**Department of Children and Families**

**Department of Mental Health**

**Caring Together**

**August 1, 2015 – September 30, 2015**

**Bi-Monthly Caring Together**

**Implementation Update**

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| **Primary Goals of Caring Together:**   * + Achieve better and more sustainable positive outcomes for children and families who come to the attention of either DCF or DMH.   + Full family engagement during the course of the residential service in all aspects of a child’s care and treatment unless there are safety concerns that require alternative planning.   + Prepare families, including foster, kinship or adoptive families, to manage their children successfully at home and promote their capacity to sustain their child’s and the family’s well-being.   **Secondary Goals of Caring Together:**   * + Maximize the Commonwealths’ fiscal resources by eliminating redundancy in administration and management.   + Promote innovation and creativityamong service providers.   + Transform the residential treatment system from a primarily placement oriented service to one that is primarily community treatment oriented.   + Increase family and youth satisfaction with these services.   + Improve family well-being as measured by increased caregiver/parental capacity and increased child functioning.   **Principles of Caring Together:**   * Services are youth guided and family driven, responsive to needs, and utilize evidence informed practices. * Services are trauma informed and employ positive behavioral supports and Interventions to assist children with problematic behaviors. * Families will experience “No Wrong Doorway” into residential services regardless of agency affiliation. * Children and families will have access to the right level of service at the right time for the right duration. * Services will be integrated in a manner that provides continuity of treatment and therapeutic relationships. * Treatment success is measured by the extent to which improvements are sustained following discharge from this level of service. * Performance measures are developed through a consensus building process with providers and families. * Agency processes and structures will maximize administrative efficiencies.   **Caring Together Clinical Support Team:** The consolidated management structure consisting of 4 Regional teams including DCF and DMH hires, under the leadership of the Director of Caring Together, and two assistant directors (one hired by DMH and the other by DCF).   * *CTCS Purpose* – as the DCF/DMH consolidated management structure the CTCS team intended to:   + Manage residential level of services as one integrated management entity on behalf of DCF and DMH.   + Standardize the processes for service access, ongoing service utilization, and performance management.   + Eliminate duplication of effort between the Agencies. * *CTCS Mission* **-** Support the successful performance of the Caring Together service system in a manner which is aligned with the Caring Together principles and which meets the goals of the Caring Together (noted above). CTCS teams fulfill this purpose and mission through:   + Quality Management   + Outcome Management   + Utilization Management   + Performance Improvement   + Contract Monitoring/Network Management |

This report serves as a bimonthly update to Caring Together stakeholders and system partners on implementation activities in support of the above goals and principles of Caring Together. The report reflects year to date information with a focus on consolidated management activities carried out by Caring Together Clinical Support (CTCS) teams and Caring Together Leadership team over the past two months.

CTCS teams are charged with the responsibility of measuring and monitoring system performance and promoting continuous quality improvement of the Caring Together system of care relative to key indicators in the areas of quality, outcome, and contract adherence. To this end, CTCS teams engage providers, DCF, DMH and other system partners in collaborative performance improvement interventions as necessary.

Additionally, CTCS teams engage in activities which support the evaluation of Caring Together as a DCF IVE Waiver demonstration project evaluated by DMA Health Strategies (DMA). Wherever possible, CTCS and DMA Health Strategies a consolidated set of data collection tools shared by DMA and CTCS so as to reduce redundancy and burden of data collection on providers and state agencies.

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| **Performance Improvement: Collaborative Quality Improvement Interventions with System Partners** |

Caring Together leadership has been working with DCF and DMH to establish a collaborative performance management process for Regional CTCS teams to measure, monitor and improve:

* 1. Quality of Treatment
  2. Contract and Joint Standards Adherence
  3. Utilization & Access
  4. Outcomes

CTCS leadership has drafted a data driven performance management process slated to begin in the fall of 2015. This process will occur in the context of an annual cycle. The process will help CTCS teams use data to identify provider/system learning needs. A key feature of the process is a work plan called the Collaborative Quality Improvement Plan (CQIP) which will be used to track CTCS, DCF, DMH and Provider interventions and technical assistance used in support of Caring Together provider performance. The CQIP process will be launched in FY 16 with the start of the new Network Management Survey data described below. CTCS Leadership will consider use of the CQIP process for performance management of but not limited to restraint data, outcomes data, Family Partner utilization data, and other access/utilization data.

