

Gandara Center

Executive Summary:

Organizational history, background, and structure; Gandara Center (GC) was established in 1977 as a community-based, 501(c)(3) non-profit organization to provide outpatient mental health and substance abuse treatment to Springfield's large, underserved Hispanic community. Since that time, Gandara has grown to be a \$47M agency with a mission to promote the wellbeing of Hispanic, African-American, and other culturally diverse populations through innovative, culturally competent health, prevention, and education services. Gandara has dual licenses in mental health and substance abuse treatment, and an integrated continuum of care that serves more than 10,000 individuals annually. The agency is minority led, and firmly rooted in the city's minority communities through site locations within Federally-designated Medically Underserved Areas, staff demographics, and service delivery mechanisms that are designed to reflect the social, work, and familial patterns of local minority populations. GC uses a "recovery oriented system of care" across 5 divisions comprised of 1) Prevention/education and community support services, addressing health disparities among youth, adults, families and communities; 2) Adolescent and Family Services (DCF shelter, group homes, youth resource center and afterschool programs, DYS detention center, transitions to adulthood, wellness and artseducation programs. 3) Adult Residential, treatment and outreach program for adults with developmental disabilities, serious mental illness and addictions. 4) Outpatient and community based clinical treatment services for children, families and adults, including a Springfield campus with PC/BH coordinated care, and satellite clinics in Holyoke and Brockton. including CSA and CBHI services for families and youth with serious emotional difficulties. 5) Peer Recovery Services. GC provides Care Coordination/Family Partner teams to families with children/youth (birth-21) through its Hispanic focused Community Service Agency status, and CBHI In-Home Therapy (IHT) and Therapeutic Mentoring (TM) program, and Family Support and Training Program. Services are provided to nearly 3500 youth/families per year in six regions throughout the state, including Springfield/Holyoke in Western MA. These home-based services provide assessment, development of a care coordination team, including: BH and occupational therapy, mentoring, skills development and case management. The goal is to help the youth/family develop self-care management tools, increase their knowledge and self-advocacy capacity to effectively access systems support, that is sufficient to maintain a youth at home and in the community. **Five-year business plan: Examples of strengths and needs;** Gandara's organizational strength is based on its core mission to provide an array of prevention, behavioral health, residential and community support services, to adults, families, children, adolescents, and young adults, that are provided by staff who are majority bi-lingual/cultural at all levels of the organization. Nearly all participants face severe social and economic disparities, and are supported by staff who frequently have experienced similar challenges and disparities. Over the past 40 years, our capacity expanded to include minority populations other than Hispanic, including; Nepalese, Portuguese, and African American. Our WIFI data demonstrates high rates of where the family and youth acquire a high understanding and capacity to manage/respond effectively to crises and utilize culturally receptive services and supports. Similar to many other organizations, Gandara's CSA faces challenges with full participation of representatives from other systems within a youth's life (schools, child welfare/justice), and ensuring that team members follow through on priorities and action steps at the CPT meetings. Gandara's CSA faces challenges with staff recruitment and retention, which creates a constant need for new and on-going training, from a culturally informed lens, and impacts several areas identified through the TOM's and WIFI evaluation. Needs themes include the capacity to fully implement the Wraparound model, that constantly

reaffirms family/youth needs at each meeting, prioritizing and follow through of action steps, addressing the needs of all family members, constant review of progress, and readiness for discharge. Based on these needs, DSRIP funds have been targeted for recruitment and retention, training, enhanced EHR and Case Management tools that will support self and supervisory review of records, required timelines, client progress, and better developed outcomes and evaluation monitoring and activities.

Current performance on Development Plan: The Gandara SCSA development plan was updated in January 2018. It addresses the five core goals as follows. *Reduce Wait Times:* The SCSA recruits qualified bi-lingual/cultural CC staff from Puerto Rico and has a well-established relationship with a university in PR. Retention data indicates that CC staff average turnover rate, over a 2-year period is 25% and FC turnover is 38%. Two new ICC team have been hired since January 2018. *Timely Completion of CANS:* The team has identified that reducing staff turnover and improving the tracking of CANS during transfers of cases to new ICC staff, and CANS completion monitoring during individual supervision improves this performance area. *Improving TOMs' weakest principle*-Natural Support Plans-specific 8. B.* On 11/8/17 there was an ICC training on Transition planning which included developing a transition plan that includes natural supports. On 12/6/17 an additional training was held on how to build informal and formal supports including natural support. The program continues to include the importance of natural supports and having them attend CPTs and how to engage them in treatment. The program has also developed tools for staff to bring to session to help engage the family in building natural supports incl: a questionnaire to help the families identify and utilize natural supports. *Improve WIFI weakest principle - B23*.* The ICC Sr. Coordinator and QM Manager has developed a new transition plan for the staff to use with families during the transition phase. The training of how to utilize this plan was completed on 11/8/17. **Goals over the course of DSRIP Program:** *Goal 1:* Wait list times are at 3 weeks, and have been reduced since April through hire of a new care coordinator/family partner team, new incentive pay practices based on achieving productivity expectations, timely submission of progress notes and achieve quality standards for file audits; more targeted hiring practices; and fast-tracking enrollment of families in crisis. *Goal 2:* Timely reporting of CANS through enhanced training practices, timely communication of VG log-in issues; new supervisor tracking tools to ensure timely CANS completion; new engagement practices with families in the summer. *Goal 3:* Develop new supervisory monitor capacity of ICC teams individually and as an aggregate to ensure the balance/completeness and engagement in formal and informal/natural supports by putting the ICP and SNCD tools on our EHR. *Goal 4:* Strengthen transition planning off ICC services by enhancing wellness /aftercare planning and incorporating family survey feedback into Phase 4 -Transition planning. *Goal 5:* Implement new chart audit, training and QI review practices to ensure complete documentation in medical records

Description of how DSRIP investments will address challenges, support improvements, and help meet goals. Plans to improve both the quality scores and Development Plan goals include: New technology, funded through DSRIP-will purchase “mobile office” products (laptops, mobile printers, and signature pads) and associated training that will support care planning, management and coordination for ICC engaged members/families. A Care Coordination/ Care Management software platform (eHANA), will be implemented to support PC/MH integration and support a QI process. Staff capacity building, will include adding on-line assessment tools into our EHR that will enhance monitoring and capacity to aggregate and review staff/program performance through chart audits and new QI processes

including formal monthly reviews of data to monitor quality, and compliance with benchmarks; the new staff training practices.