**CDS Family & Behavioral Health Services, Inc.**

**Strategic Five Year Plan**

**Year Two– FY 2013-2014**

**Submitted to  
Jim Pearce**

**Prepared by  
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**This publication can be made available in multiple media formats upon request.**

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| Mission **“Strengthening Communities by Building Strong Families”** | |
| **Geographical Area:**  **Alachua, Baker, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Madison, Putnam, Suwannee, Taylor and Union Counties** |  |

**CDS**

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**Approach**

Upon reviewing Plan documents from Year One, it was determined that for the most part the goals established remained relevant to the coming year. All program managers were instructed to focus their first quarter strategic outlook for the year on training and outreach activities as a continuing response to goals established in Year One.

**In the Residential Programs** review and analysis of our Performance and Risk Management reports over the past year reveal thatlow bed nights and medication errors were highlighted concerns. In addition through management meetings it was determined that proper implementation of the FACE System, bed checks and other procedures and protocols were not meeting operational expectations. In response to these issues some of the key goals at the program level remain the same and others were identified with corresponding action steps and measures of accomplishments.

**Goal:** Increase the number of admissions and/or length of stay in the shelter program

**Goal:** Increase the number of intakes through expanded outreach efforts

**Goal:** Maximize opportunities for Probation and DV Respite admissions

**Goal:** Consistently follow policy & procedures related to the supervision of participants

**Goal:** Increase parent participation in programs services

**Goal:** Increase the percentage of youth on AchievementLevel

**Goal:** Increase proper implementation of the FACE system by staff.

**Goal:** Decrease the number of Unusual Event Reports related to medication issues

**Goal:** Decrease medication errors by mastering and following policy procedures

**In the non-residential program**, in the Central Region, staff has had to continue to respond to the community with explanation regarding the closure of the Drug Free Communities program and the opportunities for services available through the Family Action Program**. In addition, new funding for rural non-residential services created available positions July 1, 2013 in all three regions. Plans were established and implemented to hire non-residential counselors in Levy, Bradford and Hamilton counties. In preparation, Managers had to rekindle or make new relationships in those counties to find appropriate settings for the incoming counselors and explain to local referral sources the services becoming available.**

**Setting up locations and hiring of staff proved more time consuming and difficult than anticipated. Schools had to fit our unexpected needs into their long list of priorities and a number of desirable job applicants refused the position due to our salary and benefit package being less than competitive compared with other organizations.**

**Due to a slow start, all regions are behind in meeting case outcome requirements. Focus remains on training new staff, establishing effective relationships with referral sources and ensuring staff have an adequate environment and infrastructure to function effectively.**

**All three CINS/FINS regions have identified the need to closely review our program orientation training for our newly hired staff, both residential and non-residential positions. Our goal is to identify and create a consistent list of orientation topics and associated hours of training to be used in all three regions. This exercise has grown in scope and to date we have created an entire first year training plan for the positions of Youth Care Worker and Counselor/Case Manager. We plan to continue this project to include plans for each position first year and beyond.**

**In Prevention Services, Lutheran Services Florida determined that it was in their best interest to contract with a managing entity to administer all Coalition funding within their jurisdiction. As a result Prevention Services would no longer receive state funds to provide leadership and oversight for PIPSA the Levy County Prevention Coalition and the Hamilton County Alcohol and Other Drug Prevention Coalition. While our role with the Coalitions is changing we reflect on it as an evolution where we will remain actively involved. A specific example is that CDS partnered with the Levy County Prevention Coalition to apply for and was awarded a Drug Free Communities grant beginning in October, 2013.**

**The projection for state funding for other prevention services remained uncertain until the beginning of the second quarter. As result of the potential fluidity of the financial environment Prevention Services determined to stay the course identifying the need “to improve the quality of services provided in our communities in order to maintain funding and certification.” The following goals were established:**

**Goal: Rewrite data submission procedures to reflect current practice**

**Goal: Improve documentation and data submission and train relevant staff accordingly**

**Goal: Increase evidence based training for staff**

**The Outreach Department had three major goals in the beginning of the year which included the design, launch and maintenance of a new CDS website, planning for the Annual Meeting in November as a strategic effort to seek greater visibility during National Runaway Month and updating all Safe Place sites with signs with the new National logo. The following are additional goals as the year progresses.**

**Goal: Update all brochures and outreach materials with a more cost effective approach to marketing, consistency in branding and providing staff easier access to materials**

