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

**Strategic Five Year Plan**

**Year Three & Four– FY 2014/15 and 2015/2016 to Date**

**Submitted to  
Jim Pearce**

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**Prepared by  
Sam Clark**

**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**

At the core of all our strategic activities is to offer the best services possible to our participants and stakeholders, maintain all required licenses and certifications and meet all of our contractual obligations. To that end, we received another three year CARF accreditation in 2015 in the following areas, Community Transition, Congregate Care, and Promotion/Prevention. Unlike 2012, we did not apply for Counseling, Case Management/Services Coordination and Prevention/Diversion reflecting the strategic elimination of our Outpatient Services program and aligning our existing and expanded services more with prevention than counseling. We have also successfully met all other licensure requirements as well as our contractual obligations to date.

In the 2016 re-licensure cycle for Prevention the Department of Children and Families made the decision to license all of our prevention sites as overlays to the 3615 S.W. 13th Street Prevention Services office, rather than license each site individually. This decision will make the licensure process in the future more efficient.

Satisfaction for participants and their parents in CINS/FINS services remained high in 2014/15 with 95% of parents and 92.28% of youth responding ‘Yes’ to the question, “Overall are you satisfied with the services you received?” This compares to 98.46% of parents and 92.53% of youth responding to the same question in the prior year.

In 2015, 65 surveys were sent to stakeholders in our bi-annual survey as identified through our Cooperative Service Agreements. 32 surveys were returned with all 32 respondents agreeing or strongly agreeing to the statement that “CDS has a good working relationship with our organization.” And all responding in a similar fashion to the statement that “CDS has a strong partnership with our organization at the direct service staff level.” This compares with the 2013 survey in which 63 surveys were sent and 27 returned. In this case 23 respondents answered agreeing or strongly agreeing to the statement that “CDS has a good working relationship with our organization.” and 27 responded that they agreed or strongly agreed that “CDS has a strong partnership with our organization at the direct service staff level.”

**In Interface:**

Throughout the past year, discussions and activities among managers in our CINS/FINS programs have focused on; identifying ways we improve our effectiveness in retaining participants to stabilize and improve their outcomes in life and give staff the support necessary to appropriately aid program participants toward their stated goals.

Conventional wisdom, states that it takes 30 days to develop a habit and we have taken that truism and tried to apply it to strategies that would increase the length of stay among participants in shelter. By enhancing the length of stay we believe that concepts such as learning and utilizing pro-social skills applied through consistency and reinforcement for positive behaviors will result in a foundation for better school attendance, following instructions and enhanced self-esteem resulting from successes achieved. It was anticipated that as participants become more confident in the skills they learn and practice, experiencing the positive outcomes associated with applying those skills, they would become more confident, comfortable and stable. Participants feeling safer should correspond with a lessened need to act out impulsively verbally and behaviorally and should result in more complaint responses to requests from staff regarding program expectations. In addition, less participant turnover in-house should produce an environment more conducive to concentration and change due to a decrease in the need to acclimate new participants to the shelter rules and responsibilities as often.

We further postulated the performance measure regarding bed nights would be easier to achieve with a more supportive staff and a participant with an enhanced since of achievement and sense of security.

To have an opportunity to achieve these results, we needed staff to fully understand the benefits of a longer length of stay for both participants and staff and provide them with enhanced tools and a better sense of readiness.

To that end, managers have been actively reviewing and refining the FACE system. While we want to maintain the basic principles and infrastructure associated with FACE, we also wanted to allow for the unique need of each shelter. This remains a work in progress.

In the fall of 2015, Sam Clark provided training to youth care workers and other staff in each shelter regarding a trauma sensitive approach to care, a step beyond the building block of trauma informed care training which staff has already received. A trauma sensitive approach goes beyond the mere recognition of understanding the components of trauma, but provides a framework for working with youth in our setting. The vast majority of our youth are trauma victims and entering our services can be a trauma trigger in its self. Sam emphasized the importance of the person centered approach to our work as it is designed to meet an individual where they are and not personalize negative outbursts should they occur. Efforts to create trauma sensitive shelter environments were discussed as well and staff was asked to contribute their ideas on an ongoing basis as no plan is viable without their support.

To date all three shelters are in various stages working toward these goals. Recent funding opportunities in IYP East and through the Florida Network has allowed and will allow us to purchase supplies, educational materials and other items conducive to creating more trauma sensitive shelters. It is anticipated that the implementation of these changes will unfold over several years as we try to accommodate the best procedures we have in place with a paradigm shift from an expectation of staff to manage participant behavior to a culture where participants are self-managing and supported by staff in that process.

