

St. Augustine Youth Services, Inc.

Strategic Plan 2020-2023

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St. Augustine Youth Services, Inc.
Strategic and Performance Improvement Plan for 2020-2023
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Mission Statement

St. Augustine Youth Services shapes the future of Florida's youth by providing trauma informed coaching, counseling and care in family style therapeutic group homes and outpatient community services.

St. Augustine Youth Services, Inc.

Philosophy of Treatment Statement of Values and Ethics

St. Augustine Youth Services (SAYS) provides a holistic approach using best practices that are trauma-informed, comprehensive, and ethical. We understand the impact of trauma is so pervasive it can impact multiple life domains and have long-term effects, including altering how the brain functions. Moreover, our youth are the most vulnerable as they are in the early stages of development. We believe the impact of trauma can be changed by delivering a full array of services that are individualized, strengths-based, and clinically sound. Our clinicians utilize evidence-based best practices for assessment, evaluation, and treatment. High-Fidelity Wraparound is used with the individual, family, and support system to provide collaborative care coordination. Our aim is to empower youth and families by building on their strengths, diversity, and culture through the treatment process.

SAYS provides a safe, structured, therapeutic environment to help youth heal and overcome challenges. We strive to help youth discover their talents and abilities and assist them in developing more effective coping and communication skills. We cater to the emotional wellbeing, and individual needs of each youth. In providing residential services, we value a homelike environment and surround the youth with a team of supports.

When family is involved, we believe the family voice is essential in fostering empowerment. We further recognize, many families need a supportive team to help them achieve their goals. A fully engaged family will be one that is actively involved in the treatment process and focused on the needs of the child. Family therapy, home visits, consistent and transparent communication will allow the family and youth to be the driving force to recovery. We recognize that the relationships youth have in their lives are important. Supporting the bonds and healing relationships with families is a strong component of their treatment.

SAYS staff are committed to providing the highest level of ethical treatment to the children and families that we serve. We have developed and adopted values and principles of ethical practices for our organization and staff through a trauma-based lens. Those values and principles include competency, advocacy, diversity, compliance, and integrity, as we strive to provide quality residential and community-based services.

St. Augustine Youth Services, Inc.

Strategic Plan for 2020-2023

I. Executive Summary

The Strategic Plan for 2020-2023 for St. Augustine Youth Services (SAYS) provides the foundation for the Board of Directors and Management Team's activities during the coming year and into the future. The Plan is a continuation of previous plans with modifications based upon consideration of the organization's changing external environment, an analysis of its strengths, weaknesses, opportunities and threats, and Needs Assessments. It summarizes key goals and objectives for the organization and includes metrics and outcome measures in the areas of satisfaction, access, efficiency and effectiveness.

This is a period that may be viewed as significant in the history of the community mental health movement since the passage of the original Community Mental Health Centers Act in 1964. This is especially the case in Florida as several state initiatives will have profound implications for behavioral health systems and residential care for children. Section III of the Strategic Plan provides descriptions of several external environmental and market factors that have recently occurred or that will be implemented in the near future. The section includes a description of the COVID-19 pandemic and its challenges. Together, these environmental issues represent significant challenges to SAYS' operations, as well as an opportunity for growth and development. The organization will continue to focus efforts on marketing and operational strategies related to the outsourcing of child welfare services through Lead Agencies for Community-Based Care and the state's shift to managed care financial arrangements for Medicaid behavioral health services. SAYS' continuing responses to these state initiatives are crucial for the welfare of the children it serves and for the agency's future prosperity.

The Family First Prevention Services Act, which became law in February 2018, changes child welfare financing streams and aims to prevent children from entering foster care by allowing federal reimbursement to be used for services like mental health services, substance abuse treatment and in-home parenting skills. Importantly, it redirects funding from residential providers to prevention services and encourages the use of family foster homes. This is a serious issue for SAYS and is included in other major sections of the Strategic Plan.

Major Accomplishments in Fiscal Year 2019-2020 and Earlier

SAYS had a very successful year in its efforts to deliver culturally competent and effective services to its target population of children with serious emotional and behavioral problems, the significant number of whom have been abused or neglected and are in the state's child welfare system. The data and outcome information contained in the Annual Report demonstrate that the agency met most of its objectives related to demographics of clients served, the effectiveness and efficiency of its services, and the satisfaction of its children, their parents and guardians, and the agency's key stakeholders and funders. SAYS also met the performance and outcome measures required

for contract agencies by the Florida Department of Children and Families (DCF), Managing Entities and Community-Based Care Organizations.

The accomplishments for the year are described in SAYS Annual Management Report for 2019 - 2020, which is available for review.

Strategic Initiatives for 2020-2023

SAYS has developed several strategic initiatives based on analyses of internal and external issues. Major focal areas this year will be on the implementation of the Development Plan, which will support the organization's plans for new facilities and infrastructure, and on maturation of new programs and related infrastructure.

Major objectives or initiatives are listed below and described in detail later in the Plan.

- ❑ Continuing to identify and implement relevant Evidenced-Based Practices mandated by funding agencies and identified through the California and HHS Clearinghouses on EBP's.
- ❑ Adapting practices to meet client's therapeutic needs during COVID-19.
- ❑ Minimize health risk to persons served and staff by providing PPE and Up-To-Date information about COVID-19 plans.
- ❑ Adapt all corporate functions to meet demands of greatly expanded organization.
- ❑ Adapt to requirements of The Family First Prevention Services Act and the Quality Standards for Group Care (2018) developed by Workgroup established by DCF. This includes being certified as a Quality Group Residential Program.
- ❑ Continue planning and fund raising for new buildings – Independent Living Program - Build the recreation/evacuation building, Crisis Shelter, Storage Facility and Outpatient Program Offices.
- ❑ Acquire funding to assist in meeting the goals outlined in the Technology Plan.
- ❑ Consider recommendations of USF Cultural and Linguistic Study.
- ❑ The Quality Assurance Team recommends continuing to find ways to reduce physical restraints and adverse incidents.
- ❑ Continue efforts to work with school professionals to implement strategies aimed at improving academic performance.
- ❑ Work with the managing entities throughout the State of Florida to acquire contracts with each of them.
- ❑ Improve SAYS marketing to consumers, donors, and partners.
- ❑ Continue focus on staff competency development.
- ❑ Improve agency orientation and training process.
- ❑ Track legislation related to Medicaid, community-based care, and other issues related to children's services.
- ❑ Increase the number of grants for which SAYS applies and seek new opportunities for funding.
- ❑ Work with leadership on creating effective procedures for Medicaid Managed Care (MMA) requirements.
- ❑ Provide Trauma-Informed Care leadership to the community-based care agency.

- ❑ Increase advocacy efforts with staff and parent involvement in local and state legislature.
- ❑ Enhance data collection and reporting methods by program and agency wide.
- ❑ Adapting practices to meet client’s therapeutic needs during COVID-19.
- ❑ Minimize health risk to persons served and staff by providing PPE’s and up-to-date information on COVID-19 plans.
- ❑ Develop and implement a fully functioning Targeted Case Management program.
- ❑ Adopt and implement High Fidelity Wraparound agency wide equipped with SAYS’ certified trainers, coaches, and practitioners.
- ❑ Continue to expand and enhance the provision of services of the Mobile Response Team, Community Action Team, and Coaches Program (TCM).
- ❑ Seek an evidenced-based best practice for direct care and programming in residential treatment.
- ❑ Expand use of electronic health records agency wide.

