/Verbal Request for Information	2	4%	48	96%
Two-Way Communication	0	0%	50	100%
Documents from Other Providers and Services	4	8%	46	92%
Voice-Mail Messages	2	4%	48	96%

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
1	2%	49	98%	0	0%	0	0%	50

Of the one caregiver who said "yes" to the question above, this one caregiver responded to the following questions:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
1	100%	0	0%	0	0%	1

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
0	0%	1	100%	0	0%	1

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
0	0%	1	100%	0	0%	1

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
1	2%	49	98%	0	0%	0	0%	50

Of the one therapist who said "yes" to the question above, this one therapist responded to the following questions:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
0	0%	0	0%	1	100%	1

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
0	0%	0	0%	1	100%	1

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
0	0%	0	0%	1	100%	1

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*

Of the 49 therapists who said "no" to the question about receiving DMH services, 33 and 24 therapists responded to the following two questions, respectively:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
1	3%	32	97%	0	0%	33

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
1	4%	23	96%	0	0%	24

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.

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.2c DMH-related medical records documentation

DMH-related conversations documentation

- **Total Number of Conversations Documented in the Medical Record:**

	Number	Percentage
Members with Conversations	None	0%
Avg. Number of Conversations/Member	None	

- **Topics of Discussion:**
  Of the 50 medical records, there was no documentation of DMH-related conversations regarding DMH services.

DMH-related communications other than conversations

Department of Mental Health	Documentation: Yes		Documentation: No	
	#	Pct.	#	Pct.
Release of Information	0	0%	50	100%
E-Mails	0	0%	50	100%
Written/Verbal Request for Information	0	0%	50	100%
Two-Way Communication	0	0%	50	100%
Documents from Other Providers and Services	0	0%	50	100%
Voice-Mail Messages	0	0%	50	100%

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
2	4%	48	96%	0	0%	0	0%	50

Of the two caregivers who said "yes" to the question above, these two caregivers responded to the following questions:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
2	100%	0	0%	0	0%	2

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
1	50%	1	50%	0	0%	2

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
2	100%	0	0%	0	0%	2

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
3	6%	47	94%	0	0%	0	0%	50

Of the therapists who said "yes" to the question above, 2 therapists responded to the following questions:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
1	50%	1	50%	0	0%	2

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
1	50%	1	50%	0	0%	2

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
1	50%	1	50%	0	0%	2

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.

Of the 47 therapists who said "no" to the question about receiving DDS services, these 32 and 22 therapists responded to the following questions, respectively:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
0	0%	32	100%	0	0%	32

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
0	0%	22	100%	0	0%	22

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.

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

- *No comments.*

F.3c DDS-related medical records documentation

DDS-related conversations documentation

- **Total Number of Conversations Documented in the Medical Record:**

	Number	Percentage
Members with Conversations	2	4%
Avg. Number of Conversations/Member	See *Note	

- **Topics of Discussion:**
  Of the 50 medical records, two contained documentation of 14 DDS-related conversations (*Note: one member accounted for 13 of the 14 conversations documented) and for which there were two conversation notes:
  - Services available: Respite
  - Services: school; work possibilities; independent living

DDS-related communications other than conversations

Department of Developmental Disabilities	Documentation: Yes		Documentation: No	
	#	Pct.	#	Pct.
Release of Information	2	4%	48	96%
E-Mails	1	2%	49	98%
Written/Verbal Request for Information	1	2%	49	98%
Two-Way Communication	0	0%	50	100%
Documents from Other Providers and Services	0	0%	50	100%
Voice-Mail Messages	2	4%	48	96%

F.4: Department of Youth Services (DYS)

F.4a Caregiver 's experience of Youth's involvement with DYS

*c11j

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
0	0%	50	100%	0	0%	0	0%	50

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
0	0%	0	0%	0	0%	0

Caregiver: Explain

- *N/A*

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

- *N/A*

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
0	0%	0	0%	0	0%	0

Caregiver: Explain

- *N/A*

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
0	0%	0	0%	0	0%	0

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
0	0%	50	100%	0	0%	0	0%	50

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
0	0%	0	0%	0	0%	0

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
0	0%	0	0%	0	0%	0

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
0	0%	0	0%	0	0%	0

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
0	0%	34	100%	0	0%	34

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
0	0%	24	100%	0	0%	24

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.

