

Family Service Association

Executive Summary:

Family Service Association (FSA) is a private, non-profit social service agency dedicated to the development and implementation of services designed to provide strength and support to individuals and families throughout the Greater Fall River area. The agency strives to increase the capacity of individuals and families to cope with the stresses of family life and interpersonal relationships in a positive and productive manner.

Originally founded in 1888, FSA has undergone significant changes over the past century. During the early 1900s, the agency established programs dealing with the need for employment, sanitary conditions at school buildings, health and nutrition, and other areas of organized social work. During the 1930s, 1940s and 1950s, a network of local agencies began to emerge with Family Service Association, playing an integral part in the provision of social service and family casework. Family Service has been licensed by the Massachusetts Department of Public Health as an outpatient behavioral health clinic since 1985. In addition, a variety of specialized programs are offered that help to promote and maintain viable and satisfying family relationships to people from all social and economic groups.

Headquartered at 101 Rock Street in Fall River, the former site of the United Way of Greater Fall River, FSA enjoyed a period of tremendous growth in the 1980s. In recent years, the agency has continued the tradition of addressing the needs of the Greater Fall River community in areas such as family life education, elder services, and community outreach.

Programs that emerged in recent years include adult foster placement, adult day health programs, group adult foster care, personal care management, employer support programs, after school day care, preschool programs, guardianship services, a children's mentoring program, "wraparound" clinical services for children and their families, and others. Today, Family Service Association continues to provide professional services in keeping with the mission developed at the time of its founding.

FSA's governance, policy and decision-making process lies solely with the Board of Directors. Membership is comprised of volunteers who are representative of the people and communities served by FSA. The integrity, competence, and insight of Board members along with their steadfast support of the organization's mission have been the key to many decades of success. The Board is 15 members strong and diverse in areas of expertise and talent. The consistent and ethical governance of the FSA Board of Directors ensures FSA's long-standing reputation of mission-driven, collaborative, individualized, and family-centered service delivery remains intact.

Our Community Service Agency (CSA) is a well-established, high performing program that operates with a solid knowledge of the performance specifications. Historically, FSA has met or exceeded the performance threshold on all domains; and the program continues to evolve and improve in response to feedback. CSA's team is comprised of flexible, cooperative, and collaborative staff. Even in times of intense referral rates, CSA has consistently met performance standards for offering an initial appointment, adding an Intake Coordinator to support responsiveness. Development plans have been well-received by the program's leadership and progress has steadily been made.

In January of 2017 two new goals were established. The first goal was to increase the effectiveness of the team process for CSA enrolled families. Due to attrition within provider agencies, FSA experienced an increase in the number of team members working with CSA families who had little to no working knowledge of the principles of Wraparound. The need for additional education about

Wraparound and more intensive team building efforts became apparent. CSA's interventions include group and individual coaching to focus on effective process, wraparound orientation for team members, application of best practices to build and maintain effectiveness, documenting team building and process, communicating the value of attendance to persons served, and highlighting the important role of participation during the care planning process.

CSA's second goal was to include a Mental Status Examination (MSE) in all Intensive Care Coordinator (ICC) assessments conducted on enrolled youth. This goal has been met by including the MSE in the standardized assessment. The assessment is reviewed and signed by a SCC who is also an independently licensed Masters-level behavioral health clinician. Two-phase internal record review processes ensure that this requirement is consistently implemented. Record review through a peer review process includes evaluation of the assessment and evidence of SCC review and signature. Through the efforts of the CSA leadership team as well as the collaboration of staff and team members, both these goals have been removed from the development plan; marked as achieved.

The strength of CSA can be seen in its staff, from the extensive clinical experience to the language capacity and solid knowledge and implementation of Wraparound. At the time of this application, the program was fully staffed with extensive language capacity and many tenured employees that include credentialed Wraparound coaches. The program has added the additional position of an Assistant Director, filled by an internal program supervisor, creating an opening in the administrative structure key to program success and integrity. CSA has recently hired an independently licensed clinician with significant wraparound experience to fill the open position of Senior Care Coordinator. That opening, along with one additional ICC and Family Partner (FP), were also created due to internal growth prompted by a consistent increase in referrals.

The five year plan focuses on improving integration with ACOs and MCOs through technology advancement and improved outreach to partners. Increasing employee knowledge through credentialing will ensure fidelity to the model, and providing supportive clinical leadership will develop confident and capable workers who will effectively address the complex issues with confidence. Focusing on proactive recruitment, intense orientation and specialized training, and a strong retention strategy will ensure a highly skilled and competent workforce. Finally, a competently trained and stable staff, with strong operational processes and clinical oversight, will ensure timely access to services. Caseload size is reviewed as part of the business plan to maintain quality and fiscal stability. The senior leadership works with the program director to set the goals for both the business plan and program budget.

In order for CSA to remain responsive to community demands, staff retention needs to be a high priority. A pool of qualified candidates needs to be available through a robust recruitment plan to fill positions when vacated or created. At hire, there is a significant learning curve for training and coaching. Ensuring that FSA has the capacity to quickly respond to staffing needs with timely turnaround from vacancy to filled position is essential, including language capacity to provide culturally and linguistically responsive services, mirroring the community we serve. The program has worked at maintaining language capacity and ensuring responsiveness to referral trends. CSA currently employs five Spanish-speaking ICCs and five Spanish-speaking FPs. In addition to Spanish language capacity, the program employs one Portuguese-speaking ICC, one Khmer-speaking ICC, two Portuguese-speaking FPs and one Creole speaking FP.

DSRIP investments are being used to advance the use of technology, enhance the education and skill of program staff, and assist in the area of recruitment and retention to ensure access to CSA. As part of CSA's five-year plan, these investments to strengthen recruitment and add additional resources to

attract the best qualified candidates will further improve the quality services the program has always provided.

FSA will maximize the use of technological investments, taking full advantage of mobile communication in support of promoting connections and maximizing availability. Staff will be equipped to stay connected with community partners through email, social media, telephone, and text messaging. Developing and sustaining community connections will also help to ensure staff stay informed of the evolving landscape of human services. 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.