

Bi-Monthly Caring Together Implementation Update May 2015

Key goals of Caring Together: It is important to anchor this first update on the status of the implementation of Caring Together (CT) by reminding ourselves of the key goals of the initiative. The primary goals of CT are:

- 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.

The Secondary Goals of Caring Together:

- Maximize the Commonwealth's fiscal resources by eliminating redundancy in administration and management.
- Promote innovation and creativity among 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.

Caring Together Clinical Support: A key consolidated management structure established to achieve these goals within the Caring Together System of Care is Caring Together Clinical Support (CTCS). CTCS consists of 4 Regional teams including DCF and DMH hires, under the leadership of the Director of Interagency Residential operations, and two assistant directors, one hired by DMH and the other by DCF. The teams are staffed by: clinical social workers with a range of expertise in residential treatment, DCF and DMH systems, and child welfare and mental health systems; network managers with expertise in contract and network management oversight; and child psychiatrists.

- **CTCS Purpose** – the CTCS team is a consolidated management structure that is 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** - to support the successful operation 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 procurement. There are several ways in which the Teams fulfill this purpose and mission:
 - Quality Management
 - Outcome Measurement
 - Utilization Management
 - Performance Improvement
 - Contract Management/Network Management

Quality Management

Quality Management: Are services being delivered according to the standards and principles of Caring Together?

Established: CTCS teams are engaged in a number of activities designed to answer this question:

- The teams are responsible to ensure that all programs in the CT system meet the standards of documentation and service delivery of the Rehabilitation Option pertaining to the integration of assessment, clinical formulation, treatment planning, and service delivery
- CTCS is engaged in activities which support the evaluation of Caring Together as a IVE Waiver demonstration project for DCF. DMA Health Strategies (DMA) has been engaged to conduct this evaluation.
- Working with a stakeholder group of providers, parents and youth, and DMH and DCF staff, CTCS developed a set of key quality indicators that are significant components of CT standards of care. These key quality indicators include:
 1. Youth Guided
 2. Family Driven
 3. Individualized
 4. Addressing Barriers to Community Tenure
 5. Positive Behavior Support
 6. Strengths Based
 7. Trauma Informed
 8. Youth/Family Skills Development

So as not to duplicate efforts and overburden providers, CTCS leadership has been working very closely with DMA Health Strategies to develop an integrated and consolidated set of data collection tools that capture data relative to Caring Together quality, performance and contract management as well as data relative to IV-E evaluation. These tools include but are not limited to:

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

Caring Together Record Review Tool - This tool is used as part of the Rehab Option Record Review Process. During annual Caring Together record reviews the CTCS teams use the tool to collect data in an effort to ensure adherence to Rehab Option requirements, IV-E reporting requirements as well as Caring Together Quality Indicators (1-7 noted above). These reviews are currently in process statewide.

Preliminary Findings from the Record Review Process:

Program Site Visits: Over the past year CTCS has visited 166 of 203 group home and residential school sites, roughly 80% of programs as part of the Caring Together record review process. This is the first time in over ten years that so many child/youth congregate programs were visited by DMH and DCF staff for quality management purposes.

Rehab Option: Of the records reviewed so far 94% passed the Rehab Option standards.

Caring Together Principles Driven Practice:

- **Strength based treatment planning:** 73% of records reviewed indicated that treatment was being framed in a strengths-based manner.
- **Family and youth involvement in treatment planning:**
 - 63% of records showed evidence of family involvement in treatment planning as indicated by parental signature on treatment plans.
 - 61% of records showed evidence of youth involvement in treatment planning as indicated by youth signature on treatment plans.
- **System Impact of CTCS Technical Assistance:** When CTCS teams conducted Rehab Option readiness reviews in the spring and early summer of 2014, a number of providers struggled with meeting the standards. After the CTCS teams provided intensive training and technical assistance, the percent of providers meeting expectations increased dramatically.

Network Management Survey -This survey measures key quality related metrics relative to providers' program infrastructure to support:

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

This survey will be completed by CT contractors annually via Survey Monkey. The survey has been vetted through the CT Implementation Advisory Committee (see below) and will be completed by CT contractors for the first time in July 2015. CTCS will report system wide on the status of providers' meeting these standards, and follow-up with individual providers around areas of strength and of concern.

Focus Groups -DMA conducts focus groups of families, youth receiving CT services on a quarterly basis. The first focus groups were held in the fall of FY15. Over the spring DMA will be conducting additional focus groups of families and youth receiving CT services. These focus groups will provide some qualitative data on the experience of youth and families in the CT service system. For the spring groups, we are adding some questions about outcomes in order to give youth and families an opportunity to share their view of what outcomes should be achieved when they receive CT services,

Family Survey -DMA will be conducting a survey of families receiving CT services. Based in part on the questions and responses received in the focus groups, the family survey will provide a wider sample of family perspective on Caring Together services.