**Continuum Performance Management Meetings -** CTCS staff have been facilitating quality (at minimum) performance management meetings with Continuum providers as well as DCF and DMH staff. These meetings are intended to clarify expectations and resolve local Continuum implementation issues in a collaborative manner. CTCS teams continue to collect this data monthly and share and discuss trends in the performance management meetings with DCF, DMH and the Continuum providers in order to better understand programmatic and systemic strengths and troubleshoot areas for improvement:

* + access to Continuum services
  + access to out of home treatment services
  + spending of flexible dollars
  + use of respite and
  + crisis planning

Continuum service access has been a primary focus of CTCS teams as they continue to support local startup efforts of this new service. Statewide, continuums experienced a general trending up of filled Continuum capacity throughout FY15 and into FY16. At the start of the first quarter of FY 16 nine of the 16 Continuums reached their total filled capacity or their target filled capacity. Three additional continuums were within 2 referrals of meeting their target capacity and four had not yet reached their target capacity. One of the 5 Continuums (ID #1 below) reported to have a low census last period has since achieved their target census this reporting period. CTCS teams continue to work with the remaining 4 Continuum providers (below in red) who are lagging in filled capacity as well as with DCF and DMH to address issues driving low census. CTCS interventions to date have involved performance management discussions that explore challenges to increasing census, such as but not limited to Continuum staff attrition and DMH/DCF education around appropriate Continuum referrals.

**Caring Together Continuum Statewide Filled Capacity Report - Rolling 12 months**

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|  |  |  |  | **FY15 - 2nd Quarter** | | | **FY15 - 3rd Quarter** | | | **FY15 - 4th Quarter** | | | **FY16 - start** | | |
| **CTCS Region** | **Continuum ID** | **Total Slots** | **Target (90% filled)** | **Oct 2014** | **Nov 2014** | **Dec 2014** | **Jan 2015** | **Feb 2015** | **Mar 2015** | **Apr 2015** | **May 2015** | **June 2015** | **July 2015** | **Aug 2015** | **Average Census** | |
| Southern | 1 | 21 | 19 | 12 | 14 | 17 | 18 | 16 | 15 | 14 | 17 | 15 | 20 | 19 | 15 | |
| Western | 2 | 15 | 14 | 9 | 9 | 10 | 6 | 6 | 8 | 9 | 9 | 12 | 10 | 10 | 9 | |
| Western | 3 | 34 | 31 | 20 | 20 | 21 | 27 | 28 | 29 | 27 | 30 | 27 | 25 | 25 | 23 | |
| Western | 4 | 12 | 11 | 9 | 10 | 11 | 11 | 11 | 10 | 12 | 12 | 12 | 12 | 11 | 10 | |
| Western | 5 | 24 | 22 | 18 | 20 | 20 | 21 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 19 | |
| Western | 6 | 51 | 46 | 33 | 34 | 35 | 39 | 43 | 46 | 51 | 50 | 49 | 50 | 44 | 40 | |
| Boston | 7 | 62 | 56 | 51 | 51 | 50 | 56 | 56 | 53 | 56 | 58 | 55 | 56 | 54 | 53 | |
| Southern | 8 | 51 | 46 | 33 | 34 | 40 | 40 | 37 | 39 | 44 | 38 | 36 | 31 | 28 | 34 | |
| Western | 9 | 14 | 13 | 8 | 10 | 11 | 11 | 10 | 11 | 11 | 14 | 13 | 12 | 13 | 10 | |
| Western | 10 | 13 | 12 | 8 | 10 | 11 | 11 | 10 | 11 | 11 | 11 | 11 | 10 | 10 | 9 | |
| Northern | 11 | 25 | 23 | 16 | 17 | 19 | 21 | 21 | 21 | 21 | 24 | 23 | 22 | 24 | 19 | |
| Boston | 12 | 18 | 16 | 11 | 16 | 16 | 18 | 18 | 17 | 16 | 17 | 17 | 17 | 16 | 15 | |
| Southern | 13 | 15 | 14 | 13 | 15 | 15 | 15 | 14 | 15 | 14 | 14 | 15 | 15 | 14 | 14 | |
| Northern | 14 | 15 | 14 | 10 | 10 | 11 | 12 | 14 | 15 | 15 | 15 | 16 | 14 | 16 | 12 | |
| Northern | 15 | 38 | 34 | 24 | 28 | 29 | 29 | 29 | 29 | 30 | 32 | 29 | 32 | 31 | 27 | |
| Northern | 16 | 12 | 11 | 8 | 10 | 8 | 8 | 9 | 8 | 8 | 10 | 12 | 12 | 12 | 9 | |

* Adjusted Rate: Continuum providers’ access to group home beds remains hampered by the ongoing trend of low group home availability. CTCS leadership is working with DCF and DMH leaders to obtain another extension from EHS to permit payment of the full Group Home rates.

