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**Rosie D. Feature Article June 2016**

**Therapeutic Mentoring Practice Guidelines –  
Establishing Quality Standards for Home-Based Services**

As part of ongoing disengagement efforts in *Rosie D*., the parties are working to improve the consistency, quality and sustainability of the remedial service system by establishing standards for service delivery and promoting best practices within the Children Behavioral Health Initiative (CBHI).  In keeping with the Court’s Judgment, the Commonwealth released Practice Guidelines for Mobile Crisis Intervention, In-Home Behavior, Therapeutic Mentoring and In-Home Behavior Services.  Adherence to these practice standards should result in improved outcomes for youth and families receiving home-based services.

CBHI Practice Guidelines incorporate and build upon the knowledge gained during six years of service delivery and implementation experience.  Informed by stakeholders, subject matter experts and Massachusetts providers, the Guidelines describe professional quality standards in areas like youth and family engagement, assessment, treatment planning and intervention, transitions and clinical supervision.  This is the third in a series of features highlighting the new Practice Guidelines and their role in the evolving home-based service system.

In June of 2015, the Commonwealth released Practice Guidelines for the delivery of Therapeutic Mentoring (TM).  Developed with the assistance of consulting expert and program trainer Marci White, the TM Practice Guidelines lay out standards for youth engagement, strength-based service planning, facilitation of skill development, collaboration with CBHI service providers, and transition.  Several of these practice standards are highlighted below.

**Youth Engagement and Relationship Building**

TM is designed to give youth the opportunity for skill building through experiences in his or her natural environment.  Skills targeted for further development often include self-management, social skills, communication and problem–solving.  Goals for TM involvement are set by the youth and family, and may involve implementation of clinical objectives in a youth’s existing Outpatient Therapy, In Home Therapy, or Intensive Care Coordination treatment plan.

At the start of service, the therapeutic mentor engages with the youth and family through initial in-person conversations, as well as consultation with the clinical referral source and review of relevant treatment records, including the comprehensive assessment and any existing safety plans. TM Guidelines describe best practices for developing a positive and trusting relationship with youth in service, as well as an understanding of their history and family life.

The therapeutic mentor should recognize the need to build a youth’s interest in and motivation for skill development.  For this reason, the Guidelines lay out expectations for carefully selecting, preparing for, and structuring planned activities, while creating frequent opportunities to reward work with fun and celebrations of progress.  At all times, the provider’s approach to service delivery should be respectful, culturally sensitive, and strength-based.

**Youth Skill Development**

Once service goals and objectives have been identified, TM providers are expected to prepare an Action Plan, with the assistance of a TM clinical supervisor.  This plan describes how the therapeutic mentor will model and educate the youth about the use of these skills, encourage the practice of these skills in relevant settings, and offer coaching to overcome obstacles.  The clinical supervisor helps the therapeutic mentor to map the overall plan as well as the individual “lesson plan” for each mentoring session.  As the mentor continues to learn about the youth and family, and as their goals and objectives change over time, the Action Plan will be modified to reflect and celebrate the youth’s progress, establish updated goals and objectives, and address any need for changes in intervention strategies.

As long as a youth continues to meet Medical Necessity Criteria, and the youth and family agree to the service, there is no arbitrary limit or restriction on length of time that a youth may receive TM.  The frequency and duration of each session, and the service as a whole, are determined by the individual needs of the child and family in the context of the treatment plan.

**Transition Planning**

Planning for transition from the TM service should occur well in advance of discharge, and should involve the youth and family, the TM provider, and the hub, as well as any other services or stakeholders that are centrally involved as members of the Care Planning Team or treatment team.  Early in the treatment process, therapeutic mentors should join in conversations with the youth and family and their treatment teams, frame their work in light of the youth and family’s overall goals, and help to plan for sustainable supports following the completion of the TM service.

As part of a team-based intervention, therapeutic mentors are expected to monitor for other anticipated provider transitions, particularly those related to changes in the youth’s level of care coordination (such as a step-up from OP or IHT to ICC or a step-down from ICC to IHT).  Proactive planning in these situations is required in order to ensure ongoing communication with the youth and family and effective transition planning and coordination among new and remaining service providers.

A copy of the complete [**TM Practice Guidelines**](http://www.rosied.org/EmailTracker/LinkTracker.ashx?linkAndRecipientCode=fVzYNONuG%2bDuD9JFmN5jMQnRZLl2gmtKiQr81xdw4CBzEpBbKE1qffat4zgK3I0YtU5veJBER1RLwm6n1kwRObr0cFEtiwRTreZ1nrWtEjo%3d), including the detailed Appendix, is available for download in the *Rosie D* implementation library.