

24/7 AVAILABILITY OF THE CSA TEAM

The Brockton CSA ICC staff will be available 24 hours a day, seven days a week by pager to triage and resolve crises occurring for the youth and family. It is expected that each youth will have an individual risk management/safety plan and that youth and parent(s)/caregiver(s) will be given written information on how to contact the ICC provider after hours.

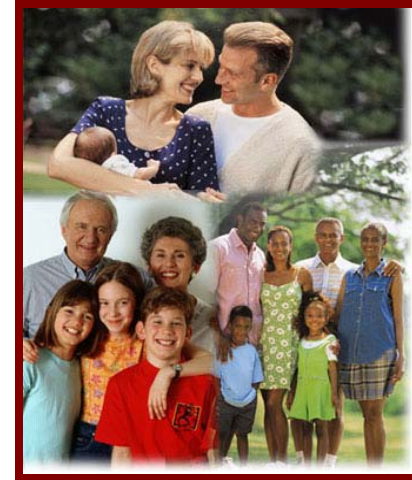
After Hours Services include:

- Telephone support
- Mobile crisis support if the situation cannot be resolved by telephone
- Access to in-home crisis respite or other supports as needed
- Collaboration and referral to other mental health services if the crisis cannot be managed through CSA program resources



BAMSI is a state-wide organization dedicated to “Bringing People and Services Together”. Incorporated in 1975, BAMSI today is one of the Largest Minority Non-Profit Organizations in Massachusetts. BAMSI is guided by a strong mission, a clear set of values, and vision to deliver the highest quality services to individuals and families of Massachusetts. BAMSI strives to reach out to all members of the community, as more and more citizens find themselves in need of support and services.

BAMSI COMMUNITY SERVICE AGENCY OF BROCKTON AREA



PROVIDERS' MANUAL

SERVING...

Avon
Bridgewater
Brockton
East Bridgewater
Easton
Holbrook
Stoughton
West Bridgewater

440 Belmont Street, Brockton, MA 02301
Telephone Number: (508) 587-2579, Extension 30
Fax: (508) 583-8046
Emergency Pager: (508) 780-2726

COMMUNITY SERVICE AGENCY

A Community Service Agency (CSA) is a community-based organization whose function is to facilitate access to, and ensure coordination of, care for youth with serious emotional disturbance (SED). The CSA is a community provider that is under contract with the MassHealth Managed Care Entity (MCE).

The roles and responsibilities of the Community Service Agencies include:

- Actively **Engaging** youth and families seeking ICC services and Family Support and Training services using the **Wraparound** care planning process.
- Providing **Intensive Care Coordination**.
- Providing **Infrastructure Support** for ICC and Family Support and Training services
- Actively participating in a **Quality Improvement** process
- Developing and supporting a local **Systems of Care Committee**
- Supporting **Referrals** to other behavioral health resources and services
- Creating and sustaining linkages to local school districts, juvenile courts, and **Local Human Service Providers**

WHO IS ELIGIBLE FOR CSA SERVICES:

- Youth 3-20 years of age and their Families
- Youth 21 years of age if currently receiving Special Education Services and their Families
- Youth living with Serious Emotional Disturbance (SED) as defined by MCEs.
- Youth who have completed a CANS assessment and have been determined to meet the appropriate criteria for CSA services.

WRAPAROUND

What is Wraparound? Wraparound is not a service but a process used to create, put in place, and monitor an individual plan that is created specifically to address the needs of a youth and builds on the strengths of the youth, family, team, and community. Wraparound puts the family at the center of the planning process and builds a team around the family's vision for their child's future.

ICC services are delivered to the youth and family through the *Wraparound* planning process that adheres to the four phases and the "Ten Principles of *Wraparound*":

The Four Phases of **Wraparound**

- Engagement and Team Preparation
- Initial Plan Development
- Implementation
- Transition

The CSA initiative embraces the wraparound process for providing care to children and families within the System of Care.

PRINCIPLES AND VALUES

ICC services are delivered to the youth and family through the *Wraparound* planning process that adheres to the four phases and the "Ten Principles of *Wraparound*":

- ❑ Individualized
- ❑ Family Voice and Choice
- ❑ Community-based
- ❑ Collaboration
- ❑ Culturally Relevant
- ❑ Team-based
- ❑ Natural Supports
- ❑ Strengths-based
- ❑ Unconditional
- ❑ Outcome-based



THE CSA PROGRAM COMPONENTS

Intensive Care Coordination (ICC)

ICC is a service that uses the *Wraparound* care planning process to coordinate multiple services and supports for youth with Serious Emotional Disturbance (SED). Involvement and participation in ICC is voluntary.

