

**Tides Family Services’  
Annual Continuous Quality Improvement Report FY 2011-2012**

Submitted to the Executive Committee of the Board of Trustees

August 2012

# Narrative Summary of CQI Activities for FY 2011-2012

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Fiscal Year 2011-12 marked the fourth year the Agency implemented a full scale Continuous Quality Improvement (CQI) Program which provides oversight of quality care, client access and quality services by making programmatic decisions based on information that is quantified, analyzed, monitored in a conscious, rational and systematic manner. The program processes improve through data driven decision making. The Continuous Quality Improvement Program is structured to:

1. Identify and monitor risk management activities;
2. identify personnel training and professional development needs;
3. implement initiatives that focus on the continual improvement of service delivery;
4. develop standardized methods to analyze, monitor and manage program outcomes;
5. assist in the development and monitoring of short term and long term goals; and
6. develop and manage strategies for data collection and client follow-up.

This Annual Continuous Quality Improvement Report is structured to present to stakeholders the CQI activities Tides Family Services has utilized this fiscal year to help inform decision making so as to continue to improve upon the quality of services provided by Tides. This report also serves as a guideline for the Board of Trustees and the Steering Committee in terms of strategically planning the goals and objectives for the agency.

This report includes **Stakeholder Feedback** results, **Agency Outcomes**, **Program Evaluations (including follow-up data on closed cases)**, **Committee Reports** and an update on **Senior Management's Annual Strategic Objectives** for FY 11-12. The report also recommends goals and objectives in each of these preceding categories for the 12-13 Fiscal Year.

## Stakeholder Feedback

Three stakeholder feedback forms were sent out in the beginning of February 2012, the **Family Satisfaction and Feedback** survey, the **Community Stakeholder Satisfaction and Feedback** survey and the **Employee Satisfaction** survey.

### Family Satisfaction & Feedback Survey Results

Of 300 surveys sent, 29 were returned for a 10% return rate. **96%** of all family satisfaction and feedback surveys **agreed or strongly agreed** on all the following questions:

Staff:

Conveyed interest and concern for me and my family.

Explained information clearly.

Made me and my family feel welcome and comfortable.  
Were knowledgeable and skilled.  
Were courteous and sincere.  
Followed through with agreed upon activities.  
Reflected my own culture /ethnicity or exhibited competence in considering my family's culture/ethnicity into our work together.

Services:

Met my expectations and satisfaction.  
Were helpful.  
I was included in the development of treatment goals.  
The quality of the services provided were good.

1 respondent reported they disagreed that the services met their expectations and satisfaction.

1 respondent reported they disagreed that services were helpful.

1 respondent had no opinion on whether they were included in the development of treatment goals.

1 respondent disagreed that the quality of services were good.

**Comments to question: "How could Tides Family Services provide better services to you and your family?"**

"Clinicians are the greatest. They have gone out of their way to be helpful, and have given me backup when it was most needed." (YOP Pawtucket)

"Supervisor and staff are fantastic!" (PFN)

"My experience with Tides left me feeling very low. I felt blamed for not being able to cope with my child's complex needs on my own." (HBCS)

"Woonsocket Tides is doing very good work." (TOP Woonsocket)

"No improvements needed. Thanks for your help." (YOP KC)

"Very happy daughter is on track, thanks to Tides." (TOP)

"Criteria should be less rigid, in order to allow children and families the opportunities to these types of interventions and services. Before that child escalates to the now level of criteria and eligibility to enter the program."

"Tides is doing an excellent job." (TOP Woonsocket)

“All the programs are good.” – Translated from Spanish

## Community Stakeholder Satisfaction & Feedback Survey

Of 122 Stakeholder Surveys sent, 42 were returned for a 34% return rate. 22 identified as DCYF workers or supervisors; 1 identified as a family court or truancy court representative; 3 identified as community service agency; 8 identified as public school personnel; 2 identified as a private school personnel; and 6 identified themselves as contracted services providers/partners.

The majority of respondents claimed the services they were most familiar with were PFN and Outreach and Tracking. Youth Outreach Project, YNF, Youth Transition Center, Home Based Clinical Services, MST and Educational Advocacy were also noted.

8 respondents reported being involved with the agency for one-year; 8 for less than one year; 8 for two-years; 2 for six years; 6 for eight-years; 2 for 10-years; 3 for 15-years; 5 for “several” years

**100%** of DCYF respondents either **agreed (12– 55%) or strongly agreed (10-45%)** that they were satisfied with their overall experience with Tides Family Services.

**100%** of Family or Truancy Court respondents **strongly agreed** that they were satisfied with their overall experience with Tides Family Services.

**100%** of Public School respondents **agreed** that they were satisfied with their overall experience with Tides Family Services.

**100%** of Private School respondents **agreed** that they were satisfied with their overall experience with Tides Family Services.

**100%** of Contracted Service Providers/Partners **strongly agreed** that they were satisfied with their overall experience with Tides Family Services.

Comments

DCYF:

“Very good, committed to the kids.”

“Tides needs more time with clients and less with paperwork.”

“Very helpful and easy to communicate with. It would be helpful to have some staff who speak other languages to work with our populations.”

“Workers do a great job interacting with my families. I recently did not get a court letter that I was promised. Other than that one time I have no complaints.”

“Very satisfied with the agency.”

“MST/Tides provides timely feedback & reports. Clinicians are focused and have excellent rapport.”-Bette Humeston, DCYF

“Both programs (PFN and Outreach & Tracking) are excellent.”

“I appreciate the quick turn around time when a referral is made for services. There is open communication between Tides & DCYF.”

“Very pleased with PFN workers ability to work as a team with DCYF to implement the best plan for a family. PFN has been successful in keeping a child home that all parties (including court) though would not maintain at home/out of placement.”

“Woonsocket Tides is doing a very good job.”- Gladys, Probation, Parole Counselor

Public Schools:

“Friendly and helpful when in contact with those associated with her case.”

“Services and staff are very strong, however a different tracking mechanism to assess success and avoid duplication among programs & other providers could be helpful.”- Patricia Martinez

“The workers I have collaborated with have been very professional.”

Private School:

“Phone calls returned promptly, staff willing & accessible for IEP meetings”

Contracted Service Provider/Partner:

“It's great working with Tides Staff.”

“Great Communication & Great Availability”

“Respectful, responsive, value based agency that really cares about kids & families”- Susan Giblin, Private Fee for Service Clinician, NAFI RI

“Great Collaboration.”

## Employee Satisfaction Surveys 2011 (See Attached Report in Appendix)

### Agency Outcomes FY 11-12

Overall Goal	Outcome	Indicator
Family is closed to DCYF and/or Family Court at closing.	80% of families are closed to DCYF or Family Court at closing.	DCYF/Family Court status at closing.
Increase positive functioning behaviors and decrease problem behaviors. Functioning Index OR score between 0-22 on YLS; 70% of clients score	70% of clients score between 11-19 on Ohio Scales Problem Severity; 70% of clients score 49 or above on Ohio Scale  51 or higher on M-CGAS.	Ohio Scale OR YLS scores and M-CGAS scores at closing.
	70% of families show an increase in their functioning level from intake to closing.	Pre-Post NCFAS scores at closing.
Families make progress on quarterly agreed upon treatment goals. <i>(TX goals should be based upon individual assessment and an increase in known protective factors for at-risk youth)</i>	70% of families show an increase in progress on treatment goals during quarterly Utilization Review.	Progress rating at quarterly Utilization Review.

Data for these outcomes was collected each Quarter, by hand, through the Agency's Utilization Review process. By policy, 100% of all cases should be UR'ed at least one time per quarter, more if it is a high risk case or if there are major changes to the client's treatment plan during the quarter.