II. Introduction and Planning Cycle

The Board of Directors and Management Team developed the Strategic Plan for 2020-2023 after careful consideration of the organization’s current role in the community and the services it provides, and how that role might be improved or expanded in the future. The Strategic Plan attempts to build on the organization’s many successes of previous years and to ensure that it continues to provide important residential and community-based services to children and adolescents with severe behavioral, emotional, and mental illness problems. The Board and Management Team also considered significant internal and external issues that are most important to the organization and on recommendations that were developed as a result of the organization’s ongoing assessment of outcomes and performance, which are described in the Annual Report for 2017-2018.

The Plan begins with a summary of the results of SAYS Annual Report for 2017-2018 and the Needs Assessment, which include a description of the satisfaction with services and suggestions provided by key stakeholders. The next section includes an analysis of major external issues that are important to SAYS. Goals and objectives, which together represent a main component of the Strategic Plan, are then presented.

The next page shows SAYS’ Strategic and Performance Improvement Planning Cycle and demonstrates the organization’s commitment to the importance of planning and review of outcomes.

Insert Planning Cycle Chart Here

III. SAYS Annual Report for 2019-2020 - Status Report on Strategic Initiatives and Outcome Measures, and Recommendations

The Annual Management Report of St. Augustine Youth Services for July 2019 - June 2020 summarizes the results of the agency's services, performance, and strategic initiatives for the previous year and includes analyses of those results and recommendations for 2020-2023 and beyond. A summary of the results and recommendations is included in this section because of their importance in developing strategic initiatives and performance objectives for the new year.

IV. Needs Assessments, Input from Persons Served and Key Stakeholders and SWOT Assessment

St. Augustine Youth Services requested information, as part of its Needs Assessments for the previous several years, regarding the need for and satisfaction with its services from numerous funders, referral sources, schools, providers, and others in St. John's County and in the Northeast Florida area. The organization used a survey to obtain the data and discussed its services with several key informants in the area.

The responses reflect a very high satisfaction level with the quality and outcomes of SAYS' services. 100% of the respondents that have direct professional relationships with SAYS rated the services as outstanding. In addition, the responses indicate that the respondents agree that there is a high demand for SAYS' services.

Needs Assessment

St. Johns County Behavioral Health Consortium

The St. Johns County Behavioral Health Consortium was established on October 11, 2012 with the mission to identify, prioritize, and advocate for the substance abuse and mental health needs for children, adolescents and adults. The Consortium wanted to ensure access to quality and affordable mental health and substance abuse prevention and treatment services for our country's residents. This included the maintenance of exemplary program services we currently had in place as well as the identification of any gaps in service needs.

The Consortium represents more than 35 entities spanning behavioral health providers, law enforcement, the school district, county and state government, criminal and juvenile justice agencies, Flagler Hospital, FQHC (Federally Qualified Health Clinic) and other health care providers, social service agencies serving homeless, victims of domestic violence, child welfare, and seniors, as well as members of the addiction recovery community and NAMI (National Alliance for the Mentally Ill).

Each year since its inception, the Consortium membership has published a list of the behavioral health priorities as it relates to youth and adults. The list has provided the membership with relevant issues to be addressed for the greater health of our community. This has included

maintenance of current efforts, key legislation, funding priorities and/or identification of significant gaps in care to be pursued. By working together on these priorities, we have been successful!

Funding for substance use and mental health disorders has increased during these past six years. The St. Johns County Behavioral health system of care has been expanded to include:

- ❑ 16-bed adult inpatient substance abuse treatment facility (detox and residential treatment)
- ❑ Mobile Response Team to intervene and divert youth from the possibility of a Baker Act and subsequent hospitalization
- ❑ Florida Assertive Community Team (FACT) for individuals with a severe and persistent mental health disorder
- Community Drop-In Center for adults with a mental health disorder

The Consortium held its first public event, the Children’s Behavioral Health Summit, in October of 2015, which has become an annual event. We advocated for the passing of Senate Bill 12 in Florida 2016 legislative session. It was specifically intended to improve the behavioral healthcare system throughout Florida. The Consortium established the following priorities in 2019:

- Seek support for funding to expand capacity for additional detox, residential treatment and outpatient/recovery support services.
- Seek support for the funding of a Central Receiving System in St. Johns County that will provide a “no wrong door” approach to those suffering from a mental health or substance use disorder.
- Support an increase in children’s mental health funding for psychiatric and outpatient treatment services.
- Restore non-recurring state funding provided for the establishment of a Florida Assertive Community Treatment team (FACT) serving St. Johns County.

These priorities were also adopted by the St. Johns County Board of County Commissioners and *A Healthier St. Johns* Political Action Committee.

St. Johns County Behavioral Health Consortium Report Substance Abuse and Mental Health Priorities – 2020

The Consortium regularly evaluates community needs and establishes priorities. The full report is available in a separate folder. The top current priorities of the consortium, based on this current report, for children services are:

1. Provide training on trauma and how it manifests behaviorally in children particularly to teachers, pediatricians/ doctors and individuals working with children so as not to misdiagnose or over medicate trauma related behavioral issues and affordable, safe and structural after school activities for children and teens in our community.

2. Increase timely access to Psychiatric Services and Mental Health Outpatient Treatment for children and adolescents.
3. Implement a Wraparound Integrated Care Service Delivery Model for children and their families.
4. Increase funding for the Mobile Crisis Response Team to include after hours and weekends.
5. Develop an Access Center to include MDT/FSPIT, Psychiatric Services and Outpatient Treatment.

Four of these priorities are aligned with SAYS expanded service delivery model and will continue to be strategic initiatives for the organization in the future.

In addition, the Consortium previously adopted the strategies below for children's service funding.

- ❑ Secure funding to execute the Children's Behavioral Health Strategic Plan.
- ❑ Collect data to show need and gaps in system of care to assist when seeking funding.
- ❑ Seek new resource and funding opportunities through corporations and community partnerships with larger group to assist in creating funding streams.

Analysis of Referrals and Denials

SAYS analyzes its referrals, acceptances and denials for the purpose of assessing if it is meeting its monthly objectives and identifying trends in referral patterns and demand for its services. Referrals to SAYS has far exceeded its expectations and many of the boys have more challenging behavioral health issues than in previous years. This has occurred for at least two reasons. First, DCF and the community-based care organizations have attempted to refer only the more challenging boys, some of whom have failed multiple foster care placements. Second, the number of kids entering the child welfare system has increased significantly in the past year due to the number of families experiencing opioid misuse and overdoses.

Examples of Reasons for Denials:

Little Boys Home – Needs higher level of care than SAYS offers, too young, sexual aggression, diagnoses conduct disorder and extensive substance use issues.

Big Boys Home – Engrained substance abuse, recommended for SIPP, violent and paranoid, extensive sexual issues and fire starter.

Pre-Independent Living – Acts out sexually, chronic runaway, substance abuse issues, low IQ, awaiting DJJ commitment.

Coaches Program- Too young/too old (below age of 16/over age of 21), IQ below 60, lived out of service area, did not meet criteria for a mental health diagnosis.

