

Clinical and Support Options, Inc.

Executive Summary:

Organizational history, background and structure: Clinical and Support Options, Inc. (CSO), a non-profit 501c3, began as the Franklin County Mental Health Association, established in 1954, and incorporated in 1955, by 22 concerned citizens interested in providing for the mental health needs of families in Franklin County. Its mission is *to provide responsive and effective interventions and services to support individual adults, children and families in their quest for stability, growth and a positive quality of life. To do so, we commit internally to excellence in our services while we collaborate externally with community partners to establish and participate in a comprehensive system of assistance and resources for the residents of our communities.* CSO has grown into a comprehensive full service behavioral health corporation, serving over 15,000 individuals across five counties in Western and Central Massachusetts.

Our core competencies lend themselves to the development of a “one-stop” model of comprehensive, holistic services to individuals and families with multiple and complex issues. Our long experience with people with all kinds of disabilities and behavioral health problems leads us to believe that there are no individuals or families that we cannot serve well. Our expertise is to support people in their progress towards self-sufficiency, no matter what challenges they face on that journey. CSO is a trauma-informed agency dedicated to the values of trauma-informed care: Safety, Choice, Trustworthiness, Collaboration and Empowerment. CSO has a current 4-year certification from the Council on Accreditation (COA).

CSO employs over 650 multi-disciplinary staff with an operating budget of over \$32 million, helping thousands of families during the past 60 years. We have community based locations throughout Western and Central Massachusetts including Springfield, Northampton, Amherst, Greenfield, Orange, Athol, Pittsfield and Gardner. CSO fulfills its mission by means of five major service divisions: Emergency & Acute Services, Community Based Family Support Services, Outpatient Mental Health and Substance Abuse Services, Housing and Homeless Services, and Clubhouses.

5 Year Business Plan that identifies CSA challenges, current performance on Development plan, and goals over the course of the DSRIP program: CSO has many strengths that support an evolving and mature ICC program within the CSA. We serve over 2,000 youth with SED in our Outpatient programs at CSO, and have provided CBHI services to over 1,025 youth in the region and MCI/ESP services for more than 1,020 youth and their families. We have clinicians, psychologists, child certified NP’s and board certified child psychiatrists with broad background and extensive experience with these youth, who both treat and are often called upon for consultation. Additional strengths include: a robust in-house training system and focus on wraparound certification for all levels of staff; an in-house Business Systems team capable of implementing advanced use of technology for information sharing and expanding participation of community members and PCP’s; an EHR, Credible, that has the capacity to capture physical health information as well as the many and various aspects of behavioral health.

Despite the strengths that CSO has, we also have identified the following set of challenges: We experience a high level of severity and intensity of the mental, emotional, and behavioral problems of children and youth who are referred to the CSA program. One outcome of this intensity is that we experience difficulties in recruitment and retention of CSA staff. Staff has requested certification in Tier 1 Wraparound as a way to enhance their abilities and improve their confidence delivering services to this population. Training and support, and assuring the time available to train staff, is a critical need for this program. Staff has also requested ways to streamline administrative paperwork time and effort, thereby allowing them more direct time to participate in training; spend with families and other service providers, and to decrease sense

of burnout. In terms of service delivery, we believe that treatment must be accessible across the spectrum of CSO clinical services and that a very close collaboration with others who treat the child or youth is critical. We are in a rural part of Massachusetts, with minimal pediatric providers, so fully integrating CSA services with PCP offices continues to be a challenge in terms of information exchange, sharing of goals and outcomes, and actual physical presence and participation at family team meetings.

Goals over the course of the DSRIP Program and DSRIP Investments:

| RFR Goals | CSA Development Plan Goal | DSRIP Project Activities |
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| Improving timely access to ICC services for children eligible to receive ICC and their families. | Increase referrals to Family Support and Training (family partner services) | Improved technology connection and use of data/outcomes exchange to strengthen relationships to PCP's/ACO's; streamlined electronic referral process |
| Strengthening fidelity to Wraparound processes, including the care planning, care management, and care coordination processes for ICC participants | Increase Family Voice and choice and use of natural supports | Technological Innovation (PCP integration); Integrated Outcomes tools (CANS Integration); access to care plans/records through use of tech |
| Fostering strong integration with ACOs and primary care providers for ICC participants. | Increase attendance of community members at Care Plan meetings | Technological Innovation; CANS Integration; improved data exchange |
| Strengthening fidelity to Wraparound processes, including the care planning, care management, and care coordination processes for ICC participants. | Improve quality of Comprehensive Assessment; Wraparound certification for CSA staff | Recruitment of targeted clinical staff; improved staff retention; Technological Innovation |

CSO has focused on planning to build crucial infrastructure that will support CSA functions and responsibilities. CSO plans on utilizing DSRIP funding opportunities to prioritize infrastructure building over initiatives with a short-term payoff. A focus on freeing time for staff training to improve competence, fidelity, and community integration, along with supporting major technology advances to weave them into current operations are priorities. DSRIP projects that will support the aforementioned goals throughout the period include:

Workforce Development – Training, Recruitment, Retention: EHR/Best practices training. Recruitment: enhanced posting on Indeed.com, which significantly increases the number of “hits” and resumes/applicants for job openings; targeting Masters level Care Coordinators, especially licensed clinical care coordinators.

Technology Innovations: Purchase/Upgrade of IT hardware for CSA staff that include mobile capacity; Purchase/configuration of Credible to integrate CANS outcome tool to improve assessment of outcomes, sharing of information with PCP's, and cut down on administrative paperwork by CC's; Purchase/implementation of “Credible Connect” – a platform to enable direct data exchange and enhanced care coordination activities with PCP/ACO groups; Smart boards to support Care Planning team meetings, including remote participation by PCP's and other community providers, as well as decrease in administrative time by CCs in transcribing materials and increased ability to share plans among team members.