Due to inadequate computer systems, all data collection was done by hand, inviting human error into the process. There have been several changes to the tool used to collect this data based on usability feedback from supervisors and directors on a quarterly basis.

During FY 2011-2012, 185 cases were closed. Of the 185 closed cases, 123 (66%) were **at home at the time of closing**; 141 cases (76%) scored between **11-19 on Ohio Scales Problem Severity and 49 or above on Ohio Scale Functioning Index OR scored between 0-22 on YLS**; 80 (43%) clients scored 51 or higher on **M-CGAS**. 393 clients (42%) showed an increase in progress on treatment goals during the quarterly Utilization Review.

The Modified Children's Global Assessment of Functioning Scale (M-CGAS) is parallel to the Global Assessment of Functioning (GAF) index for adults (axis five on the Diagnostic and Statistical Manual of Mental Disorders IV multi-axial classification). The M-CGAS is designed to assess children's level of overall functioning. Historically, clients being referred to TFS, particularly the most intensive program (PFN) initially score in the range of 1-20 at intake. So, for 43% of cases closed to have a M-CGAS score of 51 or higher (interpreted to mean appropriate services should be on a less-intensive basis), is impressive.

Tides Family Services provides two intensive service programs- Preserving Families Network and the Youth Transition Center. The clients referred to these programs often have extensive out of home placements and are referred due to their high risk of returning to placement at the Rhode Island Training School, Residential, Group Home, Foster Care and Substance Abuse Treatment settings. In light of the intense needs and elevated risk factors for the clients in these two large programs, a 66% rating of clients remaining at home at time of closing throughout the agency is also impressive.

### **Recommendations for next Fiscal Year:**

The Agency is in the process of implementing the Evidence to Outcomes program from Social Solutions. The implementation phase for this new system has taken significantly longer than originally predicted due to the determined need to stabilize Agency hardware prior to full implementation. As the 2012-2013 fiscal year begins, Agency programs are being transferred over to this new data collection software systematically; and it is forecasted that by end of September 2012 the Agency will be fully utilizing the ETO system. It is recommended for next year that we utilize the improved data collection capabilities of this system to track the risk levels of all clients within 30 days of intake through the use of Ohio Scales, YLS, CGAS and GAF scores. The software will allow the Agency to define the average risk levels of clients at intake across the Agency as well as program specific. An accurate "baseline" for risk levels at time of intake will provide more useful outcome information at time of closing on both an aggregate and individual level, and may ultimately impact the current benchmarks.

With this increased ability in data collection, it is also recommended that an outcome measure in the client level of functioning area be added that reads "clients improve functioning level from intake to closing". This will allow for us to monitor individual level, program level and Agency level of functioning and improvement in such, rather than only looking at how many individuals have a high level of functioning at closing.

## **Program Evaluations**

Each program supervisor develops, in cooperation with their director and/or supervising vice-president, quarterly program objectives that are based on program specific goals, census and demographics expected in the program, as well as short-term program goals which are developed annually through the program evaluation process, to measure progress and goal attainment.

Each client has an individual treatment plan based on program goals in the areas of therapeutic recreation, educational performance and attendance, community service and individual and family counseling. Treatment goals are based on a comprehensive assessment of the needs in these areas and progress is monitored on a three-month basis through the utilization review process. All services provided as well as progress made on treatment plans are logged in the agency's client database. Additionally, all paperwork including appropriate releases and consent forms are kept in a client file. All programs in the agency are subject to our agency's overall Quality Improvement Program to insure the oversight of quality services.

The following is a summary from each program supervisor on the program's achievements, barriers to achievements and potential goals for the coming fiscal year.

## **Youth Outreach Program Kent County and Pawtucket Offices Fiscal Year 2011/2012**

### **Program Description**

The Youth Outreach Program (YOP) is an early intervention, preventative counseling program designed to keep youth, ages 9-17, out of the Juvenile Justice system and in their homes. YOP services approximately 80 clients monthly in the areas of Kent County, Pawtucket, and Central Falls. The program consists of one full time supervisor to oversee both locations, and three full time and one part time Bachelor's level counselors. Each staff person maintains an individual caseload of 15-20 clients, seen weekly. YOP clients are not involved with Family Court/probation or Department of Children, Youth, and Families. Clients are most often referred by parents, schools, local police departments, community hearing boards, and Family Court diversion.

The program addresses a wide variety of needs, specifically truancy, disobedience, family conflict, anger management, poor peer choices, and academic performance. Each client has a specific treatment plan developed by the counselor in conjunction with the family. The counselor conducts a strength based, family focused four week assessment in order to develop an effective treatment plan. In addition to individual counseling, the Youth Outreach Program provides family and group counseling, Wayward/Disobedient assessments, and educational advocacy.

### **Accomplishments**

- During the 2011/2012 Fiscal Year, YOP maintained 94% of clients being discharged to their homes.
- On the objective to increase the discharge reason of "Client Goals Accomplished" of 50% at closing. During the fiscal year of 2010-2011, we saw a 6% increase on "Client Goals Accomplished" at time of closing from 59% to 65%. The program will continue to explore increasing success in this area through the Utilization review process and increasing worker's strengths out in the field through trainings within the program.

- The Youth Outreach Program continues to work diligently to maintain established community provider/stakeholder relationships through regular face to face contacts, and collaboration. The nature of these relationships were reflected through numerous positive stakeholder feedback surveys returned to the agency.
- 91% of families remained “unknown” to DCYF and Family Court at time of closing from the Youth Outreach Program, illustrating the program’s ability to successfully divert and prevent involvement with the System. There was a increase of 2% from 89% the year prior. The increase is due to internal program trainings implemented to strengthen workers skills while out in the community. The program will continue exploring ways of improving in this area to avoid DCYF involvement, and continuing to work with staff on dealing with higher end/more intensive clients.
- YOP saw a drastic reduction on the number of kids on the wait-list in both locations. Pawtucket presently has no wait-list and West Warwick has ten. Success to be contributed to staff using short term, solution focused therapy and refining their skills in writing of treatment plans to highlight progress and make goals more attainable.

## **Barriers**

- 1) The Youth outreach project continues to see a significant increase in higher end, mental health needs and an increased number of clients that require more intensive and frequent interventions. These cases continue to be extremely time consuming and make it difficult for staff to keep up with basic job responsibilities due to constant crisis interventions, meetings, and incidences of explosive outbursts. Due to no involvement with DCYF or Family Court, these particular cases cannot be referred to more intensive services such as Outreach and Tracking or Preserving Families Network. Contractual issues continue to be a major barrier when providing the most effective and appropriate services to families. It would be tremendously helpful if YOP had the ability to internally refer cases when more intensive services are needed.
- 2) YOP will work to maintain progress on current strategic objectives over the next fiscal year, and will assess areas that require more attention and care during the upcoming months.
- 3) YOP will continue to work on decrease the number of instances where DCYF/court becomes actively involved with families . This year, there was a 2% decrease from the previous year of DCYF/court involvement to YOP families .

## **Goals**

- 1) YOP will continue to work on short term, solution focused therapy with open cases and closing in a timely fashion. This will avoid a large increase of kids on the the wait-list, and opening new cases regularly.
- 2) YOP will continue to work on decreasing court involvement through Wayward petitions while involved in the Youth Outreach Project.
- 3) During this fiscal year, YOP will continue to work on reducing to number of kids becoming involved with DCYF.

## **Pawtucket TOP Narrative Fiscal Year 2011/2012**

This narrative represents the Pawtucket Tides Outreach Project's annual report on its overall progress and recommendations for goals moving forward. The narrative will briefly explain the program's purpose and function, and will serve as a reference point for future Continuous Quality Improvement (CQI) annual reports.

