

Mecklenburg County Care Review Team
Policies and Procedures

CARE REVIEW TEAM POLICIES AND PROCEDURES

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Purpose of Care Review Team

Target Audience

Care Review Team is a resource for Child and Family Teams of youth with serious mental health issues:

- To obtain the SOC Coordinator/Representative or designee's signature on discharge plans for reauthorizations of residential level III/IV services.
- To get a fresh perspective, especially when:
 - a young person is at risk of an out-of-home placement
 - the team needs help making progress toward its goals
 - the team would like help sorting through disagreements and building consensus among team members
 - the team would like to be coached about options before an issue of custody is brought before a judge
- When a youth is at risk of going into custody for treatment
- For review of all requests for out-of-state placement or admission to the John Umstead or Dorothea Dix Hospitals prior to state submission

Care Review Team is *not* able to:

- Provide or expedite funding for treatment or other needs of the Child and Family Team
- Advocate for specific placements or service provision agencies

System of Care Philosophy

The Care Review process is intended to reflect SOC principles, and Care Review Team members are expected to role model SOC values, in which services and supports take place in the most inclusive, most responsive, most accessible and least restrictive settings possible and safely promote child and family integration into home, school and community life.

Recommendations

Recommendations of the Care Review Team (listed in the Action Plan form) are non-binding; a good faith effort to implement them is expected. Copies of the Action Plan form are distributed at the end of the meeting to the Care Coordinator/Case Manager, that person's Supervisor, and the Legal Guardian. Copies will be made for other Child and Family Team members as requested.

All action steps from the Care Review Team should specify *who* is to implement, *when* it should be implemented, and *why* the recommendation is being made, along with other information as needed.

Approval for John Umstead Hospital, Dorothea Dix Hospital, and Out of State Placements

Child and Family Teams must consult with the Care Review Team for all out-of-state, John Umstead Hospital and Dorothea Dix Hospital placements. "Out of state" includes facilities located just over state line that DMA recognizes as "in-state." Care Review's approval to seek out-of-state, John Umstead or Dorothea Dix placement does not guarantee funding or acceptance to those placements, however.

Care Review Team Referral Process

Referral Paperwork

The Child and Family Team member who refers the team to Care Review (usually the Community Support worker) is asked to complete a referral document before attending a Care Review meeting. The document is 2 pages long, and is intended to serve as a cover sheet to the client's Person-Centered Plan (PCP). The team is also asked to provide 5 copies of the referral form and 2 copies of the PCP at the meeting (this is described in detail at the top of the Care Review Referral Form).

Scheduling

Care Review appointments are scheduled through Paula Cox at Area Mental Health, via e-mail at paula.cox@mecklenburgcountync.gov, or by phone at 704-432-4267. Appointments are generally made on a first come-first serve basis, but exceptions can be made in urgent circumstances.

Available appointments are as follows;

Team A – 2nd Friday of each month (1 hour slots) 1:00pm, 2:00pm, and 3:00pm

Team B – 4th Friday of each month (1 hour slots) 1:00pm, 2:00pm, and 3:00pm

Team C – Level III/IV Residential Reauthorizations Requests - 2nd and 4th Thursday of each month (30 minute slots) 1:00pm, 1:30p, 2:00pm, 2:30pm, 3:00pm, and 3:30pm

Follow-up meetings (discussed in more detail in “After a Care Review Meeting”) are tentatively scheduled during the Care Review meeting. Paula Cox will be in contact with the referring individual to confirm a date and time for a follow-up meeting.

Care Review Team Members

Representation

The Care Review Team strives to be representative of child-serving agencies, including Youth and Family Services, Area Mental Health, Charlotte Mecklenburg Schools, and the Department of Juvenile Justice and Delinquency Prevention, as well as a broad base of private providers. Care Review is also structured to have at least one parent on the Team in each meeting. The diversity in membership and attendance is a significant factor in providing a high quality experience for Child and Family Teams. While Care Review Team members represent their organizations, they are expected **not** to advocate for the interests of their organizations, but rather focus on the interests of the youth and family.

