

Justice Resource Institute, Inc.

Executive Summary:

Organizational history, background, and structure

Justice Resource Institute, Inc. (JRI) is a not-for-profit agency founded in 1973 in Massachusetts and includes over 100 clinical, educational, residential, and human services programs supporting over 10,000 at risk individuals and families in Massachusetts, Connecticut, and Rhode Island. JRI's mission is to partner with individuals, families, communities, and government to address the most confounding challenges of both the human services and educational systems and the persons and families these systems were created to serve. The common thread among JRI's diverse array of programs and settings is that each program's staff are well trained and committed to the JRI goal of uncompromised excellence in care for all clients regardless of their problem or behavior. JRI provides our services in environments which are normalizing and respectful. JRI believes strongly in the interdisciplinary approach to treatment, as well as the importance of close collaboration with other service providers in the community. As part of its exceptional array of direct services, JRI is home to 4 CSAs. JRI was awarded the Cape Cod and Islands CSA contract in 2009 and was awarded the Dimock CSA contract in 2013. In 2016, JRI merged with Children's Friend and Family Services, which resulted in both the Lynn and Lawrence CSAs becoming part of JRI. We attribute our growth to excellence in service provision, acknowledged by MCE contract managers, collaterals, and families.

The structure of JRI is such that JRI executive staff provide direction, consultation, and oversight of the agency as a whole. Vice Presidents and Division Directors provide oversight, consultation, and support for specific JRI programs and services, organized both geographically and by service type. The Program Directors, who report to Vice Presidents or Division Directors, manage their programs, supervising staff and taking responsibility for the services provided. Program Directors are supported by an Administrative Team, consisting of leaders within each program component. Staff at all levels are provided with individual and group supervision, and attend staff meetings and trainings to ensure that JRI's and the program's missions, values, and policies are communicated.

5 Year Business Plan of DSRIP Program

JRI will use DSRIP funds to develop important capacities and infrastructure primarily to leverage and build a technology platform to support effective, secure communication both internally and with stakeholders and to improve care coordination to better integrate physical health, preventative care and management of chronic conditions. The capacities and infrastructure that JRI develops will serve to sustain the program throughout the 5 years of the DSRIP program and after. Certain investments will be tangible, such as development of health and wellness/preventative care curricula and IT equipment that maximizes communication and engagement of family, community, and ACOs/MCOs/PCPs and ensures secure, mobile data management. Other investments will develop capacities including technology upgrades and training that will provide our CSA workforce with enhanced care coordination tools, improve workflows, and enhance and improve integration, coordination and communication within behavioral and primary/pediatric services. Below are specific capacities and structures that JRI will develop during the 5 years of the DSRIP program:

The overarching focus during the 5 years of the DSRIP program is for JRI CSAs to partner closely with ACO/MCOs. As a result, JRI will build on existing relationships and methods for collaboration with ACO/MCOs, pediatric practices, hospitals and community health centers and invest additional staff resources to further establish current partnerships and develop additional collaborations to newly awarded ACO/MCOs and Community Partners. JRI has extensive experience participating on interdisciplinary care teams and coordinating with a range of providers and over the next 5 years, JRI will continue to develop these relationships to best support staff and serve clients. Sustainability of the project investments beyond the contract term will ultimately allow JRI to better participate in system reform with the shared goals that lead to better health outcomes for the youth and families

we serve.

Current performance on its Development Plan

All four of JRI's CSAs use the Development Plan as a tool to track both successes and goals for improvement. Current performance across the board is positive with goals reflecting needs relating to increased engagement and team participation, access, care coordination, and quality of documentation. Two of JRI's four CSAs have little to no wait for services, while the other two in the Northeast have clear action plans for increasing access. With the recent merge of the two CSAs from the Northeast's Children's Friend and Family Services Division, JRI's best practices around review and approval of all progress notes and regular chart audits via the electronic medical record system, eHana, lend to continued progress on documentation related goals. Statewide, the area of assessment has been one given recent focus. JRI's assessments are strong per self-audits and review through the Massachusetts Practice Review (MPR). Development Plans detail a Child and Adolescent Needs and Strengths (CANS) completion rate average of 94.5% initially and three-month reassessment rate average of 80.75%. Another trend is that all sites are reporting an increase in "stand alone" Family Support and Training with an average of 10 enrollees each at three of the sites and one of the CSAs, Lynn, reporting 35 families enrolled. Development Plans highlight both needs and strengths and offer opportunities for the four JRI programs to learn best practices from one another. While all four of JRI's CSAs score above the national mean per the 2016 Massachusetts Team Observation Measure (TOM 2.0), several strategies are being employed to promote continuous improvement. Per the most recent Massachusetts Wraparound Provider Practice Analysis conducted in 2016, the area of natural supports falls short of the national and state means of 47% at two of our programs. The other two programs, while surpassing this percentage, reach only 54% and 62%. Engaging natural supports in new and creative ways will be key in supporting families in the development of sustainable plans. Strategies such as incorporating the use of ecomaps during all four phases of wraparound, utilizing Absent Partner Wraparound Participation documents with those who cannot attend meetings, and increasing the use of technology to support participation through phone conferencing, FaceTime or Skype will also be explored. In addition, JRI will use the expertise of our own family partners to coach fellow staff in the incorporation of natural supports based on their own lived experience. This will yield more comprehensive assessments and engagement strategies. A better job at assessment leads to a better job overall

Finally, JRI's CSAs will incorporate screening tools which align with other community partners for the early detection of common medical issues as well as substance use. By creating common language that is based on reliable assessment tools, we can more easily communicate concrete concerns to our medical partners. Establishing an ongoing menu of webinars on these topics and assessment tools will further support CSA teams in sustaining enhanced communication and partnerships into the future as well as open up doors for families and youth to access training materials and empower participation in the wraparound process.

During BP1 JRI will establish baseline measure that will help inform workflow and practices related to DSRIP QA measures related to coordination with Pediatric practices including :Prevention and Wellness, Chronic Disease Management Behavioral Health/Substance Use Disorder; Engagement