**CDS Strategic Planning**

**Summary Report**

**2012-2013**

**Approach**

The planning process at the program/department level occurred in the first quarter of the Fiscal year with each component reviewing the following two documents:

\*CDS Commitment to You and Your Family

\*\*Strategic Plan Synopsis 2011-2012

Each staff member attending was asked to write down and/or discuss responses to the following three questions:

Identify 1 to 3 things that you want to do in the next year to improve performance for yourself or your department.

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

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

**In the Residential Programs** the following goals were identified with corresponding action steps and measures of accomplishments.

**Goal:** To increase the number of admissions into shelter program IYPE

**Goal:** Increase admissions in ratio to screenings IYPNW

**Goal:** Increase the number of intakes. IYPC

**Goal:** Increase the length of stay for participants. IYPC

**Goal:** To consistently follow policy & procedures related to the supervision of participants IYPE

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

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

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

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

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

**In the non-residential program**, **DFC/FA staff faced significant challenges in a rapidly changing environment. In the wake of Lutheran Services taking over contract management from DCF/SAMH; growing expectations regarding the impact of Health Care Reform; an increasingly competitive market place and requirements for electronic health records; CDS Staff worked diligently and became a Medicaid eligible program. However, as information continued to become available, senior staff concluded that moving forward with intervention and outpatient services was not practical or financially viable for CDS in the long term. CDS arranged an agreement with Lutheran Services and Meridian Behavioral Health Care to trade our Intervention/Outpatient funding for Meridians Prevention funding.**

**As a result of this fund shift and the resignation of the DFC/FA Coordinator to pursue another position, Peggy Vickers, Quality Assurance Coordinator was assigned to oversee the closure of the Drug Free Communities program and to adapt and modify our Family Action Central program.**

**In Prevention Services, the following goals were established:**

**Goal: Maximize prevention services**

**Goal: Extend Outreach efforts**

**Goal: Improve documentation**

**These goals took on new and additional meaning quickly, since they were conceived in August. Based on the fund shift with Meridian, Prevention Coordinator Gwen Love was tasked with the development and operatizing five new prevention sites offering evidenced based programs by January 2013 as well as providing support to a third coalition: Hamilton County Alcohol and Other Drug Prevention Coalition**

**The Outreach Department adopted the following goals:**

**Goal: Connect with more potential clients and supporters**

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

**Goal: Provide greater service to the community through Safe Place**

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

**The Independent Living Program** staff facing increased contractual scrutiny established the following goals to more ably respond to the challenges:

**Goal:** Timely submission of paperwork

**Goal:** Explore more efficient ways of providing IL services to out of district youth

**Goal:** Increase effectiveness of communication among the IL team

The Administrative Team developed the following goals:

**Goal:** Improve information paper flow from programs to administrative services and vice versa

**Goal:** Retrain staff in fiscal and human resources procedures to improve responsiveness to programs and vendors

**Goal:** Improve responsiveness to maintenance requests

**Goal:** Train staff as applicable in features and fundamentals of the computer and assessable

**Goal:** Catch up on filing in Fiscal

**Goal:** Make reports more assessable for use by managers/staff and distribute reports sooner

**Goal:** Document procedures for reporting and other processes

**Goal:** Develop Data Systems strategic plan that mirrors CDS strategic plan and department goals

**Results and Action Plan**

Jim Pearce CEO lead a discussion of the Executive Management Team in November 2012 based on a list he had compiled with input from Managers entitled ***Planning For The Future****.*

**The following is the list with items in bold representing actions related to the discussion:**

1. **Target additional funding/** **Yes Transitional Living and possibly Group Care**

2. **Move all or some staff from 1218 to Bivens to save cost of utilities etc. /Under review**

3. Standardize and automate systems/ No action at this time (NAATT)

4. Need to move toward becoming more competitive with Data Systems positions. (NAATT)

5. Solidify the Brand. Name change issues (NAATT)

6. Establish a Fundraising committee (NAATT)

7. Develop smaller fundraising events throughout the year. (NAATT)

8. **Actively partner with other agencies to seek grants**/ **Yes, as opportunities arise**

9. **Expand IL to include transitional living** /**Yes**

10. **Maintain the joint Coordinators for IYP-NW and IL/ Yes**

11. Increase services to include Prevention services through CINS/FINS funding (NAATT)

12. We need a Resource Development Specialist, a drop in center and street outreach. (NAATT)

13. Services addressing bullying may be a funding opportunity. (NAATT)

14. Move Alachua Family Action to IYPC (NAATT)

15. **Use QA Coordinator for grant writing or resource development /Yes for grant writing**

16. **Consider the pros and cons of establishing transitional living or group homes. Yes under review**

17. Consider a four day week where practical. (NAATT)

18. If 1218 staff moves to Bivens perhaps 1218 could be utilized as a transitional residence for IL. **Under review.**

19. We could save money by not paying new staff at the pay rate max and moving to max over time. (NAATT)

20. Move Data Systems and revised Resource Development/QI under CEO (NAATT)

21. **Add Evidence Based Prevention Specialist to Regional Coordinator at Bivens./ Yes 5 will be added**

22. Move Family Action Counselors to IYP-C Coordinator Same as #14

23. **Maintain CARF accreditation /Yes**

24. Do not feel pressured by time, but move forward in a planned and deliberate manner

25. Move of Prevention Services back to Alachua schools should also serve to strengthen Family Action referrals. (NAATT)

26. **Stay alert and engaged with M.E. regarding plan for Prevention Services /Yes**

27. **Focus on shoring up what we do now and further stabilize our current contractual obligations/Yes**

28. We should not try to continue to engage our resources to cover unfunded services as it is confusing, potentially detrimental to funded initiatives and continues to manifest an air of uncertainty. (NAATT)

29. Areas of prevention we should explore: youth Coping Skills; Anger Management; Substance Abuse prevention; Domestic Violence; Behavioral Management for Adults; Parenting Skills and Healthy Relationships. (NAATT)

30. **Maintain the Residential Supervisor at IYP-E/ Yes**

**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**

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**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.

Strategic Plan Goals for our Customers Synopsis 2011/2012

For more information regarding our Strategic Plan, please ask a staff member

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**Strategic Plan Synopsis 2011/2012**

**Quality Improvement:** Continue to advance the monitoring process of participant files for the quality of meaningful content, for thorough completion of documents. Make forms more accurate, third party ready, fillable, available on the Intranet and user friendly.

**Clinical skills:** Continue to train 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 and emphasize appropriate discharge/transition planning including following up to ascertain whether scheduled appointments were kept for all participants.

**Engaging Participants:** Continue to respond to first contacts with potential participants in a consistent, “no wrong door”, service friendly manner and check in frequently with participants to ensure our mutual approach to their stated goals and objectives remains relevant and productive.

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

**Documentation:** Ensure documents legible, in approved formats, informative and completed thoroughly through peer, supervisor and administrative reviews.

**Meeting Productivity Standards:** Ensure staff understands the requirements for their position, managers stay abreast of staff 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.

**Prevention Services:** Maintain significant portion of current funding by enhancing and supporting local coalitions; identifying new programs; creating partnerships to facilitate program implementation.

**Outreach:** Promote our name and mission in the community.

**Legislative Advocacy:** Distribute legislative updates to staff, Board members and other key stakeholders.

**Health Care Reform:** Bring Medicaid on line by ensuring all necessary systems are in place for new partnerships (including a Managing Entity) and ensure staff are appropriately trained and credentialed.