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

- *No comments.*

F.4c DYS-related medical records documentation

DYS-related conversations documentation

- **Total Number of Conversations Documented in the Medical Record:**

	Number	Percentage
Members with Conversations	0	0%
Avg. Number of Conversations/Member	0	

- **Topics of Discussion:**
  Because no youth were DYS involved, there was no documentation related to DYS.

DYS-related communications other than conversations

Department of Youth Services	Documentation: Yes		Documentation: No	
	#	Pct.	#	Pct.
Release of Information	0	0%	50	100%
E-Mails	0	0%	50	100%
Written/Verbal Request for Information	0	0%	50	100%
Two-Way Communication	0	0%	50	100%
Documents from Other Providers and Services	0	0%	50	100%
Voice-Mail Messages	0	0%	50	100%

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
2	4%	48	96%	0	0%	0	0%	50

Of the two caregivers who said "yes" to the question above, one, two, and two caregivers responded to the following three questions, respectively:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
1	100%	0	0%	0	0%	1

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
1	50%	1	50%	0	0%	2

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
1	50%	1	50%	0	0%	2

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
3	6%	47	94%	0	0%	0	0%	50

Of the three therapists who said "yes" to the question above, three, two, and one therapist responded to the following three questions, respectively:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
1	33%	0	0%	2	67%	3

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
1	50%	0	0%	1	50%	2

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
1	100%	0	0%	0	0%	1

Therapist: Explain

- Would have parent relay information.

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

- Parent or youth would relay information.

Of the 47 therapists who said "no" to the question about receiving this service, 31 and 20 therapists responded to the following two questions, respectively:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
0	0%	31	100%	0	0%	31

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
1	5%	19	95%	0	0%	20

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

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.

F.5c Probation services-related medical records documentation

Probation-related conversations documentation

- **Total Number of Conversations Documented in the Medical Record:**

	Number	Percentage
Members with Conversations	1	2%
Avg. Number of Conversations/Member	1.0	

- **Topics of Discussion:**
  Of the 50 medical records, 1 contained documentation of 1 probation-related conversation and for which there was note:
  - Difficulty engaging youth in treatment; the record contained updates on work being done with mother in helping youth at home, community and school

Probation-related communications other than conversations

Probation Officer	**Documentation: Yes**		**Documentation: No**	
	#	**Pct.**	**#**	**Pct.**
Release of Information	2	4%	48	96%
E-Mails	0	0%	50	100%
Written/Verbal Request for Information	0	0%	50	100%
Two-Way Communication	0	0%	50	100%
Documents from Other Providers and Services	0	0%	50	100%
Voice-Mail Messages	0	0%	50	100%

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
49	98%	1	2%	0	0%	0	0%	50

Of the 49 caregivers who said "yes" to the question above, 49, 48, and 20 caregivers responded to the following three questions, respectively:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
21	43%	24	49%	4	8%	49

Caregiver: Explain

- (Yes) As needed. They were both aware of each other.
- (Yes) Not as much as with the psychiatrist.
- (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.

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

- 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 don't think they have. That is not something that would be necessary.
- At the scheduled appointments, (OP therapist) lets me know.
- They did not. I would have had to sign papers, and I never did.
- Both told me that they had talked.

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
39	81%	1	2%	8	17%	48

Caregiver: Explain

Eleven (11) of 15 caregivers who said that there was enough communication commented that such communication was not needed. More specifically, a sampling said:

- (Yes) Adequate. Could have been better.
- (Yes) For our current needs.
- (Yes) None was needed.
- (No) I don't think that (the OP therapist) saw that side of (youth) that the rest of us saw, including the pediatrician.

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
13	65%	0	0%	7	35%	20

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
42	84%	8	16%	0	0%	0	0%	50

Of the 42 therapists who said "yes" to the question above, 39, 37, and 30 therapists responded to the following three questions, respectively:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
19	49%	19	49%	1	3%	39

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
30	81%	6	16%	1	3%	37

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
17	57%	13	43%	0	0%	30

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.
- 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.

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.