### **Program Description**

The model of the Tides Outreach Project (TOP) has changed over the past year, in an effort to ensure that the treatment provided best meets the needs of the families and that the quality of client care is superior. The program services up to 50 youth and their families living in Pawtucket or Central Falls involved with the Department of Children Youth and Families (DCYF) and/or Family Court. The youth are at high-risk to be placed outside of the home, and are seen in school, at home, and in the community multiple times a day, six days a week with 24 hour on call service to maintain our clients in their homes and communities.

Each client has an individual treatment plan based on program goals in the areas of therapeutic recreation, educational performance and attendance, community service and individual and family counseling. Treatment goals are based on a comprehensive assessment of the needs in these areas and progress is routinely monitored on a three-month basis through the utilization review process.

All services provided as well as progress made on treatment plans are logged in the agency's client database. Additionally, all paperwork including appropriate releases and consent forms are kept in a client file and updated as needed. All programs in the agency are subject to our agency's overall Quality Improvement Program to insure the oversight of quality services.

### **Accomplishments**

Based on the Pawtucket TOP Quarterly Objectives for fiscal year 2011/2012 the following was accomplished:

- 4) The Americorps contract with the Choice Program in Baltimore ended which enabled the Pawtucket Outreach and Tracking Program to combine with Preserving Families Network's (PFN) tracking program in an effort to allow more flexibility in meeting families' needs. Caseworkers who provide services to TOP clients may also provide services to PFN clients based on the client's individual needs

and/or catchment area. This change also extends the caseworkers position from a one year commitment to a full time position.

- 5) At the end of FY10-11, a goal was created to increase home preservation to a minimum of 80% of the clients remaining in the home at time of discharge. Throughout FY 11-12, 84% of clients remained on home at time of closing.
- 6) Of the 26 closings during FY 11-12, only one client was adjudicated and placed at the Rhode Island Training School (RITS).
- 7) Through educational advocacy and partnerships with community agencies, 100% of clients receiving services by Pawtucket TOP during FY 11-12 were enrolled in school or an alternative learning program.
- 8) TOP has achieved the previous goal of increasing the amount of clients identified as needing mental health services to correlate to the amount that are actually receiving mental health services. During FY 11-12, 100% of identified clients were connected with the appropriate services.

#### **Barriers/Goals for Growth**

- 4) After looking through CQI Outcome reports gathered during Utilization Reviews (UR), it was discovered that of the 28 cases reviewed (opened & closed), only 15 showed improvement in their Risk Assessment and treatment goals from their previous review. TOP staff do a great job of assessing risk and protective factors but need to continue to develop effective interventions that will decrease risk and increase success. TOP staff will coordinate with clinicians and clinical supervisors to ensure that interventions are appropriate and monitored for efficacy.
- 5) Pawtucket Supervisor will coordinate efforts with the Woonsocket Supervisor to ensure all training modules and quarterly responsibilities are completed by caseworkers relevant to Tides Family Services.
- 6) The TOP Supervisor will continue to monitor client/family needs i.e. language barriers and request the Hiring team seek a certain number of applicants that possess skills necessary to meet those needs.

#### **Conclusion**

The Tides Outreach Project in Pawtucket/Central Falls will continue to monitor the program's progress, barriers to progress, and objectives to overcome barriers every quarter, and communicate those needs to the Administration in an organized manner, in order to assure that quality services are delivered to the clients and their families, and maintain the Tides Family Services overall CQI plan.

**Woonsocket TOP  
Fiscal Year 2011-2012**

This narrative represents the Woonsocket Outreach and Tracking Program's Annual Report on progress towards goals and strategies for continued progress moving forward. The narrative will briefly explain the program's purpose and function, and will serve as a reference point for the Program's Continuous Quality Improvement (CQI) activities for FY 2012-2013.

### **Program Description**

Woonsocket Outreach and Tracking consists of two teams of two BA level trackers, and one supervisor to oversee both teams. The program services 25-50 youth and their families living in Woonsocket that are involved with the Department of Children Youth and Families (DCYF) or Family Court. The youth are at high-risk to be placed outside of the home, and are seen in school, at home, and in the community multiple times a day, six days a week with 24 hour on call service to maintain our clients in their homes and communities.

Each client has an individual treatment plan based on program goals in the areas of therapeutic recreation, educational performance and attendance, community service and individual and family counseling. Treatment goals are based on a comprehensive assessment of the needs in these areas and progress is monitored on a three-month basis through the utilization review process.

All services provided as well as progress made on treatment plans are logged in the agency's client database. Additionally, all paperwork including appropriate releases and consent forms are kept in a client file. All programs in the agency are subject to our agency's overall Quality Improvement Program to insure the oversight of quality services.

### **Accomplishments:**

Based on the Woonsocket TOP Quarterly Objectives for fiscal year 2011/2012 the following was accomplished:

1. The Americorps contract with the Choice Program in Baltimore ended which enabled the Woonsocket Outreach and Tracking Program to combine with Preserving Families Network's (PFN) tracking program in an effort to allow more flexibility in meeting families' needs. Caseworkers who provide services to TOP clients may also provide services to PFN clients based on the client's individual needs and/or catchment area. This change also extends the caseworkers position from a one year commitment to a full time position.
2. The Woonsocket Tides Outreach Project Supervisor and caseworkers informed stakeholders of AmeriCorps volunteer positions ending , and how it enhances our ability to serve due to less restrictive scheduling. Communication regarding the changes occurs if and when asked about the change.
3. The Woonsocket Tides Outreach Project Supervisor continues to coordinate efforts with the Pawtucket Tides Outreach Project monthly to ensure all proper training modules and quarterly responsibilities are completed by caseworkers relevant to Tides Family Services and AmeriCorps. To date, all caseworkers have completed all Tides orientation and ongoing trainings.

4. The Woonsocket Tides Outreach Project Supervisor continues to monitor client/family needs i.e. language barriers. At this time, one of thirty six families speaks Spanish and this family has a PFN Spanish speaking clinician. Tracking staff currently utilize tracking supervisors to translate in crisis situations.
5. In order for all staff to increase his or her knowledge of resources for themselves and their overall effectiveness when working with clients and their families, AmeriCorps service projects were developed quarterly and completed in a timely manner. One of the projects being a resource manual of all state agencies and resources offered which has been added to the Tides Intranet for all staff to utilize.
6. The Woonsocket Tides Outreach Project Caseworkers have completed all orientation training and attend an extended rundown weekly. Additionally, all caseworkers participate in the program's utilization review process to provide input regarding their clients' progress toward treatment goals.
7. Of the cases open for service during FY 2011-2012, 80% made good or better progress toward their treatment goals.
8. Of the cases closed to service during FY 2011-2012, 100 % remained home at time of closing.

### **Goals for FY 2012-13**

1. The Woonsocket Tides Outreach and Tracking Supervisor will monitor staff's goals for growth and schedule relevant ongoing professional development trainings for staff to attend.
2. The Woonsocket Tides Outreach Project Supervisor will continue to monitor client/family needs i.e. language barriers and proactively plan to best meet the needs of each family by utilizing staff for language and other skill sets.
3. The Woonsocket Tides Outreach Supervisor and Caseworkers will plan regularly scheduled Utilization Review time with the LICSW assigned to review cases to ensure a quarterly review for every client's treatment plan. Additionally, the Program Supervisor and Director will ensure that each case has a 30 day treatment plan signed and reviewed prior to the 30 day mark.
4. Through training and supervision, the Woonsocket Tides Outreach Caseworkers will demonstrate proficiency in risk assessment, treatment planning, service delivery.