Participation and Attendance

Care Review Team members are encouraged to attend all of their regularly scheduled meetings, or if they cannot attend, to provide an alternate in their stead. Alternate Care Review Team members are typically from the same agency as the absent member and from the other Care Review Team. Individuals from a Care Review Team member's agency who are not on either Care Review Team and are unfamiliar with Care Review Team's practices do not make acceptable alternates.

New Members

New members to the Care Review Team should be oriented to the Care Review policies and procedures by an existing Care Review Team member. This typically involves providing the new member with these Policies and Procedures and having a brief phone conversation to emphasize key points and to answer any questions.

It is recommended that all members complete the Beginner Series of the Mecklenburg County Training Institute in order to represent the SOC philosophy and Wraparound approach effectively. Contact the MeckCARES Training Coordinator at 704-432-0986 or visit meckcares.charmeck.org and click on "Training."

Procedures During a Care Review Team Meeting

Welcome

For many Child and Family Team members, their Care Review visit is their first exposure to the Care Review process. In order to ensure an environment conducive to open dialogue and candid conversation, Care Review Team members should make conscious efforts to make visitors feel welcome.

ParentVOICE will also be available for parents to contact and get more information on what to expect in a Care Review Team meeting. Referring professionals will be asked to pass along contact information for a ParentVOICE representative to the parent for this purpose. If the parent does not get in touch with ParentVOICE prior to their CRT meeting, they may speak with a parent on the Care Review Team for a few minutes prior to the start of the meeting.

Youth and Family Involvement

As a part of the Care Review Team's philosophy of service provision, a young person's legal guardian **must** be at the table during a Care Review Team meeting. If the Legal Guardian is not the biological parent, and the biological parent is involved in a plan for the young person, Care Review Team prefers for both individuals to attend the meeting.

Whether the young person whose case is being presented to the Child and Family Team attends the Care Review Team meeting is up to the Child and Family Team (his/her Legal Guardian in particular). Should the young person attend Care Review, the following procedures should be followed:

- The young person must be accompanied by an adult who may leave the room to supervise him/her (this may not be the Legal Guardian and *should* not be any other integral decision-maker on the team).
- The meeting will begin without youth in the room, and at some point in the meeting, when the group agrees that the subject matter will be appropriate for youth participation, he or she will be invited in the room.

Confidentiality

Each person in the room during a Child and Family Team meeting is required to print and sign their name on the Confidentiality Form. In doing this, everyone agrees to the following:

1. Information learned through CRT partners is confidential, and may not be shared outside the team meetings, except as specified on the Action Plan;
2. Information may only be shared by a Care Review Team member with member's home agency on a need-to-know basis regarding current client, referred case, or system improvement;
3. If team members keep personal notes or files that contain confidential information, such notes are protected by the confidentiality rules and must be safeguarded;
4. A breach of confidentiality is a misdemeanor and civil offense, punishable by fine and/or subject to lawsuit; further, an invited participant who receives client information during the team review and fails to comply with the rules of confidentiality may be denied further participation in team reviews.

Ethical Issues

If the team feels that an issue was raised during a CRT meeting that poses danger to a youth, the Care Review Team members will talk about this as a group after the CRT meeting. The group will then decide whether it is appropriate to:

- Notify the LME if the issue is regarding a community support provider

- Notify Youth and Family Services if a report of abuse or neglect must be made on behalf of a youth
- Have a CRT member speak to the CFT member directly and individually about the concern, including the possibility of talking with his/her supervisor.

Recommendations

The recommendations of the Care Review Team are recorded on the Action Plan Form. At the end of each meeting, copies of this form are given to each CFT member present, with two copies provided to the Community Support worker. The Community Support worker is expected to give a copy of the Action Plan form to his/her supervisor in order to encourage implementation of the plan. The original is saved in a file. Recommendations are not mandatory, but it is expected that there will be a good faith effort to implement.

In order to encourage fidelity to the system of care philosophy, the Care Review Team may recommend action steps that address divergences from system of care expectations.

At the end of a CRT meeting, the Child and Family Team should always be asked if they feel they would benefit from a follow-up meeting.

