

Quarterly Caring Together Implementation Update



Caring Together

March 1, 2016 – May 2016

Bi-Monthly Caring Together Implementation Update
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This report serves as a quarterly communication to update stakeholders on Caring Together implementation activities, projects and timelines for the purposes of improving communication and promoting understanding of the functions of DCF and DMH's consolidated management activities carried out by the Caring Together Clinical Support (CTCS) teams. Per the Caring Together RFR the DCF/DMH consolidated management structure known as the CTCS team is intended *to eliminate duplication of effort between DCF and DMH Agencies* and to *standardize the processes for service access, ongoing service utilization and performance management*.

Eliminate Duplication of Effort between the DCF & DMH Agencies

Through the CTCS team which is comprised of DCF and DMH staff, the two agencies jointly manage Caring Together residential services as one integrated management entity. Contract management activities are conducted jointly by the Regional CTCS teams to help reduce duplication of state agency and provider efforts. These joint contract management activities include but are not limited to annual provider record reviews and program site reviews.

- **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. CTCS teams have been conducting FY16 annual record reviews on a rolling basis.
- **Program Site Reviews:** CTCS teams, 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 implementation and overall quality of care. To further support, standardize and guide this effort on behalf of both agencies, CTCS, DCF and DMH leadership have partnered to draft a joint agency operational response protocol that provides guidance to regional CTCS teams around their action steps to and address Caring Together quality of care concerns filed with the team by concerned stakeholders. The protocol is currently under review with legal.

Ad hoc Documentation review Committee - Additionally, at the request of the Secretary Sudders, a committee was formed to address provider concerns regarding inconsistent and duplicative documentation requirements for Caring Together providers. The committee engaged in the following activities during this reporting period: (1) identifying Caring Together documentation duplication/inefficiencies across DCF/DMH, (2) determining where documentation requirements are excessive and/or repetitive, and (3) developing a list of feasible recommendations and/or a tip sheet for reducing inconsistent, duplicative, excessive, repetitive documentation expectations between the agencies that conforms with Rehab Option standards. The committee was comprised of CTCS, DCF and DMH Agency staff, representatives of Caring Together providers, a trade agency representative and a parent/family representative. A list of recommendations was shared with DCF and DMH Commissioners in May.

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EOHHS, DCF and DMH envision in the Caring Together RFR a process by which decisions about a child's need for Caring Together Services would be made locally and in the context of a Family Team Meeting or some similar process whereby families, their invited guests, and the DCF/DMH Agency representative collectively reached the service decision after considering alternative approaches. Additionally, the RFR called for a standard process for accessing Caring Together with the support from the CTCS team following the local Family Team decision. This initial vision intended for the local Area/Region to share the Family Team's service determination with the Caring Together Clinical Support (CTCS) team who would assist the area/region in selecting the provider that has an opening in the service that best meet the child/family's needs, including geographic proximity to the child/family's community.

In support of this standard process, DCF and DMH created and piloted a Caring Together Level of Service decision support tool and CTCS review process designed to ensure that youth were referred to the most appropriate available Caring Together service to meet their clinical needs. During the pilot phase the tool was completed by the local office and sent to the CTCS team for review and consultation around service need and availability. Upon completion of the pilot DCF and DMH leadership decided to suspend the use of the tool and process as it was found to be too labor intensive to be implemented at this time. DCF and DMH are currently considering the possibility of forming a workgroup with field staff to determine what aspect of the referral process can be standardized across agencies and Areas/Sites. Additionally, DCF is in the process of considering elements of the LOS tool to be incorporated into enhancements planned for a future update of their referral process.

Additionally, in an effort to support DCF and DMH offices in accessing the most readily available and clinically appropriate level of Caring Together service, the CTCS team monitors service vacancies and programmatic co-locations of youth, addresses barriers to admission, reviews Add-on requests, and helps the local offices address Caring Together services barriers for youth waiting disposition in an acute treatment setting or Emergency Department. This multipronged approach to supporting DCF/DMH local offices in addressing access to treatment barriers within the Caring Together system, is further detailed below:

- *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, IRTTP 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.

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- 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.