Of the eight therapists who said "no" to the question about receiving PCP service, four and two therapists responded to the following two questions, respectively:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
1	25%	3	75%	0	0%	4

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
0	0%	2	100%	0	0%	2

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

- Not needed

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

- *No comments*

G.1c PCP-related medical records documentation

PCP-related conversations documentation

- **Total Number of Conversations Documented in the Medical Record:**

	Number	Percentage
Members with Conversations	1	2%
Avg. Number of Conversations/Member	4.0	

- **Topics of Discussion:**
  Of the 50 medical records, one contained documentation of four PCP-related conversations and for which there was one note:
  - Basic information; blood work for psychiatrist

PCP-related communications other than conversations

Youth's PCP	**Documentation: Yes**		**Documentation: No**	
	#	**Pct.**	**#**	**Pct.**
Release of Information	37	74%	13	26%
E-Mails	0	0%	50	100%
Written/Verbal Request for Information	10	20%	40	80%
Two-Way Communication	14	28%	36	72%
Documents from Other Providers and Services	12	24%	38	76%
Voice-Mail Messages	2	4%	48	96%

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
25	50%	25	50%	0	0%	0	0%	50

Of the 25 caregivers who said "yes" to the question above, 25, 25, and 24 caregivers responded to the following three questions, respectively:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
21	84%	2	8%	2	8%	25

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)?

- *Twenty (20) of the 25 caregivers who had a psychiatrist involved with their youth described positive communications between the OP therapist and the psychiatrist. The manner by which these communications occurred varied from face-to-face meetings with the caregiver to reports of therapist-psychiatrist communication as reported by the OP therapist. A sampling of comments includes:*
  - (OP therapist) called me after and talked to me about the conversation.
  - Both (OP therapist and psychiatrist) told me and we had a meeting together.
  - On a couple of occasions, the OP therapist came to the meeting with the psychiatrist.
- *Five (5) caregivers' comments reflect an uncertainty about the communications. For example:*
  - *Three caregivers said, "I don't know" about whether communications occurred.*
  - *One comment:* They're in the same office. They didn't inform me.
  - *One comment:* The referral was put in and then the OP therapist went on leave.

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
21	84%	1	4%	3	12%	25

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
18	75%	2	8%	4	17%	24

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
24	48%	26	52%	0	0%	0	0%	50

Of the 24 therapists who said "yes" to the question above, these 24 therapists responded to the following questions:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
19	95%	1	5%	0	0%	20

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
17	85%	3	15%	0	0%	20

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
18	90%	2	10%	0	0%	20

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.
- No: Parent was very competent and followed through with all recommendations.
- No: Only communicated through reviewing notes.

Of the 26 therapists who said "no" to the question about receiving psychiatric service, 16 and 10 therapists responded to the following two questions, respectively:

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 psychiatris.t
- I didn't because there really was no communication. It was all within the file.

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
2	12%	14	88%	0	0%	16

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
2	20%	8	80%	0	0%	10

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.2c Psychiatrist-related medical records documentation

Psychiatrist-related conversations documentation

- **Total Number of Conversations Documented in the Medical Record:**

	Number	Percentage
Members with Conversations	7	14%
Avg. Number of Conversations/Member	2.6 / 7	

- **Topics of Discussion:**
  Of the 50 medical records, seven contained documentation of 18 psychiatrist-related conversations (2.6 conversations per member) and for which there were six notes about the conversations:
  - Clinical presentation updates
  - Medication adjustments
  - Medication adjustments for aggressive behaviors, tantrums
  - MH diagnosis and summary of past/present treatment, medical history and parenting skills of the mother
  - Med adjustments/assessment for anxious, depressive symptoms
  - Accompanied youth and parent to prescriber appt. post-discharge and subsequent med appt.

Psychiatrist-related communications other than conversations

Psychiatrist	**Documentation: Yes**		**Documentation: No**	
	#	**Pct.**	**#**	**Pct.**
Release of Information	9	18%	41	82%
E-Mails	2	4%	48	96%
Written/Verbal Request for Information	0	0%	50	100%
Two-Way Communication	1	2%	49	98%
Documents from Other Providers and Services	7	14%	43	86%
Voice-Mail Messages	1	2%	49	98%

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
7	14%	42	84%	1	2%	0	0%	50

Of the seven caregivers who said "yes" to the question above, seven, seven, and six caregivers responded to the following three questions, respectively:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
7	100%	0	0%	0	0%	7

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.

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
4	57%	1	14%	2	29%	7

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
4	67%	1	17%	1	17%	6

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
6	12%	44	88%	0	0%	0	0%	50

Of the six therapists who said "yes" to the question above, four, five, and five therapists responded to the following three questions, respectively:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
3	75%	1	25%	0	0%	4

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
4	80%	1	20%	0	0%	5

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
5	100%	0	0%	0	0%	5

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.

Of the 44 therapists who said "no" to the question about receiving medication management services, 25 and 16 therapists responded to the following two questions, respectively:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
4	16%	21	84%	0	0%	25

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
3	19%	34	81%	0	0%	16

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.

