

COMMUNITY CHILDREN'S SHELTER AND FAMILY SERVICE CENTER, INC.
STRATEGIC PLAN FY 15
Developed July, 2014

CCSFSC's ongoing strategic planning process gives consideration to the expectations of clients and their families and of other stakeholders including funding sources, as well as to the competitive environment, financial opportunities and threats, our capabilities, service area needs, service area demographics, our relationships with external stakeholders, and the legislative and regulatory environment. CCSFSC also considers current literature and professional consensus concerning technology to support operations and effective service delivery. Input is obtained from the Board of Directors during bi-monthly board meetings and the plan is updated quarterly. Input is obtained from stakeholders, staff, and clients (and families) on an ongoing basis using a variety of methods: agency plans, suggestions, complaints, grievances, performance evaluations, performance improvement activities, face-to-face meetings with funding and referral sources, etc. Program goals are established that support agency goals so that the mission of the organization and the needs of the communities we serve are met. Information from the analysis of performance improvement activities, including our ongoing efforts to use updated technology, is used to support operations and effective service delivery.

Mission

The mission of the Community Children's Shelter and Family Service Center, Inc. or CCSFSC is to empower and advocate for children, adolescents, and families at-risk in South Central Oklahoma through home, agency and school-based programs, offering temporary shelter for children and adolescents, integrated behavioral health outpatient counseling, prevention, and intervention services.

Vision and Beliefs

- All children have the right to be treated with respect and dignity.
- All children have the right to grow up feeling safe and to be protected.
- All children have the right to be a part of a family whenever possible.
- All children need to be heard.
- All children need to experience success.
- All children deserve to be loved unconditionally.
- Families are successful when all members work together.
- Strong families can conquer personal and social obstacles.

Strategic Planning Evaluation/Process

The Strategic Planning process begins in May of each fiscal year. This process includes review of the current strategic plan for relevance, goal achievement, goal progress, consideration of continuation of goals not accomplished, and consideration of new goals/priorities for next fiscal year. Input gathered from the current fiscal year from clients and their families, personnel, and other stakeholders, including the Board of Directors, referral and funding sources, community leaders, and the community at large, is analyzed and used in the review and development of this plan.

Expectations of Clients/Families

Clients expect accessible services in a safe and therapeutic environment. Services are designed to reduce symptomology so that clients and families have an enhanced quality of life.

Expectations of other Stakeholders

Stakeholders expect CCSFSC to provide quality services to eligible individuals and families in need.

Stakeholders expect CCSFSC to be fiscally responsible with public funding and to provide services in an efficient manner.

Stakeholders expect CCSFSC to provide effective services that produce meaningful outcomes for clients. Services are designed to add value to the community at large.

Competitive Environment

There are several providers in Ardmore and the surrounding area that provide outpatient behavioral health services. The greatest threat to CCSFSC is maintaining qualified, personable, professional service providers. Many clients admitted to the shelter in Oklahoma Department of Human Services (OKDHS) custody have pre-existing relationships with other behavioral health providers. CCSFSC will honor these therapeutic relationships. CCSFSC will provide counseling services to OKDHS-referred shelter clients that have no pre-existing relationship with outside providers.

SWOT

Strengths:

- Compassion
- Only designated youth service agency in the service area
- The organization works toward meeting the complete needs of the family
- Clients and residents strongly agree they are treated with respect
- Stakeholders strongly agree the Agency protects privacy
- Quality Assurance

Weaknesses:

- Funding
- Sufficient staff to meet needs
- Lack of marketing efforts
- Aging facility
- Clients and residents responded the rules were not clearly explained, the agency did not address safety concerns and they didn't implement what was learned
- Stakeholder participation in the treatment plan was limited

Opportunities:

- Fundraising in community
- Expanding Medicaid billing options
- Vision for the agency with Pinnacle Plan Priority Goals
- Electronic documentation

Potential OKDHS shelter contracts for transition living, reunification and group home
Expanding parenting classes and Forever, For Real healthy relationship classes
Availability of two licensed professional counselors and two case managers

Threats:

Reliance on State funding
Competition for client referrals
Scarcity of qualified applicants available for hire to work effectively with children
Liability
Lack of communication between staff to staff and staff to community

Capabilities: CCSFSC has the capability to provide a variety of services including the emergency residential shelter for children and a variety of prevention, education, and diversion programs including curriculum-based Life Skills which is school based, First Time Offenders, Tobacco Use Prevention and Cessation, and Child Abuse Prevention, tutoring and mentoring, and outpatient treatment for at-risk youth that includes individual, family, and group therapy and group and individual rehabilitation. CCSFSC refers individuals that are beyond our level of care to area facilities that are better able to meet their identified needs.

