

## **Child and Family Services**

### **Executive Summary:**

The Community Service Agency (CSA) at Child & Family Services (CFS) is one of six Children's Behavioral Health Initiative (CBHI) services that was designed as a response/remedy to *Rosie D. v. Patrick*, a class action lawsuit brought on behalf of Medicaid-eligible children and adolescents under the age of 21 who need, but are not receiving, the home-based mental health services necessary for them to remain with their families and in their home communities. Without appropriate home-based services, these children can be at risk for prolonged or unnecessary hospitalization or other out-of-home placement, as well as removal from their local schools and communities.

In January 2006, the federal court found the Commonwealth in violation of certain requirements such as providing Medicaid-eligible children with access to preventative screening, diagnostic evaluations, and medically necessary behavioral health services. In July 2007, it entered a final judgment that included a detailed remedial plan. This plan has dramatically altered the landscape for Medicaid-funded mental health care in Massachusetts, creating a new service delivery system designed to empower and support youth and families and successfully maintain their connections to home, community and school settings.

In June 2009, the CSA at CFS opened their doors to the community. A CSA is a community-based organization whose function is to facilitate access to, and ensure coordination of, care for youth with serious emotional disturbance (SED) who require or are already utilizing multiple services or who require or are involved with multiple child-serving systems (e.g., child welfare, special education, juvenile justice, mental health) and their families. We offer a team approach to services from both an Intensive Care Coordinator (ICC) and a Family Partner (FP). It is based upon an integrated and coordinated approach to treatment planning and service delivery, informed by nationally recognized principles of "wraparound" care. Home-based services are highly individualized, child and family centered and strength based. Our teams link youth and their parent(s)/caregiver(s) with community resources and help youth and their parent(s)/caregiver(s) to cope with and manage situational events that might otherwise disrupt the stability of the youth in the home and community.

The CSA at CFS is unique in the sense that we had several years of preparation for this programming based on piloting a similar model known as Coordinated Family Focused Care (CFFC). Since the time of our transition from CFFC to a CSA we have grown tremendously! Our catchment expanded beyond the city limits of New Bedford and is now servicing the Greater New Bedford area which includes the cities and towns of New Bedford, Dartmouth, Fairhaven, and Acushnet. On occasion, we will provide services to youth and families that live in Wareham, Middleboro, Fall River, Taunton, Mattapoisett, Marion, and Freetown. Also, our staffing doubled in size. We currently have a Program Director, 2 Senior ICC supervisors, 2 Senior Family Partner supervisors, a Clinical Supervisor, a consulting Psychiatrist, 13 ICCs and 10 FPs. Our members served have increased from a capacity of 50 under the CFFC model to approximately 300 families throughout the last fiscal year.

Over the course of the next five years our CSA plans to remain focused on addressing the challenges and needs identified in our Development Plan. Our Development Plan identifies two major goals:

- Improving fidelity scores by increasing youth attendance and involvement in the care planning process, as well as continuing to collaborate and communicate with other key stakeholders such as school and social service systems.
- Ensuring that all pertinent information is available for review by our MCEs to meet medical record standards. CSA staff diligently work on improving our quality of records and documentation which includes scanning documents such as signed releases or

consents, assessments and forms, as well as appropriate and timely documentation of progress notes, creation of thorough CSA Assessments with more depth and breadth, and improving consistency with measurable goals on our ICP document.

Our CSA plans to improve our goals on our Development Plan in the following ways:

**Fidelity Goal** – We will continue to train supervisory staff to administer the TOMS 2.0 in order to recognize what constitutes an "integral member of the team" and capture data needed to rate these indicators for scoring. We will continue to foster relationships with key stakeholders such as local school representatives, DCF workers, and PCPs to ensure that they are appropriately educated on the care planning process and to stress the importance of their participation and attendance at team meetings. Training of direct staff on the importance of youth attendance at their care plans is a key component in utilizing the "youth-guided" principle of Wraparound process will continue.

We plan to use DSRIP funds to improve accessibility for providers and natural supports by utilizing innovative technology such as Telehealth Conferencing, which will allow for integral team members to be present in the room even when distance or access issues arise.

**Documentation Goal**- We continue to train our staff on writing clinically sound and meaningful comprehensive assessments. Training in Integrated Care Management, Motivational Interviewing, and Chronic Medical Needs will allow us to better encompass all the needs of the client into these assessments. We will ensure that all relative documentation can easily be found in the EHR with DSRIP investment advances in technology such as secure email and connections to the Mass Hlway. This will allow for quicker access to medical records from PCPs, educational documents from the school system, and treatments plans from other clinical providers