Coordinated Family-Focused Care

Overview of Presentation

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- Program Goal
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- Provider Criteria and Staffing Model
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- CFFC Service Components
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CFFC Steering Committee Organizations

- Division of Medical Assistance (DMA)
- Department of Mental Health (DMH)
- Department of Social Services (DSS)
- Department of Youth Services (DYS)
- Executive Office of Health and Human Services (EOHHS)
- Department of Education (DOE)
- Massachusetts Behavioral Health Partnership (MBHP)
- Parent/Professional Advocacy League (PAL)

The CFFC Steering Committee

- **Laurie Ansorge Ball**, Dep. Asst. Comm. for Program Policy, DMA
- **Kathy Betts**, Director, Child and Adolescent Services, MBHP
- **Kent Boynton,** Vice President, Network & regional, MBHP
- **Suzanne Fields**, Manager, System of Care Initiatives, MBHP
- **Lee-Anne Jacobs**, Asst. Director, BH Programs, DMA
- **Abigail Josephs**, Children, Youth and Family Policy, EOHHS
- **Joan Mikula**, Asst. Comm., Child and Adolescent Services, DMH
- **Marcia Mittnacht**, State Director of Special Education, DOE
- **Susan Pederzoli**, Asst. Commissioner, DSS
- **Emily Sherwood**, Manager, System of Care Initiatives, DMA
- **Yvonne Sparling**, Clinical Director, DYS
- **Wayne Stelk**, Vice President, Quality Management, MBHP
- **Donna Welles**, Exec. Dir., PAL
- **Yvette Yatchmink**, M.D., PH.D., Assoc. Medical Dir., DMA

Program Goal

To support children and adolescents with serious emotional disturbance by building upon child and family strengths and available support systems, in order to maintain and improve the child's ability to remain and function in the community.

CFFC Program Values

- Child-Adolescent Service System Program (CASSP) values and principles constitute the overall framework for the CFFC program
- Other core values include:
  - Families are the most important caregivers
  - All families and all children have strengths that can and should be identified and emphasized
  - Service systems and their clinical / professional staff have knowledge, skills and strengths that are helpful to children and families
  - Each child should have one comprehensive and all-inclusive care plan

Key Program Features

- Child- and family-driven service planning
- A single, comprehensive Individual Care Plan
- Strength-based, family-focused clinical and support services
- Crisis planning and 24/7 crisis intervention
- Fully integrated with community resources
- Broad-based program governance
- Multi-site program evaluation

Measures of Success

- Measures of child and family success will include:
  - Improved child functioning
  - Improved family functioning
  - Increased community tenure
  - Improved school attendance and performance
  - Reduced involvement with juvenile justice
  - Caregiver and child satisfaction

