

Families are central to *wraparound* service

Seven years ago a class action lawsuit (*Rosie D. vs. Romney*) was filed in federal court on behalf of children in Massachusetts with serious psychiatric disabilities. The lawsuit was brought on behalf of eight named plaintiffs who were hospitalized or at risk of hospitalization due to the state's failure to provide needed services to allow them to live at home and attend local schools.

The federal court ruled for the plaintiffs and the state was required to develop a new array of home and community-based services known as the Children's Behavioral Health Initiative.

This past spring Community Healthlink was awarded a contract through Mass Health managed care companies to develop and deliver an Intensive Care Coordination service for the benefit of hundreds of youngsters and their families in Worcester and throughout Central Massachusetts. This service, known as the Families and Communities Together (FCT) collaborative,

Continued on Page 2



J. Anthony Irsfeld, PhD., and Christine Kroel review data from their new program.

Mobile intervention helps youth in crisis

The phone rang in Lori Simkowitz-Lavigne's office on Belmont Street, Worcester, at 9:15 one August morning. "Can you tell me a little of what's going on?" Lori asked of the distressed caller.

The scene described was that of a seven year-old boy who was "acting out" by defecating on the floor of his bedroom.

"Is he safe at the moment?" Lori further inquired. "Is he doing anything to hurt himself or someone else?" she asked. Upon quickly assessing the situation Lori assured the caller that a staffperson from Community Healthlink would be at the child's home within the hour to provide on-site evaluation and to help stabilize the situation.

Such is the nature of Healthlink's Youth Mobile Crisis Intervention that was launched this past summer. YMCI serves as an intervention tool for children, teens and families who are in the midst of a mental health episode. Upon contact from the family Community Healthlink's triage clinicians will inquire about the nature of the crisis, demographic information, and insurance information.

Continued on Page 3



"Hooray for our new playspace!"

Youngsters at Community Healthlink's Orchard Street family residence are the lucky recipients of a new indoor playspace designed and furnished by Horizons for Homeless Children.

Horizons provides early care and education in Community Children's Centers, and recruits volunteers to help create recreational playspaces in shelters throughout Massachusetts.

(see related photo on page 5)

New service relies on ‘Families and Communities Together’

Continued from Page 1

coordinates multiple services and supports for youth under the age of 21 years with serious emotional disturbance. FCT services enable youth to live with their families and to attend schools in their respective communities. Youth who are enrolled in MassHealth Standard or CommonHealth are eligible for this service.

Families and their children participate on a voluntary basis in the program which is designed to provide community-based treatment and support in the families’ most natural setting, while minimizing disruption to the child’s home life and school routine. FCT strives to build on the family’s strengths and the youngster’s relationships at home, at school, and in the community. This *wraparound* process puts the family at the center of the planning process and builds a team around the family’s vision for their child’s future.

One of the features of the newly created Families and Communities Together (FCT) collaborative is “that we can take it on the road,” according to J. Anthony Irsfeld, PhD., program director. In one case the FCT team was able to accommodate the work schedule of parents by meeting with them over a period of several weeks in a private setting at a local fast-food restaurant.

Through the end of September 200 youth, about half from Worcester and adjoining towns and the rest from North Central Massachusetts towns were receiving wraparound services offered by FCT. It is projected that as many as 1600 youth in Central Massachusetts may be eligible for FCT services.

About Dr. Irsfeld

Anthony Irsfeld is the Director for the Families and Communities Together (FCT) collaborative at Community Healthlink. He is an assistant professor in the Department of Psychiatry at the UMASS Medical School. He holds a doctorate degree in Psychology from St. John’s University, where he specialized in child-clinical psychology and family therapy.

His interest in strength based and collaborative work with families stretches back nearly 15 years. For the past 9 years, he oversaw the development and implementation of two successful wraparound pilot projects through the Communities of Care initiatives at UMASS Medical School. He has co-authored two handbooks: Collaborating with Families: How to Enhance Engagement, Discover Strengths, and Talk about Problems and Collaborative Team Meetings with Families. He teaches Family Therapy to psychology interns through a Community Healthlink training program, and has conducted numerous workshops, trainings and consultations on a variety of topics related to collaborative work with families and youth.



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The expectation is that intensive care coordination will usually last for one year to 18 months, though services may be extended for “as long as the youth meets the medical necessity criteria.”

Christine Kroell, FCT’s family partner director, explains the process for engaging families and other relevant parties from Worcester and North Central Massachusetts in the wraparound plan. Once the referral is made FCT contacts the family within 24 hours. The initial visit by a care coordinator and family partner with the family and child then takes place within 72 hours. Initial assessments of the child and family are conducted and needs and strengths are determined. The care planning team is then identified and assembled. This team may include a psychiatrist, therapist, teacher, coach, extended family, “anyone who is close to the youngster and family.”

