



# CARING TOGETHER:

Strengthening Children and Families through Community-Connected Residential Treatment

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## **CONTINUUM PRACTICE PROFILE EXECUTIVE SUMMARY**

DEPARTMENT OF CHILDREN AND FAMILIES  
DEPARTMENT OF MENTAL HEALTH

# EXECUTIVE SUMMARY

## Caring Together Vision

**T**he Department of Mental Health and the Department of Children and Families (the Agencies) developed a shared vision for all Caring Together services: one in which families are the center of the design, development, and delivery of services and supports they need. The Executive Office of Health and Human Services and the Agencies envision a system where Massachusetts children and families have timely access to an integrated network of out-of-home and in-home treatment services and supports that reflects their voice, is responsive to their needs, and strengthens their ability to live successfully at home and in their local communities.



# CARING TOGETHER GOALS



# Purpose of Continuum

The Continuum is a community-based service intended to support the vision of Caring Together and align with the best intentions and expectations of the Agencies' jointly redesigned residential service delivery system. The central purpose of the Continuum is to support youth and families in a manner that helps youth remain in and/or return to their home in a safe and timely manner and function successfully at home, school, and in their community. Like all Caring Together services, the Continuum is intended to address obstacles that prevent youth from successfully living with their families and in their communities by:

- Strengthening youth and family member's skills to live safely and more effectively together in their home and in their community;
- Strengthening lifelong relationships between youth and their family members;
- Bridging youth and family linkage and connection to community-based services/resources; and
- Supporting youth and family in identifying, building, strengthening, and utilizing their natural supports.

The Continuum collaborates with youth, family, and the referring agency to support youth and family in cultivating and strengthening permanency or enduring consistent parental and familial relationships that are safe and lifelong; offer legal rights and social status of full family membership; provide for physical, emotional social, cognitive and spiritual wellbeing; and assure lifelong connections to birth and extended family, siblings and other significant adults, family history and traditions, race and ethnic heritage, culture, religion, and language<sup>1</sup>.

The Continuum supports youth and family in cultivating and strengthening enduring consistent parental and familial connections that celebrate with the youth in good times, comfort them through difficult times, and provide them with emotional support and family membership that last well beyond the age of 18. The Continuum adjusts its interventions in-line and in collaboration with the referring agency's relational, physical, and legal permanency plans for youth and family.

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<sup>1</sup> Cited in, *Call to Action: An Integrated Approach to Youth Permanency and Preparation for Adulthood*. Casey Family Services in collaboration with California Permanency for Youth Project, Casey Family Programs and Jim Casey Youth Opportunities Initiative. 2005. <http://www.aecf.org/m/resourcedoc/AECF-AnIntegratedApproachtoYouthPermanency-2005.pdf>



# CARING TOGETHER GUIDING PRINCIPLES

# Continuum Service Description

The Continuum service is provided by a Core Team (clinician, outreach staff, and youth peer mentor) in consultation with the Continuum occupational therapy and psychiatry consultants. The Continuum coordinates and provides a robust array of clinical and therapeutic interventions individualized to meet the unique needs of each youth and family in a manner that is culturally relevant, family-driven, youth-guided, trauma-informed, and strength-based.

The Continuum facilitates the development of a Family Team in partnership with the youth/family and holds Family Team meetings where collaborative treatment planning and care coordination occur with the youth, family, and their formal and informal supports.

## Practice Profile Process

At the request of the Agencies, the Children's Behavioral Health Knowledge Center (Knowledge Center) held focus groups with family members, Continuum staff, and state agency staff to learn more about the strengths and challenges with implementing the Continuum service. These focus groups suggested wide variability in understanding of Continuum service practice expectations. The Agencies and the Knowledge Center determined that

Continuum services could be more clearly and consistently operationalized if guided by a well-specified practice profile.

The Knowledge Center, in collaboration with the Agencies, engaged in an extensive effort to develop a practice profile for the Caring Together Continuum service. A practice profile, as defined by the National Implementation Research Network (NIRN), is a tool for operationalizing the Core Elements of a service or practice. It breaks down large concepts, such as, "engagement" into discrete skills and activities that can be taught, learned, and observed.

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In October 2016, the Knowledge Center convened a kick-off meeting with a group of stakeholders from across the Commonwealth to orient them to the work of developing a practice profile. A series of twelve additional working sessions attended by Continuum practice leaders, family members, and the Agencies' staff from across the state were convened and facilitated by the Knowledge Center to develop and refine the practice profile.

