Caring Together
(to be renamed)

2019 Stakeholder Engagement Sessions
Orientation Meeting
May 15, 2019

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Agenda

- Introductions
- Guiding Principles
- Workgroup Expectations and Goals
- Current Caring Together Services
- Preview of Areas for Feedback
Workgroup Participants

<table>
<thead>
<tr>
<th>Participants</th>
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<tbody>
<tr>
<td>Joel Aponte</td>
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<tr>
<td>Betty Bragdon</td>
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<tr>
<td>Oonagh Brault</td>
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<tr>
<td>Holly Calabrese-Grazette</td>
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<tr>
<td>Tina Champagne</td>
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<tr>
<td>Gretchen Emond</td>
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<tr>
<td>Joe Forth</td>
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<tr>
<td>Renee Ghembaza</td>
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<td>Joel Goldstein</td>
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<td>Andrea Joyner</td>
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Introduce yourself and tell us about your connection to CT Services.

DMH Family Collaboration Principles

- Mental health services are most effective when parents/caregivers, youth, and providers work collaboratively as partners in a youth’s treatment.
- Youth need every opportunity to be involved with and stay connected to their parents/caregivers and family members.
- Parents/caregivers are essential sources of support for their children throughout their lives and need to be actively involved with their children and their services.
- Parents/caregivers also need timely and accurate information about their children’s conditions and the range of available interventions and services.
- Policies, services and supports must be designed and evaluated collaboratively and be family-driven, youth-guided, strength-based, culturally and linguistically competent, individualized, informed by best practices and evidence, and consistent with the research on sustained positive outcomes.
DMH-DCF Collaboration

Before CT
• Targeted, local efforts
• Some shared provider programs

Caring Together Joint Procurement
• Jointly purchased
• Jointly staffed

Separate but Coordinated Procurements
• Cross-attendance at stakeholder forums
• Coordinated planning re: service models, best practices
• Recalibrating the Collaboration
• DMH will re-emphasize clinical sophistication and securing access for DMH youth

Stakeholder Workgroup
• DMH will use these meetings as a forum to present proposals and to solicit input from workgroup members.
• Stakeholders will provide feedback and advice on proposed changes to CT services. This is not a decision-making group.
• We do not plan to issue an RFI (Request for Information).
• Key progress and findings made by the workgroup will be posted to the DMH website and CommBuys.
Expectations of Stakeholders

• Workgroup members are expected to attend all workgroup meetings in person.
  • DMH will not offer remote participation for these meetings.
  • If you are unable to attend a meeting, please notify Carol Murphy (carol.murphy@state.ma.us).
• Meeting materials will be emailed prior to each workgroup session.
  • If you must miss a meeting, please review the meeting materials prior to the next workgroup session.
  • Please do not take up group time to discuss items you may have missed at a previous meeting.
  • DMH is willing to discuss these items before or after the session.

Expectations of Stakeholders

• Be prepared to cover a lot of material, while staying focused on specific meeting topics.
• Be courteous and respectful to all members of the workgroup.
  • Workgroup membership is designed to elicit diverse views and experiences.
• Ensure all stakeholders have an opportunity to share their input.
• Silence and put away your cell phone.
Stakeholder Engagement: During CT

Advisory Groups

- Caring Together Implementation Advisory Committee – started October 2013 and ended November 2018
- CT Family Advisory Council – started June 2015 and is still active

Evaluation (2014 to 2018)

- Annual Caring Together evaluation surveys: DMH staff, DCF staff, providers, parents/caregivers, youth who received CT services.
- One-time surveys: CTCS staff, Family Partners, parents/caregivers who worked with a Family Partner.
- Interviews with DMH leadership.
- Focus groups with: CTCS teams, DMH staff, Family Partners, Providers, Parents/ Caregivers, Youth who received CT services.

Stakeholder Engagement: Re-design

DCF

4 provider listening sessions (March 5 to April 12)

DMH

5 family focus groups
1 per DMH Area (April 5 to May 2)

DMH

Statewide Continuum/ Group Home focus group
(March 22)
Current CT Services

$ DMH spent $29m in FY18
  • 13% of total CT spending
  • DCF spent $208m in FY18
  • Continuum spending is over 50% of DMH’s statewide total

