

Commonwealth of Massachusetts

Executive Office of Health and
Human Services



Caring Together Overview

CBHI Level of Care Meetings

July 2014

What is Caring Together?

- ❖ DCF and DMH have jointly developed a new and innovative approach to provide children and families residential services and support called **Caring Together**
- ❖ Prior to Caring Together, each agency had a separate and distinct structure for purchasing and overseeing residential services from the same provider agencies
- ❖ Chapter 257 provided an opportunity for DCF and DMH to contract together for these services and establish common service criteria and standards of care.

Caring Together Overview

Scope: Target population

- ❖ **DCF FY12:** 34,724 youth under 18 received services and **1,705 in out-of-home residential placement.**
- ❖ **DMH FY12:** 3,005 youth received DMH services in FY12 and over 4,000 families received Family Support services and **847 in out-of-home residential placement.**

Cost: The combined DCF and DMH spending on residential out-of-home residential services for youth in **FY11 was \$250 million.**

- ❖ DCF approximately \$208 million
- ❖ DMH approximately \$ 42 million

Foundational Principles of Caring Together

Consistent with a **system of care approach** and with **the Building Bridges Initiative**. Core principles include:

- ❖ 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”** for access 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.

Foundational Principles of Caring Together

- ❖ **Residential services are integrated with community services** 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.
- ❖ Ultimately reimbursement methodologies will support innovation and improved outcomes.

Uniform Standards

- ❖ **Maximization of family engagement** in service planning and delivery;
- ❖ Adherence to the **rights of youth and families** receiving services;
- ❖ Practices that promote **permanency**;
- ❖ Nationally recognized **Positive Youth Development** framework;
- ❖ **Transition and bridging requirements** to improve successful transitions of youth to family and community;
- ❖ Practices that **promote school achievement**;
- ❖ Practices that are **culturally responsive**;
- ❖ Environment of care and behavior support practices that align with the work of the **Massachusetts Interagency Restraint and Seclusion Prevention Initiative**; and
- ❖ Adoption of the **DPH approved Medication Administration Practice (MAP)** to assure consistency of medication administration practices.

Innovations

- ❖ DMH and DCF will now have **common service standards, rates, utilization management and quality oversight.**
- ❖ Emphasis on **continuity of care, and the integration of community and residential services.**
- ❖ **Emphasis on long term success for the child,** demonstrated by improvements in:
 - major areas of social and emotional functioning
 - the families' capacity to maintain the child at home and in the community.
- ❖ Redefines “Residential” as a **level of treatment rather than a level of care/placement**
- ❖ **One Family, One Treatment Team.** The family is included as treatment partners rather than treatment recipients

Innovations

- ❖ Trauma informed services and organizations
- ❖ Family Partners
- ❖ Peer Mentors
- ❖ Increased focus on father involvement & finding kin
- ❖ Inclusion of youth and family voice, in treatment planning, program design, quality oversight, leadership
- ❖ Integrated Management - Integrated Governance
 - Regional clinical support teams staffed by DMH and DCF
 - Reporting to joint DCF and DMH leadership

Regional Clinical Support Teams

- **Four Teams tied to the four DCF Regions**
 - West, Southern, Northern, Boston
- **Sites:**
 - 2 Teams sited in DCF Regional Offices (Northern, Boston)
 - 2 Teams sited in DMH Offices (Southern, West)
- **Each team will have staff hired by DMH and DCF:**
 - Clinical Team Leader (1FTE)
 - Clinical Social Workers (1-3 FTE)
 - Network Manager (1-2 FTE)
 - Integrated Practice Specialist (1 FTE)
 - Coordinator of Family Practice (1 FTE)
 - Peer Coordinator (.5 FTE)
 - Child Psychiatrist (.25 FTE)

Role of the Regional Clinical Support Teams

- **Facilitate Referrals:**
 - Ensure “Right Program; Right Time; Right Duration”
 - Reduce time waiting for acceptance to program
- **Oversee Clinical Quality**
 - Review clinical work by providers for all families/youth served
 - Organize Technical Assistance / Consultation for complex or stuck cases
 - Ensure providers meet Medicaid Rehab Option standards
- **Manage Network**
 - Ensure principles, values and standards are consistently practiced
 - Use performance measures to monitor quality and outcomes
 - Identify gaps in services