CAT Team - Does not meet eligibility criteria, No response, Caregiver declined services, Already established in services, Looking for higher level of care, Custody/Legal considerations

SAYS Community Needs Assessment

SAYS has historically conducted Community Needs Assessment Surveys of key community stakeholders. In previous years, this process has included written survey, personal interviews with stakeholders, and an all-day workshop of stakeholders. The most recent needs assessment demonstrated the continuing demand for SAYS services as well as other mental health services for children and adolescents with behavioral health and trauma issues. There is also significant need for new programs to provide services to children and adolescents that are sexually reactive and aggressive, and regionally for homes that accept girls. The most recent satisfaction survey results are summarized below in the Outcomes Section.

SAYS anticipated that LSF would have published its Needs Assessment Report for the region prior to the completion of this report. We will reference it in next year's annual report. This year SAYS utilized Survey Monkey to facilitate responses to its internal satisfaction surveys. The complete results are available for review. Of importance 90% of the stakeholders rated their relationships with SAYS as Excellent (70%) or Good (20%). The results of the remaining five responses are available in a separate folder. They are not shown here but described in Satisfaction Section later and are available for review. The questions are:

1. How would you describe the relationship between our organization?
2. In what areas could SAYS improve to better meet the needs of the community?
3. What is the most pressing unmet need in the community?
4. How could SAYS better meet the needs of your organization?
5. Would your organization be interested in collaborating with SAYS on a community project?
6. What obstacles does your organization face in getting a child into SAYS – residential or community?

Strengths, Weaknesses, Opportunities and Threats

SAYS' leaders conducted a SWOT analysis in 2019 utilizing surveys and interviews with numerous employees and a workshop with directors and supervisors. The results are highlighted in the attached SWOT Analysis. Three goals were produced as a result of the analysis, which are shown below. The goals were influenced to a significant degree by the pending rules and regulations of FFPSA implementation

1. SAYS will identify and adopt best practice model from the clearing house within a three-year period.
2. SAYS will develop mature and effective formal processes and infrastructure to meet the needs of all services within the three-year period.
3. SAYS will increase facility size and expand office capacity within the three-year period.

V. Significant External Environmental Factors and Legislative Issues for 2020-2023

This section of the Strategic Plan summarizes changes to SAYS's environment that occurred this year and during previous years, and it focuses on legislative issues that are significant in the context of planning for behavioral health services. SAYS is continuously analyzing changes and developing strategic decisions that will enable it to position itself to be the leader in the provision of behavioral health services in the area, improve services and organizational performance, and meet the needs of persons served, the community, and the funders.

There are several issues, summarized below, which are very significant in the context of SAYS's planning efforts. They are:

COVID-19 Pandemic and its Impact

SAYS' employees have planned and implemented numerous strategies in response to the COVID-19 epidemic's many impacts on personal, social, health and economic issues. The agency held numerous planning meetings since January 2020 and have implemented strategies that to date have been highly effective.

SAYS' staff developed or enhanced several policies including the following:

- Communicable Diseases Plan and Policies
- Telehealth and Telehealth Consent
- "Bulk" Admissions and Quarantines to Residential Treatment Facilities
- Transportation (of clients)

SAYS greatly expanded the capacity for the youth in residence to access computers, internet and schools' online teaching approaches. In addition, SAYS helped families in its community-based services with securing computers and internet access for school needs and telehealth services provided through SAYS. SAYS staff also delivered food and supplies to these families to limit their exposure in the community.

SAYS expanded training of staff and youth on infection control, developed updated infection control policies for campus and community programs. SAYS made changes to assessments for crisis and in person therapy, and for supplies required to allow for appropriate distancing with consideration to possible weather conditions common to the area. SAYS restricted off-campus activities resulting in the need for more individual and small group activities on campus. We temporarily moved from staff planning and shopping for each group home on campus-to-campus wide meal planning and bulk food delivery. SAYS made provisions for sudden campus wide home-distance schooling requiring individual space and personal computers for each youth on campus and adaptations to continue distance learning. Adaptions and supplies were required to provide quarantine and isolation areas for new intakes or ill youth on campus. We also established protocols for separate staff to work with quarantined youth.

SAYS shifted to mostly telehealth services for the community-based services in March 2020. Staff are able to see youths and parents in person if needed. This has gone well in most situations. SAYS has chosen to utilize Zoom for Healthcare as its primary means of video communication with clients, families, and other stakeholders. Zoom for Healthcare has multi-layer security with AES-256 encryption. It also has closed captioning to help with accessibility.

SAYS has the ability to use other applications like Skype, Microsoft Teams, etc. if needed. In addition, some children and their families may not have access to smart phones, computers, or other devices, and they may not have internet capability, whether hardwired or via Wi-Fi. In those cases, employees may use telephones. For example, Face Time through cell phones was used to facilitate dependency case worker visits. SAYS will ensure children and their families and guardians understand how to use the technology.

SAYS conducted a large marketing campaign to assist the agency in reaching the families/young adults that may need the MRT team during COVID-19. An MOU with 211 was reached so that consumers could call for help and MRT services. A commercial and billboard advertisement were created and will air for 12 months.

In addition, SAYS addressed potential funding crises and opportunities arising from the Covid-19 situation. SAYS experienced a bit of Financial Restructuring, necessary because of a reduction in Group Home placements due to health and safety concerns. Placements became extremely restricted. Fundraising experienced a dramatic decrease with the CDC guidelines for social distancing. Lapse dollars typically awarded to us from LSF were eliminated for Fiscal Year 20-21 due to mandated state deficit reductions. DCF mandated all providers cut our budgets by 3% for FY 20-21 and plan for 6% cuts for FY 21-22. Measures taken to manage and / or replace the lost revenue:

1. Applied for and awarded a PPP Loan to assist with COVID related payroll, utilities, and PPEs in 2019-2020.
2. Will submit PPP Loan Forgiveness application once available.
3. Applied for and awarded HHS Cares Grant (Federal).
4. Applied for (and am awaiting response) SJC HHS CARES Grant (County).
5. Applied for and awarded The Community Foundation of NE Florida Grant.
6. Applied for and awarded United Way of St. Johns County Grant.

SAYS relies on a number of in person special fundraising events each year which were not able to occur and will not be able to occur throughout the pandemic. SAYS shifted to replace in person events with virtual events however virtual events of any type do not result in as much participation or profits as in person events. In addition, some donors have been affected by the pandemic and thus were not able to make regular contributions.

The Department of Health agreed to test everyone on the residential campus including staff and kids. In addition, SAYS has the ability to have employees and youths tested off campus when indicated. All kids entering the program are tested and quarantined until results are known. The quarantine is limited to one section of one of the four homes. SAYS purchased PPE equipment for

youth and staff in the quarantine area as well as a protective cover (floor to ceiling) to establish a safe boundary between the two sides.

SAYS participates in statewide calls weekly with the Secretary of Department of Children and Families and participates in weekly calls with the residential care providers in the state. It is following guidelines for nursing homes as directed by DCF and is following CDC and OSHA guidance as well; e.g., masks, social distancing, tests, washing hands, etc. SAYS CEO helped Florida Coalition for Children prepare a draft COVID-19 Plan for DCF.

SAYS is required to send daily COVID-19 reports to DCF, AHCA, LSF and DOH. It looks as though DCF is developing changes to hurricane evacuation plans for residential programs because of COVID-19. SAYS staff are working with hotels that have generators as well.

SAYS does have concerns about teachers not having “eyes on” kids with school being conducted remotely. The social and health systems’ leaders are all concerned about domestic abuse during this period.

