

THERAPEUTIC MENTORING SERVICES

Providers contracted for this level of care or service shall comply with all requirements of these service-specific performance specifications. Additionally, **providers of this service and all contracted services shall comply with all “General” performance specifications.**

Therapeutic Mentoring Services are provided to youth (under the age of 21) in any setting where the youth resides, such as the home (including foster homes and therapeutic foster homes), and in other community settings such as school, child care centers, respite settings, and other culturally and linguistically appropriate community settings. Therapeutic Mentoring offers structured, one-to-one, strength-based support services between a therapeutic mentor and a youth for the purpose of addressing daily living, social, and communication needs.

Therapeutic Mentoring services include supporting, coaching, and training the youth in age-appropriate behaviors, interpersonal communication, problem-solving and conflict resolution, and relating appropriately to other children and adolescents, as well as adults, in recreational and social activities pursuant to a behavioral health treatment plan developed by an outpatient, or In-Home Therapy provider in concert with the family, and youth whenever possible, or Individual Care Plan (ICP) for youth with ICC. These services help to ensure the youth’s success in navigating various social contexts, learning new skills and making functional progress, while the Therapeutic Mentor offers supervision of these interactions and engages the youth in discussions about strategies for effective handling of peer interactions.

Therapeutic Mentoring services must be necessary to achieve a goal(s) established in an existing behavioral health treatment plan for outpatient or In-home Therapy or in an ICP for youth in ICC, and progress toward meeting the identified goal(s) must be documented and reported regularly to the youth’s current treater(s). Services are designed to support age-appropriate social functioning or ameliorate deficits in the youth’s age-appropriate social functioning.

Components of Service

1. Providers of Therapeutic Mentoring services are outpatient hospitals, community health centers, mental health centers, other clinics, and private agencies certified by the Commonwealth. Providers of therapeutic mentoring utilize Therapeutic Mentors to provide these services.
2. The Therapeutic Mentoring service must be operated by a provider with demonstrated infrastructure to support and ensure
 - a. Quality Management /Assurance
 - b. Utilization Management
 - c. Electronic Data Collection / IT

	<p>d. Clinical and Psychiatric Expertise</p> <p>e. Cultural and Linguistic Competence</p> <p>3. The Therapeutic Mentoring provider engages the youth in activities in the community. These activities meet one or more of the following purposes:</p> <ul style="list-style-type: none"> • Provision of anticipatory guidance • Teaching of alternative strategies • Role playing • Behavioral rehearsal • Skill acquisition in the community • Practicing skills in the community • Exposure to social situations in which age-appropriate skills can be practiced • Enhancing conflict resolution skills • Developing communication skills <p>Therapeutic Mentoring interventions are designed to address one or more goals on a youth’s existing outpatient or In-home Therapy treatment plan (for youth not in ICC), or on an existing ICP (for youth in ICC), and are provided while engaging the youth in the following types of activities:</p> <ul style="list-style-type: none"> • Social activities • Recreational activities • Athletic activities • Artistic or creative activities • Educational or vocational activities • Activities of daily living based in the community (e.g., taking public transportation, applying for a job, etc.) <p>4. The Therapeutic Mentoring provider develops and maintains policies and procedures relating to all components of Therapeutic Mentoring Services. The provider will ensure all new and existing staff will be trained on these policies and procedures.</p> <p>5. The Therapeutic Mentoring provider offers services in the youth’s home and community.</p> <p>6. The Therapeutic Mentoring provider delivers services in accordance with an existing outpatient or In-home therapy treatment plan that is jointly developed by the outpatient, or In-home therapy provider with input from the parent/guardian/caregiver, and youth whenever possible, and</p>
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	<p>7. The Therapeutic Mentor provider does not directly provide social, educational, artistic, athletic, recreational or vocational services.</p>
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Staffing Requirements

	<p>1. Minimum qualifications for Therapeutic Mentors include:</p> <ul style="list-style-type: none"> • 21 years of age or older; and • bachelor’s degree in a human service field from an accredited university and one (1) year experience working with children/adolescents/transition age youth; • associate’s degree in a human services field from an accredited school and one (1) year of experience working with the target population; or • High school diploma or GED and a minimum of two (2) years of experience working with children/adolescents/transition age youth <p>2. Therapeutic Mentoring Service provider ensures that Therapeutic Mentors complete a training course upon employment and annually thereafter, that minimally includes the following:</p> <ul style="list-style-type: none"> • Overview of the clinical and psychosocial needs of the target population • <i>Systems of Care</i> principles and philosophy • The four phases of <i>Wraparound</i> and the 10 principles of <i>Wraparound</i> • Role within a CPT • Ethnic, cultural, and linguistic considerations of the community • Community resources and services • Family-centered practice • Behavior management coaching • Social skills training • Psychotropic medications and possible side effects • Risk management/safety plans • Crisis Management • Introduction to child-serving systems and processes (DCF, DYS, DMH, DESE, etc.)
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	<ul style="list-style-type: none"> • Basic IEP and special education information • Managed Care Entities' performance specifications and medical necessity criteria • Child/adolescent development including sexuality • Conflict resolution <p>Documentation of the provider's training curriculum is made available upon request.</p> <ol style="list-style-type: none"> 3. The Therapeutic Mentoring provider ensures that all Therapeutic Mentoring staff receives weekly individual supervision by a licensed clinician with specialized training in child/adolescent issues, child-serving agencies (e.g. DYS, DCF, DMH, DDS, DESE), mental health, family-centered treatment, strengths-based interventions, and <i>Wraparound</i> planning process consistent with <i>Systems of Care</i> philosophy. 4. The Therapeutic Mentoring provider ensures that a senior licensed clinician is available for consultation within one (1) hour to Therapeutic Mentoring staff during all hours that Therapeutic Mentoring staff provides services to youth, including evenings and weekends.
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Service, Community, and Collateral Linkages