### **Conclusion**

The Woonsocket Outreach and Tracking Program will continue to monitor the program's progress, barriers to progress, and objectives to overcome those barriers every quarter, and communicate those needs to the Director of Quality Management and the Administration in an organized manner, in order to assure that quality services are delivered to the clients and their families, and maintain the Tides Family Services overall CQI plan.

## **Pawtucket YNF Narrative Fiscal Year 2011/2012**

This narrative represents the Pawtucket Youth New Futures Program's annual report on its overall progress and recommendations for goals moving forward. The narrative briefly explains the program's purpose and function, and serves as a baseline reference point for future Continuous Quality Improvement (CQI) annual reports.

### **Program Description**

Pawtucket Youth New Futures (YNF) consists of one team of three caseworkers, and one BA level supervisor to provide program oversight. The program services 35-40 youth and their families living in Pawtucket or Central Falls involved with the Department of Children Youth and Families' Division of Juvenile Parole, Juvenile Probation, the RI Training School, or Family Court. The youth are at high-risk for placement outside of the home in shelters or at the RI Training School as Probation or Parole Violators, and require intensive community supervision to maintain their status at home and in the community. Thus, YNF caseworkers track the youth in school, at home, and in the community multiple times a day, six days a week, along with 24-hour on call cell phone service. Caseworkers attend Probation/Parole meetings and provide educational and Family Court Advocacy to provide support to the clients and their families during difficult times.

### **Accomplishments**

Based on the Quarterly Objectives for 2011-2012 FY, the YNF program:

- 1) Relied more heavily on referral information, history of offenses, and family history (genogram) in order to be more proactive in case planning, while emphasizing more frequent contact with high-risk vs. low risk cases. Through these efforts, along with weekly clinical supervision, 83% of cases closed were also closed out of Juvenile Probation and remained home. Of the five cases remanded to the RI Training School and one case sent to out-of-home placement, the common issue was not attending school, not working, and not engaged in positive community activity.
- 2) Followed corrective action for improving initial 30-day treatment planning by implementing a new action plan; the YNF supervisor completes a rough draft of goals during initial assessment/intake meeting with the family, then meets with staff and give time lines for ongoing case review. Through these efforts, 100% of the cases open after January 1, 2012 have a 30-day treatment plan signed by client, family and clinician in the file.
- 3) Focused on working with families to develop treatment goals to specifically increase protective factors and mitigate risk factors. Through these efforts, 87% of cases decreased risk factors while making progress or achieving treatment goals.

### **Barriers**

During the 2011-2012 FY, the areas identified as barriers are low census numbers due to a drop in the number of youth on Probation in our catchment area; in light of recent budget cuts, the program must continue to make progress despite the absence of a full-time supervisor and a part-time clinician. Going forward, the team will

also lose one team member and become a team of three outreach caseworkers. These barriers have been addressed by the Senior Management Team and Supervisory staff.

### **Goals for FY 2012-13**

YNF Pawtucket will transition with Juvenile Probation into the YTC Pawtucket prior to July 1, 2012. As this occurs, the YNF team will continue to incorporate clinical supervision during rundown at least once weekly to foster further progress with overall case management.

In light of budget issues, The YNF Team will maximize its effectiveness and generate programming and opportunities both inside the YTC and out within the community in order to engage high risk youth with positive and productive activities and to help youth referred meet their unmet clinical/life skill needs.

YNF Director and Supervisor will work with Probation Supervisor and Staff to serve greater catchment area in order to serve a capacity census number while monitoring caseload needs and maintaining optimum treatment to each client and family served.

### **Conclusion**

Pawtucket YNF will continue to monitor the program's progress, barriers to progress, and objectives to overcome those barriers every quarter, and communicate those needs to the VP of Treatment Programs and the Senior Management Team in an organized manner, in order to assure that quality services are delivered to the clients and their families, and enhance Tides Family Services' overall CQI plan.

## **Youth Transition Center - Providence Fiscal Year 2011-2012**

The YTC Program just completed its fourth year, and is poised to serve as a model for the future YTC in Pawtucket. Current staff are 3 full time caseworkers, one half-time supervisor, 1 half time Director. The program is routinely used to have residents of RITS released early from their EOS.

Program develops strong transition plan that incorporates both what Probation/RITS require as conditions of probation and what the clients/family require for personal growth. This program works to strengthening relationships within the home and connecting the client to community resources.

### **Accomplishments:**

1. The YNF Providence Team began meeting administratively with Juvenile Probation and in order to manage YTC internal business as well as to plan for and host routine community meetings to strengthen and formalize stakeholder partnerships. Through these efforts, several new relationships were formed with community providers to increase resources for our youth and affect more positive outcomes such as reduction in recidivism.
2. The YTC developed strategic objectives to share with partners and community providers to perpetuate program growth specifically around unmet needs such as life skill development and specialized counseling.

Through these efforts, youth reporting to the YTC can participate in several group activities weekly during the same visit to meet with their Probation Officer and/or YNF Caseworkers.

**Barriers:**

This is a time of transition for the State and partnering agencies. Budgetary constraints and cuts have negatively impacted the resources to the youth and families. Currently, one supervisor oversees Providence and Pawtucket YNF Teams, and there is no longer a clinician assigned to the YTC any longer. These barriers have been addressed by the Senior Management Team and Supervisory staff.

**Goals for FY 2011-2012:**

1. YTC will work to increase family involvement with treatment and information sharing between the all participant families involved.. Potential venues include parent groups, and family focus group.
2. YTC Providence pilot the implementation of the new agency UR process employed by all PFN programs whereby Treatment Updates are conducted with Probation every 60 days after the initial 30 Day Treatment Plan is signed by a clinician and the family, in order to foster wrap around support from Probation in regards to treatment programming.

**Preserving Families Network  
Fiscal Year 2011/2012**

This Narrative will briefly explain the Preserving Families Network's (PFN) purpose and function, accomplishments achieved throughout the year and barriers identified as goals for growth.

**Summary**

PFN is a Tides Family Services network that was developed in the 2007 to address the treatment needs of youth who had historically been unsuccessful in being maintained in their homes. Tides Family Services began it's first evidence based Multi Systemic Treatment (MST) team along with the expansion of Outreach and Tracking services and Home Based Clinical Services (HBCS) to be offered statewide. Tides contracts with Family Resources Community Action, St. Mary's Home for Children, North American Family Institute, and Family Service RI in order to provide brief (1-3 nights) respite at licensed foster families or residential facilities. This allows continuity of community based treatment at times when the youth requires time out of the home. During these brief respite occasions, treatment increases to both the youth and family with the goal of resolving the immediate crisis. Tides has expanded it's capacity within HBCS to include psychiatric treatment through contracting with Northern RI Community Services, Family Service RI, Newport County Community Mental

Health Center. Again, this allows continuity of treatment within PFN avoiding treatment silos that existed in the past. Services within PFN may be provided individually or overlapping as the family's level of need fluctuates over time. There is a seamless delivery system unique to PFN that has led to the success of this network. Thank you to our staff, partnering agencies and stakeholders for all the hard work! This network is successful due to effective communication, consistency in service delivery, and a shared mission.

### **Accomplishments:**

This has been a unique year in RI as The Department of Children, Youth and Families (DCYF) has embarked on a new system of care that will eliminate individual agency contracts and streamline services to two networks. Tides Family Services has joined the Ocean State Network for Children and Families (OSNCF). Preserving Families Network (PFN) will exist under OSNCF. At the same time, DCYF's budget was cut significantly in turn reducing rates for all providers, PFN included. Tides has successfully remained afloat during a terrible economic environment. The overall goal of the new System of Care is to increase community based services while decreasing residential placements. It is likely PFN will grow significantly over the next year however, this year there was an effort to rearrange staffing patterns, combine Outreach & Tracking teams, not fill vacant positions and streamline efforts to be more efficient and cost effective.

