

Brockton Area Multi-Services, Inc.

Executive Summary:

BAMSI was selected to pilot the Coordinated Family Focused Care (CFFC) program when it was launched in 2002, one of 5 such programs statewide. The implementation of that led to growth and development in BAMSI’s infrastructure, its work with SED youth and their families, a deeper understanding of Wraparound, building strong community networks, along with increased communication and collaboration with hospitals, emergency rooms, emergency service providers, and other vital provider systems.

BAMSI was awarded the Brockton Community Service Agency (CSA) since 2009 and has worked diligently on program enhancements and development. The following staff support the program structure: **Program Director:** A Master’s level clinician licensed at the independent level with several years of clinical experience and expertise. **Senior Care Coordinator:** A Master’s level clinician licensed at the independent level with at least three years of experience in providing outpatient behavioral health services to youth and families. **Senior Family Partner:** A parent professional who has experience as a caregiver of a youth with serious emotional disturbance. **Intensive Care Coordinators:** Bachelors level, Masters level licensed clinicians or license eligible, with experience in providing outpatient behavioral health services to children and families. **Family Partners:** An individual who delivers Family Support and Training services. **Records Clerk/Administrative Assistant:** Provides administrative support and assistance to the Program Director and staff in an effort to streamline operations and procedures in a timely yet organized manner. **Billing Clerk:** Provides monitoring and tracking of reporting and billing to ensure timely and accurate submissions. **Child Psychiatrist:** A board-certified Child Psychiatrist is available during normal business hours to provide consultation services.

BROCKTON CSA’S CHALLENGES	CURRENT PERFORMANCE ON DEVELOPMENT PLAN	GOALS OVER 5 YEARS	HOW DSRIP INVESTMENTS ADDRESS CHALLENGES, SUPPORT IMPROVEMENTS AND HELP CSA MEET OUR GOALS
<p>Improve recruitment and retention strategies: The CSA offers extensive training to staff during their tenure. Training is generally in a formal, class setting or one-to-one with supervisors or state-certified Wraparound Coaches. This process is time-consuming, costly and utilizes many resources.</p>	<p>Improve WPPA scores on <u>Natural Supports</u> by 20%:</p> <ul style="list-style-type: none"> • More training and coaching will focus on developing/ discovering natural supports with staff; a request for individual coaching will be put forth. This went up 10% in WPPA report. (Goal discontinued 1/26/18) <p>Improve WPPA scores and MPR scores related to cultural awareness, sensitivity and informed practice.</p>	<p>Training Enhancement, Coaching and Online Video Library.</p> <ul style="list-style-type: none"> • The CSA will work to recruit, consistently train and retain qualified staff, thus improving/increasing timely access for ICC-Engaged members and their families. • The CSA will provide structured and convenient Tier 1, Tier 2 and wraparound coaching training. • Managers, supervisors and staff will be trained in “Reflective Supervision” to enhance their skills. 	<p>BAMSI CSA has designed a 5-year Development Plan that includes coordination of time, effort and resources with Bay State Community Services. This plan will allow staff independent, diverse, multiple and role-specific skill building opportunities that is sustainable. Funding for workforce development will help the CSA:</p> <ul style="list-style-type: none"> • Create comprehensive and sustainable employee training to improve recruitment/retention, access, engagement, and optimal care coordination. <p>The Brockton CSA will work collaboratively with Bay State to:</p> <ul style="list-style-type: none"> • Develop a video training library (at least 8 videos) for Tier 1 and Tier 2 Wraparound Coaching and Certification to facilitate

	(Goal established on 1/26/18)		improved outcomes for ICC Engaged Members. <ul style="list-style-type: none"> Each CSA will contribute to content and work with videographer and Massasoit Community College to create a learning segment.
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Improve marketing and outreach efforts that support timely access to services and increased census: EOHHS projected almost 8,000 children/youth eligible for Community Partner services in Southeast. The CSA has served 200 unduplicated children/ youth each year, since inception. In light of the EOHHS initial projections, the Brockton CSA needs to do more to reach eligible youth/families.	Increase and sustain enrollment over 75 youth: <ul style="list-style-type: none"> Enrollment remains well over 75 and has for over 6 months now. (Goal met 1/26/18) Successfully implement the Alternative Payment Methodology. <ul style="list-style-type: none"> Of the families who enrolled this quarter, 13% have disengaged. This is more than 50% less, than 9 months ago and has remained the same for the past 6 months. (Goal met 1/26/18) 	Increased access to care coordination and care management for ICC Engaged Members and Collaboration and Coordination with pediatric and other physical and behavioral health care providers across the care continuum. <ul style="list-style-type: none"> Provide information and referral linkages onsite at pediatric practices where referrals can be made in a timelier manner, through communication bridging. Onsite bridging of communication with pediatric primary care providers will support increased care coordination, planning, and management amongst providers and to Engaged Members. 	Based on positive outcomes of the "Helpline at the Village" pilot, BAMSII will utilize the Operational Infrastructure/Systems Change funding to enhance this partnership through use of: <ul style="list-style-type: none"> Advanced data tracking systems, Two-way access to demographics, Resource-based DVD for Village Pediatrics waiting area and other locations Ensure follow-up outreach to families served. Replicating this pilot and lessons learned from the Village Pediatrics experience, BAMSII will: <ul style="list-style-type: none"> Outreach to 2-3 pediatric practices and expand this project throughout the Brockton CSA Area.
ENHANCE SECURE ELECTRONIC COMMUNICATION CAPABILITY: The Brockton CSA is scheduled for implementation of eHana in late Fall/Winter.	Improve medical record documentation (date congruence, integration of documents, timeframes for completion met): <ul style="list-style-type: none"> A manual tracking sheet currently being used to audit charts and in weekly supervision with each staff, to monitor timeliness of tasks and congruence of dates. 	Build on current technology efforts to ensure timely and safe exchange of electronic information/data. <ul style="list-style-type: none"> Purchase mobile devices and utilize eHana HISP and Mass HIway. Staff has continuous access to records, Families able to easily review and approve/sign plans, and information electronically exchanged with all team members, including ACOs and MCOs. Work with other CSAs and eHana to design customized Wraparound 	BAMSII is well positioned and ready to fully implement its eHR at the CSA and will work with eHana and CSA partners to strengthen fidelity to the Wraparound process and improve care management. With the availability of DSRIP funds for Technology, the 6 CSAs using the eHana eHR have: <ul style="list-style-type: none"> Initiated discussion for the design of customized features. Brockton CSA staff will: <ul style="list-style-type: none"> Respond more quickly to referrals at the location most convenient for youth/families

	(Goal reviewed and updated 1/26/18)	fidelity features, implement its eHR assuring interoperability with Behavioral Health, Long Term Services and Supports (LTSS) Community Partners, ACOs/MCOs, and assure quality and accountability measure reporting.	<ul style="list-style-type: none"> • More quickly document information electronically • Safely, yet quickly, communicate information to other involved providers and natural supports.
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