Caring Together

Clinical Interventions

2019 Stakeholder Engagement Sessions
July 12, 2019
Agenda

➢ Welcome Back
➢ Feedback Summary on Group Home Models
➢ Clinical Interventions Discussion
Feedback: Clinical Capacity

- **Strategies (investments) to raise the clinical bar**
  1. Licensure of individual practitioners
  2. Time: to attend training; overlap shifts for warm hand-offs, staff meetings
  3. Organizational culture, supports

- **Minimum clinical capacity for all direct care staff and supervisors**
  1. Trauma informed care
  2. Family engagement / partnership
  3. Permanency

- **Expert clinical capacity: mobile teams, “swing capacity”**

- **Allow providers flexibility in selecting EBPs. Some have already invested in implementing an EBP. Also, be mindful of providers selecting EBPs in response to Families First requirements**
Feedback: Short-Term Use

- Supporting more youth in community leads to shifts in acuity in group home settings.
- Creates challenges in using group homes for respite.
- A group home could be a good respite option for youth who they already know.
- Using group homes for stabilization and assessment as well as ongoing treatment might require more clinical knowledge and skill than is feasible.
- Remove label of “short term”, but push harder at the practice of making all placements as short as possible, including by increasing the clinical capacity of community services (esp. Continuum)
Feedback: Impact on Previous Topics

Continuum
• Acuity of youth in Continuum increases as use of / LOS in group homes shortens.
• Continuum staffing model will need to be more clinically robust than the current model.

Family Residence
• Create a small home-like group home setting similar to the family residence model. But not with paid full-time foster parents.
# Areas for Feedback

<table>
<thead>
<tr>
<th>Focus Areas of Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Continuum</td>
</tr>
<tr>
<td>2. Family-based Placement</td>
</tr>
<tr>
<td>3. Group Homes</td>
</tr>
<tr>
<td>4. Clinical Interventions</td>
</tr>
<tr>
<td>5. Young Adult Programs</td>
</tr>
<tr>
<td>6. Best Practices</td>
</tr>
<tr>
<td>7. Business Models</td>
</tr>
<tr>
<td>8. Performance Measures</td>
</tr>
</tbody>
</table>

- Enhancing clinical specialty and capacity
- Consider evidence-based programs and emerging innovations
Enhancing Clinical Acumen

- Clinical Supervision: fundamental for any program (home grown practice, emerging innovation, promising practice, evidence based practice)

- Mobile Clinical Teams: clinical experts deployed to work with programs whose staff don’t have the clinical training / knowledge in a specific area. Functions as “swing capacity” in a geographic area across multiple programs.
  - Consults with family teams
  - Contributes to the assessment process
  - Provides short-term treatment

- Evidence Based Programs and Practices (EBPs): well-articulated clinical model; training, coaching and supervision; fidelity monitoring

- Training & Technical Assistance
Clinical Supervision

What we’ve learned

- Clinical supervision is a fundamental component of successful practice models and programs

Design considerations

- What level / type of experience should clinical supervisors have?
- What level of licensure should be required of clinical supervisors?
- What should be the workload of a clinical supervisor? E.g., staff ratio, case carrying?
Mobile Clinical Teams

What we’ve learned

• Some clinical needs occur too infrequently to support building an entire program

Design considerations

• What would it take to be the contractor for an expert clinical team? How much expertise can one team have?
• What would it be like to receive this expert consultation?
• What types of issues lend themselves to this approach?
Evidence Based Programs & Practices

What we’ve learned

- Provider agencies have invested in an array of EBPs
- Implementing and sustaining an EBP requires resources

Design considerations

- DMH does not intend to select and require certain EBPs to be adopted system-wide
- How can DMH support the use of evidence-based programs and practices?
Training & Technical Assistance

What we’ve learned
• Some practice areas should be consistent statewide, e.g., permanency.

Design considerations
• What should be DMH’s role in providing / supporting training?
• What should be the provider agency’s role?
Closing Remarks

• Debrief of Today’s Meeting
• Outstanding Questions
• Next Meeting:
  – Date: July 24
  – Topic: Young Adult Programs