

## **Children’s Services of Roxbury**

### **Executive Summary:**

#### **Organizational history, background, and structure**

**Children’s Services of Roxbury** is a 50-year old minority-operated nonprofit dedicated to meeting the needs of youth and families of color across Massachusetts through an array of services including foster care and adoption services, affordable childcare, transitional housing for homeless families and children’s behavioral health services. Children’s Services of Roxbury was founded by a dedicated group of community leaders and activists who recognized that too many families and children of every race, ethnic and linguistic background find themselves trapped in systems which they do not trust, and therefore cannot use effectively to meet their needs. CSR places the family at the center of the system—concentrating on building a network of professional and community supports that can nurture trusting relationships, communicate respect, and teach the skills of empowerment. Our capacity to initiate and maintain family engagement comes from the decades of trusting relationships built between Children’s Services of Roxbury and the communities we serve. All our services are delivered on wraparound principles, with management practices informed by our core values: Dignity, Respect, Compassion, Humility, Integrity, Patience, and Excellence. CSR offers a range of child and family services in five major areas:

- 1. Behavioral Health:** CSA, In-Home Therapy, Therapeutic Mentors and a School-based Outpatient program (with partnerships in 15 Boston Public Schools).
- 2. Emergency, Transitional and Permanent Housing,** including scattered site and congregate housing,
- 3. Youth and Family Services,** including comprehensive foster care, Family Stabilization and Supports and visitation
- 4. Affordable Childcare,** both at our childcare center and in a network for 40 family-based childcare providers. The Childcare Center provides enhanced support services for homeless, abused and neglected children, and children of teen parents
- 5. Youth Development programming,** including its well-known Youth Police Partnership.

**Capacity-Building Initiative:** Under the leadership of recently appointed CEO, Sandra McCroom, Children’s Services of Roxbury has adopted an agency-wide focus on data-driven quality improvement and expanded use of strategic partnerships to support program goals. CSR’s Capacity-Building Initiative was established to support these strategic priorities, staffed by a Chief Strategy Officer, VP of Innovation and Strategic Partnerships and a Director of Data Analytics. These capacity-building members of senior leadership will be actively in the design and implementation of the DSRIP projects, in partnership with the Director of Behavioral Health and the CSA Director.

**CSR’s Behavioral Health Department** formed in 2007 when CSR was selected to create a Specialized CSA focused on serving the Black community. Due to its deep roots in the Greater Roxbury community, CSR CSA quickly grew to become one of the largest CSAs in Massachusetts. As an organization without an Electronic Health Records system, no history of third-party billing, no financial reserves to support start-up losses, and a very limited pool of licensed clinicians of color, CSR CSA faced uphill challenges in creating the infrastructure needed to successfully monitor and assure consistent program quality. Over the past 10 years, CSR CSA has worked tirelessly to build the current, solid infrastructure with strong performance in Wraparound Fidelity (WFI & TOMS). Today’s CSA Development Plan reflects that focus on quality improvement and contains only small, incremental action items for improvement.

**The CSR CSA’s five-year plan has three Strategic Priorities:**

### **Strategic Priority 1: Health care Integration between the CSA and pediatric primary care.**

**Challenge:** CSR CSA experience with pediatric primary care providers is that when Intensive Care Coordinators (ICC) reach out to doctors, there is insufficient response. For example, when ICCs relay a child's Individual Care Plan, there is no acknowledgement of receipt. This lack of response has fostered a lack of CSA focus on integrated care, except when there is a pressing medical need. CSR CSA is not on the Mass Hiway. The CSA receives extremely few referrals from primary care (N=5 for all of children's behavioral health in 2017). It has no formal relationships with any of the community health centers in the Greater Roxbury community. **Pediatric Partnership Project Plan:** Over 87.5% of pediatricians seen by ICC-engaged members are concentrated in 12 provider organizations, all within 5 miles of the CSA's office (list attached). This creates a targeted pool of providers for relationship-building. In BP 1-3, the CSA will reach out to all 12 providers, establish partnerships with two of them and test strategies to build sustainable partnerships that includes cross-training, CBHI referrals, bilateral communication and information-sharing. The CSA will use lessons learned to expand its relationships with additional providers in BP 4 and 5. **DSRIP Investment:** DSRIP funds will be used to forge and support two pediatric partnerships, join the Mass Hiway, create CSA protocols for integrated care, train staff in these protocols, monitor results, and continue to innovate to strengthen care integration.

### **Strategic Priority 2: Strengthen infrastructure for data-driven quality improvement**

**Challenge:** The CSA has had an Electronic Health Records system for two years, but it does not have infrastructure to generate reports that support quality monitoring. This lack of infrastructure is essential to data-driven quality improvement efforts. **Quality Monitoring Project Plan:** The CSA will build the human and technological infrastructure necessary to internally monitor quality on key quality and outcome metrics. **DSRIP Investment:** With DSRIP support, CSR CSA will purchase the Reporting module for its Credible EHR system and use it to develop standard reports and a Dashboard to support quality monitoring and improvement efforts. The Project Team will identify quality metrics, and the Project Manager will make necessary modifications in the EHR system to collection additional data elements. A Quality Improvement Coordinator will gather family feedback through phone surveys of CSA-engaged families.

### **Strategic Priority 3: Expand culturally responsive clinical workforce for Wraparound**

#### **Teams**

**Challenge:** While all CSAs face significant workforce challenges, CSR CSA's focus on culturally responsive clinical care has made it particularly challenging to find Masters-level clinicians, particularly licensed clinicians to serve as supervisors. Additionally, a disproportionate number of CSR clinicians avoid taking licensure exams due to test-taking anxiety. **Clinical Pipeline Project Plan:** The CSA will formalize its currently informal relationships with area colleges into a Clinical Pipeline Project that channels students into clinical internships, provides intensive training, and then recruits appropriate interns into employment. It will actively support all CSR clinicians to pursue licensure. **DSRIP Investment:** DSRIP will support systematic relationship-building, MOUs, regular communication with each college partner, provide a clinical intern training group on culturally responsive wraparound practice, home-based work and social determinants, and will provide a Licensure Study and Support Group for any CSR clinician wishing to pursue licensure.