Next Steps in Quality management:

- Data collection - annual record reviews, annual Network Management Surveys, and quarterly youth and family focus groups/surveys will be completed by the end of the summer. 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 strengths of practice and addressing areas for continuous quality improvement.
- CTCS leadership will continue working with DCF and DMH to develop a consolidated Record Review database that will allow for more thorough Caring Together analysis and reporting on quality standards assessed during record reviews.
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Outcome Measurement

Outcome Measurement: Is Caring Together achieving the outcomes intended?

CTCS is currently coordinating with DMA to establish outcome questions for use in caregiver/youth focus groups/surveys. Once administered, 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. During late summer/early autumn, CTCS will convene an Outcomes Workgroup to review the data collected on the national and state recommended outcomes standards. The workgroup will consist of CT stakeholders, including youth, families, DCF, DMH staff, and providers who will review the recommended standards and develop a list of key outcome indicators and data collection tools for recommendation to and review by CT leadership and CT Advisory Implementation Committee.

Utilization Management

Utilization Management: Right Treatment, Right Intensity, Right Duration

The utilization management activity of the CTCS teams to date have primarily focused on access – Are youth and families being referred to the right treatment?

- CTCS has developed and implemented the use of a vacancy report which is updated weekly by providers and compiled by the CTCS teams. This report contains information regarding vacant bed/slot availability as well as anticipated date of vacancies for all Caring Together programs except STARR. It is disseminated to DCF and DMH Regional/Area staff weekly to assist their efforts in their accessing the most appropriate available Caring Together Services service.
- Additionally, CTCS teams have developed communication pathways, making themselves available to consult with Area Offices to assist in locating appropriate specialty services on occasions when special or exceptional treatment needs exist.
- CTCS has established a formal co-location waiver request process and tracking mechanism that will help address the clinical needs of youth who may need to be commingled in different service types within the same program space.
- CTCS teams, primarily through the Network Specialists, are able to evaluate the need for additional supports, and authorize or assist in the obtaining of such Add-ons to address specialized needs that are beyond the scope of a given model or program.
- Finally, the teams are beginning to offer consultation to Area Offices in locating CT services for any Child 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 24hrs.

Next Steps:

1. **Standardize the processes for insuring that youth are referred to the right level of CT service** - CTCS Central Office Leadership has developed the Caring Together Level of Service Tool (LOS) with help from DCF and DMH staff. DCF and DMH staff have been given a demonstration of the tool. The tool will promote a standard referral review process for assisting Area Offices in determining which Caring Together Level of Service is the most appropriate clinical fit for a given youth. CTCS staff will support DCF and DMH Areas in a phased process for rolling out the LOS tool and review process. The process will be:
 - Area's designee will complete the LOS tool as part of the Area's process with family to determine the right level of service needed.
 - The Area's designee will submit the LOS tool to the CTCS team.
 - The assigned CTCS team member will review the tool and contact the Area to provide consultation around clinical level of service fit for the given youth as well as program availability to refer to.
 - The area will make the final decision regarding the level of service within CT.

The LOS referral review process will be piloted this summer by several DCF and DMH Area offices. During the month of May, CTCS staff and selected staff from the involved DMH and DCF area offices will be trained in the use of the

LOS tool and the referral review process. Feedback will be obtained and the tool and process will be adjusted accordingly. After this pilot process is completed, all relevant DCF and DMH staff across the state will be trained in the referral review process and the use of the LOS tool. The CT referral review process will be implemented state wide with the LOS tool in September 2015.

2. **Standardize the Processes for Review of Ongoing Service Utilization** - CTCS team members are assigned as liaisons to DCF/DMH Area office and attend case review meetings where utilization is discussed. CTCS consults to the Areas around utilization concerns and access concerns. CTCS teams will engage in regular review of utilization data for the purpose of identifying and addressing outlier utilization trends. There are existing DCF and DMH reports that provide data on utilization, and length of stay, across all models of care. CTCS team members will learn to analyze this data, develop provider/regional reports and use the reports with providers and DCF/DMH for the purpose of outlier performance management. In June 2015 – CTCS team members will begin participating in a monthly training aimed at coaching them in these skills.

Performance Improvement

Performance Improvement: Are we heading in the right direction?

Established:

Continuum - CTCS staff facilitate monthly Continuum performance management meetings with Area DCF, DMH and Continuum contractors to clarify expectations and resolve problems in an integrated effort to strengthen joint understanding of provider expectations across the two agencies and eliminate redundancy in management by DCF and DMH separately. CTCS has identified key indicators and developed a data collection process for Continuum providers to report on indicators that are relevant to successful implementation of Continuum as a new type of residential service. These indicators include:

- access to Continuum services,
- access to out of home treatment services
- flex spending,
- use of respite and,
- crisis planning.

CTCS collects this data monthly and shares data trends in the performance management meeting as well as facilitates a discussion and learning about the Continuum and DCF/DMH lessons learned, strengths and areas for improvement. Access to group home beds through the Continuum 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. In response, CTCS worked with the Agencies and EHS to permit payment of the full Group Home rates until July of 2015. CTCS is working with EHS to extend these full rates.

