**CDS Strategic Planning**

**Summary Report**

**2011-2012**

**Approach:**

In this year’s planning process at the program/department level an effort was made to focus on a personal/professional level with staff on issues identified in the Emerging Issues 2010- 2011 document (incorporated later in this report) by applying strategies that might lead to insight for the application of practice improvement changes as well as approaches that might result in increased understanding of the benefits of fidelity compliance when using evidenced based models. In other words, when staff understands clearly the reasoning behind an evidenced based model/form/policy/procedure/practice improvement strategy and are able to apply it as intended, those applications tend to work better than other approaches.

In the Residential Programs, the presentation of issues for discussion were designed to stimulate the thought and feeling processes of staff and elicit a better understanding of the Positive Youth Development Model as well as create more pathos from staff for participants by considering how they had addressed personal issues in their own lives growing up. Those exercises and discussions addressed eight key elements of Positive Youth Development and were as follows:

1. **Youth Feel Emotionally and Physically Safe**

Security: “I feel safe.

1. **Youth Experience Belonging and Ownership**

Belonging: “I’m in.”

1. **Youth Develop Self-Worth**

Acceptance: “What I say counts.”

1. **Youth Discover Self**

Independence: “I like to try new things.”

1. **Youth Develop Quality Relationships with Peers and Adults**

Relationships: ”I care about others.”

1. **Youth Discuss Conflicting Values and Form Their Own**

Values: ”I believe…”

1. **Youth Feel the Pride and Accountability that Comes with Mastery**

Achievement: “I can do it.”

1. **Youth Expand Their Capacity to Enjoy Life and Know that Success is Possible**

Recognition: “I feel special.”

In the non-residential programs, the underlying presentation of issues was intended elicit identification and possible buy in for supporting evidenced based and best practice models, related to the “no wrong door” approach, recruitment and retention of participants and ensuring appropriate engagement in services and transition planning. Those issues were presented in the following manner to identify specific strategies that could be implemented to improve service outcomes.

**Outcome 1. What will be done in our program to make sure we:**

1. Increase admissions

2. Reduce no-show rates

3. Reduce waiting times

**Outcome 2. What will be done in our program to make sure we:**

1. Increase the participant’s sense of control and ownership

2. Ensure the individual plan is meaningful to the participant

3. Retain participants

**Outcome 3. What will be done in our program to make sure we:**

1. Understand the individual’s response to each clinical session

2. Engage the participants support people in their ongoing process

**Outcome 4. What will be done in our program to make sure we:**

1. Connect participants to internal and external supports

2. Establish a viable transition plan

Due to the nature of our Independent Living Program, staff covering a 14 county region and coordinating services with other providers, foster parents and youth and facing rare opportunities to communicate and learn together, an emphasis was placed on identifying and addressing barriers by responding to the following issues.

1. Identify barriers in accessing your services. (i.e. architectural, attitudinal, cultural, communication, financial etc.)

2. How could we address any barriers identified? (i.e. Who should be assigned? Are there associated costs? etc.)

3. How can we enhance our culture of quality improvement as a program and an agency?

4. What practical steps could be taken to make your program/department easier and more satisfying to you?

5. What goals should be priorities during the next 12 months? Program/Service-

6. How can the above goals be achieved? What approach or strategies will be used to achieve this goal?

The Prevention planning approach was intended to address issues faced by staff who work independently from one another and are trying to implement evidenced based prevention programs and environmental strategies and utilized the following tool to stimulate input.

1. Do you have the knowledge, tools, support (internal and external) to implement

your responsibilities successfully?

1. How could we address any barriers identified? (i.e. Who should be assigned? Are

there associated costs? etc.)

1. How can staff/programs in Alachua/Levy counties learn and benefit from each

other?

1. What practical steps could be taken to make your program/department easier and

more satisfying to you?

1. What goals should be priorities during the next 12 months? Program/Service-

Specific Goals-Write down goals to address issues identified above?

1. How can the above goals be achieved? What approach or strategies will be used

to achieve this goal?

Administrative staff took both an introspective look at functions within departments and a broader organizational view when considering the next 12 months. The issues were considered by using the following format.

1. Identify barriers in accessing your services. (i.e. architectural, attitudinal, cultural, communication, financial etc.)

a. Internal Barriers (CDS Staff & Volunteers)

b. External Barriers ( Contractors, vendors, business partners)

2. How could we address any barriers identified? (i.e. Who should be assigned? Are there associated costs? etc.)

3. How can we enhance our culture of quality improvement as a program and an agency?

4. What practical steps could be taken to make your program/department easier and more satisfying to you?

5. What goals should be priorities during the next 12 months? Program/Service-Specific Goals-Write down goals to address issues identified above?

