Department of Children and Families
Department of Mental Health

Quarterly Caring Together Implementation Update

Caring Together

December 1, 2015 – February 29, 2016

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 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.

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

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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 use 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.

Performance Improvement: Collaborative Quality Improvement Interventions with System Partners

CTCS Regional teams have begun implementing the Collaborative Quality Improvement Plan (CQIP) Process. Starting in December the CQIP tool was put through an improvement process whereby CTCS team members began "testing" the CQIP with providers in order to maximize effectiveness and make timely enhancements to the tool and process on a rolling basis. The tool continues to be used with providers and lessons learned from its use are informing ongoing enhancements to implementation of the tool and process.

The current intent is to complete the CQIP process with each provider organization on an annual cycle. The CQIP process is helping CTCS teams use data to identify provider, CTCS, DMH and DCF interventions and technical assistance needed to support provider service implementation/improvement of Caring Together service model(s). The vision is for Regional CTCS teams to use the CQIP process to measure, monitor and improve the below key system performance areas as data becomes available:

a. Quality of Treatment
b. Contract and Joint Standards Adherence
c. Utilization & Access
d. Outcomes

A key product of the process is a work plan, called the Collaborative Quality Improvement Plan (CQIP) which is used to track the CTCS, DCF, DMH and Provider interventions used in support of Caring Together provider performance. As planned CTCS teams have focused the CQIP process most heavily on joint standard implementation data submitted by providers via the Network Management survey. Over time the CQIP process may be used for quality performance improvement areas including but not limited to restraint prevention, outcomes, Family Partner utilization and other service utilization data.

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Continuum Performance Management Meetings - CTCS staff continue to facilitate quarterly (at minimum) performance management and technical assistance meetings with Continuum providers as well as DCF and DMH staff. These meetings have been used to resolve implementation challenges collaboratively with each Continuum provider and local DCF/DMH offices. CTCS teams continue to collect monthly Continuum Access Report data and share and discuss trends in the performance management meetings. CTCS leadership convened a workgroup with Continuum providers and DCF, DMH, CTCS staff to revamp the current Continuum Access data collection workbook in an effort to make it a more efficient process with more informative data. The workgroup is aiming to put the new workbook in effect 7/1/16.

Data regarding access to Continuum services continues to be collected and monitored by CTCS teams and Caring Together leadership. Six of the 16 Continuums (shown yellow and green) are operating at an average census that is consistent with the total number of contracted slots or within 90 percent of those total contacted slots. Ten of the 16 Continuums were at or above the 90% utilization target.

Caring Together Continuum Statewide Filled Capacity Report - Rolling 12 months

CTCS Region	Continuum ID	Total Slots	Target - Minimum Census**	Average Census	Filled Slots FY16 - 1st Quarter			Filled Slots FY16 - 2nd Quarter			Filled Slots FY15 - 3rd Quarter
					July 2015	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016
Southern	1	21	19	16	20	19	15	15	14	13	15
Western	2	15	14	10	10	10	9	12	15	15	15
Western	3	34	31	28	25	25	25	28	28	32	34
Western	4	12	11	12	12	11	12	12	12	12	12
Western	5	24	22	22	23	23	21	21	21	22	19
Western	6	51	46	47	50	44	47	45	47	54	52
Boston	7	62	56	56	56	54	58	57	58	58	57
Southern	8	47	42	30	31	28	23	23	21	18	17
Western	9	14	13	12	12	13	12	12	11	14	14
Western	10	13	12	10	10	10	8	8	10	10	10
Northern	11	25	23	22	22	24	19	21	23	25	25
Boston	12	18	16	17	17	16	16	15	15	17	17
Southern	13	15	14	15	15	14	15	15	16	16	16
Northern	14	18	16	15	14	16	13	16	17	18	18
Northern	15	38	34	30	32	31	29	28	29	32	31
Northern	16	12	11	10	12	12	10	10	10	12	8

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Quality of Treatment

CTCS Leadership and DMA Health Strategies continue to utilize these 4 core data collection methods to gather information on the status of the implementation of the following key quality indicators. CTCS teams and CTCS leadership are primarily responsible for data collection via the record reviews and the network management survey while DMA Heath Strategies is responsible for the focus groups and the caregiver surveys.