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| **Quality of Treatment** |

*Quality Data Collection Tools and Methods –* The following data collection tools, developed by CTCS Leadership in partnership with DMA Health Strategies have been implemented.

1. Caring Together Record Review
2. Network Management Survey
3. Caregiver & Youth Focus Groups
4. Caregiver Surveys

These data collection tools are being used to gather information on the status of the implementation of the following key quality indicators that were identified by a Caring Together stakeholder group comprised of providers, parents and youth as well as DMH, DCF and CTCS staff:

*Key Quality Indicators*

* Youth Guided
* Family Driven
* Individualized
* Addressing Barriers to Community Tenure
* Positive Behavior Support
* Strengths Based
* Trauma Informed
* Youth/Family Skills Development

The implementation status of each of the above four quality data collection tools is noted below along with any preliminary quality indicator findings from these tools to date.

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| **Annual Caring Together Record Reviews**  CTCS teams are responsible to ensure that all Caring Together programs meet documentation standards pertaining to assessment, clinical formulation, treatment planning, and service delivery. CTCS teams complete annual onsite record reviews of Caring Together programs for the purpose of ensuring adherence to Rehabilitation Option standards as well as adherence to Caring Together Quality Indicators noted above. |
| **Status:** CTCS teams are in the process of final report writing for a small number of FY15 record reviews and have begun conducting FY16 Record Reviews. The same parameters that were used in FY15 will also be used in FY16. Each program site selects: a total of 30% or 5 records (whichever number is greater) of youth enrolled for at least 3 months. Where possible, the total number of records selected includes ½ DMH and ½ DCF enrolled youth. |
| **Preliminary Findings:** |
| |  |  | | --- | --- | | **Key Indicators Relative to Standards of Individualized Treatment Planning (ITP)** | | | Timeliness of Treatment Planning | 67% of treatment plans were developed within 30 days of the youth’s enrollment in CT services and updated quarterly. | | Strengths-Based Treatment Planning | Intervention(s) and rehab strategies took the youth’s strengths/needs/barriers into consideration in 78% of records. | | Youth Involvement in Treatment Planning | 70% of treatment plans included the youth in the development and/or implementation of the ITP, and 59% of youth participation in the quarterly ITP review. | | Family Involvement in Treatment Planning | 61% of treatment plans included the parent/caregiver in the development and/or implementation of the ITP, and 56% of treatment plans involved parent/caregiver participation in the quarterly ITP review. | | Stability of Treatment Team | For youth who have had out of home treatment and either Continuum or Follow Along, 98% of youth had the same person from the Continuum Core Team (for Continuum) or out of home treatment Staff (for Follow Along) continue to work with the youth & family through transitions between out of home treatment and community. | | Natural Supports | 61% of treatment goals, objectives, and/or interventions reflect use of natural supports and family resources. | |

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| **Focus Groups**  DMA Health Strategies has conducted focus groups with a variety of key stakeholders and will continue to do so annually. |
| **Status:** Since November 2014, DMA Health Strategies has conducted focus groups and interviews with the following participants:   * Three provider groups = 27 participants * Three parent/caregiver groups = 17 participants * Three youth groups = 29 participants * Two DCF staff groups (managers and Area Resource Coordinators) = 16 participants * Three CTCS teams |
| **Preliminary Findings:** |
| |  | | --- | | **Strengths**   * “There is improved documentation of rehab options and service notes. We used to do daily entries interacting with kids and families. Now we tie staff work to treatment plan”—Provider, 11/12/14 * “The transitions were hard, but we are seeing improvement in services with more targeted, youth driven, and specialized treatment plants”—CTCS Team Member, 11/20/14 * “There are still ways the culture will build and grow, but Caring Together has provided the structure and been helpful for getting every program focused on the key principles.” – Provider, 10/1/15 * “Caring Together is a beginning, in terms of DCF and DMH working together, which is much needed.”—Parent, 2/11/15 * “[With Continuum] low caseloads were beneficial and allowed them to be responsive when there was an issue. They were really flexible about what our needs were.”—Parent, 6/11/15 | | **Areas for Improvement**   * There has been no involvement at all of other systems, and we are being put in the position of having to educate other state agencies about CT” – Provider, 11/12/14 * “We need to have continuity and communication along all those other agencies”—DCF Staff Member, 12/15/14 * “It took hiring a FTE to deal with MAP issues, and we have lost nursing” – Provider, 10/1/15 * “DCF and DMH are always saying ‘your home isn’t safe for you,’ but they don’t tell us why it’s unsafe”- Youth, 7/29/15 * “I should have a say, I don’t have a say.” – Youth, 11/25/14 | |