This is a time in which outcomes are crucial. Tides is updating its client database system to Social Solutions ETO. All relevant data including demographics, treatment documentation, etc has been updated for the transfer to ETO, reporting purposes as well as to analyze and detect trends. This new system will provide for a more accurate and efficient billing system. Staff are able to access information via any location in which the internet is accessible. This allows for improved communication, efficiency in the crisis management as well as accurate and timely documentation.

Additionally, PFN continues to be a leader in the DCYF Medicaid CNOM audit review process. Client charts are reviewed for audit biannually. The feedback reports are very positive from the DCYF Medicaid Review Team.

The agency sponsored several supervisors, directors, clinicians and administrative staff to become trained in Trauma Focused Cognitive Behavioral Therapy (TF-CBT). TF-CBT is a hybrid treatment model that integrates trauma sensitive interventions with cognitive behavioral strategies that focuses on Attachment Theory, Developmental Neurobiology, Family Therapy, Empowerment Therapy and Humanistic Therapy. This treatment is for children exposed to a variety of traumas and their parents/Caretakers.

Tides continues to consult with Norah Sargent, Ph.D. and Robert Cohen, Ph.D., LICSW who combined provide biweekly supervision & consultation to supervisors, directors, clinicians and administrative staff. Dr. Sargeant continues to prioritize clinical implications of families in perpetual crisis, experiencing multiple trauma, and poverty. Dr. Cohen focuses on family system's theory and strength based approach to enhance service provision. His also consultation focuses on supervisory and administrative development, larger systems issues, and implications on policy as well as being change agents.

As we prepare for Phase II system of care within the Ocean State Network for Children and Families, selected staff were trained in the Wraparound Approach through the Child Welfare Institute at Rhode Island College. The modules included: "Building Wraparound RI-A Practice Approach", "Wraparound RI- Expanding Practice Through Family Team Meetings" and "Group Facilitation".

The agency redesigned Agency Orientation & Training Implementation to ensure all staff are prepared to service clients. Ongoing professional development continues to vary to the needs of staff.

The Agency began a Creative Arts Therapy group facilitated by two senior staff members. Melissa Cupp holds a Masters Degree in Music Education and is a certified Music Therapist and Kristina Jandron holds a Master's Degree in Holistic Counseling. Expressive arts therapy uses music, imagery, dance, drama, poetry and visual arts to foster growth, development and healing in a high risk hard to reach client population. The group rotates within each geographic location.

The PFN Summer Program has continued for four years. Approximately 25 youth ages 8-17, from various geographic locations engage in a variety of activities designed for each age group. Each week the youth participate in off site trips to local parks, beaches and amusement parks. Cultural exchange is encouraged through meal planning where the children choose from different cultural menus. The program fosters social skill development and interpersonal relationship skills.

The number of clients who required a short-term placement at the Tides school and the Reis - Norton Virtual Learning Academy continues to increase annually. During the last academic year 18 PFN youth utilized Educational Respite. In turn, PFN staff have increasingly assisted parents in advocating for appropriate programming to address unmet educational needs.

The ability to maintain youth in school during times of crisis is vital in continuing the momentum of treatment. The short-term placement at a Tides school provides structure, continued learning during the school day and assists parents from taking time out of work to supervise their children when suspended or place out of school for varying reasons. There is a reduction in stress to the family system with continued focus on identified treatment goals.

This year there were twelve graduates. Eight of the twelve graduates attended the Reis Norton Virtual Learning Academy (VLA). The VLA is an online computer program for agency involved youth who are at high risk for dropping out of school during junior/senior year of high school

**PFN Attitudinal Survey**

Series of ten questions were asked by outside consultant to parents of youth served. Families represented various geographic locations within the state of Rhode Island. See attached Tables

**Table 1**

Preserving  
Families Network  
(PFN) Family  
Attitudinal Survey

2011

*"I am  
satisfied with the  
services my family  
receives from PFN"*

<b>Extent of</b>	<b>CF/Pa</b>	<b>Pr</b>	<b>Woo</b>
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Satisfaction	#	%	#	%	#	%
Very	8	100	9	100	5	100
Somewhat	0	0	0	0	0	0
Not at All	0	0	0	0	0	0
No Response	0	0	0	0	0	0
<b>Total</b>	<b>8</b>	<b>100</b>	<b>9</b>	<b>100</b>	<b>5</b>	<b>100</b>

Note: CF = Central Falls

**Table 2**

Preserving Families Network (PFN) Family Attitudinal Survey

2011

*"PFN staff listen to me and attempt to understand my family's needs"*

Extent of Agreement	CF/Pa		Pr		Woo	
	wtucket	%	vidence	%	nsocket	%
Always	6	75	8	89	5	100
Most of the Time	2	25	1	11	0	0
Sometimes	0	0	0	0	0	0
Never	0	0	0	0	0	0
No Response	0	0	0	0	0	0
<b>Total</b>	<b>8</b>	<b>100</b>	<b>9</b>	<b>100</b>	<b>5</b>	<b>100</b>

Note: CF = Central Falls

**Table 3**

Preserving Families Network (PFN) Family Attitudinal Survey

2011

*"I am respected by PFN Staff"*

Extent of Agreement	CF/Pa		Pr		Woo	
	wtucket	%	vidence	%	nsocket	%
Always	5	63	8	89	5	100
Most of the Time	3	37	1	11	0	0

Sometimes	0	0	0	0	0	0
Never	0	0	0	0	0	0
No Response	0	0	0	0	0	0
<b>Total</b>	<b>8</b>	<b>100</b>	<b>9</b>	<b>100</b>	<b>5</b>	<b>100</b>

Note: CF = Central Falls

**Table 4**

Preserving Families Network (PFN) Family Attitudinal Survey

2011

*"My child(ren)'s behavior has improved since my family became involved with PFN"*

Extent of Satisfaction	CF/Pa		Pr		Woo	
	wtucket	%	vidence	%	nsocket	%
Very Much	7	88	6	67	4	80
Somewhat	1	12	3	33	1	20
Not at All	0	0	0	0	0	0
No Response	0	0	0	0	0	0
<b>Total</b>	<b>8</b>	<b>100</b>	<b>9</b>	<b>100</b>	<b>5</b>	<b>100</b>

Note: CF = Central Falls

**Table 5**

Preserving Families Network (PFN) Family Attitudinal Survey

2011

*"I trust my family's PFN worker to do the right thing for my child(ren)"*

Extent of Agreement	CF/Pa		Pr		Woo	
	wtucket	%	vidence	%	nsocket	%
Always	7	88	8	89	5	100
Most of the Time	1	12	1	11	0	0
Sometimes	0	0	0	0	0	0
Never	0	0	0	0	0	0

No Response	0	0	0	0	0	0
<b>Total</b>	<b>8</b>	<b>100</b>	<b>9</b>	<b>100</b>	<b>5</b>	<b>100</b>

Note: CF = Central Falls

**Table 6**

Preserving Families Network (PFN) Family Attitudinal Survey

2011

*"I believe that my PFN worker is well qualified to work successfully with my child(ren)"*

Extent of Agreement	CF/Pa		Pr		Woo	
	count	%	count	%	count	%
Very	7	88	8	89	5	100
Somewhat	1	12	1	11	0	0
Not at All	0	0	0	0	0	0
No Response	0	0	0	0	0	0
<b>Total</b>	<b>8</b>	<b>100</b>	<b>9</b>	<b>100</b>	<b>5</b>	<b>100</b>