Standardize the Processes for Ongoing Service Utilization

The Caring Together RFR envisioned the establishment of a standard process for conducting periodic reviews, supporting transition and discharge planning and preventing the need for youth to transition to other services due to crisis.

Periodic Reviews: The initial vision for standardizing a process for ongoing service utilization involved CTCS undertaking periodic reviews of the clinical status of cases in each program in order to ensure that Caring Together provider's maintained clinical, managerial and systemic practices aligned with the standards, specifications and goals of Caring Together. CTCS teams have begun developing a more proactive program review process. The process has not yet been standardized and additional work is needed if it is to serve as a clinical case review process that helps inform DCF/DMH on provider's clinical, managerial and systemic practices alignment with the standards, specifications and goals of the Caring Together procurement.

Transition and Discharge Planning: Additionally, the RFR suggested an intention for the CTCS Clinical Social Worker to assist the Agency case manager with transition and discharge planning, as needed. There has been minimal development of the CTCS social worker's role/responsibilities specific to discharge planning and this is currently under review.

Prevent the Need for Youth Transition due to Crisis: It was anticipated that on occasion, providers may need additional assistance to stabilize a youth in crisis. The initial vision was for the CTCS team to be able to authorize an increase in the level of clinical services delivered to a child by a Caring Together program in order to prevent the need for the child to move to another setting. Authorization for an increase in the level of clinical services at a given program remains with the local Area/Regional office. CTCS teams support the local office in making a contractually informed decision regarding the authorization of "add ons" to support the needs of children in crisis.

Case Consultation: Additional service utilization assistance to programs was also envisioned to include case specific consultation from Agency Child Psychiatrists and/or Clinical Specialists, and the facilitation of Grand Rounds discussions of complex cases that are challenging a given program. Caring Together leadership has begun to consider the possibility of utilizing some CTCS team members, including the psychiatrist to support providers managing complex clinical needs through Grand Rounds discussions and/or some other complex case review process. Additionally, the CTCS Coordinators of Family Driven Practice (CFDP) have begun engaging in provider and state agency Family Engagement case and program consultations and technical assistance on ad hoc bases as requested by programs and providers.

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EOHHS, DCF and DMH envisioned that the CTCS team would to convening periodic meetings of providers to build a community of practice within the regional and statewide network, to communicate changes in policy and practice that may impact the network, and to provide data on the current functioning of the system as it relates to the achievement of youth and system goals.

Semiannual Regional Caring Together Provider Meetings: In the fall of 2014 CTCS established a semiannual regional meeting structure that brings together the directors of different Caring Together levels of service and organizations along with local DCF and DMH leadership to clarify contractual and practice expectations, identify areas of challenge and discuss possible solutions, promote emerging promising practices and share information including data from the Caring Together Network Management Survey (including findings regarding the status of the implementation of key Caring Together Joint Standards) as well as some key quality indicators relative to record reviews and other data as available. To date, CTCS teams have held 3 semiannual meetings in each of the four CTCS Regions (totaling 12 meetings). The most recent meetings 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).

Family Engagement Forum: Additionally, Caring Together leadership is in the process of developing an ongoing learning collaborative or community of practice forum specific to family engagement. A statewide ad hoc family engagement forum is scheduled for July of 2016. Information from his meeting will help inform the development of an ongoing forum.

Continuum Community of Practice: meeting were held on 1/19 and 3/22. The next meeting is scheduled for 6/21. These meetings bring Continuum providers together from across the state to share emerging promising practices. In the fall of 2017 the meeting time will be used for a Practice Profile workgroup to develop a Continuum Practice Profile. The Continuum Practice Profile kickoff meeting is scheduled for 10/6. Practice Profile Community of Practice meetings will occur on a monthly basis and attendance will expand to include Continuum Clinical Directors, DCF/DMH stakeholders, and family. The meetings will be used to collaborate on the development of a Continuum Practice Profile that outlines the core components of the Continuum service and what service delivery looks like when it's delivered well, developmentally and insufficiently. This process will lay the foundation for hiring and training to particular needed skill sets of Continuum staff in order to deliver core components of the service. It will also support DCF, DMH and family members evolving understanding of what to expect of the Continuum service. Additionally, the Practice Profile will lend itself to the future development of a CTCS consultative Continuum clinical practice review process that can be used to support providers in strengthening their staff delivery of the core components to youth and families.