# Continuum Practice Profile

## Core Elements

The Continuum practice profile describes eleven Core Elements that reflect the practice-level work of the clinician and the outreach worker on the Core Team (i.e., what they are saying and doing when delivering Continuum services).

The work of the Youth Peer Mentor on the Core Team is guided by a separate practice profile called the Massachusetts Young Adult Peer Mentoring (YAPM) Practice Profile. YAPM is a specialty expertise based on sharing one's lived experience of mental health challenges with the purpose and intent to inspire hope and motivation in a young adult who is struggling with similar concerns. For more information about the YAPM Practice Profile, visit: <http://www.cbhknowledge.center/young-adult-peer-mentoring-overview/>.

Abbreviated definitions of the eleven Core Elements are listed below and are nonlinear.





### **PRACTICING CULTURAL RELEVANCE**

The Core Team engages in the lifelong process of (1) acquiring an understanding of how values, beliefs, attitudes, and traditions of an individual's multiple cultural identities (such as racial, ethnic, religious, sexual orientation, gender identity, economic, social, educational status, and other affiliate groups) contribute to one's own and others' culture; (2) learning about personal circumstances, conditions, and experiences that influence one's own and other people's thinking, behaviors, and roles in their community; (3) acknowledging the power and privilege differences and similarities between and among groups of people; and (4) using this knowledge to work effectively with all people.



### **ENGAGING YOUTH AND FAMILY**

The Core Team engages in an ongoing process of relationship building with the youth and their family members to collaborate on shared goals for treatment. Engagement is conducted through respectful curiosity about individual and family strengths, needs, and culture.



### **CONDUCTING A COMPREHENSIVE COLLABORATIVE ASSESSMENT**

The Core Team conducts a comprehensive collaborative assessment that involves the ongoing process of gathering necessary, accurate historic and current information about the needs, strengths, and culture of a youth and their family.





### **COLLABORATIVE TREATMENT PLANNING AND CARE COORDINATION**

The Core Team engages in a structured collaborative care coordination approach that promotes continuity in treatment planning and results in the ongoing collaborative development, implementation, and amendment of the youth and family's Individualized Action Plan (IAP)/treatment plan.



### **INCORPORATING PSYCHIATRY AND OCCUPATIONAL THERAPY CONSULTATION**

As part of the assessment process, the Core Team engages the occupational therapy consultant (OT) in a consultative screening and together they develop a plan for the OT's involvement going forward. The Core Team engages in an ongoing assessment of the need for psychiatric consultation with the Core Team and the Family Team.



### **ASSESSING RISK, SAFETY PLANNING, AND SUPPORTING FAMILIES THROUGH CRISIS**

The Core Team engages in ongoing identification and anticipation of risks to a youth's and family's safety, permanency, and wellbeing and develops an evolving, shared understanding of what precipitates, drives, and helps to mitigate risk and crisis for the youth and family.



### **PROVIDING THERAPEUTIC INTERVENTIONS**

The Core Team engages youth and their family members in culturally-informed therapeutic interventions (strategies, activities, and actions) that build autonomy and self-efficacy as well as strengthen permanency of relationships with caregiver(s)/parent(s), siblings, and other family members and important people in the youth's life (including "chosen family").



### **CONTINUITY WITH HIGHER LEVELS OF CARE**

The Core Team collaborates and coordinates with all relevant Family Team members and collaterals to support continuity of treatment and supportive approaches with the youth/family while the youth is in an out-of-home treatment intervention.



### **BRIDGING COMMUNITY INTEGRATION**

The Core Team engages in an ongoing process of exploring, discovering, and strengthening interests, relationships, connections, and supports in the youth and family's environment who can celebrate with the youth/family in good times, comfort them through difficult times, contribute to a sense of belonging, remain unconditionally committed, and may also provide tangible assistance.



### **SUPPORTING LIFE TRANSITIONS**

The Core Team supports youth and their family in the ongoing process of anticipating, preparing for, and navigating through life transitions, including but not limited to family moves/relocation, changing grades or schools, loss of a supportive person in the youth's/family's life, increased autonomy, and other adjustments to young adulthood. The Core Team also plans and prepares the youth, family and Family Team for the youth/family's transition out of Continuum services.



### **STRENGTHENING WELLBEING THROUGH RESPITE**

The Core Team supports the idea that everyone needs periodic respite breaks that reduce youth, family, and caregiver fatigue and restore energy. The Core Team orients the family, youth, and Family Team to the impact that regular planned respite can have on promoting safety and strengthening permanency, wellbeing, resiliency, and recovery from the effects of trauma, mental illness, and physical illness.