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| **Parent Caregiver Survey**  DMA Health Strategies is in the process of conducting a survey of families who have received or are currently receiving Caring Together services. The deadline for completion of the survey has been extended into the fall due to low response rate. New strategies to engage families in participating in the survey are being considered and tried. The survey includes questions regarding the outcomes families feel are most important for evaluation. This data will help inform the Caring Together Outcomes workgroup. |
| **Status:** The survey was disseminated in August 2015 to Caring Together providers, CTCS supervisors and staff, the Caring Together Family Advisory Council, DMH Child Directors, advocacy groups (Youth M.O.V.E, Parent Information Network), and select DCF staff and social workers. In order to recruit parents/caregivers to complete the survey, these parties were asked to:   * Send the SurveyMonkey link to parents/caregivers with email addresses * Offer a computer so parents/caregivers could complete the survey there and/or * Provide paper copies onsite |
| **Preliminary Findings:** |
| As of 10/5/15, 89 parents/caregivers of youth currently or formerly served by Caring Together responded to the survey, however, many only answered a few questions. Respondents included those who have utilized the following services:   * Continuum (37%) * Group Home Services (35%) * Residential School Services (23%) * Follow Along (8%) * Stepping Out (6%)   The Survey is still open. Additional analysis is pending completion of data collection period which targeted for the end of November 2015. |

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| **Contract and Joint Standards Adherence** |

CTCS teams, in partnership with local DCF and DMH offices, are engaged daily in the monitoring of and responding to concerns relative to Caring Together provider contract adherence.

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| **Network Management Survey:**  The Network Management survey tool provides CTCS teams with annual point in time feedback from provider organizations regarding their status in implementing key elements relative to the Caring Together Joint Standards. The data in the Network Management Survey informs CTCS to a provider’s potential learning needs or technical assistance needs relative to the implementation of key Joint Standards. The data collected covers the past fiscal year (FY15). |
| **Status:** This Annual survey has been completed by 53 (84%) Caring Together providers for the data collection period that covers FY15. Fifty threeindividual provider response reports have been prepared for CTCS teams to use as part of the Collaborative Quality Improvement Plan (CQIP) performance management process slated to begin in November 2015. The annual CQIP process is intending for use by the regional CTCS teams with providers, DCF and DMH to identify and document learning needs, challenges and interventions to promote improvements. |
| **Preliminary Findings:** |
| |  |  | | --- | --- | | **Key Indicators Relative to Caring together Joint Standards** | | | Utilization Management | 51% of organizations reported monthly monitoring and utilization review to ensure youth receive the “right service” at the “right intensity” for the “right duration.” 41% reported doing this on a quarterly basis. | | Quality Improvement | The three most common quality improvement goals providers reported included:   * Reduce restraints * Increase family engagement/involvement * Improve documentation | | *Six Core Strategies* | *See below* | | 1. Use of Data to inform Practice | 91% of organizations reported using restraint data to improve practice.  86% of providers reported that organizational leadership reviewed restraint prevention plan activities and outcomes at least quarterly. | | 1. Workforce Development | Providers reported that on average, each staff person completed 14.2 hours of restraint prevention training in FY15. | | 1. Inclusion of Youth and Families | 14% of providers reportedly involved youth/families to assist in the prevention of restraint and 74% reported working on involving youth/families. | | 1. Use of Restraint Prevention/Reduction Tools | 74% of providers report always using specific restraint reduction tools (such as risk assessment, safety planning and de-escalation). | | 1. Debriefing After Events In Which Restraint was Used | 98% of providers conducted debriefings after a restraint, and 79% documented the debriefings. | | 1. Family & Staff Training in the areas of Trauma Informed Care, Cultural Competence and Positive Behavior Support | Provider’s reported the following collective total staff training hours across the state:   * Trauma Informed Care (730 hrs) * Cultural Competence (220 hrs) * Positive Behavior Support (738 hrs)   Providers reported a total of 454 collective training hours provided to family members in conjunction with program staff (on topics such as child development, psychopharmacology, positive behavioral support, crisis prevention and de-escalation). | | Linguistic Capacity | Based on FY15 referrals, 62% providers reported needing staff bilingual in Spanish, 11% needed staff bilingual in Haitian Creole, and 8% needed staff bilingual in Portuguese.  49 providers (92%) reported having at least one Caring Together staff member who was fluent in a language other than English. | | Family Driven & Youth Guided Practice | 54% of providers reported inclusion of youth on advisory boards or committees where Caring Together matters are addressed.  52% of providers reported inclusion of family members on committees where Caring Together matters are addressed. | | Human Rights | 96% of providers report having a Human Rights Officer.  66% of providers reported that their Human Rights Committee met at least quarterly (14% reported that this committee never met). | |

