<u>**Family Service Association**</u>

Executive Summary:

CP Composition - Family Service Association (FSA) is a non-profit charitable organization providing a wide array of programs and services to individuals of all ages and across the socio-economic spectrum. Headquartered in Fall River, Massachusetts, FSA strives to help individuals and families lead meaningful, productive and satisfying lives in the face of physical and mental health conditions, developmental disorders and chronic disability. Through a variety of interventions and program models, FSA helps people to promote and maintain positive family and community relationships while maximizing independence and quality of life.

Originally founded in 1888, the agency has undergone significant changes since its early days. During the early 1900's, FSA programs addressed employment, the need for sanitary conditions in school buildings, community health and nutrition needs through what was emerging as organized social work. During the 1930's, 1940's and 1950's, a network of local social service agencies began to emerge with FSA playing an integral part in the provision of direct services and family casework. The scope and diversity of programs has continued to grow and evolve as the years unfolded. Today, FSA offers a robust array of clinical, adult and elder, and children's services. FSA is firmly embedded in the community. In recent years we have been approached to take on additional programs or to merge with other smaller stand-alone providers who have struggled to remain viable in the ever-changing landscape of providers. FSA has a reputation of serving the community whether that be one individual or an entire agency. Our organization is dedicated to the community and advancing the mission of building individual and family strengths.

FSA is one of the largest providers of Long Term Services and Supports (LTSS) in Southern Massachusetts. Programs include Adult Day Health, Adult Foster Care, Group Adult Foster Care and Personal Care Attendant. Additional adult services include Outpatient Behavioral Health, Guardianship, Parent Education and Representative Payee programs. FSA serves as one of the state-sponsored Family Resource Centers, and provides services under the Children's Behavioral Health Initiative including a Community Service Agency, In-Home Therapy and Therapeutic Mentoring. Children's services also include:

- Child care and early education for children ages 6 weeks to school-age
- After school care for youth up to the age of 13 years (16 for youth with special needs)
- Volunteer mentoring

FSA is supported by the United Way and the USDA Child and Adult Care Food Program. The organization is accredited by the Council on Accreditation (COA). Child care and preschool programs are accredited by the National Association for the Education of Young Children (NAEYC).

FSA's foundation of services are built upon community-based care and outreach. FSA opened and still operates one of the first Adult Family Care (AFC) programs in the state. We have absorbed AFC placements when other agencies were forced to close programs, including expansion to other geographic regions when needed. FSA has done the same for Group Adult Foster Care and Personal Care Attendant programs. The expansion of FSA's child care services were a direct result of requests from other community providers. In addition, FSA frequently engages in pilot programs and community education programs such as fall prevention education, nutrition education and community needs assessments. We have a proven capacity to deliver services that are individualized, community-based, strength-based and person-centered.

Community Partners Population Served – FSA is proud to serve as an LTSS Community Partner (CP) for the entire southern region of the state. Through its partnerships with eleven Accountable Care Organizations (ACOs) and Managed Care Organizations (MCOs), FSA intends to coordinate and integrate care for individuals aged 3 to 64. FSA plans to touch at least 800 lives in calendar year 2018,

titrating up to at least 1000 lives by the end of 2020 and each year thereafter. The specific populations FSA will serve through the LTSS CP program includes:

- Children and adults with complex medical conditions and LTSS needs
- Individuals with chronic behavioral health needs
- Individuals with brain injury and/or cognitive impairments
- Children and adults with physical disabilities
- Individuals with Intellectual and/or Developmental Disabilities (I/DD) including Autism

Overview of 5-Year Business Plan

The five year Business Plan for the LTSS CP program is built upon goals that align with DSRIP Investment Goals and encompasses three platforms: Technology, Workforce Development and Operational Infrastructure. The specific goals, anticipated challenges and plans for sustainability for each platform are detailed below.

Technology – The LTSS CP program will operate as FSA's first completely electronic program. This will be achieved through the use of a fully electronic health record (EHR) that is customized to the delivery of LTSS CP services. Technology investments support the customization of the EHR as well as the purchase, configuration and deployment of hardware devices to support community based work, member outreach and mobile service delivery. The customized EHR will evidence the delivery of services, gather and aggregate data in support of reporting requirements and foster compliance with quality and outcome thresholds. The EHR's tailored tracking and reporting functionalities tie directly to referral data, assessments, care plans and documentation of qualifying activities which feed into reporting metrics. The EHR is mapped to track key indicators such as well visits and care plan dates and provide alerts to promote achievement of quality measures and ensure compliance with contractual obligations.