Other significant adjustments in the shelters this year include hiring part time nurses and acclimating them into our system as well as determining how to take full advantage of the knowledge and skills they bring to us. In association with the nursing staff another significant challenge in the works is to effectively implement the utilization of the Pyxis Med-Station 4000.

A review and analysis of our Performance and Risk Management reports over the past year would suggest that we have had improvement in the low bed nights and medication errors which have been highlighted concerns in the past. However, not enough systemic progress has been made to eliminate these topics from being among our top priorities for continuing development.

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

**Goal:** Increase the number of appropriate intakes through making community members aware of the availability of services through expanded outreach efforts

**Goal:** Increase evidence of trauma sensitive approaches to care

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

**Goal:** Consistently implement the FACE system by staff

**Goal:** Implement the Pyxis Med-Station 4000

**Goal:** Determine how we can create a synergetic approach to utilizing our nursing staff

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

**In Family Action**,

In 2014/15 focus has been on improving clinical documentation to be in compliance with the Florida Network Contract and improve the experience for the families and Counselor/Case Managers at intake. We have streamlined many forms and processes. Release forms were also revised to include a text option for the convenience of families to communicate about appointments.

In 2015/16 as part of our “create trauma sensitive environments” initiative Family Action Central has gone through a series of new looks including soliciting assistance from a University of Florida design class to make the lobby and other rooms more inviting. Staff has also taken up the challenge by rearranging offices and providing art in other common areas.

We remained fully staffed for most of 2014/15 and productivity ran at 96% of our contractual goal. This was consistent with statewide utilization. However, in 2015/16 we have had vacancies in our rural counties in the N.W. Region that have been extremely difficult to fill and are expected to negatively impact our non-residential outcome measure.

While we had limited involvement with the SNAP Program in 2014/15 being piloted by DJJ, we received funding for the program through the Florida Network in 2015/16 SNAP (Stop Now and Plan) targets boys between ages 6 to 11 exhibiting difficulty in family relationships, physically aggressive behavior, angry outbursts, stealing, bullying and the like.

**All three CINS/FINS regions were in need of a more user friendly and comprehensive way to track training.** Liz Tschumy Human Resources Specialist developed such a system and among its features, managers can get up to date information about the status of each staff members training records from a course completed by individual or group perspective. This year we need to assess our use of the system.

**Goal:** Assess the use of the training tracking system and adjust as needed.

**Goal:** Increase staff training in relevant evidence based practices

**Goal:** Hire a new Regional Coordinator for Family Action Central who is licensed and certified to do clinical supervision.

**In Prevention Services**

**In 2014/15 Prevention took on as part of their mission to assist CDS CINS/FINS programs increase their program utilization rates. Prevention Staff members assisted with promoting the services of the Family Action Central Program in Levy and Alachua Counties. Prevention Specialists in both counties and Levy County Prevention Coalition staff encouraged School Guidance Counselors and families in the community to refer students to Family Action Central for counseling services. Staff maintains a supply of Family Action Central program brochures and counseling staff business cards in their classrooms to ensure easy access for students and school staff.**

**The Levy County Prevention Coalition staff continues to provide technical assistance and clerical support to the Family Action Central Counselor working at Williston Elementary School. The Coalition’s Program Director assisted the Family Action Central Counseling staff in meeting with School Administrators in establishing relationships and acquiring office space in 2014/15. These extended and ongoing relationships have been extremely valuable.**

**In addition, because Prevention staff are so spread out and rarely have the opportunity to get together, Prevention Coordinator Gwen Love started holding quarterly dinners to strengthen professional and personal bonds. These family events helps staff get to know each other and it develops an environment of collaboration between staff members. As a result staff morale has increased and it gives the Prevention Services Coordinator the opportunity to show appreciation for the work that is accomplished by staff.**

**Due to having a well-seasoned staff for several years, productivity has been high and LSF Health Systems restored approximately $50,000 in funding and made it reoccurring. This was a major accomplishment by Prevention staff.**

**In 2015/16 Prevention has had to change one school and have had several staff turnover causing an increased internal focus on ensuring our staff is functioning appropriately.**

**Goal: To stabilize staff and ensure that all are properly trained to carry out their duties**

**Goal: To ensure staff implements evidence based curriculums with fidelity**

**Goal: To monitor school construction in Levy County and ensure our programs remain viable.**

**In Outreach**

**For the past two years the Annual Meeting has been moved from January to November to coincide with National Runaway Month and to enhance the visibility of the event. This change has been successful and has been consummated at the Board level moving forward. Another advantage to this move as been to create some additional distance from Spotlight on Youth as our staff resources are limited.**

