**Department of Children and Families**

**Department of Mental Health**

**Caring Together**

**June 1, 2015 - July 31, 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 leadership has worked with DMA Health Strategies to develop an integrated and 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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| **Quality Management: Are services delivered according to the standards and principles of Caring Together?** |

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

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

The above data collection tools are currently being implemented to gather information on the status of the following key quality indicators that were identified by a Caring together stakeholder group 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.

**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 on site 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.

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| **Status:** CTCS teams are in the process of completing and finalizing FY15 record reviews and have begun scheduling FY16 annual Record Reviews. |
| **Preliminary Findings:** |
| **Program Site Record Reviews*:*** As of 7/9/15 CTCS teams have documented 337 record reviews at a total of 58 Caring Together residential programs including Continuums, Group Homes and Residential School sites for FY 15. Eighty percent of records reviewed demonstrated evidence of strengths based treatment planning. Between sixty-three and sixty six records reviewed demonstrated the use of natural supports and family and youth involvement in treatment planning. Ninety-seven percent of records reviewed, for which a youth utilized and out of home Caring Together treatment and a Continuum or Follow Along service, demonstrated continuity in staffing. This was evidenced by the same members of the Continuum Core Team (for Continuum) and Congregate Care Staff (for Follow Along) engaged with the child & family through transitions to/from out of home treatment to/from community.   |  |  | | --- | --- | | **Key Indicators Relative to Standards of Individualized Treatment Planning (ITP)** | **% Meeting the Standard** | | Use of Natural Supports | 63% | | Strengths-Based Treatment Planning | 80% | | Youth Involvement in Treatment Planning | 66% | | Family Involvement in Treatment Planning | 63% | | Stability of Treatment Team (Only for youth who have had OOHTX and either Continuum or Follow Along (otherwise N/A) - The same members of the Continuum Core Team (for Continuum) and Congregate Care Staff for Follow Along stay with the child & family through transitions to/from out of home treatment to/from community. | 97% | |

**Network Management Survey:** CTCS teams are responsible for monitoring provider progress on and promoting fidelity to the Caring Together Joint Standards and contract models. Caring Together providers submit a Network Management Survey annually which provides CTCS teams with an update on each provider organization’s status and learning needs relative to the implementation of key Joint Standards and key service specifications. This annual survey measures quality related metrics specific to provider program infrastructure and operations that support and promote the following key elements relative to the Caring Together Joint Standards:

* Utilization Management
* Quality Improvement
* Six Core Strategies
* Use of Data to inform Practice
* Workforce Development
* Inclusion of Youth and Families
* Use of Restraint Prevention/Reduction Tools
* Debriefing After Events In Which Restraint was Used
* Family & Staff Training in the areas of Trauma Informed Care, Cultural Competence and Positive Behavior Support
* Linguistic Capacity
* Family Driven & Youth Guided Practice
* Human Rights

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| **Status:** Network Management Survey data was submitted by providers in mid-July. The data set is being reviewed and QA’d and is scheduled to be finalized by late-August. Once the data set is finalized it will be analyzed in aggregate and by provider organization. CTCS will aggregate and disseminate statewide findings in a public forum and provider specific findings with the given providers for the purpose of promoting emerging promising practices and addressing areas for continuous quality improvement. |
| **Preliminary Findings:** |
| Pending data analysis. |

**Focus Groups** – DMA Health Strategies conducts focus groups with families and youth receiving Caring Together services on a quarterly basis. These focus groups provide qualitative data on the experience of youth and families in the Caring Together system of care. The first focus groups will be held in the fall of FY15.

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| **Status:** DMA Health Strategies coordinated with a provider organization to schedule a *youth focus group* for June 17, 2015. However, due to recruitment challenges (described in the following section), this focus group has been rescheduled for July 29, 2015. DMA and a DCF family representative co-led a focus group with seven parents on June 22, 2015. Six individuals with children ranging in age from 11 to 22 years old participated. Four of the parents reported that their children received DMH services, and three reported children receiving DCF services. |
| **Preliminary Findings:** |
| Due to the small cohort participating in focus groups, findings will be shared in aggregate with providers and state agencies upon the completion of at least 4 focus groups for each the family and the youth population for the purpose of promoting emerging promising practice and addressing areas for continuous quality improvement. |

Parent Caregiver Survey – DMA will conduct an ad hoc survey of families receiving CT services. Based in part on the questions and responses received in the focus groups, the family survey was designed to provide a wider sample of family perspective on Caring Together services. The survey includes questions to help CTCS leadership consider what outcomes families feel are most important for evaluation.