This contemporary approach streamlines operations, simplifies routine tasks, puts information into the hands of staff in the community and supports effective communication between service providers. It is not however without its challenges. Electronic devices are costly and the mobile use of technology is achieved at the risk of loss, damage and theft. Workforce members must be computer literate or trained to achieve proficiency. The EHR's mobile platform is only accessible through the internet, which is another added cost for mobile deployment. Keeping pace with evolving technology is also an ever present challenge.

One strategy for sustaining technology investments lies in ongoing monitoring of revenue and expenses via monthly profit and loss statements to ensure the program is meeting revenue projections. The development and deployment of digital work tools improves efficiency and reduces duplication not only in the LTSS CP program but across the organization. The use of mobile technology has supported the design of higher caseloads recognizing the efficiency of the model. Another strategy to sustain technology and infrastructure investments lies in utilizing shared office space for physical operations and sharing major equipment such as servers and network devices for printing, scanning and faxing.

Workforce Development ~ LTSS CP services will be delivered by highly skilled Care Coordination teams strategically assigned to sub-regions within Southern Massachusetts. The Care Coordination teams will be comprised of Care Coordinators and Community Health Workers that are educated, skilled and prepared to meet the needs of a culturally and linguistically diverse population. This is achieved through strategic recruitment and training. FSA has recruited from all of the sub-regions to be served. Staff have diverse experience serving individuals from 3-64 with behavioral health challenges, complex medical and LTSS needs, individuals with developmental disorders, homelessness, family violence, substance use and HIV and AIDs to name just some of the expertise. The CP leadership team is comprised of a registered nurse and a licensed social worker and rounded out by administrative support staff. FSA has designed a robust training plan for onboarding of new staff that continues into

advanced skill development as the program evolves. All staff will complete online certification in Care Coordination from Boston University within the first 90 days of employment. Additional training will support Trauma-Informed Care, Motivational Interviewing and Engagement Strategies.

Challenges anticipated in the workforce development goal include retention in a highly competitive environment. Multiple CPs are recruiting as are ACOs and MCOs. FSA has structured the care delivery model to respond to this challenge by integrating para-professionals into the model. FSA aspires to promote certification for Community Health Workers as that model evolves. Sustainability for workforce development lies in retention. One strategy used for the retention of LTSS CP staff is the use of a sign-on bonus that requires the individual to stay for at least one year to avoid repayment penalties. FSA's current turnover rate is below industry standards and is continuously monitored. Retention strategies include regular supervision to identify and respond to challenges as they arise, involvement of all staff in programmatic quality initiatives and ongoing training and staff development opportunities. Senior Leadership is also dedicated to retention and demonstrates this through employee recognition programs, periodic incentives, workplace wellness programs, opportunities for team-building and morale building activities. The President and Chief Executive Officer maintains open office hours, has a public email address to foster communications and sponsors a monthly event called "*Talk To Me Tuesday*" to invite workers from throughout the organization to express thoughts, ideas and challenges. Additional recruitment and retention strategies lie in embedding LTSS CP staff within the community or sub-region they serve. Staff are hired from these communities whenever possible, building strong ties and increasing FSA's visibility as a community provider. This strategy later helps with future recruitment when needed due to program expansion or attrition. Sustainability also lies in continually monitoring referral trends, engagement rates, hospitalizations and length of stay by sub-region and adjusting staffing and training accordingly to support fair and equitable workloads.

Operational Infrastructure ~ The LTSS CP program will operate with an established quality assurance and quality improvement framework to support the achievement of performance and quality measures. As the EHR has been built, performance and quality measures have been built into the workflow. In many instances documentation modules have been structured so that performance activities are default activities so that the only option is to address the quality metric. By starting the program with quality metrics in place, leadership can assess performance against the quality slate in advance and make any necessary corrections before the quality scoring initiative starts. FSA has a strong quality infrastructure and the LTSS CP program will benefit from that established framework.

Anticipated challenges with operational infrastructure goals include those factors outside the control of FSA. Such factors include the reliability of referral data which could impact engagement rates. Availability of primary care providers and/or dentists that accept MassHealth may adversely impact access to well care. LTSS CP can't control hospital discharge which if initiated too soon, or without involvment of the LTSS CP or other providers, may impact all-cause readmissions. The sustainability of the Operational Infrastructure goals lies in using the tools available to monitor performance. It also lies in building favorable and productive relationships with ACOs and MCOs and leveraging that relationship to respond to challenges as they arise. Strengthening relationships with local facilities such as short and long-term care providers, residential programs and rehabilitation facilities further improves collaboration and sharing of information to promote timely notification of admissions and discharges.