**Drug Free Communities and Family Action**

**Strategic Planning**

**Staff Meeting: 08/28/2012, 09/21/2012, 09/28/2012 and 10/24/2012**

Feedback Received From: Sam, Karen, Kim, Isaiah, Linda, Tracie, Emma, Joy, Karly, Jennifer, David and Mary and Peggy

During our August staff meeting, we started the meeting by reviewing the following documents:

CDS Commitment to You and Your Family

Strategic Plan Synopsis 2011-2012

Administrative Strategic Planning Meeting Notes

Each person was asked to write down responses to the following three questions and the group discussed the ideas presented.

Identify 1 to 3 things that you want to do in the next year to achieve your goal(s)?

What steps would need to be taken to achieve your goal(s)?

How would you be able to measure your accomplishment(s)?

The following is a result of the August Meeting:

Identify 1 to 3 things that you want to do in the next year to achieve your goal(s)

Front Desk Staff

1. Maybe further define certain regulations or CARF rules so we can remember to follow them.
2. Work on list of job position expectations, training list for new employees
3. Be able to be proficient with Medicaid eligibility
4. Be able to be proficient with Medicaid entry
5. Organize kid zone in lobby

Interns:

1. I want to better understand/learn the paperwork for both programs
2. I want to help clients complete the program successfully
3. Start my own case load in Family Action
4. Continue to be trained in DFC-youth and become competent with paperwork and leading sessions
5. Work towards a theoretical orientation

Family Action

1. Kim get her license
2. Remain vigilant with documentation, timelines and parent signatures
3. Receive more training
4. Take classes in the mental health area
5. To be aware of the changes within mental health field

Drug Free Communities

1. Increase productivity
2. Prepare for Medicaid and 3rd Party billing requirements
3. Do more outreach in TANF
4. Increase productivity in TANF
5. Make sure each participant file is current and close participants who haven’t return for services sooner.
6. What steps would need to be taken to achieve your goal(s)?

Front Desk Staff

1. Somehow make corporate expectations more clear, i.e. lists, meetings, power point.
2. Include Administrative expectations, spoken and outlined.
3. Training on computer (webinar), with group and individual
4. Training hands on
5. Gather coloring and activity books, crayons, age appropriate books
6. Put up positive posters on walls

Interns

1. Shadow other counselors who are familiar with the paperwork, look at other copies or samples to familiarize myself with the different forms and learn by doing, as well
2. Shadow others to see steps they take to help participants complete successfully, use supervision to ensure I am on the right track and keep developing my skills.
3. Scheduled a Family Action intake for next week.
4. Work with a counselor in DFC and familiarizing myself with the paperwork and will ask about potentially leading next intake session
5. Read and research more on family system approaches

Family Action

1. Study for licensure exam; learn diagnostic criteria
2. Maintain new organizational system
3. Read and look up topics on internet
4. Seek out people who work in the field and read the material

Drug Free Communities

1. Improve time management and relationships with referral sources
2. Assist others that are having trouble in this area
3. Continue to take training on topic and update forms
4. Re-visit attending Fl Works Welfare Transition-explore other outreach opportunities
5. Possibly doing more outreach may increase referrals which would provide additional opportunity for increased productivity
6. Review caseload regularly

How would you be able to measure your accomplishment(s)?

Front Desk Staff

1. Through auditing and feedback from participants.
2. Collectively go over comments and feedback from our participants
3. Print Medicaid Eligibility forms for file
4. Billings for Medicaid
5. Obtain and keep up lobby

Interns

1. Complete intake paperwork and have it reviewed for accuracy
2. Successful completions
3. Review monthly reports
4. Try out different theoretical approaches with participants

Family Action

1. Get my license
2. Monitor how often my documents are being submitted on time and how many parent signatures I obtain
3. Peer review feedback
4. Participant outcome

Drug Free Communities

1. Higher numbers in monthly productivity report
2. Billable from Medicaid
3. Monthly reports

*On 9/21/12 an e-mail was written and approved by Sam and was sent to DFC and FA staff outlying assignments/change process Drug Free Communities Program*

*Not everyone might know that the last few weeks have been intense while the Senior Management Team worked to balance the agency budget.  The Drug Free Communities Program contract changes are having the most impact on the overall agency operating budget.  This week we have received some good news that will make our financial situation a little brighter.  I wanted to let you know the current status as of today.*

