

SHORT TERM PLAN

Time Period: 7/1/15 to 6/30/16

Participants: In developing this plan input has been obtained from several sources: our clients, our funding sources, our staff and members of the board of directors.

Purpose and Scope: This plan is developed to ensure that each program supports our organizational mission and purpose and yet is flexible enough to allow for changing needs and to respond to outcome data (all programs have measurable outcomes). Flexibility is possible within each planning year in programs that are not rigidly confined by funding sources to a specific program or program model and flexibility is further insured by the short duration of this plan (one year) and the opportunity to develop a new plan responding to changing needs each year.

All programs periodically measure consumer satisfaction with services and measure progress towards the achievement of service goals with objective benchmarks and measurable outcomes.

Personnel Responsible: For each program, the program director for that particular service is responsible for seeing that the goals and objectives for their program are accomplished. An assessment of the personnel needs for each program was completed and current staffing patterns were found to be sufficient to meet all program goals.

Financial Goals: Each program has a goal of having revenue equal to or in excess of expenses.

AGENCY GOALS - FY 15/16

I. Counseling Program

1. To open services to 450 new clients. Including clients carried over from the previous year, the Counseling Program will provide ongoing counseling services to 600 clients who have mental health or substance abuse problems (FY 14/15 actual: 638 new clients seen, 823 total clients served).
2. For the clients who received individual counseling we expect that no more than 10% of those clients will have any additional trouble with the law during follow-up. Follow-up will be conducted at 3 months, 6 months and one year following completion of treatment (FY 14/15 actual: 9%).
3. 3,000 units of service will be delivered in the counseling program. A unit of service is defined as individual therapy, group therapy, parent collateral and/or family therapy, case management hour and community psycho-education presentations (FY 14/15 actual: 7.222.25 units).
4. The Child and Adolescent Functional Assessment Scale (CAFAS) will be administered both before and after treatment to a random sample of outpatient clients who have participated in at least three therapy sessions. Client will demonstrate an increase in overall functioning as evidenced by a 50% gain in average posttest CAFAS scores. (FY14/15 actual: Average CAFAS scores showed an 86% gain.)
5. Clients will have improved behavioral functioning as measured by the percentage of parents that rate their child's behavior as improved. At least 80% of the parents surveyed will rate their child's behavior as improved. Up to 600 of the clients' parents seen in the office will be surveyed. (FY 14/15 actual: 79% indicated that child's behavior improved.)
6. Eighty psychological evaluations will be conducted. (FY 14/15 actual: 29).
7. The Future Focus Youth Empowerment social skills program will service approximately 60 clients. Seventy percent of the clients successfully completing the program will have no new complaints or adjudications in the 12 months following completion. At the end of the program 80% of the clients will demonstrate a reduction in problem behaviors for which they were referred. Eighty percent will successfully complete services as measured by goal completion on their individual service plans (FY14/15 actual: 87 clients served).
8. The Active Parenting of Teens program will serve 50 parents. Additionally, of the parents who complete the course, 85% will pass a test of competency based on course materials with a grade of 80% or higher and 80% will rate their

relationship with their teen as improved at the end of the course (FY14/15 actual: 39 parents participated).

II. Family Preservation Services

1. The Intensive In-Home Program will serve a total of 60 families this fiscal year, 45 of which will be new admissions. We project that 1,450 counseling sessions and 775 parent education sessions will be provided to the 60 families that we serve this fiscal year. (FY 14/15 actual: 48 families were served, 31 were new families. 1889 counseling sessions and 868 parent education sessions were provided).
2. Seventy-five percent (75%) of clients served will develop at least one new prosocial activity. (This is a new goal for 15/16. No data from previous year)
3. Ninety-five per cent of the youth served by the program shall, at termination, remain in the home. (FY 14/15 actual: 88.57% of clients, 31 of 35, remained in the home).
4. The North Carolina Family Assessment Scale (NCFAS) will be administered to all Family Preservation clients prior to and immediately after service delivery. Ninety five percent of clients will, on the average, show improvement on at least three of the five scales of the NCFAS. (FY 14/15 actual: 91.43% of clients, 32 of 35, have shown improvement on 3 of the 5 NCFAS scales).
5. No more than 25% of the youth served by the juvenile justice component of the program will have additional trouble with the law during the one-year period following successful completion of FPS (FY 14/15 actual: one of eleven youth, 9%, had additional trouble with the legal system).

