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**Feature Article January 2012**

***Rosie D*. and Schools: The Benefits of Home-Based Services
for Students with Complex Needs**

This feature is the first in a series that explore how schools and families can work together to ensure that Medicaid-eligible students with complex social, emotional and behavioral needs can access and benefit from the *Rosie D*. remedial services.

*Rosie D. v. Patrick* is a class action lawsuit brought on behalf of Medicaid-eligible children and adolescents under the age of 21 who need, but are not receiving, home-based mental health services. Without appropriate home-based services, these children can be at risk for prolonged or unnecessary hospitalization or other out-of-home placement, as well as removal from their local schools and communities. Pursuant to a federal court Judgment in July 2007, Massachusetts embarked on a plan to dramatically alter the landscape for Medicaid-funded mental health care in Massachusetts, creating a new service delivery system designed to empower and support youth and families and to successfully maintain their connections to home, community and school settings.

Eligible youth and families can now access the following home and community based services: behavioral health screening with primary care providers, comprehensive home-based assessments, Intensive Care Coordination (ICC), Family Support and Training, Mobile Crisis Intervention, In-Home Therapy, In-Home Behavioral Therapy and Therapeutic Mentoring.

This new mental health service system is based upon an integrated and coordinated approach to treatment planning and service delivery, informed by nationally recognized principles of ‘wraparound’ care. Home-based services are highly individualized, child and family centered and strength based. They can be provided in any appropriate setting where the child is located, *including schools or after-school programs*. Families and providers set goals for each service, consider appropriate locations and strategies for implementation, coordinate the delivery of care, and monitor progress towards identified outcomes.

Schools can support access to the new remedial services in a number of ways, depending on how much is known about the student’s needs. For students with suspected behavioral health conditions, school staff may suggest parents seek behavioral health screening through their child’s pediatrician or a diagnostic evaluation by a mental health specialist. School nurses and other school health professionals also can refer the child directly to a primary care clinician for a screening or to a mental health clinician for an assessment. Finally, students can also be referred directly to a network of regional mental health service providers to obtain remedial services. School staff can assist families in locating providers in their area using the website [www.mabhaccess.com](http://www.mabhaccess.com/).

School staff can also support families during the referral, intake, assessment, and service planning process, sharing knowledge and insights which can help with the selection of services and interventions most likely to benefit the student. Once services are in place, there may be opportunities for school staff to work in concert with remedial service providers, and to jointly promote the students’ success across all the environments where they live and learn.

Common goals and a shared mission make schools and home-based service providers natural allies. Both seek to serve children in the least restrictive environment. Both hope to cultivate a child’s ability to succeed and function independently in all aspects of life. Home-based services are intended to treat and support children in the settings where they live, learn, and socialize. In developing treatment interventions, home-based service providers can and should consider children’s needs before, during, and after the school day, in order to maximize their overall functioning and availability for learning.

Perhaps most significantly, youth with behavioral health needs who participate in wraparound remedial services are far more likely to attend school, remain in school, and engage in learning. Thus, not only do close linkages with remedial service providers improve students' school performance, they also assist school staff in addressing and responding to challenging student needs.

In the same way, effective coordination between school staff, families and home-based service providers can promote the student’s generalization of skills from one environment to another, ensure the use of consistent social, emotional and behavioral interventions, and help to identify and reinforce new strategies for supporting their success in school. Finally, building partnerships with local remedial service providers allows schools to effectively connect students and families to mental health services, while increasing their staff’s access to valuable clinical resources and expertise.

Information on the Children’s Behavioral Health Initiative (CBHI), which includes all remedial services ordered by the Court, is available from a number of sources, and can be part of the resources schools routinely make available to parents and caretakers. Free informational pamphlets can be downloaded from the Mass.gov website by following links for CBHI. A specialized resource and referral guide for school personnel is also available on this site, offering information designed to assist a variety of school staff, including teachers, guidance counselors, nurses and school administrators. A copy of this [School Personnel Resource Guide](http://rosied.org/Resources/Documents/school-personnel-res-guide.pdf) is available at [www.rosied.org](http://rosied.org/). To read more about the Department of Early and Secondary Education’s recommendations for improving integrating educational and behavioral health services and its Framework for Safe and Supportive Schools, *see* [www.doe.mass.edu/research/reports/0811behavioralhealth.pdf](http://www.doe.mass.edu/research/reports/0811behavioralhealth.pdf).