Divergent Views and Unity of Team

It is important for the Care Review Team members to express divergent views during the meeting, rather than waiting until after the meeting and after the action plan is completed. It is equally important that Care Review Team members remain as united as possible, strengths-based and respectful to each other for the sake of the Child and Family Team.

The Care Review Team will attempt to make all decisions by consensus. Consensus means each person can say "I have been heard, and I endorse or can live with the decision". Consensus is usually achievable when participants inquire about what's behind a person's position, and work to address people's interests.

If the Care Review Team is having a difficult time reaching consensus, they may ask the Child and Family Team to step out of the room for a few minutes in order to openly discuss any barriers to consensus.

Evaluation

In order for the Care Review Team to evaluate its own work, demographic data on the Child and Family Teams coming to Care Review will be gathered and reported in the aggregate. In addition, agency providers and/or parents (with their permission) may be contacted approximately three months after a CRT visit to gather and report data in the aggregate on whether Action Plans were implemented, how the child is doing at school, and a number of other indicators of well-being. Details outlining this evaluation process exist in a separate document.

Emergency Care Review Team Meetings

Philosophy on Emergency Meetings

It is the position of the Care Review Team that Emergency (ER) meetings are often not as effective as regularly-scheduled meetings, as it is likely that a significant number of Care Review Team members will be unable to attend on short notice. If fewer than three Care Review Team members are able to attend an ER Care Review meeting, it will be canceled.

“Court-Ordered Meetings”

In the event of a “court-ordered” Care Review Team meeting, where a Judge has requested that a Child and Family Team attend Care Review before their next court date, and/or if a young person is being held in a detention facility until the Child and Family Team attends Care Review, ER Care Review Team meetings may be set up.

Placement Disruptions

The Care Review Team will also consider setting up an ER meeting if there is a placement disruption or “10 Day Notice” given to a young person, and Care Review Team’s expertise or approval is needed before the next placement can be secured.

After a Care Review Team Meeting

Follow-up Meetings

The Care Review Team will ask all Child and Family Teams to return for a follow-up meeting in order to provide continued support and track progress on action plans. Follow-up meetings will also provide Care Review Team members with data they can use to evaluate their work. While not a requirement, Child and Family Teams will be strongly encouraged to return for a follow-up meeting. Child and Family Teams do not need to complete new referral forms for follow-up meetings.

Data Tracking and File Management

All files resulting from Care Review Team meetings are to be stored in the office of Nicole P. McKinney at the LME. Tracking progress of Child and Family Teams will be done at follow-up meetings, where the Care Review Team will note progress on the original action plan form.

Mecklenburg County Community Collaborative Care Review Teams Fact Sheet

WHAT

Mecklenburg County's Care Review Teams (CRTs) are a cross-organizational mix of parents and professionals who assist child and family teams achieve the outcomes they are working toward. They act in a consultative and collaborative manner, promoting system of care principles:

- ▶ Family-driven & youth-guided
- ▶ Individualized
- ▶ Culturally and linguistically competent
- ▶ Community-based
- ▶ Natural supports
- ▶ Child and family team based
- ▶ Strengths-based
- ▶ Outcomes-based and data-driven
- ▶ Persistence
- ▶ Collaboration

At the end of the meeting, your team will walk out with an action plan.

FOR WHOM

The CRTs are open to child and family teams working with children with severe emotional disturbances. The Community Collaborative strongly encourages child and family teams to come to Care Review before they have exhausted all resources.

WHERE

The CRTs are held at the Watkins Center, 3500 Ellington Drive, Charlotte, NC 28211

WHEN

Team A – 2nd Friday of each month (1 hour slots) 1:00pm, 2:00pm, and 3:00pm

Team B – 4th Friday of each month (1 hour slots) 1:00pm, 2:00pm, and 3:00pm

Team C – Level III/IV Residential Reauthorizations Requests - 2nd and 4th Thursday of each month (30 minute slots) 1:00pm, 1:30p, 2:00pm, 2:30pm, 3:00pm, and 3:30pm

HOW

To schedule a time with Care Review, contact Paula Cox at Area Mental Health, by e-mail at paula.cox@mecklenburgcountync.gov, or by phone at 704-432-4267. Child and family teams will generally be scheduled on a first come, first served basis.