III. Adolescent Substance Abuse Program

A. RESIDENTIAL:

1. ASAP will average at a minimum an 80% occupancy rate for the eight beds in the ASAP program. (FY 14/15 The YTD census was 74%).
2. We anticipate that 95% of parents/legal guardians of the group home residents will participate in their child's treatment by attending parent education, collateral or family therapy sessions while their child is in the group home program. (FY 14/15 actual: 93.4%)
3. The CAFAS will be administered at admission and after discharge for ASAP clients. We expect that 80% of clients who meaningfully participate in ASAP

- will demonstrate improvement on the CAFAS Substance Use Scale (FY 14/15: 57.89% improvement in CAFAS scores)
4. 65% of all ASAP program terminations will be successful graduations. (FY 14/15 successful graduation rate: 42.8%)
 5. 75% of the ASAP clients who successfully graduate the program will have significantly reduced or eliminated drug usage during a one year follow-up period. (FY 14/15 actual: 69.2%)

B. OUTPATIENT SUBSTANCE ABUSE COUNSELING

1. One hundred twenty new clients will be served this fiscal year. (FY 14/15 actual: 162)
2. 70% of clients that attend at least three SAOP therapy sessions will be abstinent from drugs and alcohol at the time of discharge as evidenced by testing negative for all substances on a urine drug screen and/or per client/guardian self-report. (FY 14/15 actual: 81%)
3. The CAFAS will be administered both before and after treatment to clients who have participated in at least three SAOP therapy sessions. We expect that 90% of clients will demonstrate improvement on the CAFAS substance abuse subscale. (FY 14/15 actual: 95%)
4. 80% of clients referred for services will be assessed (FY 14/15 actual: 84%)
5. 85% of clients referred for SAOP services at Youth Focus will attend at least one treatment session. (FY 14/15 actual: 67%)

IV. Transitional Living Program

1. The clients served at TLP will demonstrate improved self-esteem as measured by the self-esteem assessment. Our goal is for our clients, who have participated in the program for at least three months, to have a 2 point average increase in the self-esteem assessment by their discharge date.
2. Ninety percent of clients who meaningfully participate in TLP for a minimum of three months will be discharged into a stable, permanent and appropriate living placement.
3. A total of fifteen clients will be served in TLP in the 2015-2016 fiscal year.
4. Each of the clients who meaningfully participated in the MSSH program for a minimum of three months will accomplish at least three of the goals in her action plan by the time she is discharged from the program.

V. My Sister Susan's House

1. A total of twelve clients will be served in MSSH this year.
2. Each of the clients who meaningfully participated in the MSSH program for a minimum of three months will accomplish at least three of the goals in her action plan by the time she is discharged from the program.
3. Seventy-five percent of clients who meaningfully participated in the MSSH program a minimum three months will be discharged into a stable, permanent and appropriate living placement.
4. The clients served at MSSH will demonstrate improved self-esteem as measured by the self-esteem assessment. Our goal is for our clients, who have participated in the program for at least three months, to have a 2 point average increase in the self-esteem assessment by their discharge date.

VI. Mell Burton School

1. A total of 43 students will be served in the two classrooms (FY 14/15 - 42 students served)
2. A total of 2600 Medicaid billable days will be obtained (FY 14/15 – 2496.1 Medicaid billable days).
3. Evidence of academic improvement using pre- and post-testing with the Wide Range Achievement Test (WRAT) as shown by average standard score* improvement on the following subtests: Word Recognition – 4.0 point improvement; Spelling – 3.3 point improvement; Math – 4.3 point improvement. (FY 14/15 – subtest standard score improvement obtained from pre and post testing were as follows: Word Reading: -7.4; Spelling: -6.1; Math: 2.4). *Standard scores, as used in this and other indicators, have a mean of 100. As scores are adjusted according to age, a youth who scored 100 at the beginning of the school year would be expected to score 100 at the end of the school year if average progress was made. An increase in a youth's score indicates improvement beyond what would be expected.*
4. Continued evidence of behavioral improvement using pre- and post-testing with the Child Behavior Checklist as shown by average standard score improvement on the following subtests: Rule Breaking Behavior – 6.0; Aggressive Behavior – 6.0; Externalizing Behavior – 7.0. (FY 14/15 – standard score improvements obtained through a comparison of pre- and post-test scores on the Child Behavior Checklist were as follows: Rule-Breaking Behavior –4.7 ; Aggressive Behavior – 5.1 ; Externalizing Behavior – 6.8). *Pre-test behavior rating scores were obtained using the Child Behavior Checklist for all students admitted during this quarter. Post-test scores will be obtained after the youth has completed the program or during June 2016. Due to the high acuity level of the clients served in the program this year the numbers in each subcategory are lower than the previous year.*

5. A favorable response will be obtained from the parent/guardian satisfaction surveys with an overall survey satisfaction score average at or above 4.2. (FY 14/15 – overall survey satisfaction score average was 4.5)

VII. Structured Day Program

1. A total of 110 students will be served. (FY 14/15 - 89 students served)
2. A total of 4,800 Medicaid billable days will be obtained. (FY 14/15 – 4513.5 Medicaid billable days).
3. Less than 8% of the clients served will enter a Youth Development Center within a one year follow-up period. (FY 14/15 – 3.3 percent entered a YDC)
4. No more than 30% of clients served will have additional trouble with the law during a one year follow up period. (FY 14/15 – recidivism 26%)
5. 89% of the clients served will be successfully maintained in the Structured Day program that facilitates mental health services designed to address the clients' specific needs. (FY 14/15 – 91 percent successfully maintained)
6. Evidence of academic improvement using pre- and post-testing with the Wide Range Achievement Test (WRAT) as shown by average standard score* improvement on the following subtests: Word Recognition – 5.0 point improvement; Spelling – 5.0 point improvement; Math – 5.0 point improvement. (FY 14/15 – subtest standard score improvement obtained from pre and post testing were as follows: Word Recognition – 6.0; Spelling – 5.8; Math – 3.0).