Note: CF = Central Falls

**Table 7**

Preserving Families Network (PFN) Family Attitudinal Survey

2011

*"My child(ren) has(have) stayed out of trouble since my family became involved with PFN"*

Extent of Agreement	CF/Pa		Pr		Woo	
	count	%	count	%	count	%
Completely	5	63	8	89	4	80
Mostly	3	37	1	11	1	20
Somewhat	0	0	0	0	0	0
Not at All	0	0	0	0	0	0
No Response	0	0	0	0	0	0

<b>Total</b>	<b>8</b>	<b>100</b>	<b>9</b>	<b>100</b>	<b>5</b>	<b>100</b>
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Note: CF = Central Falls

**Table 8**

Preserving Families Network (PFN) Family Attitudinal Survey

2011

*"I am optimistic about my child(ren)'s future"*

Extent of Agreement	CF/Pa		Pr		Woo	
	count	%	count	%	count	%
Very	6	75	6	67	3	60
Somewhat	2	25	3	33	2	40
Not at All	0	0	0	0	0	0
No Response	0	0	0	0	0	0
<b>Total</b>	<b>8</b>	<b>100</b>	<b>9</b>	<b>100</b>	<b>5</b>	<b>100</b>

Note: CF = Central Falls

**Table 9**

Preserving Families Network (PFN) Family Attitudinal Survey

2011

*"My child(ren) is(are) learning valuable life skills through PFN"*

Extent of Agreement	CF/Pa		Pr		Woo	
	count	%	count	%	count	%
Very True	8	100	8	89	5	100
Somewhat True	0	0	1	11	0	0
Not at All True	0	0	0	0	0	0
No Response	0	0	0	0	0	0
<b>Total</b>	<b>8</b>	<b>100</b>	<b>9</b>	<b>100</b>	<b>5</b>	<b>100</b>

Note: CF = Central Falls

**Table 10**

Preserving  
Families Network  
(PFN) Family  
Attitudinal Survey

2011

*"If my child(ren)  
ever encounter  
difficulties again, I  
would contact PFN  
for help"*

Extent of Agreement	CF/Pa wtucket		Pr ovidence		Woo nsocket	
	#	%	#	%	#	%
Always	8	100	8	89	5	100
Most of the Time	0	0	1	11	0	0
Sometimes	0	0	0	0	0	0
Never	0	0	0	0	0	0
No Response	0	0	0	0	0	0
<b>Total</b>	<b>8</b>	<b>100</b>	<b>9</b>	<b>100</b>	<b>5</b>	<b>100</b>

Note: CF = Central  
Falls

One of the services provided by the Preserving Families Network is the MultiSystemic Thereapy program. Tides is a licensed provider of the MST services and the MST Institute conducts regular assessments of progress by Tides. The following is a summary of Tides' performance in the MST services.

### Multisystemic Therapy Institute Program Implementation Data Report

1. MST Therapists are full-time employees assigned to the MST program solely.  
1 of 1
2. MST Therapists do not have any non-MST program responsibilities in the agency, do not carry any additional non-MST cases, and do not have other part-time jobs outside of the agency.  
1 of 1
3. MST staff are allowed to work a flexible schedule as needed to meet the needs of the families they are serving.  
1 of 1
4. MST staff are allowed to use their personal vehicles to transport clients.  
1 of 1
5. MST staff have use of either cellular phones or pagers so that clients can contact them quickly and conveniently.

1 of 1

6. MST Therapists operate in teams of no fewer than 2 and no more than 4 therapists (plus the Clinical Supervisor) and use a home-based model of service delivery.

1 of 1

7. MST Clinical Supervisor is assigned to the MST program a minimum of 50% time per MST Team.

1 of 1

8. MST Clinical Supervisor conducts weekly team clinical supervision, facilitates the weekly MST telephone consultation, and is available for individual clinical supervision for crisis cases.

1 of 1

9. MST caseloads do not exceed 6 families per therapists and the normal range is 4 to 6 families per therapist.

0 of 1

10. Overall average duration of treatment is 3 to 5 months.

1 of 1

11. Each MST Therapist tracks progress and outcomes on each case by completing MST case paperwork and participating in team clinical supervision and MST consultation weekly.

1 of 1

12. The MST program has a 24 hours / 7 days a week on-call system to provide coverage when MST Therapists are on vacation or taking personal time. This system is staffed by members of the MST team.

1 of 1

13. With the buy-in of other organizations and agencies, MST is able to take the lead for clinical decision making on each case. Stakeholders in the overall MST program have responsibility for initiating these collaborative relationships with other organizations and agencies while MST staff sustain them through ongoing, case-specific collaboration.

1 of 1

14. The MST program excludes youth referred for primarily psychiatric behaviors (i.e. suicidal ideation and behavior, actively homicidal, actively psychotic), and youth referred primarily for sex offenses (in the absence of other antisocial/delinquent behaviors) and youth with pervasive developmental delays.

1 of 1

15. Referrals to non-MST compatible programs (e.g. any form of mandated group treatment, day treatment programs, etc.) are not made while youth are in MST, especially on a standard or routine basis.

1 of 1

16. MST program discharge criteria are outcome-based rather than duration-focused.

1 of 1

17. Referrals for additional services after clients are discharged from the MST program are carefully planned and limited to those that can accomplish specific, well-defined goals. The assumption is that most MST cases should need minimal "formal" after-care services.

1 of 1

18. All MST staff who have been working for more than 2 months participated in 5 Day orientation training.

1 of 1

No.	Item	Actual Value	Target Value
<b>Program Data</b>			
1	Total FTE for active therapists*	4.25	2-4
2	Current Census (open case) at the end of the report period	14	
3	Average number of cases per therapist	3.05	4-6
4	Cases served during the report period	31	
5	Estimated annual service capacity (#3x#1)x365/#25)	37.75	
<p>*Note: Calculated by summing FTE for any therapist who has at least one case with a First Visit Date no later than the report end date and not discharged before the report end date / 100.</p> <p><b>Therapist and Supervisor Adherence Scores</b></p>			
6	Total number of TAM-R forms collected	63	
7	Total number of incomplete TAM-R forms collected	1	
8	Percent TAM-R due that were completed	79.75 %	70%
9	Percent of youth with at least one TAM-R interview	64.71 %	
10	Overall Average Adherence Score	0.75	.61
11	Percent of youth with average therapist adherence score above threshold	75.00 %	
12	Total number of SAM forms collected	9	
13	Average number of SAMs collected per therapist	2.12	
<b>Case Progress Review</b>			
14	Total number of cases discharged during the report period	17	
15	Referrals closed without services during report period	0	
16	Percent of cases completing treatment (#17/(1-#20-#21-#22-#23))	85.71 %	85%
17	Percent of cases closed by mutual agreement	70.59 %	
18	Percent of cases discharged due to lack of engagement	0.00 %	
19	Percent of youth placed	11.76 %	
20	Percent of youth placed for event prior to MST	5.88 %	
21	Percent of cases removed by administration	11.76 %	
22	Percent of cases removed by funding/referral source	0.00 %	
23	Percent of cases moved out of service area	0.00 %	
<p>The following outcome information is reported for the cases that had the opportunity to have a full course of treatment. Cases closed for non-clinical reasons (lines 20 – 23) are omitted.</p> <p style="text-align: center;"><b>Ultimate Outcomes</b></p>			