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| **Status:** The initial survey is scheduled to be conducted in August 2015. CTCS Leadership is considering the use of CTCS Coordinators of Family Driven Practice for sustaining this and/or other like family survey data collection. |
| **Preliminary Findings:** |
| Pending data collection & analysis. |

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| **Outcome Measurement: Is Caring Together achieving the outcomes intended?** |

CTCS leadership has worked with DMA health strategies to add outcome related questions to the upcoming administration of a caregiver and a youth survey. Once the surveys are administered (scheduled for August 2015), CTCS will obtain and aggregate the data relative to Massachusetts’ family and youth’s desired outcomes for Caring Together. CTCS is also in the process of reviewing Building Bridges’ literature on recommended national outcome standards. In the Fall of 2015, CTCS will convene an Outcomes Workgroup to review the data relative to national and state recommended outcome standards/metrics for evaluation. The workgroup will consist of Caring Together stakeholders, including youth, families, DCF, DMH staff, and providers who will review the recommended outcome standards/metrics and develop a list of key outcome indicators and data collection tools for recommendation to and review by Caring Together leadership, Caring Together Advisory Implementation Committee, and the Caring Together Advisory Council.

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| **Utilization Management: 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.
2. Standardize 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 in an acute treatment setting or Emergency Department for a disposition.

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

CTCS leadership developed a standardized method designed to ensure that youth are referred to the most appropriate viable Caring Together service to meet their clinical needs. The standardized method involves the use of the newly developedCaring Together Level of Service Tool (LOS) to be completed by DCF and DMH Area staff in order to ensure continuity of clinical considerations and life domains by DCF and DMH Agencies for any youth referred to a Caring Together service. The method also involves CTCS review process by which 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.

**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 will be piloted from 7/13/15 through 9/14/15 by some DCF and DMH Area offices. Feedback will be obtained and the tool and process will be enhanced and adjusted accordingly. After this pilot process is completed, all DCF and DMH staff across the state who will use this tool will be trained on how to use it. The intended implementation timeframe is November 2015.

In an effort to establish a multipronged approach to address access to treatment service barriers within the Caring Together system, CTCS teams will 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 request 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 continued 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:** CTCS teams 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. There are existing DCF and DMH reports that provide date on utilization, and length of stay, across all models of care. CTCS team members will analyze this data, develop provider/regional reports and use the reports with providers and DCF/DMH staff for the purpose of supporting and shaping practice that ensures youth and families receive the “right” frequency, duration and intensity of service to meet their individual needs. CTCS team members are participating in a monthly training aimed at coaching them in these and other quality improvement and performance management skills.

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

Informed by the above data collection efforts and other stakeholder information sources, CTCS Leadership and CTCS Regional Teams are engaged in multiple activities and convene multiple meetings in an effort to collaboratively problem solve with and between DCF, DMH and providers in the areas of: access and utilization of services, quality assurance, contract adherence, as well as Caring Together principles and Caring Together goal driven service delivery.

**Continuum Performance Management Meetings -** CTCS staff facilitate monthly Continuum performance management meetings with Area DCF, DMH and Continuum providers. These meetings are intended to clarify expectations and resolve problems in an integrated manner and strengthen the shared understanding of provider expectations across the two agencies and eliminate redundancy in management by DCF and DMH. Continuum providers submit monthly reports on key indicators relevant to the successful implementation of the Continuum as a new residential service. These indicators include:

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

CTCS teams 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.

CTCS teams are working with DCF, DMH and the 5 Continuum providers below (in red) to address their low census. The target capacity ramp up for these 5 Continuums lagged behind the rest of the state. As of the 4th quarter of FY 15 all other Continuums experienced r target capacity. CTCS interventions to date have involved performance management discussions that explore challenges to increasing census and developing a collaborative action plan to address barriers and support the state agencies and the providers in identifying and engaging in necessary steps to achieve target capacity.