Service Area Needs: CCSFSC completes an annual community needs assessment. Surveys are sent to clients and families, funding and referral sources, community leaders, and randomly selected individuals in the community. CCSFSC utilizes community needs data from other sources including but not limited to Kids Count, various state agencies, such as the Office of Juvenile Affairs or OJA, OKDHS, and the Oklahoma Commission on Children and Youth or OCCY, to determine the needs of the community and how to best direct the resources of the organization. The 2014 Needs Assessment identified the following primary needs:

1. Socio-economic equality and health
2. Positive resources for youth of all ages and ethnic groups – drug, alcohol, substance abuse; HIV, Hep. C, STD, teen/unwanted pregnancy; summer programs; sex offender therapy
3. Limited number of beds available for out of home placement youth; the need for a Community Intervention Center with beds for youth
4. Transition living program for ages 16-21

Other areas identified include poverty, lack of outdoor/adventure programs, children with one or more incarcerated parents, newborns that are born with addictions, and lack of a detention facility in the area.

Service Area Demographics: CCSFSC is located in Ardmore in south central Oklahoma. The two county catchment area is located on Interstate 35 approximately 2.5 hours from Oklahoma City, Oklahoma and Dallas/Ft. Worth, Texas. Much of the population is concentrated in Ardmore, Oklahoma, although the client base is spread into the rural areas of Carter and Love counties.

Relationships with External Stakeholders: CCSFSC enjoys good working relationships with local referral and funding sources including the Juvenile Services Unit of OJA, OKDHS, Oklahoma Tobacco Settlement Endowment Trust or TSET, and the United Way of South Central

Oklahoma. CCSFSC staff meets monthly with JSU division staff and weekly with DHS staff. CCSFSC is in good standing with the Office of Juvenile Affairs and the Oklahoma Association of Youth Services or OAYS (annual monitoring visit indicated only minor issues) as well as with the TSET programs (as indicated by favorable program audits).

Regulatory and Legislative Environment: CCSFSC is in good standing with all funding, referral, and regulatory entities including OAYS, OJA, OKDHS, Oklahoma Health Care Authority or OHCA, the United Way of South Central Oklahoma, TSET, USDA, US Department of Education, and Commission of Accreditation of Rehabilitation Facilities or CARF. Results of all recent reviews and monitoring visits are available upon request.

The recent Federal lawsuit settlement (OKDHS) and the resultant Pinnacle Plan have had some impact on Shelter services. CCSFSC has received fewer clients under two years of age, as required by the Pinnacle Plan, but does accept children under two years of age that are exceptional cases as determined by OKDHS.

Medicaid service providers (Behavioral Health Rehab Specialists) are now required to be certified case managers through the Oklahoma Department of Mental Health and Substance Abuse Services or ODMHSAS. The additional requirements will restrict the number of rehabilitation service providers in the short term, but overall service quality should improve in the long term. CCSFSC is in the process of insuring that all service providers meet current qualifications and certifications as required by the Oklahoma Health Care Authority.

Technology: CCSFSC completes an annual System and Technology Plan to support efficient and effective service delivery and agency operations. Part of the plan includes assessment of CCSFSC's current use of technology and reviewing current literature and professional census to determine our current and future technology needs.