G.3c Medication management-related medical records documentation

Note: The medical records survey did not include a review for documentation of medication management by non-psychiatrist prescribers. The review of all medication management documentation is included in question G.2c, above.

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
4	8%	46	92%	0	0%	0	0%	50

Of the four caregivers who said "yes" to the question above, these four caregivers responded to the following questions:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
4	100%	0	0%	0	0%	4

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
2	50%	1	25%	1	25%	4

Caregiver: Explain

- (No) I handled it mostly myself

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
3	75%	1	25%	0	0%	4

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
3	6%	47	94%	0	0%	0	0%	50

Of the three therapists who said "yes" to the question above, these three therapists responded to the following questions:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
3	100%	0	0%	0	0%	3

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
3	100%	0	0%	0	0%	3

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
3	100%	0	0%	0	0%	3

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.

Of the 47 therapists who said "no" to the question about receiving psychiatric hospital services, 32 and 23 therapists responded to the following two questions, respectively:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
3	9%	29	91%	0	0%	32

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
5	22%	18	78%	0	0%	23

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

- Mother angry with me for filing a 51A

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.

G.4c Psychiatric Hospital and CBAT-related medical records documentation

Psychiatric hospital-related conversations documentation

- **Total Number of Conversations Documented in the Medical Record:**

	Number	Percentage
Members with Conversations	1	2%
Avg. Number of Conversations/Member	1.0 / 1	

- **Topics of Discussion:**
  Of the 50 medical records, one contained documentation of one conversation related to psychiatric hospitalization and for which there was one note on the conversation:
  - Summary of crisis/safety planning meeting

Psychiatric hospital-related communications other than conversations

Psychiatric Hospitalization	**Documentation: Yes**		**Documentation: No**	
	#	**Pct.**	**#**	**Pct.**
Release of Information	0	0%	50	100%
E-Mails	0	0%	50	100%
Written/Verbal Request for Information	0	0%	50	100%
Two-Way Communication	0	0%	50	100%
Documents from Other Providers and Services	0	0%	50	100%
Voice-Mail Messages	0	0%	50	100%

CBAT-related conversations documentation

- **Total Number of Conversations Documented in the Medical Record:**

	Number	Percentage
Members with Conversations	1	2%
Avg. Number of Conversations/Member	5.0 / 1	

- **Topics of Discussion:**
  Of the 50 medical records, one contained documentation of five CBAT-related conversations and for which there was one note about the conversations:
  - Summarized treatment coordination and discharge planning

CBAT-related communications other than conversations

Community-Based Acute Treatment	**Documentation: Yes**		**Documentation: No**	
	#	**Pct.**	**#**	**Pct.**
Release of Information	0	0%	50	100%
E-Mails	0	0%	50	100%
Written/Verbal Request for Information	0	0%	50	100%
Two-Way Communication	0	0%	50	100%
Documents from Other Providers and Services	0	0%	50	100%
Voice-Mail Messages	0	0%	50	100%

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
0	0%	50	100%	0	0%	0	0%	50

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
0	0%	0	0%	0	0%	0

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
0	0%	0	0%	0	0%	0

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
0	0%	0	0%	0	0%	0

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
0	0%	50	100%	0	0%	0	0%	50

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
0	0%	0	0%	0	0%	0

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
0	0%	0	0%	0	0%	0

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
0	0%	0	0%	0	0%	0

Therapist: Explain

- *No comments*

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

- *No comments*

Of the 50 therapists who said "no" to the question about receiving substance use disorder services, 32 and 23 therapists responded to the following two questions, respectively:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
1	3%	33	97%	0	0%	34

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
0	0%	23	100%	0	0%	23

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

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

- *No comments*

G.5c Substance Use-related medical records documentation

SU-related conversations documentation (specifically, Department of Public Health, Bureau of Substance Abuse Services (DPH/BSAS)

- **Total Number of Conversations Documented in the Medical Record:**

	Number	Percentage
Members with Conversations	None	0%
Avg. Number of Conversations/Member	None	

- **Topics of Discussion:**
  Of the 50 medical records, there was no documentation of conversations regarding DPH/BSAS services.