“We then convene a team meeting to discuss treatment options and to assign tasks to team members so the entire burden does not fall solely on the family,” Christine emphasizes.

“The family really guides the process. Part of what we’re about is reshaping the system to fit the family’s culture and values. We reconfigure the support system to help it work better for the family,” Dr. Irsfeld adds. “We blend the child’s family and the extended family and augment it with professional caregivers. And what the family tells us really matters,” he notes.

The family partners who are recruited to help the child and family are people with experience as caregivers to youth with special needs. The family partner teaches the parents to navigate the child-serving system and to identify available services in the community and to develop connections with self-help and support groups.

“When we do the process correctly the family becomes empowered and expresses its preferences for the care of their child. We’re able to help parents talk to therapists in a manner that doesn’t burn bridges for themselves and their child,” Dr. Irsfeld notes.

Healthlink plays new role in quest to curb homelessness

Community Healthlink has been tapped to play a pivotal role in the effort to significantly reduce homelessness in Worcester.

Recently Worcester City Manager Michael O'Brien announced the award of more than \$2.5 million in federal and state funded contracts to agencies that will develop and manage services to divert homeless men and women from shelters and provide a conduit to rapid re-housing.

Community Healthlink has become a point of entry for people who have traditionally been guests of the People In Peril shelter on Main Street, Worcester. Now people will be directed to Healthlink's HOAP program where assessment case managers will be on duty around the clock to determine each individual's needs and then make referrals for appropriate services, including housing and healthcare.

An immediate result of these strategies will be to greatly reduce the number of nightly visitors to the PIP shelter, which has had an 88-person capacity that often rises to 100 or more during the winter months. It is expected that through the triage, assessment and rapid re-housing approach the PIP shelter will ultimately close its doors.

Deborah Ekstrom, Healthlink's President and CEO, hailed this approach to ending homelessness which places an emphasis on housing people first and linking them to the services that will help them achieve and maintain a stable living condition.

The contract awards were based on the recommendations of the Leadership Council of the Worcester County Regional Network. Community Healthlink is one of a handful of local and regional agencies that will receive funding to deliver services in Worcester, as well as North and South Worcester County.

Nearly two years ago Community Healthlink launched another project called Home Again which is also designed to reduce the homeless rate in Worcester. Already Home Again has found housing for 29 men and women who were among a target population of 120 people in Worcester who have battled chronic homelessness. That program has received funding from HUD and The Health Foundation of Central Massachusetts.

The Health Foundation of Central Massachusetts also recently announced the award of a \$426,000 grant to the Home Again project to provide housing and case management to an additional 20 to 25 chronically homeless people.

During the next three years Home Again hopes to offer housing and support services to the majority of the city's chronically homeless population.

Mobility, quick reponse, are keys to intervention

Continued from Page 1

For families enrolled in MassHealth, the team will offer to go to the family's home or other safe location. Families can also be seen at Healthlink's office or, if necessary, at a hospital emergency room. Following the evaluation and consultation with a supervisor and/or child psychologist, the team will be prepared to discuss with the parents/guardians its recommendations for continued care.

"We may receive a call indicating that a youngster has been acting out in school and telling friends and teachers that they are going to harm themself. The best remedy may be for an immediate evaluation at home or school and not necessarily a trip to the hospital emergency room," explained Lori, the YMCI director. She noted the emergency room experience can often be lengthy and unsettling and can be stressful for a family.

"An overriding message to emergency providers is that by contacting our triage clinicians we hope to divert children in crisis from hospital emergency rooms," Lori declares.

The Youth Mobile Crisis Intervention is a "24/7" service that helps families in Worcester and Northern Central Massachusetts communities navigate the emergency mental health system. The service is available to people up to to 20 years of age.

Youth Mobile Crisis Intervention is part of the Children's Behavioral Health Initiative for children enrolled in MassHealth.

Several dozen youngsters and families have already received services from YMCI's team of clinicians, crisis support worker, family partner and case manager since the program was introduced this summer.



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United to Serve the Community

For years a “Day of Caring” has served as an inspiring start to United Way’s annual fundraising campaign.

On September 10th and 15th the United Ways of North Central Massachusetts and Central Massachusetts, respectively, greeted hundreds of volunteers who lent their skills and energies to a variety of community service projects on behalf of area human service agencies.

Community Healthlink was the beneficiary of many of those talents as it hosted more than 60 volunteers from Anna Maria College, Abbott Bioresearch, UPS, Verizon, Bemis Associates, Fitchburg State College, and Target. The tasks performed by volunteers included window washing, painting, and yardwork.

“We’re grateful to United Way for coordinating these many projects and we’re immensely grateful to the many companies and their employees for donating what surely amounts to thousands of dollars of time and labor,” said Deborah Ekstrom, Healthlink’s President and CEO.