	<ol style="list-style-type: none"> 1. The Therapeutic Mentor supports, coaches and trains the youth in order to support linkages to community resources and services that will sustain the youth's optimal functioning in the community. These linkages may include, but are not limited to: Boys and Girls Clubs, YMCAs, town recreational programs, faith communities, after-school programs, health and wellness programs, job-training, and tutoring. 2. The Therapeutic Mentor supports, coaches and trains the youth in connecting with existing treatment providers and in linking with new or additional resources. 3. For youth in ICC, the Therapeutic Mentor participates as a member of the CPT and clearly outlines the goals of the Therapeutic Mentoring Service in the ICP. 4. For youth who are not receiving ICC, the Therapeutic Mentor works closely with the family, and any behavioral health existing/referring provider(s) to implement the goals and objectives identified by the referring provider. 5. The Therapeutic Mentor participates in all treatment and
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	<p>care planning meetings and processes including Care Plan Team for youth in ICC. When state agencies (DMH, DCF, DYS, DPH, DESE/LEA, DDS, MRC, ORI, probation office, the courts) are involved, and with required consent, the Therapeutic Mentor participates with these agencies with regards to service/care planning and coordination and planning for transition to adulthood. The Therapeutic Mentor assists the youth in communicating his/her needs to the treatment team when age-appropriate. The Therapeutic Mentor contributes the voice of the youth in the absence of the youth.</p>
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Quality Management (QM)

	<ol style="list-style-type: none"> 1. The Therapeutic Mentoring provider participates in quality management activities.
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Process Specifications

<p>Treatment Planning and Documentation</p>	<p>When the need for Therapeutic Mentoring is identified in a youth’s outpatient, In-home therapy treatment plan or ICP for youth in ICC, the outpatient, In-home therapy or ICC referring provider is responsible for communicating the reasons for referral, and the identifying goals for Therapeutic Mentoring to the Therapeutic Mentoring provider.</p> <ol style="list-style-type: none"> 1. For youth engaged in ICC, the Therapeutic Mentor must coordinate with and attend all CPT meetings that occur while they are providing Therapeutic Mentoring Services. At these meetings, they give input to the CPT in order to clearly outline the goals of the service in the ICP and provide updates on the youth’s progress. The Therapeutic Mentor develops and identifies to the CPT an anticipated schedule for meeting with the youth and a timeline for goal completion. The Therapeutic Mentor determines the appropriate number of hours per week/month for Therapeutic Mentoring services based on the needs of the youth as identified in the ICP. 2. For youth who are not receiving ICC, the Therapeutic Mentor must coordinate with the referring behavioral health provider and attend all treatment team meetings in order to clearly outline the goals of the service and provide updates on the youth’s progress. The Therapeutic Mentor develops and identifies to the referring behavioral health provider an anticipated schedule for meeting with the youth and a
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	<p>timeline for goal completion. The Therapeutic Mentor determines the appropriate number of hours per week/month for Therapeutic Mentoring services based on the needs of the youth as identified in the treatment plan.</p> <ol style="list-style-type: none"> 3. The Therapeutic Mentoring provider contacts the family to initiate services within three (3) business days of receipt of the referral. 4. The Therapeutic Mentor has at least one contact per week, and more if needed, with the youth's ICC, In-Home Therapy Services, or outpatient provider to provide updates on progress toward goals on the identified treatment plan or ICP. 5. The Therapeutic Mentoring provider ensures that all services are provided in a professional manner, ensuring privacy, safety, and respecting the youth and family's dignity and right to choice. 6. Therapeutic Mentors document each contact in a progress report in the Therapeutic Mentoring provider's service record for the youth and share this information with treatment team or CPT for youth in ICC. 7. The emergency protocols of the Therapeutic Mentoring provider are followed by all Therapeutic Mentors during and after business hours.
<p>Discharge Planning and Documentation</p>	<ol style="list-style-type: none"> 1. A discharge-planning meeting is initiated to plan the discharge from Therapeutic Mentoring Services when the adult adolescent/emancipated child, parent/caregiver and current treater or CPT for youth in ICC, determine that the youth has met his/her goals and no longer needs or meets the criteria for Therapeutic Mentoring Services. 2. The reasons for discharge and all aftercare plans are clearly documented in the record. 3. The Therapeutic Mentor provider, in cooperation with the treatment team or CPT for youth in ICC, writes a discharge plan that includes documentation of ongoing strategies, supports, and resources to assist the youth and family in maintaining gains. With consent, the discharge plan is given to the youth and/or parent/guardian/caregiver and the existing behavioral health provider(s) within five (5) business days of the last date of service.

	<p>4. If unplanned termination of services occurs, the provider makes every effort to contact the parent/guardian/caregiver or adult adolescent/emancipated child to obtain the youth's participation in the services and to provide assistance for appropriate follow-up plans (i.e., schedule another appointment, facilitate an appropriate service termination, or provide appropriate referrals). For youth in ICC, the provider contacts the ICC care coordinator also. Such activity is documented in the staff's record for the youth.</p>
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