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

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|  |  | |  |  | **FY15 - 1st Quarter** | | | **FY15 - 2nd Quarter** | | | **FY15 - 3rd Quarter** | | | **FY15 - 4th Quarter** | | |  |
| **CTCS Region** | **Continuum ID** | **Total Slots** | | **Target (90% filled)** | **July 2014** | **Aug 2014** | **Sept 2014** | **Oct 2014** | **Nov 2014** | **Dec 2014** | **Jan 2015** | **Feb 2015** | **Mar 2015** | **Apr 2015** | **May 2015** | **June 2015** | **Avg Census** |
| Southern | 1 | 21 | | 19 | 8 | 11 | 11 | 12 | 14 | 17 | 18 | 16 | 15 | 14 | 17 | 15 | 14 |
| Western | 2 | 15 | | 14 | 6 | 7 | 9 | 9 | 9 | 10 | 6 | 6 | 8 | 9 | 9 | 12 | 8 |
| Western | 3 | 34 | | 31 | 14 | 15 | 20 | 20 | 20 | 21 | 27 | 28 | 29 | 27 | 30 | 27 | 23 |
| Western | 4 | 12 | | 11 | 5 | 5 | 8 | 9 | 10 | 11 | 11 | 11 | 10 | 12 | 12 | 12 | 10 |
| Western | 5 | 24 | | 22 | 11 | 13 | 17 | 18 | 20 | 20 | 21 | 22 | 22 | 22 | 22 | 22 | 19 |
| Western | 6 | 51 | | 46 | 24 | 25 | 30 | 33 | 34 | 35 | 39 | 43 | 46 | 51 | 50 | 49 | 38 |
| Boston | 7 | 62 | | 56 | 47 | 50 | 51 | 51 | 51 | 50 | 56 | 56 | 53 | 56 | 58 | 55 | 53 |
| Southern | 8 | 51 | | 46 | 16 | 26 | 31 | 33 | 34 | 40 | 40 | 37 | 39 | 44 | 38 | 36 | 35 |
| Western | 9 | 14 | | 13 | 3 | 3 | 4 | 8 | 10 | 11 | 11 | 10 | 11 | 11 | 14 | 13 | 9 |
| Western | 10 | 13 | | 12 | 3 | 3 | 4 | 8 | 10 | 11 | 11 | 10 | 11 | 11 | 11 | 11 | 9 |
| Northern | 11 | 25 | | 23 | 11 | 14 | 17 | 16 | 17 | 19 | 21 | 21 | 21 | 21 | 24 | 23 | 19 |
| Boston | 12 | 18 | | 16 | 11 | 10 | 12 | 11 | 16 | 16 | 18 | 18 | 17 | 16 | 17 | 17 | 15 |
| Southern | 13 | 15 | | 14 | 13 | 14 | 15 | 13 | 15 | 15 | 15 | 14 | 15 | 14 | 14 | 15 | 14 |
| Northern | 14 | 15 | | 14 | 6 | 8 | 10 | 10 | 10 | 11 | 12 | 14 | 15 | 15 | 15 | 16 | 12 |
| Northern | 15 | 38 | | 34 | 13 | 18 | 21 | 24 | 28 | 29 | 29 | 29 | 29 | 30 | 32 | 29 | 26 |
| Northern | 16 | 12 | | 11 | 6 | 7 | 7 | 8 | 10 | 8 | 8 | 9 | 8 | 8 | 10 | 12 | 8 |
|  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

* Adjusted Rate: Continuum providers’ access to group home beds was hampered by both the low vacancy rate in these beds, and the lower Continuum Adjusted Rate for youth placed in group home beds through the Continuum. CTCS leadership has worked with DCF and DMH leaders to obtain an extension from EHS to permit payment of the full Group Home rates through December of 2015.
* Staffing: Additionally, the original staffing model for the Continuum posed challenges for a majority of Continuums with a total census of fewer than 30. Subsequently, CTCS leadership has worked with DCF and DMH leaders and EHS to adjust the permissible staffing structure and allow for the prorating of the Clinical Supervisor position for these Continuum providers.

**Continuum Statewide Meeting** – CTCS held its first statewide Continuum meeting in June 2015 to review early implementation trends relative to year to date Continuum access and out of home utilization, as well as to review pertinent clarifications and announcements and to provide a training on supervision, training and hiring considerations for the Peer Mentor Position within the Continuum service model.

**Semiannual Regional Provider Performance Management** **Meetings** - CTCS hosts semi-annual regional performance management meetings which bring directors of Caring Together services across the region together with regional DCF and DMH leadership to share information, to clarify issues, identify areas of challenge and discuss possible solutions. The second CTCS regional meetings occurred in the Spring of 2015.

