



Connecticut Embrace New Haven Integrated Care for Kids

PARTNERSHIP COUNCIL CHARTER



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INTEGRATED CARE FOR KIDS

NEW HAVEN PARTNERSHIP COUNCIL CHARTER (NHPC)

Section I. Purpose:

The New Haven, Connecticut Integrated Care for Kids (herein referred to as “Embrace (CT InCK)” Partnership Council (herein referred to as “Council”) is intended to guide the relationship between the Lead Organization, Clifford Beers (“CB”) and identified New Haven child, family and maternal health, mental health and social service providers and individual community members (including youth and parents) in the development of an Integrated Care for Kids (InCK) model of care to serve New Haven, CT.

SECTION II. COUNCIL MISSION STATEMENT

Embrace (CT-InCK) is aimed at achieving health equity through improving the quality of care for children and pregnant individuals eligible for Medicaid and CHIP, especially those with or at-risk for developing significant health or mental health needs, and exposure to adverse childhood experiences. The goals of Embrace (CT-InCK) are to: 1) Improve performance on priority measures of child health; 2) Reduce avoidable inpatient stays and out of home placements; 3) Create a sustainable Alternative Payment Model(s) (APM) for all Embrace (CT-InCK) providers. Embrace (CT-InCK) will serve medically underserved populations in New Haven, CT, specifically, 1) all children eligible or covered by Medicaid from birth to age 21 and their families; 2) all children eligible or covered by the Children's Health Insurance Program and 3) all pregnant and post-partum (up to one year following delivery) individuals covered by Medicaid residing in New Haven.

Section III. Applicability and Scope

The Council will serve as an advisory body to the city of New Haven and the Embrace (CT-InCK) population health management strategies, including overseeing the development of the procedures and processes to integrate care coordination across services for children and pregnant and post-partum individuals eligible to receive Medicaid and CHIP in New Haven. The scope and authority of the New Haven Council encompasses all agency partnerships.

The responsibilities of the Council include:

- Advise on processes and procedures to promote care coordination across core child services
- Advise on activities to coordinate eligibility/enrollment across child-serving programs
- Contribute to model development
- Identify and develop ongoing process improvement efforts

CB is responsible for arranging the Council meetings, data integration systems wide support including training to InCK providers.

Section IV. Focus and Direction

The Council's primary responsibility will be to participate in the service integration plan, advise strategies and



design for the New Haven community to achieve the coordination of service types. The Council will work closely to identify youth, their families and pregnant women in need of services, assist in navigating the care needed with most appropriate evidence based treatment and measure progress through completed interventions.

Council Objectives

1. Advise and develop processes, procedures and methods to integrate care coordination and case management across service organizations, including physical and behavioral health providers, federal, state and local child service agencies, health service organizations and community-based organizations
2. Review and approve data systems needed for the establishment of a New Haven Data Hub necessary for model implementation
3. Integrate Council expertise and guidance into program objectives and methods to ensure that care delivery, care coordination, and case management strategies are effectively implemented in all Embrace (CT InCK) service areas
4. Increase early involvement between all parties in addressing any identified obstacles, proposed modifications, or significant functional impediments
5. Promote consistent application of policies and procedures amongst service providers and payers
6. Encourage and authentically engage families and youth to include their voices and valuable lived experience to improve outcomes for children and families
7. Promote an equal voice and bring together community members that represent a broad range of ideas, perspectives and backgrounds to inform and guide the system of care work
8. Promote open, trusting, two-way communication among all parties to maximize the effectiveness of the Embrace (CT InCK) system of care and to aid in evaluation of the model by Centers for Medicare and Medicaid Services (CMS)
9. Promote the development and execution of required data-sharing agreements
10. Encourage and aid in continuous improvement of the care delivery model

SECTION VI. COUNCIL COMPOSITION

The Council shall be comprised of at least one representative from each of the below listed entities and service organizations with proportionate representation from each Embrace (CT InCK) service area. Total Council membership shall not exceed twenty-five (25) members inclusive of designees. The Council requires at least one member from:

1. Local health departments within Embrace (CT InCK) New Haven service area
2. Stakeholder representatives from families and caregivers, residing within the Embrace (CT InCK) New Haven service area
3. Stakeholder representatives from youth residing within the Embrace (CT InCK) New Haven service area
4. Medicaid payers, including applicable Medicaid State Medicaid agency
5. Core Child Services (at least one (1) representative from each of the following organizations providing core child services listed below):
 - a. Clinical Care (physical)
 - b. Clinical Care (behavioral)
 - c. Public School District (or equivalent)



- d. Housing
- e. Food
- f. Early Care and Education
- g. Title V Agencies
- h. Child Welfare
- i. Mobile Crisis Response Services
- j. Law Enforcement
- k. Juvenile Justice
- l. Legal Aid

Each Council member shall identify one (1) designated alternate to attend meetings only in the absence of the member. Alternates shall receive copies of all meeting materials, minutes, and other Council correspondences and be briefed on the status of all Council activities by Council members in their respective areas.

Section VII. Timeline

The Council will meet regularly during the seven (7)-year award period, including during the planning (calendar year 2020-2021) and implementation phases (calendar year 2022-2026). The Council will include representatives from all core child services, community stakeholders and payers and be characterized by the front-end involvement of all local and state community partners in developing strategies to provide enhanced and efficient services for children and families attributed to Embrace (CT InCK).

During the Pre-Implementation period the Council will:

- Work cooperatively for the overall achievement of model goals
- Enter into written data-sharing arrangements with other Council members as detailed in their system design
- Staff from Partnership Organizations will contribute to and then send service delivery staff to train in the model and data reporting strategies
- Report all obstacles, proposed modifications, or significant functional impediments to the Lead Organization
- Develop processes for managing care coordination services across Core Child Services

During the implementation period the Council will:

- Continue to support the model, implement needed protocols, meet regularly with and advise the Lead Organization and deliver on its responsibilities to the model
- Make a strong commitment to learning and adapting model to best serve the whole community
- Review processes and outcomes and make adjustments to best deliver services for our community

Section VIII. Core Principles

The Council will adhere to the following core principles for working together to meet program goals of the New Haven InCK program:

Mutual trust: Council members will earn each other's' trust, creating strong norms of reciprocity and greater



opportunities for shared achievement.

Effective communication: The Council will prioritize and continuously refine its communication skills. The channels for candid and complete communication, which will be accessed and used by all team members across all settings.

Shared goals: The Council (including the patient and, where appropriate, family members or other support persons) will work to establish shared goals that reflect patient and family priorities, and can be clearly articulated, understood, and supported by all team members.

Clear roles: There are clear expectations for each Council member's functions, responsibilities, and accountabilities, which optimize the InCK program's efficiency, making it possible to take advantage of division of labor, thereby accomplishing more than the sum of its parts.

Continuous Learning and Quality Improvement: The Council will commit to efforts to learn from our actions, look at other methods successfully utilized across the Nation and improve processes so we can deliver the best care for our children and families.

Measurable processes and outcomes: The Council will agree on and implement reliable and timely feedback on successes and failures in both the functioning of the team and achievement of the team's goals. These are used to track and improve performance immediately and over time.