Mission Statement

The overall mission of Hand Up Homes for Youth, Inc. is to provide appropriate prevention, treatment, and support for individuals and families impacted by mental health disorders, substance abuse and/or developmental disabilities, while working in collaboration with the community, empowering clients to experience personal satisfaction and to live with dignity in their own communities.

Core Values

To assure continuous quality improvement
To promote creativity, adaptability and challenges
To utilize community partnerships and natural supports
To empower and involve consumers and families served
To promote healthy relationships through honesty, openness, respectfulness and fairness
To exercise personal, programmatic and fiscal responsibility
To promote awareness of cultural diversity

Clinical Philosophy

To place consumers and family at the center of all we do and recognize the treatment of the individual is most effective when we include the family/support network
To base services in the community, available in non-traditional sites, least restrictive and at convenient locations and times
To be visible in the community and form partnerships, which promote the achievement of service delivery
To promote the cross-training of staff in order to provide services across an array of age, disability and culturally diverse categories
To insure services are delivered in an integrated manner that does not dwell on disability categories or cultural differences but on individual client and family needs and strengths
To promote freedom of choice for clients and families
To serve individuals who have the fewest available resources and the greatest need
To utilize "best clinical practices" in the delivery of services
To promote utilization of natural supports in the community.

Overview of Strategic Plan

The strategic plan of Focus Behavioral Health Services, LLC is focused on the care and support of the client and is recovery oriented. The plan provides a framework for action and a basis for measuring outcomes. Objectives include benchmarks for accountability and evidence of progress. Improving communication by giving those served and other stakeholders' opportunities for input and response is a priority.

Purpose of the Plan

The organization's strategic plan is designed to identify the needs of the person served, provide the framework for action and define the achievable goals for services in the years ahead. The plan outlines and details strategies which will be used to achieve objectives and evaluate results. Attention is given to the input of those served and other stakeholders. The views and observations obtained from stakeholders through surveys, suggestion boxes, interviews and other methods will be given top priority in planning and management decisions.

Strategic Objectives

To maintain programs founded on the principles of best practice and focused on the individuals served their families, stakeholders and others within the community. Offer opportunities for improvement and recovery while maintaining efficiency and financial viability. To develop and pursue a plan to establish additional programs within the state.

Guiding Principles

- Provide Exceptional services to our clients
- Person centered interventions
- Active involvement from the clients, their families and other stakeholders
- Recovery oriented
- Focus on teaching recovery
- Community inclusive
- Cost effective and efficient

Customers

From January 1st to December 31st 2011 Focus Behavioral Health Services, LLC served approximately 346 clients and their families. Ages ranged from age 3 to 21. The census in services representative of this number is as follows:

Census and Ages Served

Residential Level III – 25 clients - Ages – 11 to 17
Child/Adolescent Day Treatment – 62 clients – Ages 11 to 18
Intensive In-Home – 33 clients – Ages 5 to 19
Targeted Case Management – 37 clients – Ages 4 to 18
Out Patient – 189 clients – Ages 3 to 19

Race and Ethnicity of Clients Served

Caucasian – 280 – 82% of total population served
Other – 20 - 5% of total population served
African American – 25 -7% of total population served
Hispanic – 21 – 6% of total population served
Asian - 0

The ethnicity percentages of clients served commensurate with the 2011 Census report for surrounding counties. The agency strives to serve all clients and be sensitive to various cultural values and beliefs. Our workforce is also comparable with the surrounding counties ethnic populations as well as the client populations served.

Currently, Focus Behavioral Health Services, LLC serves approximately 15% of clients from the Eastern Region of the state. The remaining percentages served are clients from the Western Region where Focus Behavioral Health Services, LLC office is currently located.