*To summarize:*

1. *We will not be filling the vacant DF Counselor/Case Manager position, Sam/LaVonya will be sending out letters notifying the applicants.*
2. *We will not be in a payback situation for services provided to Medicaid eligible participants receiving Medicaid eligible services.  Beginning in January Value Options will be verifying that data; therefore all Medicaid Eligible; Mental Health Diagnosed (Adult and Child) participants regardless of their prepaid mental health plan or HMO must be referred to Meridian.  All cases should be closed as of 11/1/12.*
3. *We will be ending all of TANF services.  Tracie and Linda shall review their case loads and tell us when all cases can be transition on to other service providers.*
4. *We are in negotiation with Lutheran Services to do a contract amendment reducing our adult TANF dollars based on projected earnings.*
5. *Lutheran Services has also agreed to look at the SAMH operating budget to see if there are funds available in cost centers we could potentially earn.*
6. *We are expected to bill Medicaid when indicated.  Front desk staff will still be checking eligibility on all new DF participants and on CINS/FINS referrals to DFC.*
7. *Karen will focus her efforts on Clinical Supervision, Self-Referred, State Attorney, DJJ and Medicaid ASAM 1 (outpatient treatment) participants.*
8. *We are required to initiating a fee schedule for outpatient treatment if we bill Medicaid.*
9. *Mary plans to leave us by December and she will not be accepting any new participants and we have adjusted our revenue projections accordingly.*
10. *This is an important point.  From November 1, we need to focus all of our efforts on serving youth most at risk of entering the child welfare system and at risk for substance abuse disorders.  This is where you are being asked to help us on Friday with the strategic planning for these services. For example services at schools, Horizon Center, PACE, Library Partnership, etc.  By November 1st. It is projected that Tracie and Linda will be producing at 105 contact hours of CSA $.*
11. *I am researching the rule and SAMH requirements to see if we can reduce our paperwork load to the bare minimum for intervention services located off site.  I will be focusing particularly on the intake paperwork.*
12. *Jennifer you have multiple referrals from PACE that need action, a.s.a.p.  Please see Karen or me about them.*
13. *I will try and get with PACE to address the issue of not getting parental consent for referral.*
14. *Regardless, substance abuse treatment does have different requirements than mental health or CINS/FINS.  A youth can refer themselves and sign for their own consent and treatment.*
15. *Sam will be meeting with Independent Living counselors to identify current foster care kids on their case load who could benefit from intervention services.  He will be reviewing the adolescent intervention .05 ASAM with the staff.  Linda I would like you to prioritize seeing this population and possibly some of the PACE girls.*
16. *David you will be expected to increase your productivity and to earn the <$9,000 in adult substance abuse to offset the expenses for the Adult Substance Abuse Cost Center.*
17. *Kim and Isaiah I have sent you a separate e-mail regarding issues with the CINS/FINS caseload.*

Strategic Planning

1. On Friday everyone please bring your ideas and knowledge of children’s services to help formulate the plan for the next few months.
   1. Please write down your ideas and bring them on Friday 9/28/2012 :
      * How we can make the changes discussed above and what you personally can do to help DF/FA accomplish the goals identified in services and productivity.
      * How can you improve the community’s knowledge of your services and get accurate information out on how to access them.
      * How can you reduce how long it takes to get services initiated from the time of referral to the time of intake appointment?
      * How can you engage participant/family in making and keeping their appointments?
      * What ideas do you have to improve our system of communication?
      * What can you do to help improve our environment?

Staff Meeting 9/28/2012

Interns

1. Referrals could come from other community programs as well, instead of only schools and state attorney’s office. For instance, giving referral forms to places like Boys & Girls Club, possibly youth sports leagues etc.
2. Give a presentation about CDS services to the Shand’s Pediatrics Office during lunch breaks to increase referrals to our programs

Drug Free Communities

1. Each participant will be required to meet with counselor to review treatment/individual plan every 30 days. This one hour session will increase clinical contact time and benefit the participant while increasing billable service hours. This will be coded in a way to ensure the participant is not charged a fee.
2. Counselor will focus on immediately returning referral calls to expedite getting new participants in for intakes.
3. Put intake time slots on your schedule to allow for front desk staff to screen and schedule the appointment.