662 children / youth served (FY18)
  • 416 youth received Continuum services

64 providers

CT: Current Services
## Meeting Schedule

<table>
<thead>
<tr>
<th>#</th>
<th>Date</th>
<th>Time</th>
<th>Location</th>
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<tbody>
<tr>
<td>1</td>
<td>May 15, Wednesday</td>
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<td>Framingham Public Library</td>
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<td>2</td>
<td>May 29, Wednesday</td>
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<td>3</td>
<td>June 11, Tuesday</td>
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<td>4</td>
<td>June 28, Friday</td>
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<td>5</td>
<td>July 12, Friday</td>
<td>10:00-12:00</td>
<td>Rodriguez Auditorium Hadley Building</td>
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<td>6</td>
<td>July 24, Wednesday</td>
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<td>167 Lyman Street Westboro, MA</td>
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<td>7</td>
<td>August 6, Tuesday</td>
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<td>8</td>
<td>August 28, Wednesday</td>
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<td>9</td>
<td>September 13, Friday</td>
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<td>10</td>
<td>September 25, Wednesday</td>
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## Overview of Meeting Topics

<table>
<thead>
<tr>
<th>Meeting</th>
<th>Topics</th>
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<tbody>
<tr>
<td>Meeting #2</td>
<td>Continuum</td>
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<tr>
<td>Meeting #3</td>
<td>Family-based Placement / Intensive Foster Care models</td>
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<tr>
<td>Meeting #4</td>
<td>Group Home</td>
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<tr>
<td>Meeting #5</td>
<td>Young Adult Programs</td>
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<td>Meeting #6</td>
<td>Clinical Interventions</td>
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<tr>
<td>Meeting #7</td>
<td>Best practices, including Integrating Lived Experience</td>
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<tr>
<td>Meeting #8</td>
<td>Business models (not rates)</td>
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<tr>
<td>Meeting #9</td>
<td>Performance Measures</td>
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<tr>
<td>Meeting #10</td>
<td>Wrap Up</td>
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General Meeting Agenda

Recap of prior meeting(s)

Topic of the day:
• Data
• Feedback we’ve received
• Research we’ve done
• Proposed design features
• Questions for discussion

Closing remarks

Areas for Feedback

Focus Areas of Improvement
1. Continuum
2. Group Home
3. Family-based Placement
4. Young Adult Programs
5. Clinical Interventions
6. Best Practices
7. Business Models
8. Performance Measures

• Staffing (e.g., OT, flexibility, emergency response)
• Partnership with placement models including but not limited to Group Homes
Areas for Feedback

Focus Areas of Improvement
1. Continuum
2. Family-based Placement
3. Group Home
4. Young Adult Programs
5. Clinical Interventions
6. Best Practices
7. Business Models
8. Performance Measures

- Occasional need for placement in a non-group setting
- Separate from DCF’s foster care system
- What would it take?

Areas for Feedback

Focus Areas of Improvement
1. Continuum
2. Family-based Placement
3. Group Home
4. Young Adult Programs
5. Clinical Interventions
6. Best Practices
7. Business Models
8. Performance Measures

- Clinical specialization / capacity
- Short-term use
- Respite
- MAP/ Nursing
Areas for Feedback

Focus Areas of Improvement
1. Continuum
2. Group Home
3. Family-based Placement
4. Young Adult Programs
5. Clinical Interventions
6. Best Practices
7. Business Models
8. Performance Measures

• Independent Living and Pre-IL
• TAY Group Home
• Stepping Out
• Best practice for supporting transitions to adulthood

Areas for Feedback

Focus Areas of Improvement
1. Continuum
2. Group Home
3. Family-based Placement
4. Young Adult Programs
5. Clinical Interventions
6. Best Practices
7. Business Models
8. Performance Measures

• Enhancing clinical specialty and capacity
• Consider evidence-based programs and emerging innovations
Focus Areas of Improvement
1. Continuum
2. Group Home
3. Family-based Placement
4. Young Adult Programs
5. Clinical Interventions
6. Best Practices
7. Business Models
8. Performance Measures

Areas for Feedback

Focus Areas of Improvement
1. Continuum
2. Group Home
3. Family-based Placement
4. Young Adult Programs
5. Clinical Interventions
6. Best Practices
7. Business Models
8. Performance Measures

- Integrating Lived Experience
- Family and Youth Advisory Councils
- Staff Development

Focus Areas of Improvement
1. Continuum
2. Group Home
3. Family-based Placement
4. Young Adult Programs
5. Clinical Interventions
6. Best Practices
7. Business Models
8. Performance Measures

- Coordinating procurements and awards with DCF
- Continuum / Group Home relationship
- Securing capacity
- Staff Retention
- Flex funds
- Rates will not be a topic of discussion
Focus Areas of Improvement

1. Client Need
2. Movement
3. Staffing Model
4. Care Coordination
5. Enrollment Criteria
6. Community Tenure
7. Fiscal
8. Performance Measures

Areas for Feedback

- Collecting data without imposing burden
- Reasonable metrics of success

Closing Remarks

- Debrief of Today’s Meeting
- Outstanding Questions
- Next Meeting:
  - Date: May 29
  - Topic: Continuum