24	Total number of cases with opportunity for full course of treatment during the report period	14	
25	Avg length of stay in days for youth with opportunity to have full course of treatment	125.43	90-150
26	Percent of youth living at home	85.71 %	
27	Percent of youth in school/working	78.57 %	
28	Percent of youth with no new arrests	64.29 %	
<b>Instrumental Outcomes</b>			
29	Percent with parenting skills necessary to handle future problems	92.86 %	
30	Percent with improved family relations	85.71 %	
31	Percent with improved network of supports	100.00 %	
32	Percent with success in educational/vocational setting	92.86 %	
33	Percent of youth involved with pro social peers/activities	78.57 %	
34	Percent of cases where changes have been sustained	78.57 %	

### Previous Recommendation Status Report

Previous Recommendation	Status	Comment
<p><b>Recommendation 1: The percent of youth with at least 1 TAM-R will increase to 90% or more by 11/30/11.</b></p> <p>A review of the data indicates that 75% of all youth completed at least one TAM during treatment. Based upon a fit assessment for this outcome, the primary driver was that there were several transitions on the team, including 2 new therapists, and a new clinical supervisor. These transitions led to a small decrease in some of data collection. Therefore, in order to increase the percent of youth with at least 1 TAM-R to 90% or more, it is recommended that:</p> <p>5. The new Supervisor will be trained about the TAM-R Collection process, identifying that new cases have their first TAM-R collected after the first 2 weeks of treatment, and every 30 Days after that. She will also be trained on how to utilize the TAM-R Monitoring Report and TAM-R Schedule Reports to identify when TAM-Rs are due.</p>	Partially Met	<p>A review of the data indicates that the percent of youth with at least one TAM-R decreased from the previous rate of 75%, to a current rate of 64.71 % with at least one TAM-R.</p> <p>A breakdown of the data indicates that there was a total of 5 therapists during this reporting period on the team. The four current therapists averaged 89.26% of all youth with at least one TAM-R. There was one therapist who was removed from the team early in the reporting period. He did not have any youth complete a TAM-R during that time. This is why the team's overall average is only 64.71%.</p> <p>However the current therapists are doing well with this measure and it is hypothesized that if the supervisor continues to implement the same interventions, this outcome will be reflected on the next PIR.</p> <p>This is also evidenced by 100% of all youth have completed at least one TAM-R from 10/1/11 to 12/31/11.</p>

- 6. Each week, prior to group supervision, the Supervisor will review the TAM-R monitoring report to identify any cases that have a TAM-R currently due. These cases will be reviewed with the therapists at the start of group supervision.
- 7. Once a discharge date is identified for a youth completing treatment/or other form of discharge, the Clinical Supervisor will review the TAM-R Monitoring Report to ensure the youth is not scheduled to complete a TAM-R prior to discharge.
- 8. If a youth is scheduled to complete a TAM-R prior to discharge, the Clinical Supervisor will assign a Paper TAM-R to be completed by the therapist.
- 9. The Supervisor will follow up on this at the beginning of Group Supervision each week to ensure the therapists complete this paper TAM-R.

**Recommendation 2: The percent of youth reporting adherence will increase to 75% or more by 11/30/11.**

A review of the data indicates that 72.22% of youth reported adherence during the report period. Based upon a fit assessment for this outcome, the primary driver was that there were several transitions on the team, including 2 new therapists, and a new clinical supervisor. These transitions led to a small decrease in this measure. Therefore, in order to increase the percent of youth reporting adherence to 75% or more, it is recommended that:

- The Supervisor will be trained on how to utilize the MST Therapist Adherence Report to identify the TAM-R items that each therapist is struggling with, and utilize the Clinician Develop Plans to conduct fits for the struggle and develop interventions to increase the clinician’s development.
- The Clinical Supervisor and System Supervisor will monitor the MST Therapist Adherence Report on a monthly basis to monitor this process.

MET

A review of the data indicates that the percent of youth reporting adherence increased from the previous rate of 72.22% to a current rate of 75%. While this is a small gain, it is significant given that this was the first full PIR period with a new supervisor, and several new therapists on the team. The new supervisor worked very hard to gain an understanding of the MST model, how to conduct supervision in a manner that promotes the utilization of the do-loop with the therapists, and was able to identify and address developmental needs of new therapists in a quick manner.

<ul style="list-style-type: none"> <li>• The System Supervisor will conduct a Supervisor booster on how to utilize Tape reviews in the clinician development process. This will be done prior to the end of June 2011.</li> <li>• The Supervisor will conduct a minimum of 1 tape review per month on each therapist to assess for struggles during sessions as well as a means to monitor the implementation of interventions on difficult cases. The Supervisor will utilize the clinician development process to conduct fit assessments and develop plans to address any identified barriers or needs.</li> </ul>		
<p><b>Recommendation 3: The average number of SAMs per therapist will increase to 3 by 11/30/11.</b></p> <p>A review of the data indicates that the average number of SAMs per therapist was 1.33. There were a total of 4 SAMs completed. Based upon a fit assessment for this outcome, the primary driver was that there were several transitions on the team, including 2 new therapists, and a new clinical supervisor. These transitions led to a decrease in the number of SAMs being completed. Therefore, in order to increase the average number of SAMs per therapist to 3 or more, it is recommended that:</p> <ol style="list-style-type: none"> <li>10. The Supervisor will have the therapists complete a SAM every two months, starting during the month of June 2011.</li> <li>11. The Supervisor will add a Reoccurring Schedule to her Outlook Calendar, ensuring that during the first week of every even numbered month, she is directing therapists to complete their scheduled SAM Entry.</li> <li>12. The Supervisor will add a second Reoccurring Schedule in her Outlook Calendar: At the end of each week of the even numbered month, she is to run a PIDR report for each therapist to assess if they have completed a SAM.</li> <li>13. If a therapist has not completed a SAM by the end of the 3<sup>rd</sup> week in the even numbered</li> </ol>	<p>Met</p>	<p>A review of the data indicates that the average number of SAMs rose from 1.33 per therapist to an average of 2.12.</p> <p>The team had 3 therapists who completed 3 SAMs each for a total of 9 SAMs completed.</p> <p>However, the team hired a new therapist at the end of the reporting period, which was not scheduled to enter a SAM during the odd numbered month of November. Each therapist who was scheduled did average 3 SAMs each during the report period.</p>

<p>month, The Supervisor will assign this to be completed after Group Supervision during the 4<sup>th</sup> week of the even numbered month.</p> <p>14. The System Supervisor will review the SAM Report every two months to ensure that a SAM has been completed by each therapist.</p>		
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**Summary and Recommendations**

The purpose of this section is to summarize the program’s progress in adhering to MST practices and to outline the next steps recommended to be addressed over the next six months.

**Summary of strengths**

A review of the data indicates that the team was able to surpass the TAM-R collection goal of 70%, with a collection rate of 79.75%. The team was also able to surpass that overall TAM-R Adherence Threshold of 0.61, with an Overall Average Adherence Score of 0.75, with 75% of all youth reporting an adherent score. The team had a total of 85.71% of all cases complete treatment, with no cases being closed out due to low engagement, and only 2 cases (11.76%) being placed outside of the home.

**Areas to be addressed and targeted for improvement**

The following next steps are recommended to address other areas targeted for improvement:

**Recommendation 1: The average number of cases per therapist will increase to 4 to 6 by 5/30/12.**

Line 3 of the data indicated as of 11/30/11, the average number of cases per therapist was 3.05. An additional review of the data on 12/29/11 indicated that that average number of cases per therapist was 3.25. A prioritized driver is low communication with the referral sources in the availability of MST spaces that are open. In order to increase the average number of cases per therapist to 4-6 cases each, it is recommended that:

- The Supervisor and Team will provide updated brochures to the Probation Staff and DCDY Staff educating them about MST, what an appropriate referral for MST looks like, as well as the process for referrals within the Tides Family Services Network. The System Supervisor can help provide information on this as needed.
- The MST Supervisor will also include Dashboard data from the past year on this material to provide evidence of how effective the program is. This can be provided by the MST System Supervisor.
- The Supervisor will send out a weekly or bi-weekly email to the Key Stakeholders that are responsible for referrals being made the MST program, indicating the current number of openings and discharges scheduled for that month.