We are also concerned about the long-term impacts on funding because the agency is so dependent on federal and state funding. Some estimates have the State of Florida losing 20% of its tax revenues. We are hopeful that the federal government will continue to help states, and that Florida can utilize its trust funds at least temporarily to offset some of the revenue reductions.

Additional Responses by Programs

Based upon state and federal guidelines for COVID-19 response, CAT transitioned to Telehealth services. CAT developed a Telehealth Authorization for informed consent in transitioning from Face-to-Face methods to video conferencing and/or services via telephone. Anticipating increased stress on families, treatment planning reflects increased contact by CAT to families. This included phone calls by case managers, peer mentors or increased therapy sessions. As the federal and state mandates continued, 9 weeks into the Tele-health services, CAT identified advantages and challenges to the Telehealth model including:

Advantages:

- ❑ Flexible scheduling.
- ❑ Some older clients participate better.

Challenges:

- ❑ Difficult to engage clients and families with limited internet and computer access.
- ❑ Wrap Around meetings are harder to conduct with Zoom and contain fewer participants.
- ❑ Clients are harder to engage if there is no or little rapport.
- ❑ Clients with difficulty maintaining focus are harder to engage and keep engaged in session.

- ❑ Family members are reluctant to leave the client alone with electronic devices and will remain present during sessions.
- ❑ Younger clients are hard to engage in telehealth sessions leading to superficial sessions.
- ❑ Clients are more reluctant to engage in trauma work online.
- ❑ Some families have declined telehealth and will only allow for telephone sessions making communication and client assessments more difficult.
- ❑ Family sessions are difficult to conduct due to lack of or limited available electronic devices.
- ❑ CAT Clinical supervisor and SAYS Registered Nurse reviewed CDC and state regulations on phasing and developed a phasing plan for re-integrating into Face-to-Face interactions with clients.

Opioid Epidemic

The national opioid epidemic has impacted Florida tremendously. The purpose of this section is not to fully describe the current situation and its causes, but to describe its impact on families and the child welfare system. Heroin is more potent and less costly, fentanyl is more prevalent, and carfentanyl is also being used, though not quite as much as the others.

The local child welfare systems across the state have seen a significant increase in the number of children removed from their homes due to substance use, overdoses and deaths of their parents. Parents have died shortly after their kids entered the system. The Community Based Care Organizations, which manage the system on behalf of DCF, have had to appeal to the legislature and governor for additional funds to cover operations and placements of so many new admissions.

The Family First Prevention Services Act

This Act became law in February 2018, changes child welfare financing streams and aims to prevent children from entering foster care by allowing federal reimbursement to be used for services like mental health services, substance abuse treatment and in-home parenting skills. Importantly, it redirects funding from residential providers to prevention services and encourages the use of family foster homes. Further, it introduces the requirement for Qualified Residential Treatment Programs (QRTP) and provides criteria for such a determination. It also requires assessment and documentation of the need for placement in a QRTP conducted by a qualified professional or licensed employee as well as a case plan. The congregate care limitations changes are effective in 2020 unless states request a delay until 2022. However, a delay would result in elimination of access to the new prevention services funds during the delay period. A complete outline of the Act was provided by First Focus's publication, *Campaign for Children* and by Children's Defense Fund's *Family First Prevention Services Act, Historic New Reforms in Child Welfare*. These publications are shown in Attachment XX. In addition, states and providers are to use HHS Evidence Based Practices for Child Welfare when planning services.

An unintended consequence of the FFPSA has been a severe disruption of providers' hiring and retention practices due to new Background Screening Processes. The new requirements are more stringent than previously required of providers and have caused numerous delays in hiring and recertification. They are expensive to manage and have resulted in the loss of numerous candidates because of the delays. Florida's agencies, AHCA and DCF, have not coordinated the new requirements and developed good processes effectively. There are numerous delays and issues with the out-of-state components, as well as checking 911 databases, school background checks and civil cases. A summary of the issues prepared by Florida Coalition for Children Group and Residential Sub-Committee, which is chaired by Schuyler Siefker, has prepared a report on these challenges. It is shown in Attachment XX.

An additional section of the FFPSA is a requirement for Qualified Residential Treatment Programs and various interpretations of it by DCF and providers. This issue is so important to SAYS that it is shown separately below.

Qualified Residential Treatment Programs – Updated Based on Recent HHS and DCF Communications

The FFPSA requires that residential group home and treatment providers be licensed by the state, accredited, and certified as a Qualified Residential Treatment Providers (QRTP) to receive federal reimbursement, including Medicaid, for services.

- ❑ Is a childcare institution.
- ❑ Has a trauma-informed treatment model designed to address the needs, and clinical needs as appropriate, of children with serious emotional or behavioral disorders, and can implement the necessary treatment identified in the child's assessment.
- ❑ Has registered or licensed nursing staff and other licensed clinical staff who can provide care, who are on-site consistent with the treatment model, and available 24 hours and 7 days a week. The QRTP does not need to have a direct employee/employer relationship with required nursing and behavioral staff.
- ❑ Facilitates family participation in child's treatment program (if in child's best interest).
- ❑ Facilitates family outreach, documents how this outreach is made, and maintains contact information for any known biological family and fictive kin of the child.
- ❑ Documents how the child's family is integrated into the child's treatment, including post-discharge, and how sibling connections are maintained.
- ❑ Provides discharge planning and family-based aftercare supports for at least 6 months after discharge.
- ❑ The program is licensed and nationally accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Council on Accreditation, or others approved by the Secretary.

Providers across Florida and the country are working with their federal and state offices to understand the regulations and rules and prepare to become certified. SAYS has been in the

process of developing specific plans and policies for these requirements and has applied them agency wide, like trauma-informed care and wrap-around services. SAYS' Executive Director has been chairing a committee of the Florida Coalition for Children on these and other legislative issues.

Very closely related to the QRTP change is the Institute for Mental Diseases (IMD) Regulation, which is described in the next section.

Institute for Mental Diseases Regulation (IMD)

IMD's are defined as facilities or hospitals that provide primarily psychiatric treatment, which includes SUD treatment, to 16 or fewer people. States may consider certain QRTP's that meet certain participation requirements and provide services to people under 21 to be a psychiatric residential treatment facility (PRTF), which would expand the number of Medicaid-compensable beds to 25.

While this regulation has been in place for over 50 years, the FFPSA has highlighted some of its weaknesses and controversies. This issue has caused multiple discussions between federal and state government employees, foundations and providers, some of whom have moved to try to reduce the number of available residential or group homes and others that think they are an important part of the continuum. In Florida DCF administrators may wish to go below the 25-bed threshold, or even the 16-bed threshold. This could be an existential threat to group home providers.

In January 2020, The Imprint, Youth and Family News, published an article entitled, "The 'IMD Exclusion': The Looming Clash between Medicaid and Child Welfare Reform." In the article, it states, "This new class of settings, meant to ensure treatment-oriented services for foster youth, threatens to upend the common use of Medicaid to pay for such treatment. A recent memorandum by the federal Centers for Medicare and Medicaid (CMS) has confirmed that the agency is not currently planning on making any exceptions for the new QRTP designation. Both the article and the CMS memorandum are available for review.