2014-2015 Plan

| Priority/Goal | Objectives | Individual Responsible | Target Date | Actions/Progress |
|---|--|--|--------------------------------------|--|
| <p>1. Maintain current compliance requirements</p> | <p>1. Maintain 3 year CARF accreditation.</p> <p>2. Successfully complete all monitoring visits (DHS, OJA, OAYS, TSET).</p> <p>3. Re-apply for grants</p> <p>4. Maintain existing staff</p> | <p>Exec. Dir., Mngt. Team & Program Dir.</p> | <p>Annual &/or as occurs</p> | <p>1. Complete AQCR (annually)</p> <p>2. OAYS Peer Review/OJA Contract Monitoring scheduled Feb 2015.</p> <p>2. OKDHS licensing visits (x3 annually).</p> <p>2. TSET audit scheduled April 2015</p> <p>3. Submit required documentation by deadlines.</p> <p>4. Evaluate existing staff (annually).</p> <p>4. Provide salary increases as funding will allow.</p> |
| <p>2. Maintain fiscal solvency and diversify funding</p> | <p>1. Develop Agency budget and monitor financial position</p> <p>2. Cross train administrative/billing staff</p> <p>3. Maximize endowment options</p> <p>4. Complete two main fundraisers</p> <p>5. Seek community donations and Foundation support</p> | <p>Exec. Dir. & Board</p> | <p>Ongoing</p> | <p>1. Annual development, review, and approval of Agency budget.</p> <p>1. Review actual expenditures to budgeted amounts.</p> <p>2. Provide training on billing procedures and other data entry programs (JOLTS, MILAN (Medicaid), TSET).</p> <p>3. Implement endowment options plan.</p> <p>4. July Round-Up.</p> <p>4. End of Year Appeal.</p> <p>4. Child Abuse Prevention Month – Super Heroes.</p> |

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| | | | | <ul style="list-style-type: none"> 5. Recruit diverse potential Board members. 5. Contact and recognize donors. 5. Market on line donation capabilities. 5. General Operational Expenditures, Van replacement project; New economy car project. |
| <p>3. Service expansion</p> | <ul style="list-style-type: none"> 1. Consider expansion of Behavioral Health services funded through Medicaid and Contracts. 2. Seek Wellness Five Year RFP 3. Consider DHS contracts. | <p>Exec. Dir. & Board</p> | <p>Ongoing</p> | <ul style="list-style-type: none"> 1. Maintain shelter crisis diversion program. 1. Consider hiring 1 new counselor (Licensed provider – increase 25 clients) and 1 new case manager (increase 30 clients). 1. Consider physical plant potential. 1. Offer PREP Couples Curriculum. 1. Offer Within My Reach Curriculum. 1. Offer Forever, For Real Curriculum. 1. Offer Illegal Sexual Behavior Counseling. 2. Apply for the TSET wellness grant. 3. Transitional Living Contract. 3. Reunification Contract. 3. Group Home Contract. |
| <p>4. Improve Marketing PR efforts</p> | <ul style="list-style-type: none"> 1. Maintain Agency website 2. Maintain social media (Facebook, etc.) to broadcast our message 3. Plan monthly scheduled events for Agency to community communication 4. Plan quarterly team building events for staff to staff communication | <p>Exec. Dir.</p> <p>Exec. Dir.</p> | <p>Ongoing</p> | <ul style="list-style-type: none"> 1. Update Agency Website quarterly. 2. Update Agency Media weekly. 3. Seek organizations twice each month to present the mission of the agency (Goal 20). 4. Quarterly Pot luck events with activities. |

Three Year Plan

| Priority/Goal | Objectives | Individual Responsible | Target Date | Actions/Progress |
|--|---|----------------------------------|-------------|--|
| 1. Diverse funding | 1. Equalize fund sources | Exec. Dir. & Finance Com. | Annual | 1. Increase state contracts to include new funding as available. 2. Increase local Foundation and community support to include stable revenue. |
| 2. Complete preparation for Pinnacle Plan Priorities | 1. Staff trained for behaviors of older children. 2. Address physical plant | Exec. Dir. & Shelter Coor. | Annual | 1. Manage Aggressive Behavior TT. 1. Residential Child Care TT. 1. Trauma Care Training. 2. Investigate a new facility or remodeling project. |
| 3. Service expansion | 1. Expand residential counseling services. 2. Expand youth service counseling to include rehabilitation and family counseling. | Exec. Dir., Board, Shelter Coor. | Annual | 1. Increase license practitioners to meet the service needs for the shelter and youth service agency. 2. Investigate a 'Systems of Care' concept for the shelter. 2. Investigate additional contracts through DHS for reunification, transition living and group home. 2. Investigate summer program/camps. 2. Investigate mental health options through the mental health committee/partnerships. |