SU-related communications other than conversations

DPH/Bureau of Substance Abuse Svs	Documentation: Yes		Documentation: No	
	#	Pct.	#	Pct.
Release of Information	0	0%	50	100%
E-Mails	0	0%	50	100%
Written/Verbal Request for Information	0	0%	50	100%
Two-Way Communication	0	0%	50	100%
Documents from Other Providers and Services	0	0%	50	100%
Voice-Mail Messages	0	0%	50	100%

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
9	18%	41	82%	0	0%	0	0%	50

Of the nine caregivers who said "yes" to the question above, nine caregivers responded to the following two questions, and seven responded to the third:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
7	78%	2	22%	0	0%	9

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.
- Unsure – can't recall.
- I would hear from one of them.
- They did not

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
6	67%	2	22%	1	11%	9

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
6	86%	0	0%	1	14%	7

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
7	14%	43	86%	0	0%	0	0%	50

Of the seven therapists who said "yes" to the question above, six therapists responded to the following two questions, and five responded to the third:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
5	83%	1	17%	0	0%	6

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
6	100%	0	0%	0	0%	6

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
5	100%	1	14%	0	0%	5

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.

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.

Of the 43 therapists who said "no" to the question about receiving this service, 25 and 14 therapists responded to the following two questions, respectively:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
0	0%	25	100%	0	0%	25

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
0	0%	14	100%	0	0%	14

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.

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

- *No comments*

G.6c Other OP therapy-related medical records documentation

Other OP therapy-related conversations documentation

- **Total Number of Conversations Documented in the Medical Record:**
  The 12 "other resources" were identified as:
  - Parent = 3
  - Attorney/GAL = 3
  - Provider = 6

	Number	Percentage
Members with Conversations	12	24%
Avg. Number of Conversations/Member	2.8 / 12	

- **Topics of Discussion:**
  Of the 50 medical records, 12 contained documentation of 34 OP therapy-related conversations (averaging 2.8 conversations per member) and for which there were 12 notes. A sampling of the topics referenced in these notes is as follows:
  - (Youth) previously at (provider), requested for records and possible referral but youth refused
  - Concerns re: escalation of(youth) and (family member) (who has custody)
  - Health of youth, his parent and family basic needs
  - Abusive relationship with youth and reunification back home
  - Discussions about problems at school; DCF investigation
  - Summary of youth's treatment and care, coordination and work with family to meet children's needs

Other OP therapy-related communications other than conversations

Other Resources[4]	**Documentation: Yes**		**Documentation: No**	
	#	**Pct.**	**#**	**Pct.**
Release of Information	22	28%	28	72%
E-Mails	2	0%	48	100%
Written/Verbal Request for Information	7	8%	43	92%
Two-Way Communication	0	0%	50	100%
Documents from Other Providers and Services	16	24%	34	76%
Voice-Mail Messages	3	4%	47	96%

[4] "Other Resources" refers to 38 instances of ancillary services and supports that were documented in the medical records, but were not included in the other resource categories listed in Part II of this report. These Other Resources include: MBHP network community providers, hospitals, attorneys, GALs, juvenile courts, and schools.

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
29	58%	21	42%	0	0%	0	0%	50

Of the 29 caregivers who said "yes" to the question above, 29 caregivers responded to the following two questions, and 17 responded to the third:

Caregiver: Was it important to you for the OP therapist to communicate with family members?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
15	52%	14	48%	0	0%	29

Caregiver: Explain

- (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)?

- *Seventeen (17) caregivers said that communication occurred between the OP therapist and other family members. The method of this communication was typically the OP therapist telling the caregiver, but it also included family meetings in various contexts (home and doctor's office waiting room were mentioned).*
- *Of the thirteen (13) caregivers who responded, most said that communication with family members was "not needed." A few said that communication did not happen, but they didn't state whether the lack of communication was a positive or a negative.*

Caregiver: Did you feel there were enough communications between the OP therapist and family members?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
29	100%	0	0%	0	0%	29

Caregiver: Explain

- *Similar to the previous comments in this section, the most frequent was that communication between family members and the OP therapist was "not needed."*
- *Other comments:*
  - It was what it needed to be.
  - On the (OP therapist's) end, yes. The ex-husband was not cooperative. (OP therapist) tried to communicate with him six times.

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
11	65%	5	29%	1	6%	17

Caregiver: Explain

- *The most frequent response was that communication with family was not needed. Other responses included:*
  - (no) I don't think it made much of a difference as his acting out was really centered on school issues
  - (yes) (OP therapist) experienced the father's refusal firsthand and then knew that he needed to help (youth) with the father. (OP therapist) got the picture about why things are the way they are. Focused on this area during therapy.