Updates as of January 2021

As recently as January 2021, DCF (and HHS) has informed providers that Specialized Therapeutic Group Homes will not be exempted from the IMD regulations as SIPP residential treatment programs are. Providers are advocating that they be included in the exemptions. Further, DCF has interpreted the IMD ruling related to the number of beds include the total number on a campus, not just per residence on a campus. The Florida Coalition and providers are advocating that DCF rates be increased to cover the costs of previously eligible Medicaid services and for the additional costs of the expanded, required services in QRTP's, like nursing coverage. This change would offset the loss of Medicaid funds.

On December 24, 2020, DCF published proposed rule changes of FAC 65C-14, the overarching rule for Family Safety and Preservation. It includes rules related to QRTP's and its credentialing

of them. It also published proposed rules FAC 65C-28.021 and FAC 65C-30.006 which include rules for Qualified Residential Treatment Programs. These proposed rules are available for review. Specific rules include Qualified Individual to assess child's need for placement, limits on length of stay that are considerably shorter than historical needs, requirements for discharge planning, and follow-up or aftercare services. The proposed changes do not mention the IMD rule. AHCA will license QRTP's as it does with other residential treatment programs. SAYS leaders will track AHCA changes as well.

DCF has held multiple webinars on these issues in the last several months. During a webinar late 2020, DCF outlined the requirements for QRTP's utilizing its Power Point presentation. It is also available for review. It includes descriptions of requirements for QRTP's including accreditation, nursing coverage, child caring agency's trauma informed treatment model, training, required services, and other related matters. DCF stated the requirements were based on the federal requirements of the FFPSA. The presentation document does not mention the IMD issue.

In a DCF webinar in December 2020, they presented in another Power Point that stated STGH's are not excluded from IMD, but they align with IMD requirements as they are not licensed for more than 12 beds (DCF Rule 65E-9). It further states in this document that the number of beds relate to the campus and not just the facility.

Other Federal Government Issues

There are other areas of concern on the federal policy and funding level.

Florida Medicaid

The Agency for Health Care Administration (AHCA) has contracted with HMO's and PSO's across the state for Medicaid health services. (See SAYS PowerPoint on Medicaid Managed Care.) AHCA has contracted with Sunshine Health Plan to manage health care for most children in the state's child welfare system. The children represent the vast majority of SAYS residents. Sunshine has contracted with Cenpatico, a Managed Behavioral Health Organization (MBHO), for the management of behavioral health services. The other plans in the area, which began on June 1, 2014, are:

Staywell HMO, which manages its own behavioral health services.

Sunshine State Health Plan, which contracts with Cenpatico as its MBHO.

Integral Health, which contracts with Psychcare as its MBHO.

Prestige Service Networks, which contracts with Psychcare.

SAYS's CEO estimates that this change has resulted in a 25% reduction in Medicaid revenue. In addition, costs have increased because of the administrative and bureaucratic functions imposed by the BHMO's – utilization management, care coordination, pre- and concurrent authorizations, appeals, billing and collections. These changes have greatly increased the administrative and cost burden on SAYS.

Legislative Funding and Statutory Changes

In 2014, the Florida Legislature and Governor Scott approved significant increases in funding for the state's child welfare system and for behavioral health services for children and parents in that system. Most of the child welfare funding increase (\$30 million) will be used to hire additional child protective investigators. In addition, the funding increase includes expansion of the Community Action Teams, some of which was added in 2017-2018. Lastly, the funding includes \$5.0 million for Family Intervention Teams, which will provide substance abuse and mental health services to the parents of kids in the child welfare system. These programs were also expanded in many areas of the state during 2014-2017. SAYS received a contract for a C.A.T. Team and began services in July 2018.

The legislatures and governors of the past fifteen years have not appropriated significant new revenues for the support of the core community mental health and substance abuse system. Of importance, they have not authorized funded rate increases for Medicaid and SAMH behavioral health services in fifteen years. This has placed a severe burden on safety net providers and has resulted in a reduction of uncompensated care across the state.

For SAYS directly, the System of Care funding for the COACHES Program, which was time-limited, on September 30, 2020. It has prepared to be a Medicaid-funded program.

Managing Entities

The Department of Children and Families, with legislative direction, has completed the statewide implementation of Managing Entities for all SAMH-funded community behavioral health services. Managing Entities are private non-profit companies that contract with DCF to manage behavioral health services in a defined area. DCF has contracted with Lutheran Social Services of Florida to manage services in Northeast Florida. The responsibilities of managing entities will evolve over time, but they will have several that DCF did not have including tracking provider utilization in certain service areas and care coordination; tracking administrative costs with a goal of reducing those costs; and monitoring providers for performance and outcome measures.

This DCF initiative is very controversial among many providers and even state employees in that it has removed about \$30 million from provider service contracts annually in order to pay for much of the costs of Managing Entities.

Workforce Issues

SAYS shares numerous challenges of workforce issues with other behavioral health providers and has a few that are unique to the center. These issues have made it challenging for SAYS to hire and retain the best qualified staff.

- ❑ The expansion of the number of people with insurance as a result of the Affordable Care Act has created increased competition for licensed professionals by provider organizations

and by managed care companies. Competition would increase again if Medicaid expansion were authorized.

- ❑ The Veterans Administration has expanded its health care services, including behavioral health, in part as a result of the more recent wars. It will continue to expand hiring as Congress mandates improvements as a result of the recent criticisms of the health care system. The VA will recruit licensed professionals; e.g., psychiatrists, ARNP's, and Licensed Clinical Social Workers, and Licensed Mental Health Professionals.
- ❑ Recent changes in the state's child welfare system and significant increases in funding will result in an expanded child welfare-focused workforce. Some of the same licensed professionals at the VA hires will be hired away from community behavioral health centers. Senate Bill 1616 mandates that newly hired Child Protective Investigators have or be working toward BS and MS degrees in clinical social work. The state will likely hire as many LCSW's as it can.
- ❑ There is a national shortage of psychiatrists and psychiatric ARNP's and PA's. The shortage will continue for some time due in part to the above situations.

SAYS is continuously analyzing these changes and developing strategic decisions that will enable it to position itself to be the leader in the provision of behavioral health services in the area, to improve services and organizational performance, and to meet the needs of persons served, the community, and the funders.

VI. Strategic and Performance Improvement Plan 2020-2023 and Objectives for 2020-2021

This section of the Strategic Plan describes the actual plan for the year and beyond. It is based on the findings of the SWOT analysis, the Annual Report, Needs Assessment and other pertinent information, and on those initiatives that the Board of Directors and Management Team have determined are the most important for SAYS. This section includes the following sections of the Plan:

- ❑ Goals and Objectives
- ❑ Business Improvement Objectives
- ❑ Outcome Management System and Outcome Measures
- ❑ Budget and Financial Plan

The Plan should be viewed as an ever-evolving document that can change as environmental factors change. SAYS will regularly review its progress towards meeting the objectives.

A. Goals and Objectives

The goals and objectives shown below are not intended to reflect all of those that SAYS has for the three-year period, but to highlight those that appear most strategically important. The first three goals were developed by the leadership group during its planning session in spring 2019. SAYS has individual Program Descriptions for each of its programs that include program goals and objectives.