Continuum Performance Management Meetings - CTCS staff continued to facilitate quarterly performance management and technical assistance meetings with Continuum providers, DCF and DMH staff. These meetings have been used to resolve implementation challenges collaboratively with each Continuum provider and local DCF/DMH offices. These quarterly meetings will cease in the fall of FY17 at which time CTCS will implement a statewide quarterly meeting with Continuum providers instead. Ad hoc Performance

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Management meetings may be held on an as needed basis thereafter. Quarterly statewide meetings will be held in order to review new Continuum Community Tenure data that Continuums will begin reporting on 7/1/16. Two goals of this new FY17 data collection and meeting structure are to learn more about the drivers of success and challenges in preventing hospital and CBAT admissions across the state as well as learn more about any successes for you/families correlated with the unique aspects of the Continuum service such as Respite Bed, Flex, OT Consult, Peer Mentor and after hour in person response.

Continuum Community Tenure Data Collection

- Continuum Reporting Workgroup – a workgroup of Continuum providers, DCF, DMH, and CTCS staff met on 1/29, 3/4, 3/31, 4/29, 5/5 and developed a new FY17 data collection tool that will focus on collecting key metrics relative to community tenure.
- Kick off meeting – a meeting was held with Continuum providers on 6/17. The focus of the meeting was to orient all the Continuum providers to the new data collection tool for FY17. They were provided an overview of how to complete the new tool and they were oriented to the fact that the data being collected will focus on answering two questions: (1) Are 80% of youth receiving Caring Together Continuum services able to remain in the community without psychiatric hospitalizations or I/CBAT Admissions? (2) Does the utilization of Continuum specialty interventions such as Respite Bed, Flex, OT Consult, Peer Mentor and after hour in person crisis response have an effect on or correlation with lower Hosp and I/CBAT Admissions or other indicators of Community Tenure. Additionally, they were informed that the Quarterly PM meeting would be winding down and end by fall and would be replaced with a quarterly statewide meeting where all the Continuum providers, DCF, DMH, and CTCS will review the community tenure data together and consider the data in the context of share best practices and troubleshoot challenges to community tenure.

Outcomes:

The Outcomes workgroup comprised of providers, family, DMA Health Associates, CTCS, DCF and DMH staff met on 1/22/16 and 3/25/16 and the next meeting is scheduled for 7/22. The workgroup continues to flesh out a set of key Caring Together outcome domain recommendations for DCF/DMH to consider evaluating. Preliminary domains discussed thus far include: relationship stability (connection to a consistent adult), home stability, academic/employment, community engagement, and health/wellbeing.

Additional Key Implementation Activities**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

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Along Services are designed to promote family reunification and bridging home. Follow Along service has 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. Medication Administration Program (MAP): 159 programs have Massachusetts Controlled Substance Registrations (MCSRs).
 - a. *Regional 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

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provider representatives who have ongoing responsibility for the management of MAP within programs.

- c. *Statewide MAP Implementation Task Group* – EOHHS will be forming a workgroup to examine and address ongoing MAP implementation issues.

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, family and DCF/DMH Caring Together Leadership met in March and May. Those meetings covered the following topics:

1. Rate Setting
2. MAP in STARR
3. Follow Along
4. Continuum and Respite
5. Workgroup Updates
6. Office of Inspector General's visiting Caring Together programs
7. DMA Update and Focus Group in June
8. Bi-monthly report frequency
9. MAP Task Group
10. Current focus of the CTCS teams
11. Family Advisory Council Update
12. Trade/Children's League Updates

Monthly Caring Together Family Advisory Council (FAC):

The Family Advisory Council continues to meet monthly. Meetings the quarter focused on brainstorming goals and activities of the Council for FY17.

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 DCF Assistant Commissioner and DMH Deputy Commissioner positions were

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effected and continued to remain vacant during this reporting period. Carol Murphy joined the Caring Together leadership team as the Director of Caring Together on April 25, 2016. DCF and DMH Commissioners continue to meet bi-monthly with the DCF/DMH Caring Together Leadership team to review and guide implementation.