Quality Data Collection Methods

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

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 methods is noted below along with any preliminary quality indicator findings to date.

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 Key Quality Indicators noted above.

Status: CTCS teams have begun completing FY16 annual record reviews. As of January 31, 2016 a total of 22 programs and 130 record reviews have been completed.

Preliminary Findings:

Record review findings are analyzed annually. FY16 findings are pending record review completion and data analysis at the end of the fiscal year.

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Focus Groups

DMA Health Strategies has conducted focus groups regarding the implementation of Caring Together with a variety of key stakeholders and will continue to do so annually.

Status: To date DMA Health Strategies has conducted a total of 17 focus groups and interviews with 129 people. The following is a list of the type and total number of focus groups as well as the total number of participants to date:

- Provider - 3 focus groups held with a total of 27 participants
- Parent/Caregiver - 4 focus groups held with a total of 20 participants
- Youth – 4 focus groups held with a total of 40 participants
- CTCS – 4 focus groups held with at least 12 participants
- DCF Staff – 3 focus groups held with a total of 42 participants
- DMH Staff – 1 focus group held with a total of 5 participants

Preliminary Findings:

Focus groups are completed and findings are summarized on a rolling basis. Key findings for the most recent round of focus groups are pending and will be reported on at a later date.

Parent Caregiver Survey

DMA Health Strategies conducted periodic surveys of families who have received or are currently receiving a Caring Together service(s).

Status: Between August and December of 2015 DMA administered a 31-item survey to parents/caregivers whose children received Caring Together services. DMA used SurveyMonkey and hard copies to administer the survey in both English and Spanish. The survey was distributed 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. Recipients were asked to help recruit parents/caregivers to complete the survey, using at least one of the following methods:

- Disseminating the SurveyMonkey link to parents/caregivers with active email addresses.
- Offering a computer terminal onsite so parents/caregivers could complete the survey while waiting.
- Providing limited paper distribution onsite for parents/caregivers unable to complete the survey electronically.

Preliminary Findings:

- Fifty-three parents/caregivers responded to the survey. Of those, 50 (94%) used the English version.
- More than half of the respondents' children received services from DCF (59%), 34% received services from DMH, and 8% received serviced from both agencies.
- Forty percent of respondents' children received Continuum services, 31% received group home services, 29% received residential school services, 6% received Follow Along, and 4% received Stepping Out. Thirteen percent of respondents were unsure which CT service(s) their child received.
- Below are some key findings from the survey:

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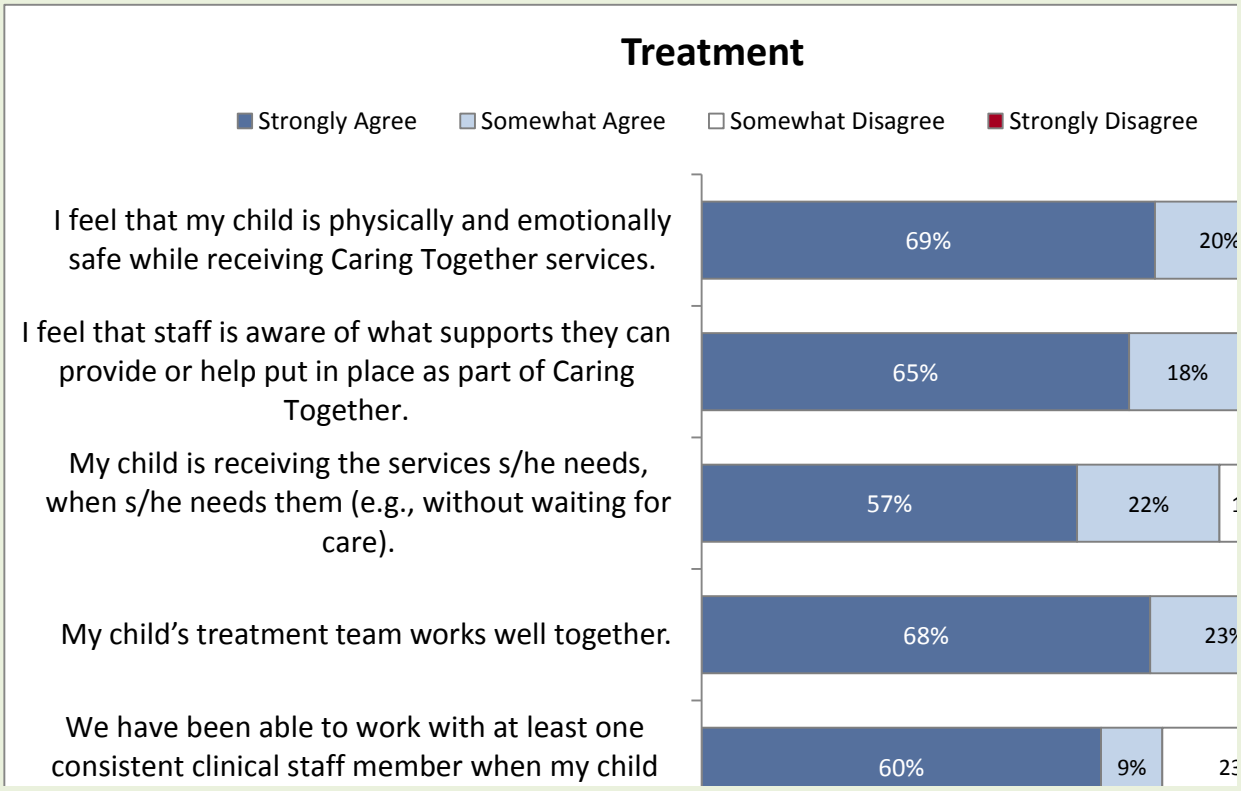

Contract and Joint Standards Adherence

CTCS teams manage contract adherence issues in "real time" as they occur as well as through a systematic and data informed approach. CTCS, in partnership with local DCF and DMH offices, are engaged daily in the monitoring of and responding to "real time" concerns relative to Caring Together provider contract adherence and overall quality of care. To further support and guide this effort on behalf of both agencies, CTCS leadership in partnership with DCF and DMH has been drafting a joint agency CTCS operational response protocol document that provider's guidance to CTCS teams around their action steps in responding to and addressing Caring Together quality of care concerns filed with the team by concerned stakeholders. The more systematic approached to contract adherence involves assessing and monitoring provider's implementation status of various key contract obligations. A key component of monitoring in this manner involves data collection with the Network Management Survey tool.

Network Management Survey:

The Network Management survey tool provides CTCS teams with annual point in time feedback from provider organizations regarding their status of implementing key elements relative to the Caring Together Joint Standards. The data in the Network Management Survey is used by CTCS teams to identify potential learning 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 was initially completed by 53 (84%) Caring Together providers for the data collection period that covers FY15. However, a few late submissions have since been received during the past two months. Fifty three individual

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provider response reports have been prepared for CTCS teams to use as part of the Collaborative Quality Improvement Plan (CQIP) performance management process (as describe previously in this report) began in January 2016. The FY16 annual survey will be conducted in June 2016.

Preliminary Findings from FY15:

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.
2. Workforce Development	Providers reported that on average, each staff person completed 14.2 hours of restraint prevention training in FY15.
3. 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.
4. 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).
5. Debriefing After Events In Which Restraint was Used	98% of providers conducted debriefings after a restraint, and 79% documented the debriefings.
6. 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.

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	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).

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

Per the Caring Together RFR, CTCS teams (as the DCF/DMH Consolidated Management Structure) 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 – Support youth/family referral to the "right" treatment service.

CTCS leadership developed and piloted a standard DCF/DMH level of service referral decision support tool (Caring Together Level of Service Tool -LOS) and process designed to ensure that youth are referred to the most appropriate available Caring Together service to meet their clinical needs. Upon completion of the pilot DCF and DMH leadership have decided to suspend the use of this tool and process as it was found to be too labor intensive to be implemented at this time. A workgroup with DCF and DMH field staff will be formed to determine what aspect of the referral process can be standardized across regions and across Areas/Sites.