SAYS will identify and adopt best practice models/EBP's from the clearing houses within the three-year period for residential and community-based prevention services. (National Center for Child Welfare Excellence and SAMHS Clearinghouse)

1. SAYS will provide Trauma-Informed Care Assessments throughout agency and use data to improve policies and components providing quality trauma informed services throughout the agency. Trauma-Informed Care will be provided agency-wide and SAYS' therapists will continue to be certified in Trauma-Informed Cognitive Behavioral Health (TI-CBT).
2. SAYS will provide High-Fidelity Wraparound services agency-wide from intake to discharge and six months thereafter if indicated.
3. SAYS will continue to advocate with federal and state agencies and legislators to resolve the QRTP-Medicaid IMD issue to enable it to continue to provide its range needed residential treatment services on its campus. SAYS will collaborate with state and national associations in this effort.
4. SAYS will ensure CARF Accreditation for Community Programs.
5. SAYS will add Active Shooter Training to its curricula.
6. Utilize Zero Suicide Agency Self-Assessment to integrate components of the program throughout the agency.
7. Improve Crisis Plans and communication of plans within programs and teams.
8. Increase employee satisfaction through the development of EEP, Sunshine Club activities and continued advocacy for higher salaries and benefits.
9. Improved data collection to make activities more streamlined.
10. Add Follow-up Staff to assist with post-discharge follow-up to improve outcomes.
11. SAYS will develop mature and effective formal processes and infrastructure to meet the needs of all services within three years.
12. SAYS will increase facility size and expand office capacity within the three-year period.
13. Plan to Reduce the Use of Seclusion and Restraint – SAYS developed and implemented the Plan during the 2014-2015 year (Attachment 6). The goal is to reduce the use of seclusion and restraint by 10% each year.
14. Continue to improve use of technology agency wide to enhance service delivery and work productivity. Acquire funding to assist in meeting the goals outlined in the Technology Plan 2020-2023.
15. Fundraising-- SAYS will continue Capital Campaign efforts to expand services at the Hutson Family Campus. SAYS will develop additional strategies to increase donor engagement as individual donors account for nearly 70% of all SAYS fundraising. The Development Plan and Development Calendar are shown in Attachment XX.
16. Fundraising efforts will continue to build Recreation/Evacuation Building, Independent Living Village, and Outpatient Program Offices. SAYS' fourth group home was completed in July 2018.

17. Marketing of SAYS Services - SAYS will develop additional strategies for marketing its services. The plan will focus on engaging the community as donors and volunteers, in addition to reaching potential clients for SAYS community services.
18. Incorporate a best practice model for residential campus.
19. Continue to improve safety measures including fencing the campus.
20. Designated staff will obtain High-Fidelity Wraparound Trainer Certification to provide training within SAYS and to partner agencies.
21. Continue to expand community-based services, such as Targeted Case Management, Coaches Program, Mobile Response Crisis Team and Community Action Team.
22. Independent Living Program - Create an Independent Living Program for men ages 18 – 23.
23. Major Legislation - Track legislation related to Medicaid, community-based care, and other issues related to children’s services. If warranted, the organization will advocate with local representatives on specific issues.
24. Organizational Performance - SAYS will continue to focus on improvements to its organizational performance and quality of services; it will strengthen its Quality Assurance activities; and it will continue to meet the requirements of CARF – Commission on Accreditation of Rehabilitation Facilities.
25. Provide CFARS training to SAYS’ employees to improve inter-rater reliability.
26. Consider a new platform with increased integration capacity to track events and donations such as Raisers Edge.
27. Goals Specific to C.A.T.
 - a. Improve and expand on our use of High-Fidelity Wraparound by improving our wraparound meetings and care plans.
 - b. Develop and implement a follow-up protocol. This would include expanding the discharge process and developing a transition plan in the EHR.

B. Business Improvement Strategies This section should be reviewed and revised as indicated.

St. Augustine Youth Services (SAYS) has historically planned and implemented strategies to improve its service, operational and business performance. Based on the enhanced standards in the CARF Behavioral Health Manual 2006 and subsequent editions, SAYS developed more formalized goals related to certain business improvement functions. These are described below and complement or expand those that already exist.

CARF identifies certain business functions that organizations should consider when setting goals for improvement. Organizations are not required to set goals for each category. The functions include those shown below.

1. Human Resources
2. Accounting and Financial

3. Health and Safety
4. Quality of Care
5. Technology

1. Human Resources - SAYS has historically included goals related to hiring, training and retaining highly qualified professionals in its Strategic and Performance Improvement Plans, including the current version. To clarify or add to existing goals and objectives, SAYS will:

- a. Maintain staff turnover at 25% or less for the fiscal year.
- b. Ensure 100% of state required competency-based training is offered or available to all staff.

Measures: Quarterly staff turnover reports
Annual Staff Training Plan
Semi-annual reviews of training provided
Annual employee training log review
Annual AHCA and DC&F monitoring reports and SAYS' corrective actions

2. Accounting and Financial – To existing goals and objectives, SAYS will:

- a. Chief Financial Officer and Fiscal Assistant will work together to prepare the Balance Sheet, Income Statement, related budgets, and other relevant reports to be reviewed, compared, or approved by the Chief Executive Officer and/or the Board of Directors on a monthly or quarterly basis, or another timeframe deemed applicable.
- b. Fiscal Assistant will monitor all receivables on a regular basis and create Aging A/R reports monthly to ensure that all receivables are paid within 45 days (MMA, Medicaid, ME, CBCs, etc.) Monthly Billing Meetings will be held for review by the CFO, COO and / or CEO.
- c. Chief Financial Officer and Fiscal Assistant will compare monthly invoicing verses budgeted revenue for all departments on a monthly basis in order to ensure SAYS is billing for all available services as budgeted.
- d. Fiscal Assistant will prepare and filter customized Aging Reports to ensure a minimum collection of 95% of all fees due from Medicaid, DCF, MEs, CBCs, and HHS.
- e. Ensure annual audit is prepared by the DCF deadline and have no more than one item identified in the Management Letter.

f. Ensure expenditures are made in accordance with contractual requirements and schedules so that corresponding revenues can be earned; e.g., salaries and incidental expenses for clients.

Measures: Annual independent CPA audit and financial statements.

Quarterly review of accounts payable (aging).

CPA's independent testing of accounts payable for accuracy.

Annual testing conducted by DCF of accounting functions.

Responsible Person(s): Executive Director, Finance Director, Bookkeeper.

3. Health and Safety – To existing plans, SAYS will:

- a. Ensure that no child is harmed, harassed or abused in any way by staff or other children.
- b. Meet 100% of the Health and Safety requirements of the State Fire Marshal, AHCA (Medicaid), DCF and Health Department (both for residential treatment facilities).
- c. Review QA Safety Reports to identify trends and ensure safe environment for residents and staff.
- d. Implement other aspects of Risk Management Plan.

Measures: Inspection and monitoring reports and SAYS corrective action plans.

Incident reports and responses to them.

Responsible Person(s): Executive Director, Program Director

4. Quality of Care – To existing plans, SAYS will:

- a. Comply with DCF, AHCA, Managing Entity and Lead Agency contract and monitoring requirements.
- b. Continue to provide ongoing training on cultural competency issues. Cultural Competency Plan is shown in Attachment 5.

Measures: DCF and Lead Agencies' monitoring reports and SAYS corrective action plans.

Responsible Person(s): Executive Director, Program Director

5. Technology Plan - SAYS has utilized its annual Technology Plan, which is included in Attachment 3, to improve its direct services and its business functions. The Technology Plan has several objectives and includes the following:

- a. Transition to a Cloud Based Server.
- b. Upgrade to a Fiber Optic internet connection.
- c. Develop inventory and management mechanism for all devices and machines.
- d. Provide tools and resources needed for working remotely.
- e. Utilize business manager tool for all wireless devices (e.g., phones, tablets).
- f. Expand use of electronic records and files agency wide.
- g. Increase staff competency on use of computers, email, and electronic health records.