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| **Utilization and Access: Right Treatment, Right Intensity, Right Duration** |

**CTCS teams are charged with two major responsibilities relative to Utilization Management. These include ensuring the development and use of a:**

1. Standardized process for Caring Together service access and a
2. Standardized process for ongoing Caring Together service utilization.

Given the nature and needs of early implementation of a new system of care, to date the majority of CTCS utilization management activity has focused primarily on access to Caring Together Services. This includes standardizing the process for accessing Caring Together services, monitoring service vacancies, addressing barriers to admission, monitoring programmatic co-location, reviewing Add-on requests, and supporting DCF and DMH with accessing Caring Together services for youth waiting disposition in an acute treatment setting or Emergency Department.

1. **Standardize the processes for service access – Are youth and families being referred to the right treatment service?**

CTCS leadership developed a standard DCF/DMH service referral determination tool/process designed to ensure that youth are referred to the most appropriate viable Caring Together service to meet their clinical needs. The Caring Together Level of Service Tool (LOS) is designed to be completed by DCF (Lead Agency) and DMH staff in order to ensure continuity of clinical considerations and life domains by both DCF and DMH Agencies for any youth referred to a Caring Together service. The CTCS Level of Service review process provides a quality assurance measure whereby CTCS staff consults to DCF/DMH staff around clinical fit of the various Caring Together levels of service as well as service bed/slot availability in order to maximize the rate at which youth are referred to the most appropriate service to meet their clinical needs.

**Status:** DCF and DMH Area staff began piloting the tool and CTCS Review process on 7/13/15. The LOS tool and referral review process was scheduled to be piloted from 7/13/15 through 9/14/15 by a select few DCF and DMH Area offices. Feedback is being obtained with the plan to enhance the tool and process prior to statewide implementation. Due to low volume in administration of the tool, the piloting process has been extended through mid-October.

In an effort to establish a multipronged approach to address access to treatment service barriers within the Caring Together system, CTCS teams continue to engage in the following activities to promote access for youth/families to the most clinically indicated services:

* *Monitoring of Vacancies* - CTCS teams continue to track, compile and disseminate the weekly Caring Together vacancy report. This report contains information regarding bed/slot capacity, current vacancies as well as anticipated date of vacancies for all Caring Together programs except STARR, IRTP and CIRT. CTCS teams disseminate the report weekly to DCF and DMH Regional/Area staff to support them in accessing the most appropriate available Caring Together Services.
* *Addressing Access to Services Barriers*  - CTCS teams continue to develop communication pathways and make themselves available to consult with Area Offices to assist in locating appropriate specialty services on occasions when special or exceptional treatment needs exist, as well as addressing programmatic barriers to admission.
* *Monitoring Co-location* - CTCS teams continue to process and track co-location waiver requests to ensure that the individual clinical needs of youth are continuously met when commingled in different service types within the same program space.
* *Reviewing Add-Ons* - CTCS teams continue to consult with Areas regarding the need for additional supports, and authorize or assist in obtaining Add-ons to address specialized needs that are beyond the scope of a given model or program at times reducing/preventing a potential barrier to accessing treatment.
* *Consulting on Child Awaiting Disposition – CTCS teams continue to offer DCF and DMH Agencies Consultative assistance regarding* Children Awaiting Resolution of Disposition (CARD) as well as for youth who have experienced a psychiatric emergency and are in the Emergency Department awaiting a disposition for over 24 hours.

1. **Standardize the Processes for Review of Ongoing Service Utilization -** CTCS team members are assigned as liaisons to DCF/DMH Area offices and attend case review meetings where utilization is discussed. CTCS consults to the Areas and Caring Together Providers around utilization concerns and access concerns.

**Status:** Some CTCS teams have begun offering DCF and DMH the opportunity to collaborate on special local projects relative to utilization management. A statewide CTCS utilization management workgroup will begin in November 2015 in order to promote shared learning from special projects across the state. This learning will further inform any development and implementation of CTCS statewide utilization management strategies.