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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.
- *Review and Monitoring of Co-location* requests- 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.

a. **Standardize the Processes for Review of Ongoing Service Utilization –** A statewide CTCS utilization management workgroup was convened in November 2015 in order to promote shared learning around utilization management strategies and special projects across the state. The workgroup is focusing on three initial goals: (1) Develop a set of guiding questions to support CTCS staff with a standard way of engaging in DCF/DMH utilization case review meetings/conversations. (2) Each Regional CTCS team has/will be offering a DCF or DMH office the opportunity to collaborate on special local utilization management project. (3) Draft a standard set of guidelines to be used across CTCS teams who are asked to support a DCF or DMH office with a Caring Together bed/slot capacity needs assessment.

Status: One workgroup meeting has been held this reporting period. (1) CTCS Guiding utilization case review questions have been drafted and the workgroup is in the process of editing it. (2) A majority of teams have begun initial efforts to establish a utilization management project. Draft project outline/proposals are under review. (3) Drafting of the CTCS Guiding Needs Assessment process is scheduled to commence at a future workgroup meeting.

Outcomes

In January 2016 the CTCS leadership convened an Outcomes workgroup comprised of providers, DMA, CTCS, DCF and DMH staff. The workgroup embarked on activities to flesh out key recommended outcome domains supported by the national Building Bridges Initiative, local family surveys, provider practice and DCF/DMH priorities. Preliminary domains being discussed include: home, purpose, community, and permanency.

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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, the Caring Together Family Advisory Council and other Caring Together Advisory Committees.

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 director level Caring Together providers across each CTCS region together with local DCF and DMH leadership to share information, clarify contractual and practice expectations, identify areas of challenge and discuss possible solutions and promote emerging promising practices. To date, CTCS teams have held 3 semiannual meetings in each of the four CTCS Regions (totaling 14 meetings – one regional meeting was postponed to December due to unforeseen scheduling issues). The most recent meetings, held October-November covered the following range of topics: (1) Coordinator of Family Driven Practice role and involvement in family engagement, (2) updates on - Caring Together Director, MAP in STARR, Caregiver Survey, (3) Annual Network Management Survey Findings & Collaborative Quality Improvement (CQIP) Process, Substance Use Trends (Western Region), Youth Readiness Tool (Northern, Southern Regions), DCF Family Find Process (Boston Region).

2. **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. Caring Together leadership teamed up with DMH's Children's Behavioral Health Knowledge Center to host three focus groups during the past reporting period. The goal of the focus groups were to 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. A focus group was held with the follow three groups: (1) Continuum Program/Clinical Directors in October 2015, (2) Caring Together Family Advisory Council in November 2015 and State staff in November 2015.

   One of the recommendations stemming from the focus groups included the development of a Continuum Community of Practice forum for providers to gain support around implementation struggles and share emerging promising practices. The first meeting was convened in January and focused on a review and prioritizing of future meeting topics generated via a Survey Monkey, feedback on Safety planning training/coaching, and review of feedback from Continuum focus groups and preliminary recommendations. The next meeting will be held in March.

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3. **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 7/1/14 CTCS staff has provided over 431 trainings and technical assistance sessions.

Development & Growth of Key Caring Together Service Components

1. Follow Along: Follow Along Services provide intensive home-based family interventions and supports to youth and families, both while youth are preparing to return home or move to another family setting, and after this return takes place. Service continuity is a critical feature of Follow Along. Services are provided by a team consisting of an experienced master's level licensed clinician and a Direct Care staff person. To ensure continuity of care, this team is integrated into the residential setting and continues working with the youth and family after the youth transitions a home setting. To support a youth's transition after discharge from the group home, the youth can access, as indicated and available, selected groups and recreational activities at or organized by the group home. Follow Along Services are designed to promote family reunification and bridging home. Follow Along service have been utilized at a rate lower than anticipated when the service was originally designed. It was anticipated that approximately 40% of youth referred by DCF into Caring Together would be appropriate for Follow Along. In FY 15 less than 10% of youth referred into Caring Together (excluding STARR) were also referred for Follow Along.