C. Outcome Management System and Performance Measures

This is the section we have discussed a lot. We want to make sure the outcome measures are meaningful, easily measurable and reportable. Can Kaleidacare provide data and relevant reports.

Outcome Management System

Effectiveness Measures for 2020-2023

It is the goal of SAYS to provide a quality service delivery system of care. To maintain quality, SAYS will survey the children to determine their level of satisfaction with the program and make improvements when indicated. SAYS will survey parents and guardians once a year for satisfaction and recommendations. Refer to Section D. for stakeholder survey and input. This section also includes some information related to previous surveys, as a means of providing an historical perspective.

The measures shown below now incorporate the community-based programs in addition to residential. With the growth if SAYS' community programs in the last three years, it is important that they be included in the Strategic Plan as well to measure the enterprise's effectiveness and efficiency.

The community programs funded through Lutheran Social Services have contractual performance measures. Where appropriate these measures are shown below. In addition, lists of the contractual measures for C.A.T., M.R.T. and Coaches are included in Attachment XX. DCF has stated that it plans to change performance measures soon. SAYS will revise them herein.

Satisfaction Surveys

Measure:

Residential

80% of children, adolescents, families and guardians will be satisfied with SAYS' services.

Community Programs - 80% of consumers, families and stakeholders will be satisfied with community-based services.

Measurement will be based on client surveys conducted twice per year, and Parent/Guardian and Stakeholder surveys once per year. In addition, Lutheran Social Services conducts an annual survey of providers which includes SAYS. This survey will also inform staff of strengths and potential needs for improvement. SAYS will ensure completion of surveys for Lutheran-funded community programs. Lutheran will complete survey assessments and produce scores. SAYS scores residential satisfaction levels.

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Effectiveness Measures

Measure: Youth placed in SAYS group care will be assured a safe and respectful environment in which to live.

Threshold: SAYS will have no incidents of verified findings of abuse of youth in its care. The Program Director will track incident reports and submit the information to the Executive Director for the report.

Measure: It is important that youth entrusted to SAYS' group care attend school daily except for excused absences.

Threshold: SAYS expects that youth will attend school at least 80% of the days available without unexcused absences

Time Frame and Persons Responsible: The Program Director will track incident reports and submit the information to the Executive Director for the report

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Measure: It is important that SAYS youth obtain a good education and succeed in their academic goals.

Threshold: SAYS expects that 70% of youth in group homes will receive grades of 2.0/S or better in academic subjects each reporting period.

Time Frame and Persons Responsible: This shall be evaluated each grade card reporting period by SAYS' Educational Liaison.

=====
Measure: It is important that the therapeutic group home environments and support at SAYS provide insight that discourages the youth from running away and give them coping mechanisms to handle their life situations.

Threshold: It is expected that 80% of the youth at SAYS will remain at the program and not have a need to run away.

Time Frame and Persons Responsible: This measure will be evaluated each quarter and reported to the Board. The Program Director will prepare this information and data and submit it to the Executive Director for the report.

=====

Measure: SAYS therapeutic intervention will assure that the average post-admission days spent in the community will be 350 for SAYS clients.

Threshold: It is expected that 80% of the youth admitted to SAYS' group residential care and 80% of youth in ongoing community care in the C.A.T. Program will stay successfully in the community for at least 350 days per year, which means no hospitalizations, detentions or SIPP placements.

Time Frame and Persons Responsible: This measure will be monitored every six months and reported to the Board.

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Measure: Each child in the Pre-Independent Living Program will complete his individual curricula in basic living skills from intake until their discharge.

Threshold: It is expected that 80% of the youth will successfully complete their Independent Living curricula by the time of discharge. The results from the assessment will determine the curriculum.

Time Frame and Persons Responsible: This will be evaluated each quarter and reported to the Board. At discharge, an assessment will be given, and a level of improvement will be determined.

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All Programs

Measure: To show improvement over the level of admission scores at discharge on the C-FARS.

Threshold: It is expected that 80% of youth receiving ongoing treatment from SAYS show improved C-FARS score from admission to discharge. The Program Supervisors will report each quarter.

COACHES

Measure: It is expected that youth participating in the Wraparound process will receive quality services.

Threshold: 80% of wraparound meetings will occur at least every 30-45 days to ensure ongoing communication and adherence to the care plan.

C.A.T. Measures

1. Youths receiving ongoing care will attend school 80% of the days.
2. Youths receiving ongoing care will show improved level of functioning as measured on:
 - CFARS (80%)
 - Living in a Community Setting (90%)
 - Improved Family Functioning based in Child Well-being Domain, NCFAS-G+R (65%). (North Carolina Family Assessment Scale for General Services and Reunification)

Efficiency Residential:

SAYS maintains an efficient service delivery system. It will monitor the following measures to assure that efficiency is kept at a satisfactory quality level.

Measures:

1. Residential - To operate SAYS at a 95% bed capacity each quarter to maintain revenues based on unit costs at a positive cash flow level (Bookkeeper's Report).
2. Residential - Each full-time staff member will complete 40 hours of in-service training each year. Part-time employees will complete 20 hours. This outcome will be monitored every six months, in June and December.
3. TCM - 90% of service plans will be completed within 30 days of admission into the program.
4. Coaches - 90% of care plans will be completed within 30 days of admission into the program.
5. C.A.T. - Will maintain 35 clients enrolled per month.
6. M.R.T. - Qualified staff will respond to calls within 60 minutes.

Threshold: Each measure will be met at the level indicated.

Time Frame and Persons Responsible: These measures will be monitored each quarter by Program Supervisors and reported to the Board, except for staff training, which will be monitored in June and December. The primary responsibilities for the measures are:

1. Bookkeeping
2. Clinical Director

3. Administrative Secretary
4. Clinical Director
5. Program Director
6. Program Director

Discharge Criteria Residential:

SAYS has established discharge criteria for each child in the programs. Each child must meet these criteria to be considered for an approved discharge. Prior to discharge:

Measures:

70% of children in residential group care will need to meet 75% of their treatment objectives. Threshold: These discharge criteria, assigned at intake, will be evaluated and met before a youth will be officially discharged, except in those circumstances in which the discharge criteria is required by the courts or some other authority.

Time Frame and Persons Responsible: These measures will be evaluated at discharge by the child's Therapist.

Coaches

SAYS has established for each young adult in the program a care plan. Each young adult must meet the care plan goals to be considered for an approved discharge.

Threshold: 80% will meet 75% of their care plan goals.

Time Frame and Persons Responsible: These measures will be evaluated at discharge by the child's Coach.

TCM

SAYS has established for each youth in the program a service plan. Each young adult must meet the service plan goals to be considered for an approved discharge.

Threshold: 80% will meet 75% of their service plan goals.

Time Frame and Persons Responsible: These measures will be evaluated at discharge by the child's Targeted Case Manager

C.A.T._- 65% of children will show improvement based upon the NCFAS-G+R Child Well-being Domain. (North Carolina Family Assessment Scale for General Services and Reunification)

Post-Discharge Residential:

It is the goal of SAYS to follow children served after discharge to ascertain their ability to maintain or improve in a less restrictive setting.