The CTCS utilization management workgroup will begin to engage in regular review of utilization data for the purpose of identifying and understanding patters of utilization that may be suggestive of outlier trends. Existing DCF and DMH reports that provide data on utilization and length of stay across all models of care will be reviewed. The workgroup will develop strategies for using the data to help support DCF/DMH staff in engaging youth and families in the “right” service at the “right” frequency, duration and intensity to meet their individual needs.

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| **Outcomes** |

CTCS leadership has worked with DMA Health Strategies to add outcome related questions to the current administration of a caregiver survey. Surveys administration began in August and is targeted to end in November 2015. Pending the completion of the survey, CTCS will obtain aggregate data relative to Massachusetts’ caregiver’s desired outcomes from Caring Together service utilization. CTCS leadership will convene an Outcomes Workgroup to review the data relative to National and state recommended outcomes standards, metrics for evaluation. The workgroup is targeted to convene in early December 2015 at which time the will begin a review of local and National Building Bridges recommendations. Building Bridges literature denotes that important domains often identified by youth and families include: (1) **Home -** a safe, stable, supportive living environment, (2) **Purpose -** meaningful daily activities, such as a job, school, volunteerism, and the independence, income and resources to participate in society (3) **Community** - relationships and social networks that provide support, friendship, love and (4) **Health -** sustained basic physical and behavioral health, and overcoming or managing health challenges.

The Outcomes Workgroup will consist of Caring Together stakeholders including youth, families, DCF, DMH staff, and providers who will develop a list of recommended Caring Together outcome standards, metrics and data collection tools for review by Caring Together leadership, Caring Together Advisory Implementation Committee, and the Caring Together Family Advisory Council.

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| **Additional Key Implementation Activities** |

**Training and Learning Forums**

1. Semiannual Regional Caring Together Provider Meetings: In the fall of 2014 CTCS established a regional meeting structure that brings directors of Caring Together services across the region together with local DCF and DMH leadership to share information, to clarify contractual and practice expectations, identify areas of challenge and discuss possible solutions and promote emerging promising practices. To date, CTCS has held has held two semiannual meetings in each of the four CTCS Regions. The next round of semiannual regional meetings is scheduled for October-November 2015.
2. Continuum Safety Planning Training and Coaching Series:

Caring Together Leadership has partnered with Children’s Behavioral Health Knowledge Center at the Department of Mental Health to offer Continuum providers (free of charge) a Safety PlanningTraining and Coaching series with a national expert, Kappy Madenwald. This is an opportunity available to all Continuum staff to further develop their skills and competencies in youth/family-centered and resolution-focused crisis planning, prevention, support, and early intervention. The training and coaching series will promote continuity of care for youth, feelings of competency among staff, and safety for youth, families, and program staff. The series includes three phases:

* Phase I: Pre-training/coaching meetings were held in late September 2015 with Continuum leadership to learn about current practices, beliefs, policies and procedures related to crisis planning, prevention, and resolution from Continuum leadership. Content from these pre-meetings is being used to tailor the Phase II trainings to meet the individual needs of Continuums*.*
* Phase II: Two one-day trainings for Continuum leadership and direct-care staff are scheduled for October 2015 and November 2015. Trainings will focus on iatrogenic risk of hospitalizing a child or adolescent, use crisis planning tools, the “essence” of a crisis, identifying changes that allow a youth and family to move from *acute crisis* to *crisis resolution*, recognizing signs that an intervention is not family-centered, provider/team-level strategies to re-orient to family-centered approach, the impact on engagement and crisis resolution when using approaches that are counterproductive.
* Phase III: Two three hour on-site coaching sessions with each Continuum will be designed to help providers apply training content to their specific agency context. Content will be driven by the specific needs/requests of providers. *Coaching visits are scheduled for December 2015 and January 2016.*

1. **Continuum Focus Group of on Practice Model Training and Coaching Needs:**

The Continuum service represents a fundamental shift in treatment approach from residential out of home placement to residential in home treatment. Subsequently, Caring Together leadership is teaming up with DMH’s Children’s Behavioral Health Knowledge Center to host a focus group for Continuum Program Directors and/or Clinical Directors in October 2015. The focus group will help Caring Together leadership learn more about Continuum staff training and workforce development needs as well as any evidence-based practices that might be a good fit to further support clinical and care coordination approaches used by the Continuum model. This information will inform further training initiatives.