Population Payer Source
Medicaid: 87 %
Private Insurance: 3 %
State Dollars: 8 %
Private Pay / Self Pay: 2 %

Statistics from NC Medicaid Paid Claims Data

Statistic	Burke	Caldwell	McDowell	State Average
Pop ages 5 – 17 less than 100% poverty	21%	22.9%	23.4%	20.3%
Percent of Uninsured	17.7%	18.1%	17.4%	19.7%
Unemployment Rate	12.9%	12.9%	12.8%	10.4%
Per Capita Income	$29,684	$28,127	$25,410	$35,249

Medicaid Eligible for Age or Group, County Compared to State Totals for 2010

Statistic	Burke	Caldwell	McDowell	State Totals
Health Choice	1,642	1,357	799	143,022
0-5 Medicaid	3,955	3,463	2,093	408,023
6-11 Medicaid	2,563	2,461	1,367	253,855
12-20 Medicaid	3,049	3,063	1,466	274,805

Demographics of clients served
- Low income/disabled individuals
- Children with mental illness and/or co-occurring diagnoses
- Incidents of interaction with law enforcement
- Dependent upon service system to meet many of their basic needs
- In need of basic needs such as clothing, shoes, toiletries, etc.
- Often in need of a stronger support system – i.e. families, extended families, foster families, etc.

SWOT ANALYSIS

2011 Agency Strengths
- Staff longevity – many have stayed with the company for over 3.5 years clinical integrity throughout all program
- Achieved Critical Access Behavioral Health Agency designation
- Staff flexibility and dedication around needed changes with State and Federal regulation and around agency needs in order to remain a viable company
- Professional and therapeutic trained and "minded" staff
- Personnel processes that screen all potential employees (fingerprinting, sex offender registry, Health Care Registry, criminal background, drivers license, infection control, drug testing)
- Strong employee orientation and milieu training program, added additional training with essential learning – web based training, also added specific trainings for all professionals – Motivational Interviewing, System of Care, Cognitive Behavioral Training, Trauma Focused Cognitive Behavioral Trainings, and Equine Assisted Learning Certification
- High standards of practice both in clinical and administrative work
- Health and Safety conscious program staff and facilities
- Structurally sound, clean community based facilities
- Hired fulltime maintenance person to maintain all facilities
- Facilities located in the community
- Partnerships with the public school systems to serve clients in day treatments and in public school – with safety of the child and the public in mind
- achieved private school designation through the Department of Public Instruction
- Financially viable agency – maintaining a consistent savings balance
- Strong referral base – keep waiting lists of 2 to 8 with every service

- Strong reputation in the community for helping Children/Adolescents with sexualized behaviors
- Progressive agency with vision of future growth and development.
- Community Partnerships with other private providers, LME's, DSS, DJJ
- hired a part time IT person to maintain computers, Google, One e-mail server, external hard drives, web based cameras
- purchased newer vehicles, one company that could repair and provide preventive maintenance on all vehicles
- Clinicians trained in Trauma Focused Cognitive Behavioral Therapy

2011 - Agency Weaknesses

- Turnover rates after 3 years
- Cost of ongoing training and support to increase staff clinical knowledge
- Some facilities are still outdated and need cosmetic repairs to improve our appearance in the community
- No company IS network – this impedes communication
- Keeping up with technology - Computer equipment sometimes gets very outdated
- Outdated equipment (rental copiers) and vehicles
- More marketing of program and clinical strengths
- LME's putting all Residential Level III into the same category when we serve a very specialized population (sexually reactive and sexually offending youth)
- Authorization processes mainstreamed with constant and thorough monitoring to decrease loss of potential revenues.
- Residential Level III Federal MCD rates do not support the staff to client ratios and other expenses – received rate cuts 2 additional times since 2008