The youths successfully discharged from Therapeutic Group Care will remain in a less restrictive setting for 12 months after discharge. SAYS will be successful 50% of the time in tracking clients and 75% successful in maintaining placements (of those tracked) in less restrictive environments.

Threshold: SAYS expects that the therapeutic interventions provided will assist 80% the youth to avoid more restrictive settings for at least 12 months after a planned discharge.

Time Frame and Persons Responsible: SAYS will monitor this measure each quarter after discharge for a year. This data will be tracked on the 12-Month Follow-Up Survey or at other times during the year. The Children's Therapist will track this measure.

Post Discharge MRT

Ensure that 80% of the children remain in the community and do not require placement in SIPP, involvement with the Department of Juvenile Justice or inpatient substance abuse treatment for twelve (12) months following conclusion of services from the program.

Access

Residential Goal: SAYS will provide access to the community and to the children and families we serve.

Threshold:

1. SAYS will accept 95% of the children who match admission criteria.
2. SAYS will assess non-admissions for future services. SAYS will track denials major categories not meeting admission criteria; e.g., girls, ADP, wrong level of care, substance use, and too difficult to manage.

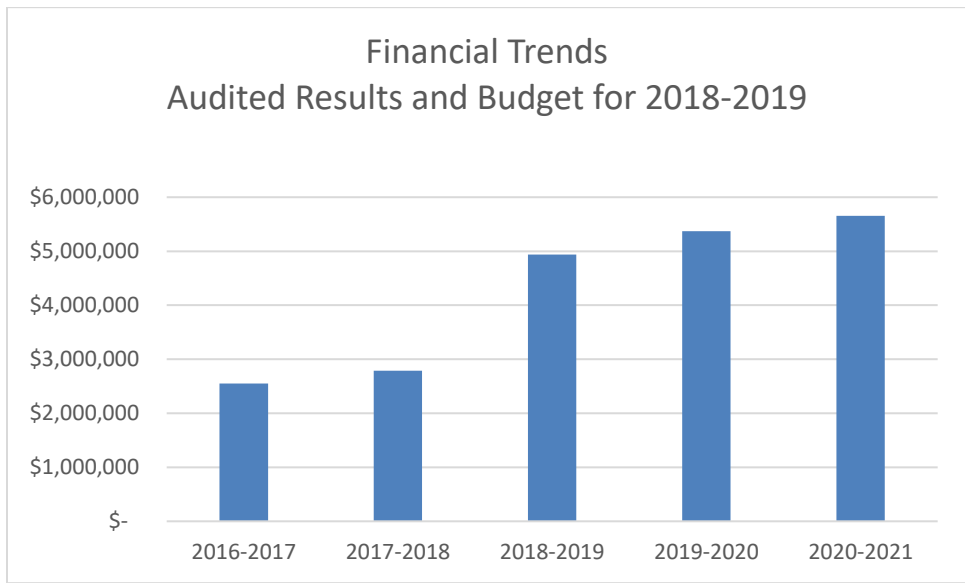
Community Programs' Goal: C.A.T., M.R.T. and Coaches will maintain a waitlist, analyze it, and use for future planning.

Time Frame and Persons Responsible: The Clinical Director shall collect this information quarterly, utilizing the Referral Book, and the C.A.T. and M.R.T. Supervisors will prepare analyses for their respective teams.

VIII. Budget and Trend Analysis

SAYS' revenues and expenses have increased tremendously during the past three years due to new contract awards by Lutheran Social Services, which manages most publicly funded behavioral health services in Circuit 4 on behalf of DCF, and Family Integrity Program, which is the Community Based Care organization managing child welfare services on behalf of DCF in St. Johns County.

Revenues have increased 200% in the last three years. As a result of this growth, SAYS' impact on the community and on children and families has grown tremendously. However, it has required SAYS's leadership to review all corporate functions for scalability and for possible restructuring.



The Board of Directors has approved and the annual budget for SAYS for fiscal year 2020-2021. The budget is based on careful consideration of the personnel and operating costs that should be incurred to meet the organization's goals and the needs of the children. The budget also considers long-term financial issues of the organization and its desire to operate efficiently.

The summary budget is shown below. Several budget worksheets for revenues, expenses, payroll, and the narrative are available.

**St. Augustine Youth Services
Annual Budget 2020-2021**

Revenues

Direct Public Support	
Grants	\$ 120,000
Contributions	\$ 354,392
Program Income	
Medicaid	\$1,810,971
CBC	\$1,746,375

LSF	\$1,374,761
HHS	<u>\$ 247,381</u>
Total Revenue	\$5,653,880

IX. Closing Summary

The Board of Directors and Management Team of SAYS are committed to continuing to provide excellent care to the children and adolescents in its service array and to their families. The organization has developed significant goals and objectives for the year. The organization's leaders will regularly review progress towards meeting the objectives described in the Strategic Plan and will implement changes as indicated. In addition, it will continuously assess its external environment for opportunities to better meet the needs of children and adolescents with child welfare, behavioral, emotional and mental health challenges.

Attachments

1. List of Research Articles and Reports

List of Research Articles and Reports

Family First Prevention Services Act, February 9, 2018.

Campaign for Children First Focus Campaign (2018) “Family First Prevention Services Act Bill Summary.”

Administration for Children and Families (2019) Letter to State Child Welfare Director Regarding Changes to Title IV-E Prevention Program.

St. Johns County Behavioral Health Consortium (2016) Strategic Plan (2016-2020) Power Point Presentation.

Department of Children and Families. Substance Abuse and Mental Health Services Annual Plan Update January 2017.

Agency for Healthcare Administration (2019). Florida KidCare: An Overview. Presentation by Beth Kidder, Deputy Secretary for Medicaid. To House Appropriations Committee.

Florida Department of Children and Families (2016) Florida Youth Substance Abuse Survey 2019.

Florida Department of Children and Families (2020) “Child Care Licensing” PowerPoint Presentation and Webinar, January 2020.

2015 National Survey on Drug Use and Health: Key Substance Use and Mental Health Indicators in the United States. (Report prepared for the Substance Abuse and Mental Health Services Administration.)

Shern, D., et al. (2004) Evaluation of Florida’s Medicaid Prepaid Mental Health Plans: Year 7 Report. Published by Louis de la Parte Florida Mental Health Institute, University of South Florida for the Florida Agency for Health Care Administration.

Becker, Larson, Jordan. (2002). Predictors of Parent-Child Reunification and Behavioral Health Services Use & Cost for Children in Foster Care. Florida Mental Health Institute for the Agency for Health Care Administration.

New Freedom Commission on Mental Health, Achieving the Promise: Transforming Mental Health in America: Final Report. DHHS Pub. No. SMA-03-3832. Rockville, MD: 2003.

United States Public Health Service Office of the Surgeon General (2001). Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General. Rockville, MD: Department of Health and Human Services, U.S. Public Health Service.

Substance Abuse and Mental Health Services Administration. (2006). *Results from the 2005 National Survey on Drug Use and Health: National Findings* (Office of Applied Studies, NSDUH Series H-30, DHHS Publication No. SMA 06-4194). Rockville, MD.

Community Mental Health of Ottawa County, Inc. (2005). *Community Needs Assessment*. Holland, Michigan.

U.S. Department of Health and Human Services. (2000) U.S. Surgeon General's Report on Mental Illness.

United States Census Bureau at www.venus.census.gov