1. **Continuum Peer Mentor Training:**

Caring Together Leadership has encouraged all Continuum providers to have their Peer Mentor staff trained in the Gathering & Inspiring Future Talent (GIFT) Training. Additionally, Caring Together leadership has collaborated with key system partners to obtain and disseminate GIFT training to Continuum providers regularly. As part of the statewide Transition Age Youth & Young Adults (STAY) Program, DMH sponsors GIFT training for Continuum Peer Mentors free of charge whenever possible.

1. **Ongoing Caring Together Training and Technical Assistance:**  CTCS teams continue to provide tailored Caring Together Service Overview trainings to DCF and DMH field staff, Caring Together providers, CBHI providers, CBHI System of Care Committees, community school staff, acute care facilities, and court and legal representatives. CTCS has provided technical assistance regarding solutions to challenges in service delivery to Caring Together providers regarding, documentation expectations, implementation of the Pediatric Behavioral Health Medication Initiative, and the implementation of the Medication Administration Program (MAP). Since 7/1/15 CTCS staff have provided **over 346** trainings and technical assistance sessions.

**Development & Growth of Key Caring Together Service Components -**

1. Follow Along: Caring Together Leadership is in the process of conducting a gap analysis to better understand potential underutilization of Follow Along in conjunction with Residential School and Intensive Group Home and Group Home service models. Caring Together Leadership intends to use information from the gap analysis to develop a strategic plan for monitoring and addressing barriers that are driving any potential underutilization of Follow Along. To this end the following activates are underway:
   1. Caring Together Leadership has been meeting with DCF Area Resource Coordinators and DMH Child Adolescent Directors to explore the cause(s) for the slow implementation. Barriers to more robust utilization of Follow Along identified thus far appear to include DCF’s overall spike (starting in 2014) of youth admitted to Caring Together out of home group living environments. This increase means children are less likely to be placed in programs within a 22.5 mile radius (on average) of his/her family’s home, thus making it challenging for Residential School and Intensive Group Home clinicians to provide the Follow Along (in home) component of service.
   2. Preliminary (small sample) data from piloting the new Level of Service tool suggests that the Agencies may need more education around timely consideration of Follow Along at the time of referral to Residential School and Intensive Group Home. Further analysis of a larger data sample is warranted.
   3. Caring Together Leadership will also conduct focus groups with Caring Together Providers in October-November 2015 in order to better understand any additional barriers, from the provider perspective, to utilizing the Follow Along.
2. Family Partner Service: On July 1, 2015, the eight Community Service Agencies (CSA) participating in the Caring Together Family Partner (CT-FP) Pilot Program began receiving referrals from DCF and DMH for the Caring Together Family Partner service. During the second quarter (July – September) of the Pilot Program, the CT-FP Implementation Team implemented formal and informal mechanisms to collect feedback on all aspects of service implementation and develop strategies for addressing issues that emerge. Implementation feedback is being solicited from the CSAs, residential providers, the CT Family Advisory Council, as well as Caring Together Clinical Support Teams, DMH and DCF agency staff regarding: (1) referral processes, (2) service eligibility, (3) orientation to the service for state agency and residential provider staff, (4) collaboration among the CSAs, (5) state agency, and residential provider experiences, (6) workforce development needs, (7) education, and training needs, (8) information dissemination processes, and (9) service utilization.  These same stakeholders are being included as appropriate in modifying processes and protocols to improve service delivery and utilization. CSAs have been invited into state agency offices to orient staff, and have begun initial conversations and orientation to the CT-FP service with residential providers. Four Coordinators of Family Driven Practice (CFDP), who are members of the regional CTCS teams, were hired and oriented to their roles in supporting the CT-FP Pilot. These are key staff positions that provide regional support to the CT-FP service and assistance with enhancing family driven practice within the Caring Together system of care. Ongoing education and learning about how to work with Family Partners and how they support family engagement in Caring Together services will continue over the course of the Pilot and well into statewide rollout. As of September 15, 2015, 47 referrals have been made and 31 families have begun working with Family Partners.
3. Psychopharmacotherapy: CTCS child psychiatrists have been reaching out to programs and prescribers regarding the infrastructure for the provision of psychopharmacological treatment, the integration with other aspects of treatment, and integration with pediatric care. CTCS child psychiatrists continue to participate in the Pediatric Behavioral Health Medication Initiative with case review and outreach to selected community and residential based psychiatric care providers regarding issues of polypharmacy. Additionally, CTCS developed and disseminated a survey to gather more information regarding the array of psychopharmacologic practices and structures in place in the Caring Together system. The survey has two parts. Part one focuses on the administrative structure of psychiatric services in Caring Together programs and is completed by the Program Director or designee. Part two focuses on important aspects of clinical care and is completed by each Psychiatric care provider in Caring Together programs.
4. Medication Administration Program (MAP):154 programs have Massachusetts Controlled Substance Registrations (MCSRs).
   1. *DCF Tip Sheet -* CTCS leadership has worked with a small work group of CTCS, DMH-MAP, and DCF staff to draft procedures for Agency staff in the form of a tip sheet.   The tip sheet is aimed at improving the rate at which agency field staff provides MAP registered Caring Together providers with the necessary documentation for medication administration for planned new admissions.  The tip sheet was reviewed with the Caring Together Advisory Committee in July 2015 and suggested edits are in the process of being reviewed and incorporated.   The TIP sheet will be reviewed by the DCF policy Assistant Commissioner, and will be also presented to the Union.
   2. *General MAP Implementation Support -* Regional MAP Coordinators continue to convene regional monthly meetings with the Caring Together providers to troubleshoot challenges that programs are encountering. Additionally, the Department of Public Health (DPH) is convening a statewide MAP workgroup to discuss MAP topics. This workgroup will include MAP registered provider representatives who have ongoing responsibility for the management of MAP within programs.
   3. *Unplanned Admissions –* The implementation of MAP in STARR remains delayed due to the nature of admissions to STARR’s (unplanned and after business hours) which do not typically permit sufficient time for securing the necessary documentation (physician’s orders) that Caring Together providers need to adhere to MAP regulations. A committee comprised of DCF, DMH-MAP, CTCS and Providers has been meeting to develop recommendations for overcoming challenges so that MAP can be implemented in STARR.  This committee is in the process of drafting its recommendations to DCF and DMH leadership. These recommendations are in draft form, and will be reviewed by Agency leadership.