Regional Provider Performance Management - CTCS has hosted semi-annual regional performance management meetings which bring regional DCF and DMH leadership with providers from the region to share information, to clarify issues, identify areas of challenge and discuss possible solutions. The first CTCS regional meetings occurred in the fall, and the second set is being held in May and June.

Training and Technical Assistance - to CT stakeholders: Over the course of this year, CTCS teams have provided 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, Directors of Mobile Crisis Intervention teams and network management staff at the Massachusetts Behavioral Health Partnership (MBHP). 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 225** training and technical assistance sessions.

Next Steps in Provider Performance Improvement: On June 2015, CTCS will host the first statewide meeting with Continuum providers to share information on such topics as: training and supporting Peer Mentor staff, current trends and practices in managing crises, promising practices in coordinating care and treatment when a youth is enrolled in a group home through the Continuum.

Next Steps in System Performance Improvement:

1. **Stake Holder Engagement:** Since October of 2013, CTCS leadership has been meeting monthly with the Caring Together Implementation Advisory Committee comprised of representatives of four key trade groups serving youth and families in Massachusetts: Provider's Council, The Children's League, MAAPS, and ABH. In addition, there have been two parent representatives on the committee. This committee has been invaluable to the CTCS leadership in identifying barriers to successful implementation of Caring Together, and helping to developing creative solutions. In addition to continuing to work with the Implementation Advisory Committee, CTCS leadership will cultivate a stronger engagement of family and youth stakeholders. CTCS Leadership is currently working with PPAL to recruit families for a Family Advisory Council to begin in June. Options for establishing ongoing structures for engaging youth in the process of giving feedback to CTCS leadership about what is important to them in the operations of Caring Together are currently being explored.
2. **School access:** Members of the Implementation Advisory Committee raised the issue of challenges providers of group homes have been experiencing in obtaining access to 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 to be completed by providers of Group Home 1:4, Intensive Group Home 1:3 and STARR. This was disseminated to providers in April. The data will be tracked by providers during the month of May, and entered on Survey Monkey by June 10, 2015.
3. **Psychopharmacotherapy:** There have been many challenges in the Caring Together system in regard to the practice of psychopharmacotherapy. The two child psychiatrists attached to the CTCS Teams have been reaching out to programs and prescribers regarding the infrastructure for psychopharm, the integration with other aspects of treatment, and integration with pediatric care. They are currently piloting a survey on these issues with a few prescribers in the CT system. On the basis of this pilot process, a survey will be developed to be circulated among prescribers serving CT enrolled youth, in order to capture the array of psychopharm practices and structures in place in the CT system.
4. **Staged Implementation of Family Partner Services:** Although making family partners available to families of youth receiving Caring Together Services was part of the original design in the RFR, there were many obstacles to our achieving this goal. We are very pleased that as of April 1, a staged rollout of the service started. Eight of the 32 CSA's began participating in the initial rollout. These CSAs will pilot the provision of the CT Family Partner Service to a small sample of families who have youth being considered for referral into Caring Together services over the next several months. There have been kick-off meetings involving the CSA's, the matching DCF area offices, the DMH area offices, and the CTCS teams. Protocols for enrolling families in the Family Partner service and for tracking data relevant to evaluating the success of the pilot are in the process of being developed. Referrals for family partners are slated to begin by July 2015.
5. **Medication Administration Program (MAP):** There has been great progress in the implementation of MAP in the CT system. As of the end of April 154 programs have Massachusetts Controlled Substance Registrations (MCSR's). There continue to be challenges: insuring that agency field staff understand and provide the documents necessary for medication administration for planned new admissions, working with the new Pediatric Behavior Health Medication Initiative (PBHMI), logistical challenges in the training, and testing of staff for certification in MAP. A small work group of CTCS, DMH-MAP, and DCF staff is currently developing draft

procedures for Agency staff and will be developing strategies for training them. To address training and testing issues, a meeting was held on May 14 for all CT/MAP providers to meet with the D&S the testing service. Finally, the regional MAP coordinators have been convening monthly group meetings with the programs in their regions to troubleshoot challenges that the programs are encountering.

- One of the biggest challenges is the implementation of MAP in STARR where obtaining the needed documentation from prescribers is challenging due to the fact that admissions are usually unplanned and often occur after business hours. A committee comprised of DCF, DMH-MAP, CTCS and Provider staff, will be formed in May which will develop solutions to these challenges so that MAP can be implemented in STARR. Recently the implementation deadline date for MAP in STARR was extended until December 31, 2015.

6. **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. There were provisions for individual waivers based on clinical need. A review of all model co-location prohibitions will be conducted during the summer. In the meantime the processes for individual waivers will continue.
7. **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. We anticipate that with the implementation of the Level of Service referral review process, the CTCS teams will be able to raise the profile of these continuity of care services at the point of referral. We expect that the implementation of the level of service referral review process will in general enhance the appropriateness of referrals to the CT system of services.
8. **Documentation expectations of DMH and DCF:** Providers have reported being burdened by the differences between DMH and DCF in terms of documentation expectations. A committee comprised of DMH, DCF and provider staff will be convened in June to look into these challenges, prioritize the challenges, and identify workable solutions.