**Rosie D. Feature Article March 2012**

**Promoting Effective Collaboration Between Schools and Home-Based Service Providers Part II: Intensive Care Coordination**

This feature is the second in a series on the critical role of local school systems in realizing the benefits of home-based services for youth with behavioral health needs. It examines how schools can collaborate with providers of key remedial services within the Children's Behavioral Health Initiative (CBHI), in order to achieve the best outcomes for students with behavioral health needs.

The Rosie D. Judgment required a paradigm shift for the children's mental health system in Massachusetts. It not only mandated a vastly expanded array of home-based services, but it also represented a change in the way that care was conceptualized and delivered, recognizing the need for, and value of, highly individualized, strengths-based, family-driven care. The model of "wraparound" service delivery offers families the opportunity to direct their own care and treatment, by setting priorities and treatment goals that are consistent with their vision of community and their aspirations for their child. This model has yielded vastly improved outcomes in other states, by focusing on a community-based, team approach to integrated service provision.

This paradigm shift was the catalyst for many of the reforms that are evident in the new CBHI program, including the design and delivery of Intensive Care Coordination (ICC). ICC seeks to achieve wraparound’s "single plan, single team" ideal for coordinating services across numerous agencies and service providers. ICC forges a partnership between the care coordinator, youth and family. With their input and direction, the care coordinator performs a comprehensive assessment of the child, engages in crisis planning, and is responsible for team formation, development of an integrated treatment plan, and ongoing coordination of care. Throughout this process, ICC facilitates regular communication between families, service providers, and other key players in order to promote effective collaboration and provide a comprehensive understanding of a child's strengths and needs.

Given the important role that schools play in the lives of children and adolescents, it is extremely helpful to include schools in the ICC treatment planning process and to include home-based providers in the delivery of educational services and support. But decisions about when and how to bring these parties together, and what information is most helpful to share, require careful consideration and should be driven by the goals and needs of the youth and family.

For instance, parents and guardians can request the involvement of Care Planning Team members in their child’s educational planning, inviting them to attend IEP meetings or participate in other discussions with classroom teachers and school staff. At these educational meetings, the Care Coordinator or Family Partner can support the family's active participation in the IEP planning process. With appropriate consent, they can share relevant treatment information to promote the consistency and efficacy of interventions across home and school environments. Other ICC team members, including in-home therapists, behavior therapists, and mentors also can be valuable participants in the IEP process, conducting in-school observations, assisting in developing class room strategies and desired interventions, sharing clinical expertise, and helping inform the development of goals and objectives that support students' social, emotional and behavioral needs.

Incorporating parent training, provider consultation, and even therapeutic supports into the IEP itself is another useful strategy for promoting educational success, reducing school disciplinary issues and absences, achieving IEP goals, facilitating communication, and improving coordination. When teachers and other school staff are knowledgeable about and trained in implementing basic care strategies, treatment plans are far more effective and consistent. Similarly, when parents and providers have regular consultation with school counselors or other related therapists, they are often better and more quickly informed about emerging issues and concerns, and in an optimal positions to encourage the exchange of ideas and strategies about how best to respond.

School staff can play an important role in the development of the Individual Care Plan that guides the youth's behavioral health services in the community. At the parent/guardian's request, school personnel may be invited to participate in certain care planning meetings, particularly when coordination between home and school is an important part of the meeting agenda. Occasionally holding care planning meetings in school locations can facilitate this level of participation.

Schools play a crucial role in achieving desirable outcomes for children struggling with emotional and behavioral issues. The benefits of effective coordination between ICC teams, families, and school staff can be far-reaching. Providers can partner with parents and school staff to address social, emotional or behavioral needs that can interfere with learning; reduce absences or other interruptions in education; and support students’ effective progress in the least restrictive environment. School staff can reinforce the work done by service providers during the school day by employing consistent and complementary interventions and sharing effective strategies for individual skill-building, emotional regulation, social skill development and positive behavioral supports.

For eligible youth and families, ICC provides a unique, empowering and supportive context in which this collaboration with schools can occur, facilitating effective communication, promoting shared goals, and supporting students' success at home and in the classroom.

(To read January's feature *Rosie D.* and Schools: The Benefits of Home-Based Services for Students with Complex Needs, click [here](http://www.rosied.org/Resources/Documents/January%202012_feature_formatted.docx).)