

MHSPY: Process and Promise



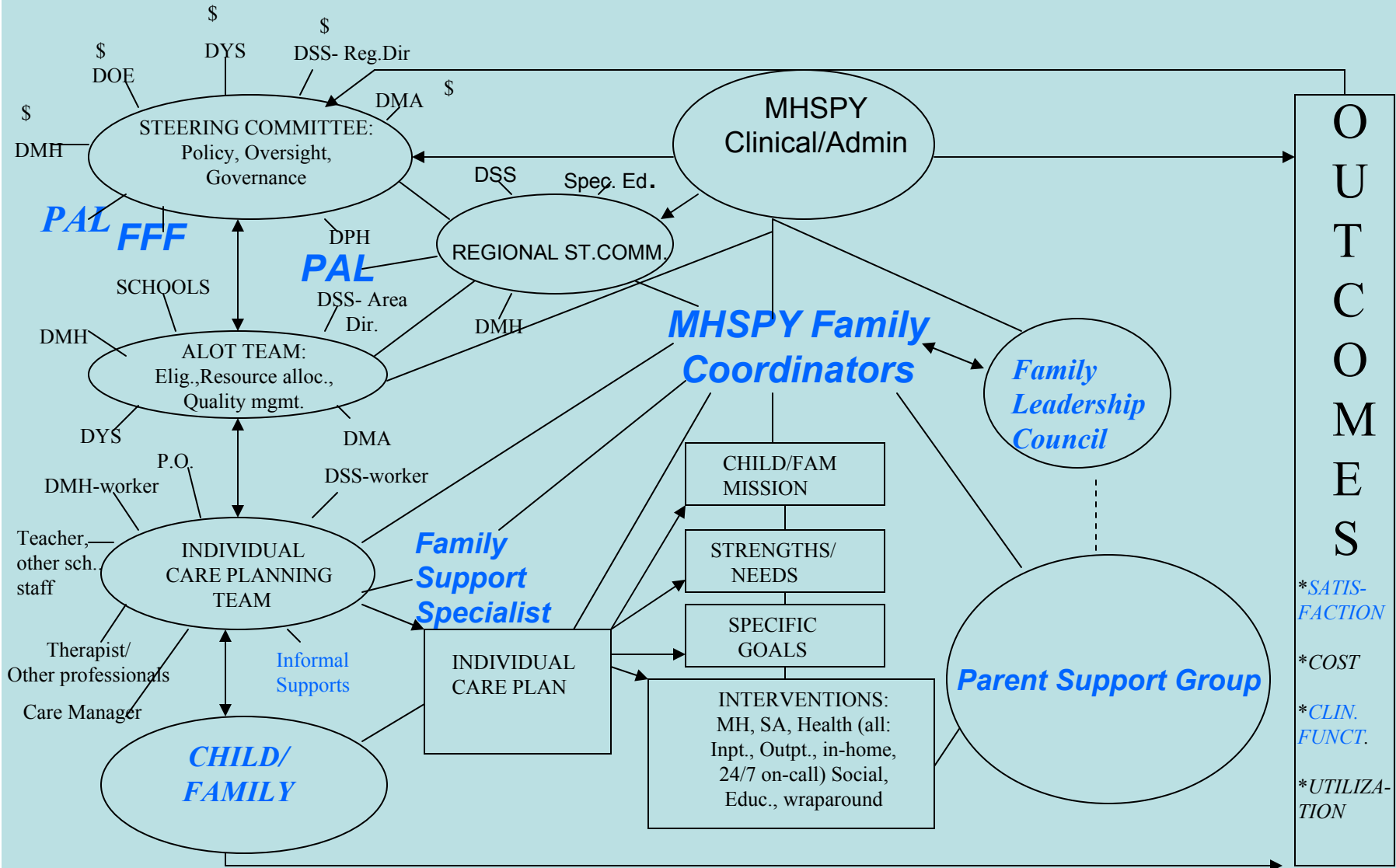
**The Federation for Children With Special Needs
Visions of Community 2008**

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Overview

- MHSPY engages and relies on the family voice to help create effective change
- It is a unique program model; drawing upon strengths at child, family and community levels
- Integrates traditional and non-traditional services for families
- Good results: for children, families, providers and communities

