

Community Health Link

Executive Summary:

CHL's Youth and Family Services (YFS) division has been providing services in the Worcester area since 1921 and in North Central Massachusetts since 1955. It has been a part of Community Healthlink since 1989. Annually, YFS serves 7,000 children, teens and their families whose lives have been disrupted by mental illness, developmental disabilities, addictions, and homelessness. We provide these services through 30 programs operating out of nine sites across central Massachusetts, as well as in clients' homes, community centers, and public and private schools. CHL is an entity of UMass Memorial Health Care.

CHL was selected to be the provider for three CSAs in 2009. LUK, Inc. has been a subcontractor and partner in our CSA services. The CSA Director, Dr. Anthony Irsfeld reports to Carolyn Droser, CHL Vice President. CHL and LUK, Inc. CSA leadership meet regularly and agency CEOs, VPs and Dr. Irsfeld meet twice a year to review our contract, statistics and finances. LUK has been part of the development of our DSRIP proposals.

Over the next five years, there are several challenges that face the CSA programs. One is the ongoing challenge of keeping our programs fully staffed. It is only with fully staffed programs can we hope to meet the ongoing need of the youth and families seeking our service. This is especially true for youth and families who do not speak English. Secondly, we foresee challenges as we attempt to increase integration of practice with primary care and medical specialties while still maintaining processes and procedures consistent with high fidelity Wraparound. Finally, the CSA programs will require better youth and family outcome data in order to more fully engage in ongoing quality improvement initiatives—which are an agency priority over the next several years at Community Healthlink.

The access issue is an ongoing challenge, and is dependent on our ability to recruit new staff. Currently, (February 2018), the CSAs are nearly fully staffed, and our wait lists have been significantly shorter than years past. However, we are very aware that our ability to continue this improved performance hinges on continuing to improve our recruitment and hiring process. The agency as a whole has made this one of its key Quality Improvement priorities, and the CSA plan to use DSRIP funds to assist with this is very aligned with the agency's priorities.

To assist with primary care integration, the DSRIP funds will enable us to provide more training for our staff and supervisors, and support extra staff time needed to outreach to medical practices, establish and/or further strengthen collaborative working relationships, and integrate over time lessons learned from the increased collaboration and integration across all three of our CSA programs.

The development and implementation of a new Electronic Health record (EHR) will form the center piece for addressing many of these challenges. The new EHR will allow for better, real time monitoring of quality and fidelity, tracking collaboration with primary care, and for the first time, the tracking of specific youth and family outcomes.

For the past two years, Community Healthlink has been implementing an agency-wide Quality Improvement system (LEAN) across its various programs. In keeping with the overall Agency priority, the CSAs have been working to better define quality in ways that can be tracked and measured. Our Development Plans with our Managed Care Network management team reflect this. The current Community Healthlink CSA Development Plans focus on: (1) increased quality of Safety Planning and Comprehensive Assessments; (2)

improved Outcome Based Practice; and (3) improved access to ICC services - especially for Spanish speaking families. The CSAs have made good progress on these development goals. CSA leadership has implemented a new chart review tool to help track the quality of safety plans and assessments. Metrics and goals were established and supervisors tracked improvement, posted these metrics, and engaged staff in ongoing discussion for ways to achieve the goals. MCE feedback has been that the quality of our assessments and safety plan has improved, and our most recent round of Massachusetts Practice reviews showed improved scores over last year. A new Outcome Tool has been developed and is being built into our new Electronic Health Record which will further assist with defining and tracking improved quality of service.