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
29	58%	21	42%	0	0%	0	0%	50

Of the 29 therapists who said "yes" to the question above, 26 therapists responded to the following two questions, and 18 responded to the third:

Therapist: Was it important for you, as the OP therapist, to communicate with family member(s)?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
10	38%	16	62%	0	0%	26

Therapist: Was there enough communications between you and the family member(s)?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
23	88%	3	12%	0	0%	26

Therapist: Did your communication with the family member(s) help with the delivery of the youth's services?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
7	39%	11	61%	0	0%	18

Therapist: Explain

- Yes: Helped with family.
- Yes: Parent would communicate anything needed to the grandmother and her other family members as needed.
- 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.

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.

Of the 21 therapists who said "no" to the question about receiving help from family members, 16 therapists responded to the following questions:

Therapist: If the youth did not receive support from family member(s), would this type of support have been helpful?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
4	25%	12	75%	0	0%	16

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

- *No comments*

Therapist: If the youth did not receive support from family member(s), did you discuss with the caregiver the possible benefits of this support?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
4	25%	12	75%	0	0%	16

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.7c Family members-related medical records documentation

Family member-related conversations documentation

- **Total Number of Conversations Documented in the Medical Record:**

	Number	Percentage
Members with Conversations	6	0%
Avg. Number of Conversations/Member	12.3 / 6	

- **Topics of Discussion:**
  Of the 50 medical records, 6 contained documentation of 74 conversations (averaging 12.3 conversations per member) related to family members and for which there were 6 notes:
  - Treatment plan addresses: parent education & positive reinforcement; discipline, communication; bullying from bio bro; progress towards goals
  - child current status, follow up to interventions that she was coached to introduce, updates on family and school status
  - Treatment plan, youth's aggressive behaviors at school and home; issues around bio brother
  - FA: divorced; chaos at ex-wife's home; needed supports; relationship with youth; behavior plan
  - Support for youth and grandparents who have custody; help in following beh plans
  - Treatment plan, goals, psycho-education re: adolescence, alcoholism, trauma; better communication with youth and family system; school issues specifically around problems in Math

Family member-related communications other than conversations

Family	Documentation: Yes		Documentation: No	
	#	Pct.	#	Pct.
Release of Information	4	8%	46	92%
E-Mails	0	0%	50	100%
Written/Verbal Request for Information	0	0%	50	100%
Two-Way Communication	0	0%	50	100%
Documents from Other Providers and Services	0	0%	50	100%
Voice-Mail Messages	2	4%	48	96%

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
23	46%	27	54%	0	0%	0	0%	50

Of the 23 caregivers who said "yes" to the question above, 23 caregivers responded to the following two questions, and 8 responded to the third:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
3	13%	18	78%	2	9%	23

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.
- Not needed.
- I'm not really sure how we'd do that with HIPAA.
- They did not. Friends never knew therapist's name.
- There were no interactions with friends.

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
23	100%	0	0%	0	0%	23

Caregiver: Explain

- *Five caregivers responded that no communication was needed. One caregiver responded:*
    - (Yes) They never did communicate. Not important.

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
2	25%	5	63%	1	13%	8

Caregiver: Explain

- *All five (5) responses indicated that communication was not needed.*

G.8b Therapist's support coordination with friends who were helpful

*t14r

Therapist: Did the youth and/or caregiver have friends who where helpful during the time that you, as the OP therapist, worked with him/her and the caregiver?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
14	28%	36	72%	0	0%	0	0%	50

Of the 14 therapists who said "yes" to the question above, 13, 12, and eight therapists responded to the following three questions, respectively:

Therapist: Was it important for you, as the OP therapist, to communicate with the friend(s)?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
1	8%	12	92%	0	0%	13

Therapist: Was there enough communications between you and the friend(s)?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
10	83%	2	17%	0	0%	12

Therapist: Did your communication with the friend(s) help with the delivery of the youth's services?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
0	0%	8	100%	0	0%	8

Therapist: Explain

- No: No communication needed.

Therapist: How did you keep the caregiver informed about your communications with the friend(s)?

- *No comments*

Of the 36 therapists who said "no" to the question about receiving help from friends, 19 and 12 therapists responded to the following two questions, respectively:

Therapist: If the youth did not have friends who were helpful, would this type of support have been helpful?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
2	11%	17	89%	0	0%	19

Therapist: If the youth did not have friends who were helpful, how would the youth have benefitted from it?

- *No comments*

Therapist: If the youth did not have friends who were helpful, did you discuss with the caregiver the possible benefits of this support?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
0	0%	12	100%	0	0%	12

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

Therapist: If you did discuss this source of support with the caregiver, what was the outcome?