Family Voice in MHSPY



Engagement

- MHSPY builds on the active preferences of the family to facilitate engagement
- Successful engagement of caregivers is a key outcome of the MHSPY model
- Engagement is a necessary step in creating partnerships for change at the individual, family and community level

MHSPY Clinical Intervention: Logic Model

Context

Needs
Resources
School
Home
Family
Friends
Neighborhood

Care Manager

Care
Planning
Team*

Process

Reduce risks

Abuse
Mental Illness
Substance Use
Violence/Court
Neglect
Social Isolation

Grow strengths

Youth Voice
Academic Success
Physical Health
Mental Health
Community Connections
Friendships
Family Readiness

Outcomes

*REDUCED DAYS OUT
OF HOME*

IMPROVED SAFETY

*DECREASED
SYMPTOMS*

*REDUCED SELF-
HARM RISK*

*ENHANCED SUPPORT
SYSTEM*

*GREATER
ENGAGEMENT*

* Care Planning Team (CPT) is made up of the family, the Care Manager, and important professionals or non-professionals involved with the child. All formal treatment and informal support services are authorized via the CPT. Standard therapies are provided within the larger context of home and community based services. Care is individualized, family driven and intensively coordinated.

MHSPY Care Planning Process

- Takes place within a System-of-Care
- Based on CASSP Principles (Stroul, 1986)
- Combines elements from:
 - Wraparound
 - Task Oriented Groups
 - Evidenced Based Treatment

“Wraparound”

- Child and Family Team
- Strengths and Needs Assessment
- Family Focused
- Behavioral Goals
- Formal and Informal Resources
- Collaboration among team members

(J.Vandenberg, M. Grelish, “The Wraparound Process”,
Community Partnership Group, 1991)

Family Preparation

- Orientation to MHSPY and the care planning process for child and family
- Strengths/needs assessment, identification of community resources
- List of care planning team members
- Crisis planning, mission and goal ideas
- Visualization/“futuring”
- Agenda preparation for meeting

Care Planning Team

- Dedicated group of individuals identified by the family
- Professionals and non-professionals (i.e. relatives, friends, teachers, agency representatives, parent partner, Care Manager)
- Primary care, mental health and substance abuse clinicians

Developing the Individual Care Plan

- Setting the tone within the Team
- Strengths Identification
- Needs Identification: *Life Domains*
- Mission
- Goals and Interventions
- Safety/Crisis plan
- Measurement points: *What will it look like?*

Care Planning Team Meetings

- CPT location supports family access and team participation (home, school, doctor's office)
- MHSPY Care Planning Team Meetings information sheet, ICP, evaluations
- Teams meet monthly; initial meetings take more time (1 1/2 hrs.)
- Chaired by Care Manager
- Visual supports used

Roles of the Care Manager

Direct Care - supportive, therapeutic relationship to child and family via “wraparound” process, which combines traditional and non-traditional services.

Roles of the Care Manager

Care Coordination - leadership and facilitation of collaboration among agencies, families, community supports, to create a community-based system of care around each child.

Roles of the Care Manager

Case Administration -

Documentation and execution of decisions made within the Care Planning Team regarding family needs and identified goals.

Role of Family Support Specialist

- *Facilitate* - the process of increasing parent voice, access, and ownership in the care planning process
- *Collaborate* - with the Care Manager; work to achieve the child and family's mission
- *Participate* - as a parent support on the Care Planning Team

Program Activities

- Individual family to family orientation to MHSPY
- Monthly “MHSPY Family Nights” – multifamily social/fun dinners
- Multi-cultural Night
- Parent Support Groups
- Family Leadership Committee
- Teen Leadership Council

Family Night



Results

- 65% of MHSPY youth with prior residential treatment; 86% of days in MHSPY are spent at home
- Hospital use drops 64%; Foster care use drops 77%; Medical costs decrease by 53%
- CAFAS scores improve 27%; Self-Harm risk improves by 48%
- 3% drop-out rate; 96 % of families feel their Care Manager helps them “expect good things in the future for their family”

Graduation and Beyond

- Close to 25% of college age MHSPY youth go on to college
- Not all terminations are planned, not all disenrollments are graduations, but the impact of strength based care planning is always felt
- Emphasis is on sustainability of both tangible resources and hope

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