2011 - External Challenges

- Constant changes in state and federal regulation makes the agency often times reactive instead of proactive.
- Economical challenges relating to public funding both in County, State and Federal funding.
- More children and families in need and therefore needing more financial resources by agency, county, State and Federal funding.
- Cost of maintaining a Critical Access Behavioral Health Agency Certification
- Residential Level III Federal MCD rates do not support the staff to client ratios and other expenses Medicaid has cut rates 2 additional times since 2008
- Consistency and standardization between LME's relating to contract requirements, room and board, state funding/authorization
- Social Security rules around Room and Board for residential clients
- Development of a not for profit agency in order to get grant funding
- Constant monitoring by numerous entities - much duplication of efforts – takes a great deal of staff time and resources
- 1915 b Waiver – Medicaid Changes
- Value Options and DMA changing authorization requirements without ample notice which impacts fiscal/clinical management of programs
- residential authorizations – state not following their own guidelines for 90 day concurrent authorization when all paperwork is in place
- Lack of community awareness and teaching around adolescent/child mental health and/or sexually reactive or offense specific populations. The general community (neighborhoods, schools, legal systems, etc.) often times seem very intolerant to this population and very reactive if children are placed inside their communities.
- Community opinions and prejudices toward sexually reactive youth – forget their victimization issues
- Constant changes in technology create struggles for small organizations to keep up with LME's and other public entities that have the resources to continually upgrade their systems.
- Private Providers do not have all the infrastructure and fiscal support the LME's and other public entities have. No additional funding for CABHA –
- LME's recruit all the highly qualified staff. Private providers cannot compete with their benefits and wages – not always getting the most highly qualified staff.
- Lack of equality when small agencies are providing the services and lack of adequate funding from DHHS. LME's receive all the funding.
- CABHA's should receive additional funding or at minimum be excluded from rate reductions by Medicaid.

- Many providers that market the provision of offense specific treatment while their model does not reflect the appropriate course of treatment or client supervision – this makes it difficult for providers that do specialize in this type of treatment.
- Growth of the company over the past year – added Intensive In-Home, Targeted Case Management, Medication Management, Outpatient Periodic Services, Therapeutic Foster Care

2011 - External Opportunities

- Due to constantly having a waiting list – there is a huge potential for growth of the agency in serving our specific populations.
- Started an access to care unit within FOCUS Behavioral Health Services
- Teaching and raising community awareness pertaining to the treatment and rehabilitation of sexually reactive and offense specific youth.
- Community Collaborative to teach on Trauma Focused CBT, and agency tools and programs
- Potential for Focus Behavioral Health Services, LLC to develop further services that will provide a continuum of care such as Intensive In-Home (after clients are discharged) and a model for therapeutic foster care (for clients that are difficult to place in the traditional foster care system
- Grants with Juvenile Justice System that are not currently being tapped into
- Need to take advantage of other funding through the LME's – such as RFP's and Title 1 Funding through DPI.
- Decreasing the adolescent drop-out rate within the public schools through day treatment services
- Submitting the Focus Behavioral Health Services, LLC - Cognitive/Behavioral model as a possible Best Practice model
- Helping the community develop more acceptance/tolerance with populations served by providing them with comprehensive education
- Healthy competition and collaboration with other providers that provide comprehensive and strengths based programs to children/youth and families
- Electronic Medical Records and using technology to support efficient and effective operations in order to better serve all populations.

CRITICAL ISSUES TO THE SUCCESS OF OUR AGENCY

2011 – Critical Personnel Issues:

- Continue to look at turnover rates – analyze with data from exit interviews and employee satisfaction surveys.
- Develop concentrated work groups for each specific service to look at all aspects of the program and develop goals for each service.
- Raises for employees during 2011 or 2012 – to help with staff morale.
- Continue to build a culturally diverse workforce that is bilingual and sensitive to the needs of all populations served.
- More cross training of all staff throughout all programming and in administration (i.e. Residential staff can work in Day Treatment, Receptionist can cover for Reimbursement staff, etc.)
- Continue to develop supervisory training for all leaders within each program area. Develop modules on all aspects of supervision duties to include:
    - ✓ Clinical Supervision Requirements
    - ✓ Disciplinary Requirements
    - ✓ Interviewing and Hiring
    - ✓ FMLA, FLSA, Agency Personnel Policies and Procedures
    - ✓ Fiscal Responsibility, budgets, revenues and expenditures

2011 – Critical Fiscal Issues:

- Constant rate cuts with Medicaid and Health Choice put programs at risk of not being fiscally viable – costs more to run some of the programs than the agency can afford – during 2009 to 2011 there has been an overall rate cut of approximately 6%;
- Constant changes in services definitions and implementation bulletins – making it very difficult for agencies to stay abreast of all the changes.
- Reductions in the number of LME's in the state
- Purchase of billing software

