

## **Children’s Behavioral Health Initiative (CBHI): What do primary care pediatricians need to know?**

David Keller, MD

As a primary care pediatrician, I have been impressed by the breadth and scope of the Children’s Behavioral Health Initiative (CBHI), MassHealth’s new reform of the systems of care for EPSDT-eligible children and adolescents with “serious emotional disturbance” (SED) in the Commonwealth. Last year, we in primary care began screening for behavioral health problems in our practices, choosing among a set of MassHealth-approved screening tools and referring those children who screened positive to behavioral health providers for assessment and treatment. For the last eight months, this coordinated initiative has also required behavioral health providers to assess those children referred to them using a single assessment tool, the Child and Adolescent Needs and Strengths instrument or CANS. The CBHI establishes a common language for a new kind of treatment paradigm, called *Wraparound*, which will be practiced throughout the Commonwealth. Now, the final phase of the Children’s Behavioral Health Initiative is beginning to unroll, as new forms of mobile emergency mental health services and Intensive Care Coordination are instituted around the state. The new system is complicated; detailed descriptions are available at several web sites including (1) the Commonwealth-sponsored site for the Children’s Behavioral Health Initiative; and(2) the Massachusetts Behavioral Health Partnership site. In this article, I want to talk about how this new system will work with you to provide family-centered care for families who have youth with serious emotional disturbances.

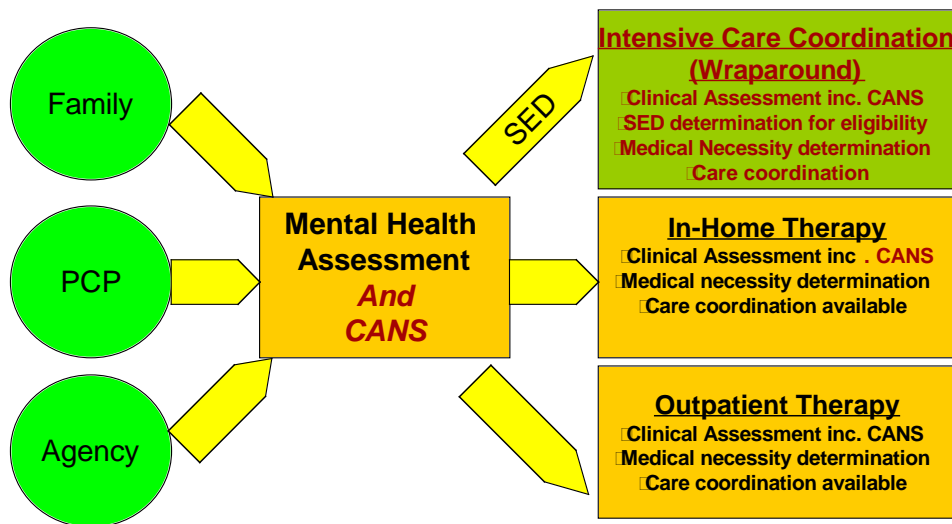
To understand how this new system will work, you need to understand a couple of concepts key to the system. First is *Wraparound*. To quote Bruce Kamradt of *Wraparound Milwaukee*, “*Wraparound* is an approach to implementing individualized, comprehensive services within a system of care. *Wraparound* is not a service or set of services. It is not a type of treatment like multi-system therapy (MST) or functional family therapy. It is a unique way of organizing services and supports individualized for a youth—it is more of a process that puts the family at the center of care.” In a sense, *Wraparound* is noteworthy for its similarity to the system of care we pediatricians have proposed under the Medical Home model. Just look at the essential values of *Wraparound* from the Milwaukee model:

- *Build on youth and family strengths, not their deficits.*
- *Care should be individualized—one size doesn’t fit all.*
- *Youth are best served in the community.*
- *Youth/families should have access to the services they need, not just what is available.*
- *Services should be provided in the context of the family, and families fully engaged in the planning and delivery of services.*
- *Services and supports need to be culturally competent.*
- *Care should be unconditional—plans fail--not youth!*

This sounds a lot like the Medical Home to me; this model of care will not be foreign to pediatricians.

So, how will this happen in Massachusetts? To understand this, you need to understand two other key concepts in the plan: the CANS and the Community Service Agency (CSA). The CANS is an assessment tool that allows the behavioral health providers to put the families at the center of the care plan, by focusing on their strengths and needs. Pediatricians don't use the CANS - it is administered at the behavioral health agency to which you have referred your patient. With the CANS in hand, however, that agency is able to decide whether the child is "seriously emotionally disturbed" and meets the medical necessity criteria for Intensive Care Coordination (ICC) in order to receive full *Wraparound* services. [The bullets in the boxes below on the right are squished and the square bullets don't stand out well, but I can't fix it because this is one image. Do you have the original?]

## The New System: CBHI



If assessed children do not meet the criteria for ICC, they may still benefit from either outpatient therapy or in-home therapy. If they do qualify, however, a care coordinator will work with the family to facilitate the development of an Individual Care Plan (ICP) that addresses ALL of the family's needs. The care coordinator may be assisted by a family partner who is the parent of a youth with SED. The care coordinator, working for one of 32 brand-new CSAs around the state, will convene a care planning team meeting focused on ALL of the significant forces in the child's life, including natural supports such as family members, the family partner, mental health workers, school personnel, community workers or agencies, DCF and, quite probably, the primary care pediatrician.

The care coordinator's job is to ensure that the family can maximize the effectiveness of these services and help us to all work together for the benefit of the family. The ICC is the glue that facilitates communication among the various parts of the system, which as we all know, sometimes do not speak with each other. In the end, this approach has the potential to create powerful synergies for some of our most difficult patients.

The challenge of putting together all the pieces of this system began on June 30, 2009, when the CSAs began. What can pediatricians do to make sure that it works? Here are a few suggestions:

- Keep screening the children in your practice for behavioral health problems, using approved screening tools. Our screening efforts are the engine that will make the system work.
- Refer positive screens for evaluation, and learn the language of the CANS. It is the common language for the development of the treatment plans in the new CBHI.
- Comment on the Individual Care Plan, ideally while it is being developed.
- Know your CSA and be part of the team, so that you can support families as they work through the new system. Follow this link to find the CSA for towns in your practice area: <http://www.masspartnership.com>, or use the attached convenient computer application that automatically lists all CSAs' and ESPs' (Emergency Service Providers) contact information by choosing a specific city/town from a drop down list.

For all of us who have wrestled with behavioral health issues in our practices, the CBHI represents a chance to help. The plan is complicated, it has a lot of acronyms, and it risks becoming another impenetrable bureaucracy. If we can keep families at the center, however, it will allow us to offer hope to families that have had little hope in the past. That, as least, seems worth the risk.

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**For more information, try these web sites:**

1. *Children's Behavioral Health Initiative:*

[www.mass.gov/masshealth/childbehavioralhealth](http://www.mass.gov/masshealth/childbehavioralhealth)

2. *Massachusetts Behavioral Health Partnership online:*

<http://www.masspartnership.com/>

3. *Rosie D. and Me: A pediatrician reflects on the mental health of children and the systems that are trying to help them.* <http://olddockeller.blogspot.com/>