**Ongoing 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 has provided **over 346** trainings and technical assistance sessions.

**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 key trade organizations serving youth and families in Massachusetts: Provider’s Council, The Children’s League, MAAPS, and ABH as well as two parent representatives who also now sit on the newly formed Caring together Family Advisory Council. This implementation advisory committee remains invaluable to the CTCS leadership in identifying barriers to successful implementation of Caring Together, and helping to develop creative solutions.

* **School access**: Members of the Implementation Advisory Committee alerted CTCS leadership to challenges group home providers have experienced in accessing school for some of their residents. In the spirit of using data to understand systemic problems, CTCS leadership, in collaboration with the Implementation Advisory Committee, developed a School Access survey which was completed by providers of Group Home 1:4, Intensive Group Home 1:3 and STARR. It captured data relative to school access across barriers for youth in these Caring Together Programs. The analysis has been shared with the Advisory Committee and the Committee’s recommendations for next steps are under consideration by CTCS Leadership.

**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 June and July meetings covered the following topics: Orientation to the Council, Brief Overview of Caring Together, DMA Health Strategies Family Focus Group, Overview and Feedback on Caring Together Family Partner Service and Caring Together Clinical Support (CTCS) Team Coordinators of Family Driven Practice. The Council will meet monthly to review newly develop Caring Together guiding documents and performance improvement data collection tools, and make recommendations on systemic enhancements to better support family driven treatment.

*Next Steps:*

1. **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.
2. **Psychopharmacotherapy**: The Caring Together service system has experienced some challenges regarding the practice of 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 has developed a survey to gather more information regarding the array of psychopharmacologic practices and structures in place in the Caring Together system. The survey will be disseminated to prescribers serving Caring Together enrolled youth in the Summer of 2015.
3. **Staged Implementation of Family Partner Services:** Effective April 1, 2015 **MassHealth, DMH, DCF and** Caring Together leadership launched a pilot project that allows for staged implementation of the Caring Together Family Partner Service**.** Staging the implementation of the service will allow leaders to learn of and address challenges to implementation on a small scale prior to implementing the service statewide.Numerous orientation sessions were held for DCF, DMH, CSAs, CTCS and Caring Together provider staff. To ensure continuity, the Family Partner service was built using the existing MassHealth provider network.Eight of the 32 Children’s Behavioral Health Initiative (CBHI) Community Service Agencies (CSA) are participating in the piloted rollout. On July 1, 2015 these CSAs began accepting referrals for Caring Together Family Partners.
4. **Medication Administration Program (MAP):** As of the end of April, 154 programs had Massachusetts Controlled Substance Registrations (MCSRs).

* 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 provide 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.

* 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.
* Unplanned Admissions – An unforeseen challenge with the implementation of MAP in STARR is related to the need for unplanned and after business hour admissions into STARR. Unplanned admissions 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 Provider staff began meeting to develop recommendations for overcoming challenges so that MAP can be implemented in STARR. The implementation deadline date for MAP in STARR was extended to December 31, 2015.

1. **Co-location review:** On May 1, 2014, a set of decisions were issued pertaining to the issue of whether different service models in Caring Together could be co-located in the same space. While most models were permitted to co-locate, the co-location of short term models (STARR and CBAT) with longer term models (IGH, GH, Res School) was not permitted. Provisions remain in place for individual waivers based on clinical need. A review of all model co-location prohibitions will be conducted during the summer (2015). In the meantime the process for individual waivers will continue.
2. **Utilization of Follow-Along, Stepping Out and Continuum; Referral Appropriateness:** Although training was provided to field staff on the use of Follow-Along and Stepping out, and Continuum referrals to these services have been under projections especially for Follow Along and Stepping Out. It is anticipated that with the implementation of the Level of Service referral review process (pilot began 7/13/15), CTCS teams will raise the profile of these continuity of care services at the point of referral. It is anticipated that CTCS reviews of LOS will enhance the appropriateness of referrals to Follow Along as well as all Caring Together services. Additionally, CTCS leadership is in discussion with DCF and DMH agency leadership to better understand barriers to making greater use of Follow Along and Stepping out. A Provider focus group will also be held to discern barriers from their perspective. CTCS leadership will then develop an intervention plan to increase utilization of these services.
3. **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 the Summer of 2015 to gather details regarding the specific challenges and identify potential options to streamline differences and reduce redundancies.