The window washing performed by employees from UPS put a sparkle on our Youth & Family Services building on Belmont Street, Worcester.

United Way of
Central Massachusetts

United
Way



Teens from Healthlink’s Highland Grace House participated as volunteers in the Day of Caring by applying new coats of paint to the entrances of residences at Great Brook Valley housing in Worcester.



Students from Anna Maria College devoted a day to scraping and painting the fences along the perimeter of Faith House on Burncoat St., Worcester.

United Way of
North Central Massachusetts

United
Way



Volunteers from Bemis Associates and Verizon painted the interior of an outdoor playspace and relaxation area at Healthlink’s Orchard St. program in Leominster. Other volunteers painted the residence’s front porch and others decorated the children’s playroom.



DPH scholarships promote advancement opportunities for bilingual clinicians

Human service agencies across the nation have grappled for some time with the limited number of bilingual/bicultural clinicians available for hire and the impact this has on access to health care by bilingual clients. A \$36,000 grant obtained from the Massachusetts Department of Public Health has made it possible for Community Healthlink to provide scholarships to its bilingual employees to attend a Master's Degree program at colleges within the Commonwealth to help alleviate this shortage.

By subsequently promoting persons of color and retaining them as clinicians Healthlink hopes to bridge the health disparities gap for non-English speaking clients that exists in many communities across the nation, including Central Massachusetts.

The terms of the scholarship program stipulate that staff who are awarded scholarship funds will commit to working for Community Healthlink for a minimum of four years.

Three Healthlink employees are currently enrolled in programs at Anna Maria College, Boston College, and Cambridge College.



A celebratory gathering

Community Healthlink's Orchard Street, Leominster, recovery program gratefully welcomed several guests in September for the unveiling of the new playspace created on behalf of its children by Horizons for Homeless Children.

Among those attending the celebration were, left to right: Dan Matloff, Horizons' project volunteer, Sue Heilman, Horizons' director, State Representative Dennis Rosa of Leominster, and Jodi Koravos, director of the Orchard Street program.

Jordan Oshlag recognized for role in standardization project



Jordan Oshlag

Jordan Oshlag, Community Healthlink's Vice President of Operations, was among a group of human service professionals honored recently by the Association for Behavioral Healthcare (ABH) for his role in the development of a standardized community-based clinical documentation process.

The Massachusetts Standardized Documentation Process will enable service providers to move beyond historical documentation models that recorded only the minimum level of information, to a documentation process that supports a

person-centered/recovery oriented service delivery model in community settings. The purpose of this project is to improve the readiness of mental health and addiction treatment providers to implement Electronic Health Records.

ABH, known until recently as the Mental Health and Substance Abuse Corporations of Massachusetts, is a statewide organization representing ninety-one community-based behavioral healthcare provider organizations that employ 20,000 people who provide clinical care to 117,000 individuals on any given day in communities throughout the state.

ABH members, including Community Healthlink, are the primary providers of mental health and substance abuse treatment services in Massachusetts.

Jordan chaired the MSDP Leadership Team and played a critical role in guiding the project from beginning to end, which has resulted in the creation of a standardized set of forms and training manuals.

Community Healthlink is proud to have one of its own play such an important role - and now is glad to have him back "home" full time.

Russian visitors, CHL's chief medical officer, share views on health care

The questions ranged from interest in the treatment of pregnant women who suffer from mental illness and addiction, to rates of emotional disturbance among children and adolescents, to what are the most prevalent diagnoses of mental illness among men and women in our community.

The conversation was interspersed with comments about the New England climate and the friendliness of their many hosts, but the focus for the visitors from Russia remained largely on health care and healthy lifestyles.

On October 15th ten healthcare professionals, educators and a television journalist from Russia spent more than one hour exchanging information and views about healthcare issues with Community Healthlink's Chief Medical Officer, Dr. Marie Hobart. The meeting was part of a three-week visit to the United States sponsored by the U.S. Agency for International Development and coordinated by the International Center of Worcester at Clark University.

With help from an interpreter, Dr. Hobart acquainted her guests with many of Healthlink's programs, including such healthy lifestyle initiatives as smoking



***Dabro pazhalavat!* Ten visitors from Russia were “welcomed” to Community Healthlink during their visit to Worcester in October. Here they are shown conferring with Dr. Marie Hobart (at far middle of table), Healthlink’s Chief Medical Officer.**

cessation and the use of yoga to alleviate stress and anxiety in clients suffering from these and other disorders.

A goal of the visit was to gain exposure to healthy lifestyle campaigns in the U.S. that target the issues of tobacco, alcohol, drugs, sexual health, domestic violence, diet, fitness, stress, and mental health. Through a mutual exchange of ideas they hope to design more effective healthy lifestyle campaigns upon their return to Russia.

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