   In order to understand this gap between anticipated and actual utilization, an analysis was conducted which included a focus group with DCF ARCs and Lead Agency staff and four focus groups with Caring Together providers. Additionally, data from a survey of Caring Together providers, data from the referral patterns in the Level of Service review pilot, and data on the distribution of Follow Along providers among the 5 DCF Regions was analyzed. The findings suggest the following actions can be taken in order to enhance the utilization of Follow Along by DCF:
   - Develop documents which better define:
     - the clinical criteria for Follow Along
     - optimal timing for consideration/discussion with the program and family of the availability of Follow Along
     - criteria for use of Follow Along verses other in-home community support services
     - the intensity of the service model given the staffing built into the rate
     - the expected treatment review and monitoring processes with the program, family and referral agency
   - Use the above guiding documents to Train DCF social workers, area staff and CTCS teams more deeply in the Follow Along model.
   - Explore ways to expand the role of CT providers in finding kin for youth in their services.
   - Obtain data for FY 15 akin to the data obtained for FY 12, regarding the distance between the family home and the Caring Together site for youth referred to Caring Together programs. This

will be needed to obtain a better assessment of whether and where additional Follow Along programs are needed.

2. Family Partner Service: The 12 CSAs piloting the Caring Together Family Partner service have the capacity to serve a total of 234 caregivers across the commonwealth (79 for DMH and 155 for DCF). To date, 81 caregivers have received the Caring Together Family Partner service (19 for DMH and 62 DCF). The CTCS Coordinators of Family Driven Practice and the Caring Together Family Partner Pilot implementation team are working closely with local DCF and DMH offices as well as the CSAs to increase utilization.

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. The CTCS supervisors, CTCS child psychiatrists and the Interim Director will meet in early FY17 to further explore additional opportunities to include CTCS child psychiatrists in ongoing consultation to CTCS teams as well as Caring Together providers going forward. Additionally, 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. 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. Approximately 40 respondents have participated in this portion of the survey to date. Part two focuses on important aspects of clinical care and is completed by each Psychiatric care provider in Caring Together programs. Twenty two respondents have participated in Part 2. A report on the summary of findings from the survey is pending completion.

4. Medication Administration Program (MAP): 159 programs have Massachusetts Controlled Substance Registrations (MCSRs).
    a. *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 is under review by DCF executive leadership.

    b. *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.

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c. *STARR* – It has been determined and announced by EOHHS that STARR providers will follow EEC medication administration regulations at this time.

Stakeholder Engagement

Monthly Caring Together Implementation Advisory Committee:
The three trade organizations including Association for Behavioral Healthcare (ABH), Massachusetts Association of 766 Approved Private Schools (MAAPS), and the Provider's Council, as well as the Children's League of Massachusetts, the DCF and DMH Commissioners and Caring Together Leadership team met in October to discuss the purpose, scope and frequency the Monthly Caring Together Implementation Advisory Committee going forward. The meeting will reconvene under a new charter on 3/9/16. That meeting agenda covered the following topics:

1. Caring Together Updates (Caring Together Director, LOS Tool, Education)
2. Family Advisory Council Update
3. Trade/Children's League Updates
4. Review/edits/finalizing committee charter
5. Rate setting update
6. MAP in STARR update
7. Follow Along gap analysis
8. Planning a Continuum respite listening session

Monthly Caring Together Family Advisory Council (FAC):
The Family Advisory Council continues to meet monthly. December and January FAC meetings focused on a review of Caring Together services and finalizing the FAC mission and vision statements.

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 had vacated their positions (or had otherwise been promoted to new positions) effective 7/1/15. The following positions were effected and remain vacant during this reporting period: DCF Assistant Commissioner, DMH Deputy Commissioner and the Caring Together Director (the Caring Together Assistant Director for Performance Improvement will continue to act as Interim Director until a replacement is hired).

In the interim, the DCF and DMH Commissioners are meeting bi-monthly with DCF and DMH senior staff who are involved with Caring Together to review and guide implementation.