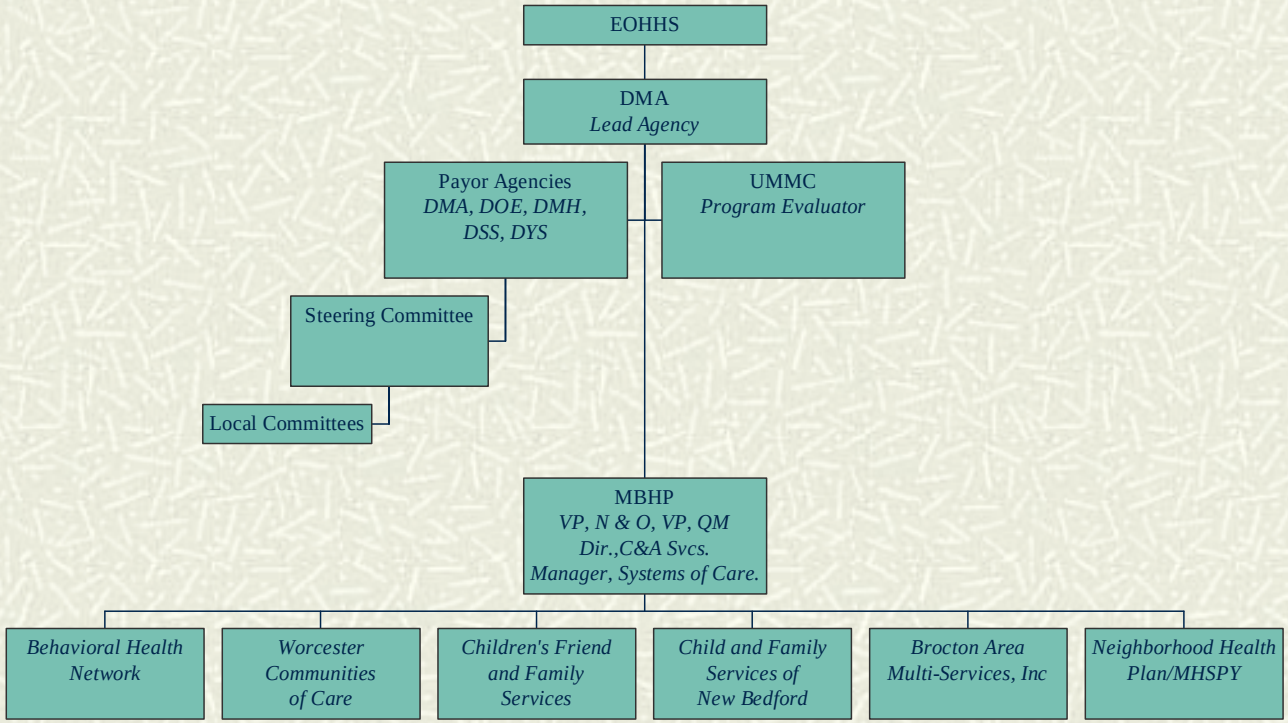
Program Structure and Governance

- CFFC will be administered through a contract between DMA and MBHP
- MBHP will:
  - Implement and manage the CFFC program
  - Subcontract with one provider organization in each service site for direct service delivery
  - Monitor program quality and service utilization
  - Provide other administrative services, such as claims processing and program evaluation

Program Structure and Governance, cont.

- The CFFC Steering Committee (SC) will oversee program implementation and operations
- The SC will ensure that the CFFC programs are well-coordinated with other elements of the service delivery system and with state agency operations
- Local committees in each site, consisting of local stakeholders such as family organizations, school, state agencies, provider and MBHP representatives will facilitate collaboration and linkages for CFFC families to community resources, and make policy recommendations to the Steering Committee

Program Governance Table of Organization



Referrals

- Referrals for CFFC services are accepted from any source; enrollment is voluntary
- Children and families are referred to the CFFC provider
- MBHP authorizes eligibility evaluations
- If child meets eligibility requirements and family is interested in the program, MBHP authorizes enrollment in the CFFC program

Eligibility Criteria for Enrollment into CFFC

Age Requirement:

- Child/adolescent age 3 - 18 (up to age 22 if receiving special ed services)

Clinical Considerations:

- Child/adolescent meets the Public Health Service Act definition of Serious Emotional Disturbance (SED) and scores 100 or higher on the Child-Adolescent Functional Assessment Scale (CAFAS)

Living Situation Considerations:

- At home with family (biological, adoptive, guardian, foster, kinship) and at risk of out of home placement due to their SED
- In residential program and can live at home with appropriate clinical and programmatic supports

Caregiver Considerations:

- The caregivers must be able to provide a safe environment for the child, with appropriate program supports
- The caregiver is willing and able to participate in the program

CFFC Provider

Core Staff Groups

* The Senior Family Partner supervises the Family Partners and provides direct service to families. The Senior Family Partner reports to the Program Director.

Care Planning Teams (CPTs)

- The Care Manager & the family identify the child's Care Planning Team members
- Members include the parents, child if at least 14 or otherwise appropriate, people invited by the family, CFFC staff, other providers, state agency, and school staff
- The family has the final decision regarding CPT membership, with the exception that state agency case managers must be members of the CPT

Individual Care Plans (ICPs)

- ICP developed by child's Care Planning Team (CPT) through a wraparound process to identify a unique set of services and supports for the child and family
- "One child-one plan"- comprehensively addresses the child's needs; coordinated with other agencies
- References any existing IEP or Accommodation Plan
- Includes a crisis plan with links to diversionary services
- Includes a medical plan of care, developed with child's PCC
- CPT reviews the ICP monthly
- MBHP makes quarterly reviews of progress toward goals
- Includes a transition / discharge plan

Proposed CFFC Service Components

Care Management Services

•Care planning
•Management of ICP services
•Coordination of services with state agencies, schools, PCCs
•Ensure continuity for all levels of care
•Medication education and supports

Family Support Services

Crisis response (24/7)
•Behavioral management supports
•Family advocacy
•Child and family support groups
•Short-term, in-home and out-of-home respite
•Therapeutic after-school programs
•Flexible funds
•Short-term Residential placement

Clinical Services
(Accessed by CFFC Provider, available through MBHP)

•Diagnostic evaluation
•Individual, family and group therapy
•Medication evaluations and management
•Acute services, as indicated

Discharge and Transition Planning

- When ICP goals have been achieved, the CPT will develop a plan to transition the child and family from the CFFC program to ongoing services and supports.
- Discharge occurs when the transition plan is accomplished.
- MBHP will consult with the CPT regarding the clinical indications for continued enrollment, prior to discharging the child from the CFFC program.