Staff discussed asking resource development to market and target Alachua County Children’s Services by either developing qualified service agreement/presentation/brochures to increase referrals:

1. Alachua County Big Brothers/Big Sisters 352-375-2525
2. Boy and Girls Club of Alachua County:
   1. Woodland Park Campus, 1900 SE 4th Street 352-377-8003
   2. Rotary Campus and Mentor Center, 1100 SE 17th Drive. 352-3721485, 372-1565
   3. Reichart House, 352-334-2320
3. Christians Concerned for Our Community, 352-3711768, cccgainesville.org
4. Children’s Home Society 805 N.E. 1st Street, 352-334-0955
5. Children’s Medical Services, 1701 SW16th Ave #B, 352-334-1400
6. Community Action Agency, 1405, NW 13th St #B, 352-373-7667
7. Foster Grandparent Program, 218 SE 24st, 352-264-6731
8. Girls Place, Inc., 2101 NW 39th Ave., 352-373-4475
9. Guardian Ad Litem, 14a S. Main St., 352-374-3656
10. Junior Achievement, 352-335-4557
11. Alachua Co. Medical Society, 235 SW 2nd Ave, 352-376-0715
12. Partnership Library for Strong Families, 515 N. Main St., 352-393-2740
13. The UF Psychology Clinic, Child and Adolescent Psychiatric Services, 352-265-0294
14. Alachua Co. Council of PTA &PTSA, 7510 NW 4th Ave, 352-378-9134
15. Community In the Woods, 2619 NW 11th Ave, 352-378-1945
16. SWAG Center (South West Advocacy Group), 807 SW 64th Terrace, 352-505-6823
17. Black on Black Meeting Karen will do a presentation on Wednesday, 10/03/12
18. Alachua County School Suspension Reduction – By 10/5/2012, Mary/Karen agreed to create a new procedure for referrals to stream line the process. Develop a letter, attached the DFC/FA referral form, confidentiality consent to exchange information between ACSB and CDS. Last fiscal year we had approximately 155 referrals to DFC from schools.

On 10/4/2012 Jim and Sam met with DFC/FA staff regarding the impact of the changes in DCF funding. DFC/Data Management staffs impacted by the funding change were notified that they would be employed until 11/30/2012. Jim and Sam further explained that CDS came to this place due to changes in DCF funding over the past few years as well as new requirements which make it difficult to earn certain aspects of the Substance Abuse and Mental Health (SAMH) funding.  As a result, we have proposed a budget shift with Meridian in which they would receive our SAMH treatment funding (not Prevention) in exchange for CDS receiving (SAMH) prevention funding from Meridian.

We have an agreement in principle from Meridian and Lutheran Services, Managing Entity. The CDS Executive Committee approved this action as well on 10-4-12.

The funding being transferred to Meridian includes the following CDS services:

  1) **TANF** - which provided counseling to low income parents

  2) **DRUG FREE COMMUNITIES SUPPORT PROGRAM** - which provided substance abuse counseling for adult, child and adolescents.

**The remainder of the month was spent strategizing with CDS staff on working with referral sources notifying them of the changes.**

1. **Adult Substance and Mental Health referral sources were contacted and contract/agreements were ended as of 11/1/2012.**
2. **Staff continued to work with Child and adolescents referrals to let them know that CDS will continue to provide needed programs and services that benefit our families and community including Family Action, Interface Youth Program, Independent Living, and Prevention Services, such as Safe Place, School Based Prevention Programs, Drug Fee Community Coalition Partners, Reichert House, and Spot Light on Youth and Youth Talk.**

**On10/24/2012, DFC/FA staff met to strategize the closure of the DFC program.**

1. **Staff provided status updates on the closure of their cases.**
2. **Staffed cases being transferred to FA**
3. **Staff discussed State Attorney Referrals and the difference between DFC and FA requirements. FA discussed their concerns related to the DJJ requirements to refer all substance users to a substance abuse provider. FA staffs were notified that Sam/Tracey got clarification on the standard and it is not longer a requirement.**
4. **Karen agreed to provide training to FA staff regarding State Attorney/DFC referrals and developing criteria for successful completion of FA program and do what is clinically best for youth referred. Last year we had approximately 50 youth referred to DFC.**
5. **Discussed David and Linda’s transfer to Prevention Services on 12/1/2012.**
6. **Tracie has interviews set up.**
7. **Discussed feelings regarding the change and the pressure and work load increasing while DFC staff closes cases.**
8. **Pot luck scheduled for 11/14/2012 to celebrate the Thanksgiving Holidays and the fantastic staff that are leaving.**