WHY

- To obtain the SOC Coordinator/Representative or designee's signature on discharge plans for reauthorizations of residential level III/IV services.
- To get a fresh perspective, especially when:
 - a young person is at risk of an out-of-home placement
 - the team needs help making progress toward its goals
 - the team would like help sorting through disagreements and building consensus among team members
 - the team would like to be coached about options before an issue of custody is brought before a judge
- When a youth is at risk of going into custody for treatment
- For review of all requests for out-of-state placement or admission to Dorothea Dix Hospital or John Umstead Hospital prior to state submission

CARE REVIEW TEAM REFERRAL FORM
Directions for Completing the Care Review Team Referral Cover Sheet

1. Make an appointment for a Care Review Team meeting.

General Care Review Team meetings are held on the 2nd and 4th Fridays of each month. Appointment times are 1:00, 2:00, and 3:00 pm. Care Review Team meeting specifically scheduled for reauthorization requests occur on the 2nd and 4th Thursday of each month at the following times: 1:00, 1:30, 2:00, 2:30, 3:00, and 3:30 pm.

To make an appointment, please contact Paula Cox at 704-432-4267 or via e-mail at paula.cox@mecklenburgcountync.gov. Reasons for Care Review Team meetings include:

- To obtain the SOC Coordinator/Representative or designee's signature on discharge plans for reauthorizations of residential level III/IV services.
- To get a fresh perspective, especially when:
 - a young person is at risk of an out-of-home placement
 - the team needs help making progress toward its goals
 - the team would like help sorting through disagreements and building consensus among team members
 - the team would like to be coached about options before an issue of custody is brought before a judge
- For review of all requests for out-of-state placement or admission to the Dorothea Dix or John Umstead prior to state submission

2. Please fill out the Referral Form (see page 2), which is designed to accompany the Person Centered Plan (PCP) of the consumer whose case you wish to present to the Care Review Team.

3. Make 2 copies of the PCP and any relevant assessments or other documents, (e.g., medical, psychological, educational, neuro-psychological, substance abuse, etc. assessments) to bring to your Care Review Team appointment. Also, please bring 5 copies of the Referral Form for the group.

4. If you are scheduled for a Care Review Team, specific to requesting a reauthorization for Level III/IV residential services, then the following additional documents are required at the time of your Care review Team meeting:

- 1) A new comprehensive clinical assessment (that addresses co-occurring disorders as appropriate) by a psychiatrist (independent of the residential provider and its provider organization) that includes clinical justification for continued stay at this level of care.
- 2) A completed discharge plan that has all required signatures with the exception of the SOC representative's signature, which will be secured at the Care Review Team meeting (see attached discharge plan to be used).
- 3) Care Review Action Plan - If the CFT has previously been to Care Review for a reauthorization request on a given consumer, then the last completed care review action plan for the consumer is required for additional review.

5. Be prepared to discuss/answer the following questions:

1. Who is on your CFT? Have there been any changes to the team recently? Are there any people who need to be there who aren't there? If so, what steps have been taken to get them there?
2. When did your CFT meet last? How do you communicate with the team between meetings?
3. How have other team members participated in developing/implementing the plan?
4. What child and family strengths that have been used to develop your CFT's plan?
5. Who is the therapist, psychologist, psychiatrist, pediatrician? And, what are their recommendations? When were those recommendations made? Are they in writing? Are there barriers to implementing their recommendations?
6. How have educational recommendations been carried out? What have been the barriers?
7. What are the main outcomes the team is working toward with the child/family?
8. And, how is success being measured?
9. What do the child and family need in order to achieve these outcomes?
10. What community resources and informal supports could help to attain desired outcomes?
11. What strategies has the child and family team identified to meet these needs in order to achieve these outcomes?
12. What are your preventive and reactive crisis plans?
13. Are you satisfied with how the medications are working? When were the medications last reviewed by a physician/psychiatrist?
14. What worked well/not well about each past service/placement?
15. (For MeckCARES enrollees) what has your team learned from recent evaluation data, and what are you doing differently as a result of that knowledge?