**We introduced our FACEBOOK page in 2014/15 and promotion was initially sluggish. To increase awareness we added the FACEBOOK symbol and link to all our e-mail addresses and added it to our letterhead and fax transmittal forms. Efforts to date have not increased traffic to the page significantly.**

**Safe Place continues to be a good way to let the community know about our services. The Basic Center Grant acquired in IYPE has supported outreach activities and the development of Safe Place sites in Putnam and Bradford counties. Alachua County still maintains approximately 100 sites.**

**All agency brochures were updated in the 4th Quarter of 2015.**

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

**Goal: Coordinate efforts between staff in Putnam and Alachua County relating to FACEBOOK and the CDS Website.**

**Goal: Increase support on all levels for Spotlight on Youth**

**In Independent Living**

Our staff has adjusted to the responsibility of being primary on 17 year olds and for youth in extended foster care. The surprises on the learning curve are fewer and further between. What has become increasingly concerning is the lack of local placement options available for older teens. Our youth are spread all over the state making responding to crises and daily events more difficult. Maintaining an effective rapport with youth so distant has also been a challenge.

The PFSF have been able to provide our staff several cubicles in their main office in Gainesville. This has been a benefit in connecting us to Partnerships administrative staff and other providers housed there, as well as enhancing our access to FSFN behind the fire wall. However, from a privacy perspective and coalescing our staff, it has been less than ideal.

Fortunately we have been able to maintain our site on 6th street which has helped mitigate the space problem.

Due to PFSF obligations under their contract with DCF, their staff are diligently focused on monitoring and our staff has found some systems (particularly FSFN) confusing and cumbersome. However, changing the system at our level is not an option and we need to be as functional and successful as possible regardless of any perceived limitations. The COU monitoring’s conducted annually by DCF are the test of our success and preparation is the key.

**Goal: To ensure activities are correctly documented in a timely manner**

**Goal: Enhance learning and communication by ensuring we effectively share information with each other and relevant parties by hitting “reply to all” on e-mails and adding individuals who should be in the know. This concept would also apply to in person meetings and conference calls.**

**Goal: Explore local options for placements**

**Goal: Complete the Annual Satisfaction survey with participants**

**In administration**

**Changes to RHY reporting requirements in 2015 necessitated some changes in HMIS data entry which have been implemented in Gainesville and Palatka.**

**We contracted with new ISP providers in March of 2014, purchasing faster internet services for all locations. In addition, we have acquired new laptops for many positions to replace aging ones as well as replacing network switches and routers at each site and added firewall equipment at remote sites**

**We switched to a voice over IP phone system in April of 2014 as a cost saving measure with an initial mixed result with quality. However with constant vigilance with the vendor the system is operating smoothly at this juncture.**

**Due to turnover in our data support staff for several years, accuracy in some of the reports used by managers has declined and several formulas need to be reassessed for value and accuracy. (I.e. CINS/FINS length of stay and calculations for bed night s and non-residential participants served are examples.) Theses tasks are under way in 2016.**

**Salaries were reviewed and adjusted for data systems and fiscal staff in 2015 as an attempt to remain competitive in the marketplace and stabilize our work force. In addition, manager’s salaries were also reviewed and adjusted for the same purpose.**

**Youth Care Worker wages remain flat which is an ongoing frustration. The third part of a 3year plan with the Florida Network and the legislature to raise the Youth Care Worker rate to $12.00 per hour was never funded. CDS continues to have an interest in making this a priority. Within our agency the Youth Care Worker expenses for the past several years have remained significantly over budget and an ongoing management issue.**

**Independent Living salaries have been driven by expectations and funding from the PFSF and remain competitive.**

**Prevention salaries remain flat, but viable in the marketplace.**

**Non-residential salaries are low compared to other local providers and have caused problems in our being able to keep positions filled particularly in the more rural counties. CDS tends to be a training ground for interns and those seeking licensure. Once obtained there is an eventual exit for more money. Several recent terminations in different departments were far beyond our scope to be competitive.**

**On the positive side, CDS has been able to contribute to employee retirement accounts in both 2014 and 2015, a feat not possible for many years. This is in large part due to successfully building in retirement to the Independent Living and Basic Center contracts, unfunded positions, and achieving greater revenues than expected while keeping expenses down.**

**Finally CDS must come to grips with an aging work force. This is particularly true of the top three administrative positions and several other key managers. A great deal of long term institutional knowledge is at risk of being lost as well as key partner relationships. Planning needs to be considered with this in mind at the administrative and Board levels.**

**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.