A *care coordinator* is assigned to work with each youth and family enrolled in ICC. The care coordinator is responsible for working with the youth and family to:

- Complete a risk management and safety plan
- Conduct a comprehensive home-based assessment of the youth's and family's strengths and needs
- Assemble a care planning team of the family's preference made up of formal (e.g. teachers, state agency workers, etc) and natural supports (e.g. friends, neighbors, etc) to help support the youth and family
- Develop an individual care plan (ICP) that guides the family and team in pursuing goals identified by the care planning team
- Make sure services and supports identified on the ICP are in place and coordinated

Family Support and Training (FS&T)

Persons delivering this service are known as *family partners*. A family partner has experience as a caregiver of a youth with special needs. The family partner works closely with the care coordinator (for youth in ICC) to help the parent(s) or caregiver(s) of the youth by:

- Teaching the parent/caregiver how to navigate the child-serving systems
- Identifying available services and supports in the community
- Developing connections with self-help or support groups
- Supporting and coaching the parent/caregiver in reaching goals identified on the ICP

ROLE OF CSA TEAM AT MEETINGS

- Responsibility for the **Implementation and Management** of the ICP.
- **Composition of CPT** work with family to identify members.
- Convene **1st Team Meeting** within 28 Calendar Days of consent.
- Ensure CPT membership strikes a balance of **Natural and Formal Supports**
- Encourage **Shared Decision Making** among team members.
- Assign and **Clarify the Responsibilities** for each team member.
- Facilitate **Monthly CPT** meetings*
- Every 90 days the **CANS** will be updated.
- Utilize Attendance/Sign-In Sheet with names and contact information for all CPT members and review the expectations related to member participation and confidentiality.
- **Revise ICP** to reflect changes since the last meeting. Changes to the ICP cannot be made when only a youth, care coordinator, and caregiver have met.
- Solicit **Member Input** if they are unable to attend CPT meeting.
- Ensure **ICP is Signed** by all CPT members.
- ICP will be **Updated and Distributed** to the CPT members within Seven Calendar Days CPT meeting.

*Youth with more or intense needs, the CPT will meet more, and for youth with less intense needs, the CPT may meet less, but no less than quarterly).

MEETING FLEXIBILITY

- The ICC provider is responsible for scheduling the meeting; CPT meetings are scheduled at a time and location convenient to the youth and family.
- The ICC provider will not convene CPT meetings with providers without the youth, parent/guardian unless the youth and/or parent/guardian agree to the CPT meeting occurring.



STAFFING STRUCTURE

The following staff support the program structure:

CSA Program Director: A Master's level clinician licensed at the independent level with several years of clinical experience and expertise. Responsible for the overall supervision of the intensive care coordination and family partner staff and is the overall clinical director of the operations of the CSA.

Senior Care Coordinator: A Master's level clinician licensed at the independent level with at least 3 years of experience in providing outpatient behavioral health services to youth and families. Experience with home-based and community based work using the Wraparound Philosophy. Provides direct supervision to the Care Managers.

Senior Family Partner: A parent professional who has experience as a caregiver of a youth with serious emotional disturbance. Senior Family Partners have a minimum of 2 years experience working collaboratively with state agencies, consumer advocacy groups and behavioral health outpatient facilities. Provides direct supervision to the Family Partners.

Care Coordinators: Masters level licensed clinicians or license eligible, with a minimum of 5 years experience in providing outpatient behavioral health services to children and families. The Care Coordinator will assume the overall responsibility for the implementation and management of an individualized and comprehensive care plan through the provision of intensive care coordination.

Family Partners: A Family Partner is an individual who delivers Family Support and Training services. This individual has experience as a caregiver of a youth with special needs and preferably a youth with mental health needs. The Family Partners has experience working as part of a larger team.

Administrative Assistant: Provides administrative support and assistance to the Program Director and staff in an effort to streamline operations and procedures in a timely yet organized manner.

Child Psychiatrist: A board-certified or board-eligible child psychiatrist or a child-trained psychiatric nurse mental health clinical specialist is available during normal business hours to provide consultation services.

AVAILABLE SERVICES

- Intensive Care Coordination
- Family Support and Training
- Behavior Management
- Individualized Care Plan Coordination
- Care Plan Facilitation
- Care Plan Evaluation & Follow-up
- Education/Prevention
- Linkage to Community Based Services and Activities
- Multi-Lingual Services
- In-Home Behavioral Health Support
- Therapeutic Mentoring
- Crisis Stabilization

REFERRALS & INSURANCE

All ICC referrals are made to the CSA, and anyone may refer to a CSA (e.g., parents/caregivers and youth, schools, state agencies, providers, etc.) with the consent of the family or guardian. A staff person at the CSA will determine if the referred youth meets basic criteria for enrollment in ICC which includes:

- The referred youth is enrolled in Network Health ,Beacon Health Services/ Neighborhood Health Plan, Fallon Community Health Plan, Boston Medical Center HealthNet Plan, Massachusetts Behavioral Health Partnership
- The referred youth is under age 22.
- The family is willing to meet/consider the service.

To make a referral please contact:

Michelle Corrao, Administrative Assistant
(508) 587-2579 ext. 30

Someone will return your call within 24 hours
to schedule a face to face interview