Service Models in Caring Together

- ❖ IRTP (5)
- ❖ CIRT (1) in Western Mass
- ❖ 766 Residential Schools
- ❖ Multiple levels of Group Home
 - Intensive Group Home
 - Group Home
 - Pre-independent living
 - Independent living
- ❖ STARR [Stabilization and Rapid Reintegration]
- ❖ Continuity support services for youth in Group Homes or Res Schools
 - Follow Along and Stepping Out
- ❖ Continuum Services
- ❖ Teen Parenting programs
- ❖ Specialty programs (Medical, College Prep.)

Continuity Support Services

Follow Along: New community based transitional support services which will assist youth and families make successful transitions from residential programs (Intensive Group home, Group Home, Residential School) to home and community.

- To ensure continuity, Follow Along is provided by staff integrated into the residential component of the program and familiar to the child/youth and family.
- Services will begin while the youth is still in the program and will continue after the return to home/community in order to support community tenure.
- Intensive Home Based Treatment, to address any barriers to reunification and to translate what worked well in the residential component of the program to what will work well in the home.
- Outreach services to school, follow up for community service referrals, to support youth's community engagement
- Continued access to groups & activities at the residential program
- Respite as needed and available – provided at the residential program
- 24/7 consultation access to family

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Collaboration and Partnership Person and Family-centered
Stewardship Accountability

Continuity Support Services

Stepping out: New community based transitional support services which will assist youth with successful transitions to living independently in the community.

- Provides continuity support after a youth leaves the Pre-Independent Living or Independent Living program.
- Provides a continuation of Caseworker/Manager function that had been available in the residential component of the program through the transition period.
- Support and follow-up regarding connecting the youth to educational or vocational activities, and other community supports.

Continuum

An array of **community-based wraparound services** that are designed to maintain youth within their homes and support families as the primary caregivers.

- Targets youth at risk of out of home placement and have a family willing and able to participate in the service to reduce the need for that placement
- **Core Services:** In-home family treatment, parent support, youth mentoring, youth and family outreach, care coordination, and linkage with both formal and informal community resources and supports, 24 hour Crisis Support
- **Out of home treatment services are accessible** within the Continuum: Intensive Group Home, Group Home, Intensive Foster Care, Respite.
- Same Core Services Team, regardless of level of treatment services.

Interface with CBHI and Outpatient Services

- Some clinical services provided within levels of service
 - Intensive Group Home – Individual therapy, family therapy
 - Group Home – family therapy
 - Continuum – Core Team: Intensive Home Based Family, Mentor, Outreach, Crisis Support
 - IGH within Continuum – Individual Therapy, Family therapy provided by Core Team
 - Group Home – Family therapy provided by Core Team
 - Follow along - Intensive Home Based Family Treatment, outreach, and crisis support
- Interface
 - Principles of continuity of care, and family/youth voice and choice
 - Transitions at the front and back door
 - Interface with MCI

Current Status

Approved Contractor (non-competitive) awards implemented 7/1/13

- Intensive Group Home, Group home, Chapter 766 Residential Schools, Follow along, Stepping Out

Competitive Awards

- IRTP/CIRT– 2 awarded for 2/1/14 start - 4 rebid and awarded for 7/1 start
- Continuum
 - 16 contracts/12 Providers
 - 520 Slots (DMH 63%/DCF 37%)
 - Start-up period 4/1 to 6/30.
 - Unit rate contracts to 7/1/14
- STARR
 - 34 contracts
 - 429 Beds - 99.7% DCF/0.3% DMH (DMH budgeted for 13 beds)
 - 18 providers
 - Start up 7/1/14 , a few that were rebid will be delayed

Other Aspects of Implementation

❖ Implementation Advisory Group:

- Monthly meetings with provider and parent representatives

❖ Provider Training and Support

- MAP – Medication Administration Program
- Rehab Option
- Monthly ongoing training and problem solving sessions with providers

❖ Joint Management - Clinical Support Teams

- Caring Together Director and Assistant Director hired
- CTCS Teams staff are 85% hired

Caring Together

Questions?