**Goal: Recruit more volunteers and those that can commit to more hours**

**Goal: Assist in the development of the Outreach activities in the East region in coordination with the Outreach staff person funded through the new Basic Center Grant**

**Goal: Spotlight on Youth achieve greater community involvement**

**The Independent Living Program** must make adjustments as a result of IL legislation passed last summer and contractual changes which will expand our role with older participants and eliminate our life skills efforts with younger youth. To address the requirements of the legislation and adhere to the Partnership for Strong Families implementation strategy, training is the number one priority for our staff this year. It has been decided that our IL Counselors will become the Primary Counselor for youth placed in licensed out of home care beginning at age 17 in January, 2014. To be prepared we have gained access to the Partnership’s pre-service training program and have selected needed trainings offered and have made their training calendar available to our staff. Secondly, we have identified other key personnel and invited them to come and provide needed training for us. We have also requested that the Program Director of each of the three Case Management Agencies contracted with the PFSF allow our staff to shadow some of their Family Care Counselors to learn their new roles. Finally, we have planned for our IL Counselors to spend work time directly with the specific Family Care Counselor who we will be taking over the 17 year olds from to enable us to learn everything about the young person and his/her case.

We plan to adjust our training plans as necessary as our new roles unfold.

**Another key goal established in Year One was to** actively partner with other agencies to seek grants or apply for relevant opportunities on our own to diversify our funding. In this regard the following has been achieved.

* Federal Drug Free Communities Grant in partnership with the Levy County Prevention Coalition--- Funded
* Federal Basic Center Grant for Putnam and Bradford Counties ---Funded
* Non-residential Services expansion through the Florida Network---Funded
* Federal Street Outreach Grant for Alachua and Putnam Counties---Not funded
* HUD Transitional Living for Youth Aged Out of Foster Care in partnership with ACCHH ---Not Funded
* ACF Planning Grants to Develop A Model Intervention for Youth/Young Adults With Child Welfare Involvement At-Risk of Homelessness in partnership with the Department of Children and Families and the Partnership for Strong Families---Not Funded
* NIH Grant to develop an App for homeless youth to access medical information in partnership with the Athena Group---Pending

**Other actions that remain relevant based on current and past input are:**

Participant Management

* **Continue to focus on ensuring that the whereabouts of all residential participants are a top priority whether in or outside the shelter**
* **Continue to emphasize appropriate discharge/transition planning including following up to ascertain whether scheduled appointments were kept.**

Engaging Participants

* **Continue to respond to first contacts with potential participants in a consistent, “no wrong door”, service friendly manner**
* **Continue to encourage the use of Motivational Interviewing techniques**
* **Continue to check in frequently with participants to ensure our mutual approach to their stated goals and objectives remains relevant and productive**
* **Ensure behavior management systems are implemented in a consistent and fair manner**

Documentation

* **Ensure documents are completed thoroughly through peer, supervisor and administrative review**
* **Ensure documentation is developed using approved formats**
* **Ensure documentation is legible (encourage computer generated documentation)**
* **Ensure documentation is informative to the uninformed reader**
* **Ensure documentation moves through the system in a timely manner**

Meeting Productivity Standards

* **Ensure staff understands the requirements for their position and program**
* **Ensure managers stay abreast of staff and program productivity by thoroughly reviewing available reports and sharing that information with staff**

Achieving Contractual Outcomes

* **Continue to track outcomes at the management level and make adjustments necessary to achieve or exceed contractual requirements**

**CDS Commitment to You and Your Family**

**Mission Statement**

*“Strengthening Communities by Building Strong Families”*

**Maintaining a safe environment**

* Your safety is our first concern. We want to ensure safety related concerns are identified and responded to rapidly and appropriately.

**Engaging Individuals**

* We want you to feel welcomed, from your first contact to your last, our staff will work with you to access and provide the services you need and are eligible for in a confidential, respectful, professional and friendly manner.
* There is no *“wrong door”*, if CDS is not the right place for you to get the services you need, we are committed to helping you find the right place, whenever possible.
* We will work with you in assessing your strengths and finding solutions to work on the problem(s) that you have identified.
* We will check in frequently with you to ensure our mutual approach to working on your individual plan, goals and objectives remains relevant and productive.
* We will emphasize appropriate discharge and transition planning throughout your involvement with us to ensure available resources are utilized to meet your expressed needs.

**Quality Improvement**

* We want to continue to seek your feedback regarding the services received in order to improve the process.