- Purchase of Electronic Medical Record
- DMA and DHHS establishing higher rates for Level III residential in order to pay for services rendered and to provide more intensive treatment and care. This is a tremendous issue for the viability of the company and residential programs. Rate does not cover the ratios and treatment being provided. Services need to be unbundled by the service definition changing.
- All therapy needs to be provided by outpatient.
- Needing a company network to assist in consistency across the agency with forms, policies, procedures, e-mails, etc. and to aid in more effective communication
- Managers having ownership and control with a budget for their specific facility – learning the importance of staying within the confines of their individual budgets.
- Local input and management of budgets for cost finding and evidence of local fiscal responsibility
- Develop preventive maintenance schedule for buildings and vehicles – work on better communication and resources for maintenance personnel functions

2011 - Critical MIS issues:

- Further refine Encryption and Firewall protection for confidentiality and HIPAA compliance.
- Need electronic Medical Record
- Need electronic Billing and Scheduler
- Purchase of new computers and software as needed
- Determine if the agency will purchase a web based server or agency owned server
- Establish a Full-time IT staff to continue to further develop and/or maintain current software/hardware and to research and develop web based or agency based servers
- Continue to need a company wide network server to assist in consistency across the agency with forms, policies, procedures, e-mails, etc. and to aid in more effective communication
- Research and purchase by 2012 an Electronic Health Record system.

2011/2012 - Critical Purchases:

- New Van and Car
- Purchase of Burkwell Group Home during 2011 or early 2012
- Purchase administrative office
- Updated computers and software in the new Burke County Day Treatment (minimum of 5)
- Video Cameras installed in Day Treatment Programs – increases staff accountability

2011 Critical need for training of personnel to implement the following:

- Training for personnel relating to agency changes with policy and procedures and Quality Improvement incentives across the agency – Jennifer to develop a training to review QI plan two times per year
- Training to raise staff awareness of state and federal requirements in operations of residential and day treatment programs
- Consistency in the program models and tools used between all the different sites in both residential and day treatment
- Training clinicians on Trauma Focused Cognitive Behavioral Treatment strategies – to better align with the high risk populations served
- Becoming more strict on training and supervision requirements – stress importance of staff having mandatory trainings and/ or supervisions and not being allowed to continue working
- Establish position to work between different states to ensure clinical consistency across all programs

2011 Critical Service Needs within the community served:

- Develop Substance Abuse Services for Children/Adolescent – to include Substance Abuse Intensive Outpatient, Substance Abuse Groups, Substance Abuse Level II and III facilities
- Develop Therapeutic Foster Care specifically for Offense Specific Populations served in order to have step-down facilities for these children/adolescents when successfully discharged and when they are unable to return home due to victims residing in the home.
- Further develop program models to keep up with evidence based practices
- Train more clinicians on Trauma Focused Cognitive Behavioral Therapies
- More Physician and/or physician extender time availability
- More capacity to serve more consumers

- No waiting lists
- Build stronger referral network for services that our agency does not provide – i.e. adult MH/DD/SA services and child DD services.

Goals for Focus Behavioral Health Services, LLC 2011 / 2012

1. **Achieve 3 year CARF National Accreditation during 2011/2012;**
2. **Research and Purchase Electronic Billing System / Software during 2011;**
3. **Research and Purchase Electronic Medical Record / Software during 2012;**
4. **Purchase of Burkwell Group Home during 2011/ 2012**
5. **Enhance Personnel Training and Development 2011 / 2012 – See also training plan for agency;**
6. **Research possible mergers/acquisitions with other smaller organizations in order to increase numbers and financial standing in the CABHA structure for the state;**
7. **Constantly look at evidence based practice and ensure the agency keeps with the most up to day evidence based approach.**
8. **Build Complete continuum of care for Children and Families to include:**
    - **Outpatient**
    - **Medication Management**
    - **Therapeutic Foster Care Group and Individual**
    - **Enhanced Residential Services**
    - **Child/Adolescent Day Treatment**
    - **Intensive In Home**
    - **Targeted Case Management**
    - **Child/Adolescent Substance Abuse Intensive Outpatient**