**Stakeholder Engagement**

Monthly Caring Together Implementation Advisory Committee:CTCS leadership continues to meet monthly with the Caring Together Implementation Advisory Committee which is comprised of representatives of four trade organizations serving youth and families in Massachusetts: Association for Behavioral Healthcare(ABH), Massachusetts Association of 766 Approved Private Schools (MAAPS), Provider’s Council, The Children’s League, and as well as two provider appointees affiliated with each trade and two parent representatives who also sit on Caring Together Family Advisory Council. This Implementation Advisory Committee has recommended several key areas for system of care improvements as part of the implementation process. Some of these include:

* 1. **Co-location review:** a review of co-location denials was conducted during the summer (2015). Findings indicate that all but one provider co-location request has been granted by CTCS teams in collaboration with DCF/DMH Offices to date. The Advisory Committee has also recommended clearer guidelines regarding the co-location request process. Guidelines have been drafted and are under review with the committee.
  2. **Documentation expectations of DMH and DCF:** Providers have identified the need to improve cumbersome documentation differences between DMH and DCF. A committee comprised of DMH, DCF and providers will be convened in October 2015 to gather details regarding the specific challenges and identify recommendations to streamline differences and reduce redundancies.

1. Monthly Caring Together Family Advisory Council**:** CTCS leadership convened and held two Caring Together Family Advisory Council meetings. The first was held in June and the second in July. Both meetings were attended by 11 parents/caregivers of youth who are using (or have used) Caring Together Services. The August and September meetings covered the following topics:
   1. New CTCS staff position: Coordinators of Family Driven Practice
   2. PPAL Presentation: Families Participating as Policy Partners
   3. MA Family Partner Services – Flow Chart
   4. Level of Service (LOS) Pilot
   5. Establishing 3 priority goals/activities of the Council for FY16
   6. Other Caring Together Committees/Workgroups
      * Operationalizing MAP in STARR Workgroup
      * Caring Together Provider Documentation Workgroup
      * Outcomes Workgroup
2. Youth Advisory Forum: CTCS leadership is in the process of exploring options for establishing an ongoing forum for engaging youth in the process of giving feedback to CTCS leadership about Caring Together. In the interim, CTCS leadership is working with the Statewide Young Adult Council (SYAC) on an ad hoc basis for guidance and review of pertinent materials, policies and processes as necessary.

**Integrated Governance** - ***Ensuring that the Vision of Caring Together is achieved and that the Mission and Mandates of the Agencies are preserved***

As a result of the Massachusetts 2015 Employee Retirement Incentive Program, some key leaders in the Caring Together governance structure have vacated their positions effective 7/1/15. The Caring Together integrated governance structure is under review and the structure will be reaffirmed.