- *No comments*

G.8c Friends-related medical records documentation

Friends-related conversations documentation

- **Total Number of Conversations Documented in the Medical Record:**

	Number	Percentage
Members with Conversations	None	0%
Avg. Number of Conversations/Member	None	

- **Topics of Discussion:**
  Of the 50 medical records, there was no documentation of conversations regarding friends that helped out in any way.

Friends-related communications other than conversations

Friends	Documentation: Yes		Documentation: No	
	#	Pct.	#	Pct.
Release of Information	0	0%	50	100%
E-Mails	0	0%	50	100%
Written/Verbal Request for Information	0	0%	50	100%
Two-Way Communication	0	0%	50	100%
Documents from Other Providers and Services	0	0%	50	100%
Voice-Mail Messages	0	0%	50	100%

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
34	68%	14	28%	2	4%	0	0%	50

Caregiver: How did you know whether the OP Hub Therapist had communicated with the school?

- *Of the 50 comments, the two most frequent response categories were "the OP therapist told me" and "not needed" (because school was not an issue).*
- *Three (3) caregivers commented that communication between the OP therapist and the school did not occur.*
- *Two (2) caregivers did not know if such communication occurred.*

Caregiver: Did you feel there was enough communication between the OP Hub Therapist and the school?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
40	80%	6	12%	4	8%	0	0%	50

Caregiver: Explain

- *Of the 13 "yes" comments, nine (9) were that communication between the OP therapists and school was "not needed."*
- (Yes) She was very accommodating- came to meetings at 7am before school.
- (Yes) When I've wanted them to communicate, they have.
- (No) There could have been more, but it would have led to testing that would not be good for child.
- (No) We are both (caregiver and OP therapist) waiting for a phone call back from the school. They should still return a call.

Caregiver: Did the communication between therapist and school help with the delivery or coordination of the youth care?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
25	50%	5	10%	4	8%	16	32%	50

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.
- (No) I don't think the school has bought in to the plan.

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
36	72%	14	28%	0	0%	0	0%	50

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.
- 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.

Therapist: Did you feel there was enough communication between you and the school?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
39	78%	9	18%	0	0%	2	4%	50

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.
- 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.

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
32	64%	15	30%	0	0%	3	6%	50

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.
- 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.

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.

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
33	66%	17	34%	0	0%	0	0%	50

Caregiver: Explain

- Most caregivers commented that their youth have Individualized Education Plans (IEP).
  - *Note: for a youth with learning disabilities, an IEP specifies necessary accommodations and special education services.*
- Five (5) caregivers commented that their youth have 504 Plans.
  - *Note: for a youth with learning disabilities, a 504 Plan specifies necessary accommodations, but not specialized education services.*

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
25	50%	20	40%	4	8%	1	2%	50

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
20	40%	30	60%	0	0%	0	0%	50

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.

Of the 20 caregivers who said "yes" to the question above, these 20 caregivers responded to the following question:

Caregiver: If you needed assistance with the school, did you receive the help you needed?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
17	85%	3	15%	0	0%	20

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.

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
37	74%	11	22%	2	4%	0	0%	50

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 adaptions.
- 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.
- No: She was doing well socially and academically.

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
20	40%	29	58%	0	0%	1	2%	50

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.
- 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.

Of the 20 therapists who said "yes" to the question above, these 20 therapists responded to the following question:

Therapist: If assistance was needed, did they receive the assistance they needed?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
16	80%	4	20%	0	0%	20

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.
- 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.

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
13	26%	37	74%	0	0%	0	0%	50

Of the 13 therapists who said "yes" to the question above, 13 therapists responded to the following two questions, and six responded to the third:

Caregiver: Was it important to you for the OP therapist to communicate with the school staff?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
6	46%	6	46%	1	8%	13

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
- (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).

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

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
11	85%	2	15%	0	0%	13

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
3	50%	1	17%	2	33%	6

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
19	38%	29	58%	0	0%	2	4%	50

Of the 19 therapists who said "yes" to the question above, 19, 18, and 10 therapists responded to the following three questions, respectively:

Therapist: Was it important for you, as the OP therapist, to communicate with the resource(s)?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
4	21%	14	74%	1	5%	19

Therapist: Was there enough communications between you and the resource(s)?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
11	55%	6	30%	1	5%	18

Therapist: Did your communication with the resource(s) help with the delivery of the youth's services?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
4	40%	6	60%	0	0%	10

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.