*Please be sure the family has signed the release of information form prior to the CRT meeting. A legal guardian **must** attend all Care Review Team meetings. We strongly recommend that all members of your Child and Family Team are present as well.*

It is expected that agreements made with CFTs will be honored, although final decisions, except for out-of-state and Dorothea Dix placements, are up to the Child and Family Team.

Mecklenburg County Community Collaborative – Care Review Team

REFERRAL FORM

(updated 10.18.10)

Youth's Name:

Gender: Male Female

Race: White Black Asian/Pacific Islander
 American Indian/Alaska Native

Ethnicity: Latino Not Latino

LG Relationship: Bio-parent Foster Parent DSS
 Other (Specify):

Age:

Ecura ID:

Date of Birth:

Legal Guardian:

Current Residence or Placement:

Clinical Home Worker:

Clinical Home Agency:

DJJ Court Counselor:

Other Agencies Involved:

What is the *primary* reason for coming to the Care Review Team?

When was the attached Person Centered Plan Developed, and what significant events have occurred since then?

Please indicate which of the following issues are true of your child and family team:

- The youth lives at home (bio or foster), but is at imminent risk of out of home placement
- Our team is seeking out of state placement
- It appears there are no resources in this community available to meet the youth's needs
- There are services in this community to meet the youth's needs, but they are currently unavailable
- Our team is in disagreement; we can't agree on a plan
- Our team would like help with a step-down plan for the youth and family
- The youth and/or family are not making progress, despite the current services in place
- Other (Specify):

Past Psychiatric and Substance Abuse Treatment

Facility/Outpatient Therapist	Psych		CD		Dates of Treatment	Problem	Outcome/Sobriety
	Inpt	Outpt	Inpt	Outpt			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

12-step group involvement? No Yes, describe

School/Vocational History

Current School: **Grade:**
Exceptional Children Classified No Yes If yes, please list EC classifications (Such as Learning Disabled – LD, Severely Emotionally Disabled – SED, Other Health Impaired – OHI, Intellectually Disabled – ID, etc.)

IEP Completed: No Yes If yes, when:
Section 504 Plan: No Yes If yes, when:
Other School Concerns:

Required Signatures

Person completing referral form:

Supervisor of person completing form:

Print:

Print:

Signature:

Signature:

Date:

Date:

Community Collaborative Care Review Team Confidentiality Agreement

Youth's Name: _____ **Team Meeting Date:** _____

Through their signatures below, the undersigned acknowledge and agree that the privacy of children and their families will strictly be maintained. Health Insurance Portability & Accountability Act (HIPAA) of 1996 regulations give every health care patient the right to inspect and copy their protected health information (PHI) and the right to receive an account of all PHI disclosures. Case reviews are exempt from HIPAA. The Care Review Team encourages family involved with the team process in keeping with "family centered practice."

This agreement specifically includes that:

1. Information learned through CRT partners is confidential, and may not be shared outside the team meetings, except as specified;
2. Information may only be shared by a team member with member's home agency on a need to know basis regarding current client, referred case, or system improvement;
3. If team members keep personal notes or files that contain confidential information, such notes are protected by the confidentiality rules and must be safeguarded;
4. A breach of confidentiality is a misdemeanor and civil offense, punishable by fine and/or subject to lawsuit; further, an invited participant who receives client information during the team review and fails to comply with the rules of confidentiality may be denied further participation in team reviews.

CRT Members - AGENCY	NAME (please print)	SIGNATURE

CARE REVIEW TEAM ACTION PLAN FORM

Meeting Dates:

Date of original meeting: _____ Date of follow-up meeting: _____

Child/Client:

Name: _____ Date of birth: _____

Referring Professional/Community Support Worker:

Name: _____ Agency: _____

Reasons for Original Referral:

- Reauthorization request
- Imminent risk of out-of home placement
- Seeking out-of-state placement
- Exhaustion of resources known to team
- Service unavailable
- CFT differences; can't agree on plan
- Need help with step-down plan
- Lack of progress
- Level III/IV Residential Reauthorization
- Other (Specify):

The following action steps are recommended by the Care Review Team. Child and Family Teams are not required to complete action steps, nor is this document to be considered a contract.