** Standard scores, as used in this indicator, have a mean of 100. As scores are adjusted according to age, a youth who scored 100 at the beginning of the school year would be expected to score 100 at the end of the school year if average progress was made. An increase in a youth's score indicates improvement beyond what would be expected.*

7. Continued evidence of behavioral improvement using pre- and post-testing with the Child Behavior Checklist as shown by average standard score improvement on the following subtests: Rule-Breaking Behavior – 3.5; Aggressive Behaviors – 4.0; Externalizing Behavior – 5.5. (FY 14/15 – Rule-Breaking Behavior – 3.5; Aggressive Behaviors – 3.9; Externalizing Behavior – 5.4).
8. A favorable response will be obtained from the parent/guardian satisfaction surveys with an overall survey satisfaction score average above 4.1 (1 – 5 point scale). (FY 14/15 – overall survey satisfaction score average was parent: 4.59 on a 1 – 5 point scale)
9. 98% of NCTOPPS reports will be conducted and entered on time according to compliance standards. (FY 14/15 actual: 98%)

VIII. Emergency Shelter – Act Together Crisis Care

1. To provide residential services to 180 youth in the Act Together Shelter (FY 14/15 – 149 youth served)
2. To provide 3,000 days of client care (FY 14/15– 2,392 days of client care).
3. To have 15 youth access Act Together via the Safe Place Program (FY 14/15- 10 youth accessed the shelter through Safe Place).
4. Follow-up one-month parent/guardian satisfaction surveys will indicate that the youth made behavioral/emotional improvement by being placed at the shelter as evidenced by an overall satisfaction rating of 4.4 or greater. (FY 14/15 - Survey findings indicated continued overall satisfaction with the shelter's services at 4.3 out of 5).

Ratings for this survey are based on a 5-point Likert scale with each score equaling the following descriptions: 1 - strongly disagree; 2 - disagree; 3 - neutral; 4 - agree; 5 – strongly agree.

5. To make 15,000 children and adolescents in Guilford County aware of the services available to runaway and homeless youth through school presentations and via distribution of Safe Place literature at schools, train and bus stations. (FY 14/15 – 11,530 youth were made aware of the shelter services).
6. To secure and maintain 230 Safe Place sites. (FY 14/15 – 231 sites).
7. To make family crisis counseling services available to all shelter residents and their families with 80 percent of the residents and their families agreeing to participate in family crisis counseling each year. (FY 14/15 – 79.9 percent of residents participation in family counseling).
8. To return 90 percent of the shelter youth to their family of origin, when appropriate, or transition them to a safe and appropriate alternative living arrangement. (FY 14/15 – 87.7 percent of youth transitioned to safe living arrangements).

IX. Therapeutic Family Services (TFS – previously named Therapeutic Foster Care)

1. A total of 5 new foster families will be initially licensed during the fiscal year. (FY 14/15 actual: one family was licensed and one family transferred their license to Youth Focus)
2. Youth will show improvement in their emotional/behavioral development as measured by standard scores on the Child Behavior Checklist to monitor outcomes, improve service efforts, and in order to gather data for comparison with national benchmarking efforts as evidenced by survey average standard score improvements on the following scales: Overall: -3.3; Internalizing: -2.8; Externalizing: -3.5. (FY 14/15 actual: data was not available)

3. Seventy-five percent (75%) of clients served will develop at least one prosocial activity. (This is a new goal for FY 15/16)

X. Youth Focus Residential Treatment Center

1. Average daily census is 11.7 or greater (FY 14/15 actual: 11.68)
2. Guardian and resident satisfaction surveys indicate above average satisfaction with RTC services. (FY 14/15 actual: During this fiscal year, the highest rated items indicated that residents feel that staff encourages them to be responsible, that they have opportunities to talk to staff when they are feeling angry, scared, lonely, embarrassed or anxious. The lowest rated items asked if residents got along with their peers during the month, and whether they were provided with nutritious meals)
3. Continued evidence of significant behavioral improvement using pre- and post-testing with an assessment instrument as shown by average standard score improvement on the following subtests: Depression/Affect (goal = +1.30); Conduct Disorder (goal = +0.80); Interpersonal Adjustment (goal = +1.30). (FY 14/15 actual: Depression / Affect (+1.07); Conduct Disorder (+0.48); Interpersonal Adjustment (+1.00.))

XI. Human Resource Goals

1. The agency will strive to maintain turnover at an acceptable level.
 - a. Direct Care $\leq 15\%$
 - b. Indirect: $\leq 10\%$
2. The HR Dept. will assess employee satisfaction by conducting an EOS prior to 06/30/2016.
3. The Training & Quality Management Director will improve her knowledge of OSHA regulations by participating in an OSHA related training by 06/30/2016.
4. HR/Training will continue to assess and report on training effectiveness at least quarterly.

XII. Administrative Goals

1. To see that revenue for the entire agency meets or exceeds expenses.
2. To expand Youth Focus services in areas in keeping with our mission and Strategic Plan as opportunities present themselves.