Therapist: How did you keep the caregiver informed about your communications with the resource(s)?

- By phone check in.

Of the 29 therapists who said "no" to the question about receiving this service, 19 and 11 therapists responded to the following two questions, respectively:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
3	16%	16	84%	0	0%	19

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.

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
1	9%	10	90%	0	0%	11

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.

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

- *No comments*

H.5: Medical Record Review of School Documentation

H.5a School-related conversations documented

- **Conversations with Types of School Personnel:**
  - Teachers
  - Guidance counselors
  - Behavior specialists
  - School principals
  - Nurses
  - Special education teams (IEP teams)
  - School psychologists
  - School social workers
  - Teacher's aides

- **Total Number of Conversations Documented in the Medical Record:**

	Number	Percentage
Members with Conversations	21	42%
Avg. Number of Conversations/Member	5.9 / 21	

- **Topics of Discussion:**
  Of the 50 medical records, 21 contained documentation of 124 school-related conversations (5.9 conversations per 21 members) and for which there were 54 conversation notes. A sampling of the topics referenced in these notes is as follows:
  - Discussed youth's school behaviors and High School placement - youth is disruptive in some classes, walks out, talks back, throws things at teachers. Discussed whether she should stay with the (special ed) program or go to the charter school.
  - Youth's behaviors at school, family history and treatment around conflictual divorce and impact on children.
  - Behaviors at school, progress, issues at home affecting behaviors at school, med management; parental issues and interventions; coping skills re: anger/sadness
  - (School staff member) called to say a 51A was filed due to youth's behaviors, likely to be screened out
  - Discussing whether youth can get meds at school (no, b/c there is no medical reason to do so), (school social worker) sees no need for DCF involvement because mother keeps appointments
  - (School social worker) contacted youth's parent because youth has increasingly defiant behaviors in classroom. Previous teacher left to whom she was attached. Trying to strategize with (school social worker) what is affecting youth and how to help her cope
  - DCF came to school re: 51A filed on mother due to living conditions in the home
  - Youth goals: attend classes using (special ed and behavioral) supports. Teachers and parent will communicate via email/phone about youth progress.
  - IEP meeting - discussed the ed plan, reviewed the youth's progress socially & academically, and OP therapist highlighted the youth's strengths and progress

H.5b School-related non-conversational communication documentation

Schools	Documentation: Yes		Documentation: No	
	#	Pct.	#	Pct.
Release of Information	30	60%	20	40%
E-Mails	2	4%	48	96%
Written/Verbal Request for Information	3	6%	47	94%
Two-Way Communication	0	0%	50	100%
Documents from Other Providers and Services	9	18%	41	82%
Voice-Mail Messages	6	12%	44	88%

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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
11	22%	38	76%	1	2%	0	0%	50

	Are there any other specific services that you and [therapist name] have not discussed that you think would benefit your child? Explain	***For each service mentioned (in left column), what is it about the service that would be helpful to your child/you?*** *c13
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?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	No Response #	No Response %	Total #
9	18%	2	4%	0	0%	49	48%	50

Of the nine therapists who said "yes" to the question above, eight therapists responded to the following two questions, and seven responded to the third:

Therapist: Was it important for you, as the OP therapist, to communicate with the resource(s)?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
3	38%	5	63%	0	0%	8

Therapist: Was there enough communications between you and the resource(s)?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
7	88%	1	13%	0	0%	8

Therapist: Did your communication with the resource(s) help with the delivery of the youth's services?

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
4	57%	3	43%	0	0%	7

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.
- 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.

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]

Of the two therapists who said "no" to the question about receiving this service, neither of the two therapists responded to the following two questions:

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
0	0%	0	0%	0	0%	0

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

- *No comments*

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

Yes #	Yes %	No #	No %	Unsure #	Unsure %	Total #
0	0%	0	0%	0	0%	0

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?

- *No comments*

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?

Too Many	Just Right	Not Enough	Total
0% (N=0)	76% (N=38)	24% (N=12)	(100%) 50

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.
- (Not enough) I just want to get family therapy and a mentor, but we're working on it.
- (Not enough) Not everything I wanted (referencing DDS)
- (Not enough) The situation is starting to change. I think we're going to need more. The past trauma is starting to affect school.

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?

For the 29 caregivers who chose to comment on this question, each comment is reproduced below, verbatim:

- 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 a 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?

Sampling of comments: *Each of the closing comments made by OP therapists is listed here, with minor grammatical edits made in order to make the short-hand-transcribed comments more readable:*

- 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.