6. How can the above goals be achieved? What approach or strategies will be used to achieve this goal?

**Results:**

The Emerging Issues of 2010-2011 noted below remain as relevant in 2011-2012 as they did last year. The results of the program planning this year yielded the following strategies highlighted in bold associated with the Emerging Issues identified last year.

Engaging staff in a change process regarding:

Quality Improvement

* **Continue to advance the monitoring process of participant files by associating those efforts specifically with the applicable tools used by outside monitoring entities and contractors**
* **Continue to train staff on the connectivity between the gathering of information on the psychosocial to the development of the individual plan goals and strategies to the transition and discharge planning process**
* **Continue to make forms more accurate, third party ready, fillable and user friendly**
* **Continue to ensure all forms in use are available on the Intranet and the most current versions are the only ones being used.**
* **Continue train and monitor staff in the thorough completion of documents**
* **Continue to train and monitor staff related to the quality of the content of documents completed particularly pertaining to the development of a collaborative and meaningful individualized participant plan and the capturing of relevant information using the BIRP format addressing the Goals and Strategies identified in the Individual Plan**

Clinical skills

* **Continue to make training for staff available in both an individual and group format that will enhance their familiarity and effectiveness in applying evidenced based therapies, behavioral change models, prevention programs and environmental strategies with fidelity as applicable.**

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**
* **Make reminder calls to participants the day prior to appointments**

Maintaining a safe environment

* **Ensure safety forms are completed properly, according to schedule and follow up occurs in a timely manner**
* **Ensure safety related concerns are identified through the incident reporting process or addressed directly with a coordinator and/or maintenance staff**

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**

Meeting Productivity Standards

* **Ensure staff understands the requirements for their position**
* **Ensure managers stay abreast of staff productivity by thoroughly reviewing available reports and sharing that information with staff**
* **Assist staff that is under producing by seeking input for improvement in writing, reviewing schedules, applying time management techniques and other engagement strategies**

Achieving Contractual Outcomes

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

Prevention Services: Maintain significant portion of current funding by:

Enhancing and supporting local coalitions

Identifying new programs that address identified community needs

Creating partnerships to facilitate program implementation

Implementing new programs with fidelity

Outreach

Promote our name and mission in the community

* **Update agency brochures**
* **\*Complete and bring on line the new web site**
* **\*\*Continue outreach efforts to targeted service providers**
* **Continue to do mission associated articles and PSA’s**

Work with information & referral outlets to ensure CDS is properly identified

* **\*Reconnect with 411 services within our region to ensure information is up to date**
* **\*Work with the producers of information for telephone directories to ensure accuracy**

Identify how we want to promote our name to the public and train staff accordingly

**Continue to answer telephones with CDS Program name, Staff name, May I help you**

**Continue to promote CDS in public as the corporate identity**

Expand the public’s knowledge of our correct addresses and telephone numbers

* **\*See above**

Target outreach efforts to populations most likely to result in increased referrals

* **\*\*See Above**

Legislative Advocacy

* **Meet with legislators and aides regarding programs**
* **Set up meetings where legislators and other key stakeholders can visit our programs**
* **Distribute legislative updates to staff, Board members and other key stakeholders**
* **Support call for action requests made by the statewide associations**

Health Care Reform

* **Bring Medicaid on line**
* **Ensure we are prepared for our next Medicaid related site review**
* **Make needed adjustments to current forms and implement changes**
* **Finalize agreement with Meridian for a psychiatrist**
* **Ensure systems are in place to bill for the appropriate services correctly**

Develop new partnerships

* **Continue to work with First Coast and/or any associated entities to position ourselves for the Managing Entity**

Improve infrastructure to respond to the needs of paying participants

* **Continue to make credit/debit cards as available payment options**
* **Expand counselors abilities and comfort with discussing fees with participants**
* **Ensure data collection systems are adequate to meet applicable audit standards**

Ensure data collection systems meet the requirements of third party payers

* **Continue to seek out and attend relevant training**
* **Continue to seek assistance from other providers and outside consultants**
* **Continue to adjust policies and procedures to prepare for third party billing in Drug Free Communities**
* **Keep SAMH East in the loop regarding progress**

Ensure staff are appropriately trained and credentialed

* **See Quality Improvement and Clinical Skills sections above**