Action Step 1
<i>Include time frames and persons responsible</i>
Follow-up meeting notes <input type="checkbox"/> Complete <input type="checkbox"/> In progress <input type="checkbox"/> No action taken

Action Step 2
Include time frames and persons responsible

Follow-up meeting notes
 Complete In progress No action taken

Action Step 3
Include time frames and persons responsible

Follow-up meeting notes
 Complete In progress No action taken

Note: This action plan is a recommended course of action for the child and family team. This action plan is not binding, nor is it a contract

Action Step 4 <i>Include time frames and persons responsible</i>
<p align="center">Follow-up meeting notes <input type="checkbox"/> Complete <input type="checkbox"/> In progress <input type="checkbox"/> No action taken</p>

Action Step 5 <i>Include time frames and persons responsible</i>
<p align="center">Follow-up meeting notes <input type="checkbox"/> Complete <input type="checkbox"/> In progress <input type="checkbox"/> No action taken</p>

Note: This action plan is a recommended course of action for the child and family team. This action plan is not binding, nor is it a contract

Action Step 6 <i>Include time frames and persons responsible</i>
Follow-up meeting notes <input type="checkbox"/> Complete <input type="checkbox"/> In progress <input type="checkbox"/> No action taken

Follow-up Meeting Needed:
 Yes No If Yes, when: _____

Person Completing this Form: _____

*Note: This action plan is a recommended course of action for the child and family team.
This action plan is not binding, nor is it a contract*

Mecklenburg County System of Care Expectations

- 1. Practice all System of Care Key Principles and Values.**
- 2. Implement Wraparound process through Child and Family Teams.**
- 3. Child and Family Teams should be held every 30 days or more often as needed.**
- 4. Children and youth will be treated within the least restrictive environment.**
- 5. Refer children and youth to the appropriate level of care as determined by the Child and Family Team.**
- 6. Children and youth will be treated within the local community and referred to residential services as a last resort.**
- 7. Intensive in-home services and MST and therapeutic foster care should be utilized prior to residential placement.**
- 8. The Person Centered Plan will be developed within the context of the Child and Family Team meetings. They should not be developed in isolation.**
- 9. The Care Review Process should be utilized by Child and Family Teams when children are at risk of out of home placement.**
- 10. Children placed in an inpatient facility (CMC-R or Broughton) will have a Child and Family Team meeting no later than 48 hours prior to discharge.**
- 11. Children held in detention will have a Child and Family Team meeting within 72 hours of the placement to identify discharge plans.**
- 12. One Child One Plan developed and implemented for each child and family and the One Child One Plan summary form utilized.**
- 13. At least one natural support identified for each plan.**
- 14. Services will be provided in a Cultural and Linguistic Competent way in order to respond respectfully and effectively to consumers of all cultures, races, ethnic backgrounds, sexual orientation, religions and Limited English Proficiency (LEP).**

Expectations for Supervisors

- 1. Attain a thorough understanding of System of Care and the Wraparound Principles**
- 2. Monitor implementation of System of Care and Wraparound through the following:**
 - a. Provide strength-based supervision & coaching to staff**
 - b. Review Person-Centered Plans and Case Plans to ensure consistency and confirm presence of One Child One Plan Summary, ensure strengths are built into strategies, ensure teams are complete and activities of plan are spread across team members**
 - c. Build and support an agency culture that views families and primary care givers as partners**
 - d. Hold staff accountable for implementation through performance evaluations**
- 3. Increase the number of youth in home-like settings through step-down from and reduction in utilization of Level III and Level IV and referrals to Therapeutic Foster Care when possible**
- 4. Ensure staff responsiveness to partner agency requests, needs, and expectations in a timely manner**
- 5. Ensure staff are “on the same page” and support partner agencies in public venues**
- 6. Seek help from Care Review when fresh perspective is needed**