Community Assessment and Stabilization Team (CAST)

Overview:

CAST (also known as Family Intervention Treatment Team (FITT))can provide rapid and intensive community-based interventions for children and families experiencing acute and chronic behavioral health issues in an effort to prevent unnecessary inpatient psychiatric hospitalizations or long term out of home placements. CAST interventions may last in duration up to 100 days to promote safety, stability and improved functioning in the home and community for the child and family.

Goal

The goal of CAST is to ensure the health and safety of children and families in crisis by assessing imminent needs, and implementing immediate consumer and family driven, community-based interventions that build on strengths and natural supports while preventing unnecessary inpatient psychiatric hospitalizations or long term out of home placements.

Objectives

- Provide clinically appropriate alternatives to inpatient psychiatric and/or residential admissions.
- Partner with the consumer and family in assessing and responding to their life needs including but not limited to: Safety & Security, Health, Psychosocial, Educational/Vocational and Family Resource/Finance Limitations.
- Facilitate immediate & ongoing access to community supports to allow for a successful transition from more intense supports / services.
- Facilitate consumer and family driven, strengths-based change.
- Improved stability and increased family connectedness to other clinical and psychosocial systems of care.

Provider Service Requirements

1. Provide rapid response services to an average daily census of 16 children and families in their natural environment using a strength-based approach and creative, flexible solutions that may include teaching and modeling parenting, problem-solving skills, crisis support and resolution services, case coordination, conflict resolution, crisis and/or planned respite, family reunification, resource coordination and referral, and other services to prevent unnecessary inpatient psychiatric hospitalizations or long term out of home placements.
2. Serve UBH children/youth and their families.
3. Provide CAST Services and necessary support to families twenty-four (24) hours per day, seven (7) days per week, and 365 days a year, as needed.
4. Provide person-centered, culturally and linguistically appropriate evaluations concerning all major domains of each child/youth and family's life.
5. Provide services that are flexible and responsive to each child/youth and family to include but not be limited to:
    a. Recovery & support components of CAST
    b. 24/7 rapid crisis intervention response and/or respite placement
    c. Family and individual psychosocial skill development

   d. Academic/vocational training and support
   e. Parent education, training and support
   f. A&D relapse & recovery support
   g. Family & peer support services
   h. Family and individual counseling
   i. Care coordination
   j. Psychiatric consultation, diagnostic assessment and interim medication management, including access to urgent psychiatric services, as needed.
6. Provide coordination of formal and informal placement arrangements as needed to keep the child/youth safe.
7. Provide services that are expected to provide stability and increase the functioning of the child/youth to the extent where hand-off to natural supports, or when necessary, formal systems can safely occur.
8. Provide coordination of care with other health care providers when the child/youth is receiving other services in conjunction with CAST, to include case conferences for the purposes of coordination and collaboration. Transition staffing's will also occur with aftercare providers prior to discharge from the CAST program.
9. Provide interventions that may last in duration up to 100 days and are authorized by UBH Utilization Management in accordance with applicable medical necessity criteria.
10. Encourage use of Family Support Services and /or Certified Peer Recovery Specialists.

Admission Criteria

All the following must be met:

1. The services must be recommended by a Tennessee licensed behavioral health clinician who is actively treating the member at the time of the recommendation, in addition to meeting all other prongs of the TennCare Medical Necessity Criteria.
2. The functioning of the child/youth and/or family is severely impacted due to emotional and/or behavioral challenges presented by the child which may be exacerbated by:
   a. Family conflict; OR
   b. Child/youth safety/protection issues
3. The child/youth is at imminent risk of inpatient psychiatric hospitalizations or long term out of home placements.
4. Intensive, time-limited (up to 100 days) support services are likely to avert an inpatient admission or long term out of home placement and return the child/youth and family to a level of functioning where hand-off to natural supports and/or minimal formal systems can safely occur.
5. Less intensive services have either failed to measurably decrease acute symptomatology and maintain functioning, or there is compelling evidence that these interventions are likely to fail if employed.
6. The member's behaviors have measurably escalated within the past 30 days, showing significant change in school, home, or community functioning.
7. Symptoms require multi-level intervention, and the family agrees to actively participate in CAST.

Exclusion Criteria

If another family member is receiving CCFT or CTT services at the time of the request or severity of psychosocial impairment due to a behavioral health condition requires higher intensity of intervention, that cannot be provided through CAST services.

Continued Stay Criteria

All the following must be met:

1. The member is at high risk of out of home placement if transitioned to a lower level of care (LOC) due to either youth or family treatment goals not being met.
2. The member's behaviors at home, school and in the community remain at high risk for placement in a higher level of care. Triggers have been identified that promote instability in the family and necessitate continued interventions. Any identified trigger must have a concrete intervention that is behaviorally oriented, is evidence-based, is practical and effective, and is measurable and time-limited in nature. Interventions are leading to increased stability, decreased use of crisis services, decreased risk of higher LOC and focus whenever possible on enhancing existing system strengths.
3. Transition to a lower level of care and steps to accomplish this transition are being put in place (i.e., discharge planning is continuously being addressed from initiation of services going forward and providers for aftercare services are being identified, including a crisis plan for when services have been completed).
4. Continued stay reviews will be done every 30 days, this frequency may change based on clinical issues of each case. Evidence of active participation in treatment by key family members (at least 80% of the time), as well as the member, or an effective and time-limited plan that will likely lead to more active participation by the child/adolescent and key family members/caregivers must be documented in the Treatment Plan. Active participation means that family members agree to be seen at a minimum of 3 times weekly, do not have significant barriers to scheduling appointments and are able to follow treatment recommendations according to the treatment plan. Failure to adequately engage the family and/or the child/adolescent in a manner that ultimately leads to meaningful change (a common cause of 'lack of progress towards treatment goals') will not meet continued stay criteria and will not be eligible for continuation of the authorization of these services.
5. Concrete evidence of improvement from CAST services must be present and documented in the treatment plan and on the continued services request form, or changes to the treatment plan and its interventions that will be reasonably likely to address any lack of improvement from CAST services must be present in these same documents.

Discharge Criteria

Criteria 1, 2, and 3 OR Criteria 4 OR Criteria 5 must be met:

1. Member is no longer at immediate risk of hospitalization, RTC placement or other out-of-home placement due to behavioral health issues.
2. Member and family/caregivers have been functioning without crisis that would result in out-of-home placement.
3. Family has developed measurably improved coping skills to manage future behavior problems.
4. There is lack of measurable progress or participation by key family members, as well as the member themselves, or there is no clinical intervention that will likely change the lack of participation, or this level of care is not meeting the clinical needs presented by the member or family.
5. Member and family/caregivers refuse to participate in the service.