**Recommendation 2: The percent of youth with at least 1 TAM-R will increase to 90% or more by 5/30/12.**

A review of the data indicates that only 64.71% of youth completed at least one TAM-R. A breakdown of the data indicates that there was a total of 5 therapists during this reporting period on the team. The four current therapists averaged 89.26% of all youth with at least one TAM-R. There was one therapist who was removed from the team early in the reporting period. He did not have any youth complete a TAM-R during that time. This is why the team’s overall average is only 64.71%. However the current therapists are doing well with this

measure and it is hypothesized that if the supervisor continues to implement the same interventions, this outcome will be reflected on the next PIR. Therefore, it is recommended that that supervisor continue with the same interventions from the last PIR:

- The new Supervisor will be trained about the TAM-R Collection process, identifying that new cases have their first TAM-R collected after the first 2 weeks of treatment, and every 30 Days after that. She will also be trained on how to utilize the TAM-R Monitoring Report and TAM-R Schedule Reports to identify when TAM-Rs are due.
- Each week, prior to group supervision, the Supervisor will review the TAM-R monitoring report to identify any cases that have a TAM-R currently due. These cases will be reviewed with the therapists at the start of group supervision.
- Once a discharge date is identified for a youth completing treatment/or other form of discharge, the Clinical Supervisor will review the TAM-R Monitoring Report to ensure the youth is not scheduled to complete a TAM-R prior to discharge.
- If a youth is scheduled to complete a TAM-R prior to discharge, the Clinical Supervisor will assign a Paper TAM-R to be completed by the therapist.
- The Supervisor will follow up on this at the beginning of Group Supervision each week to ensure the therapists complete this paper TAM-R.

**Recommendation 3: The percent of youth in school and/or working will increase to 85% or more by 5/30/12.**

A review of the data indicates that only 78.57% of all youth were in school and/or working at the time of discharge. This indicates that 21.43% of youth were not in school. This is a total of 3 youth, 2 who were placed. A Separate fit assessment was completed on the number of youth being placed and arrested during treatment and the prioritized driver was that the therapists were not implementing behavior plans early in the treatment process, which resulted in behaviors not being addressed in a timely manner to prevent arrests. In response to this, a booster training was done on Structural Family Therapy to highlight the need to empower parents early in the treatment process, as well as increase the therapist skill level in Structural Family Therapy techniques to do this. In addition, it is recommended that:

- Once the referral fits on a new case are completed, if low supervision/structure is a common driver on the referral fits of a case, and additional fit assessment will be assigned to identify the fit factors that are driving the low structure/supervision.
- Then goals and interventions will be designed to address these drivers for the low structure.
- In conjunction, the supervisor and system supervisor will ensure that therapists are addressing the structure and completing a behavior plan by the end of fourth week on a case
- Interventions will also be put in place to measure the ability and consistency of parental follow through with these interventions
- In addition, to ensure there are no additional drivers, a school assessment will be completed by the end of week 2 on all cases with truancy or school behavior issues. This will ensure that if there are other drivers beyond the structure, that they will be identified and addressed by the team.

**Recommendation 4: The percent of youth with no new arrests will increase to 85% or more by 5/30/12.**

A review of the data indicates that only 64.29% of youth did not receive a new arrest during the course of treatment. This indicates that 35.71% of youth were arrested during the report period. A fit assessment that was completed with the supervisor and the prioritized driver was that the therapists were not implementing behavior plans early in the treatment process, which resulted in behaviors not being addressed in a timely manner to prevent arrests. In response to this, a booster training was done on Structural Family Therapy to highlight the

need to empower parents early in the treatment process, as well as increase the therapist skill level in Structural Family Therapy techniques to do this. In addition, it is recommended that:

- Once the referral fits on a new case are completed, if low supervision/structure is a common driver on the referral fits of a case, and additional fit assessment will be assigned to identify the fit factors that are driving the low structure/supervision.
- Then goals and interventions will be designed to address these drivers for the low structure.
- In conjunction, the supervisor and system supervisor will ensure that therapists are addressing the structure and completing a behavior plan by the end of fourth week on a case
- Interventions will also be put in place to measure the ability and consistency of parental follow through with these interventions.

### **PFN Data Report November 2007- March 31, 2012**

PFN started in November 2007 to March 2012

**929** Families Served

**409** out of **929** families served through PFN were from out of home placements = **44%**

Out-of-state residential facility	24	<b>2.6%</b>
In state residential facility	186	<b>20%</b>
Hospital/shelter/foster care	130	<b>14%</b>
RITS	69	<b>7.5%</b>

Remaining at home at time of closing = **84%**

Average Length of stay for each family = **6 Months**

Cost per family for 6 months = **\$12,000**

#### **Barriers:**

Rhode Island economic issues have served as the most significant barriers. The expectations is to do more with less. With limited resources, PFN has continued to provide quality services to the most needy families in Rhode Island.

The new System of Care was projected to begin on January 1, 2012. PFN staff had been chosen to transition over to OSNCF funded positions. A delay in start up until July 1, 2012 had a negative impact on Tides financially. Staff are trained and ready to begin.

### **Goals for FY 2012-13**

Our goal for 2012-2013 is to rebuild program staff vacancies, coordinate with OSNCF partners and grow PFN within the new network of community based services.

## **Tides' School Annual Program Report Fiscal Year 2011-2012**

### **Accomplishments**

The 2011-2012 school year was a challenge. Although we continued to be confronted by a difficult economic climate, we were able to maintain program quality while adjusting to and adapting to the new economic realities. We expanded our Virtual Learning Program and obtained two small grants to assist with this program offering. Six (6) students completed the Virtual Learning Program and achieved a Tides High School Diploma. Additionally, four (4) of the six graduates also successfully obtained employment prior to receiving their diplomas.

With the completion of the building renovations in our West Warwick facility we realized our long standing goal of having a state of the art culinary facility available to our students. The culinary facility became fully functional in the winter of 2011. With a continued emphasis on developing partnerships, we maintained a positive working relationship with the East Providence Public Schools and, began a working relationship with Rhode Island Legal Services. The relationship with R.I.L.S. is specific to our school programs that provides services that are designed to meet the educational needs of the clients they serve.

Specialized reading services (Wilson Reading Approach) and Vocational Training Activities (Culinary and Construction) brought Tides student referrals from Local Educational Agency's at the direction of Rhode Island Legal Services. Additionally, in an effort to expand and streamline our advocacy support program we have developed the beginning stages of a website advocacy system that should more readily provide basic advice and direction to Tides staff and clients. We believe that the continued development of this website will make it possible to transfer basic advocacy data more effectively and, thus, making it possible to better utilize this service state-wide.

Finally, we began to adjust our service delivery model to both streamline our approach while re-structuring for the future. Our objective in this regard is to take advantage of specific staff skill sets within the framework of long term transition planning.

### **Goals For FY 2012-2013**

The objectives set out below are designed to maintain a functional baseline for a structured service delivery model while maintaining sufficient flexibility for future growth and development.

- To maintain current cooperative agreements with public and private agency's and, if possible, extend such arrangements to other local school departments;
- To actively “advertise” the specific specialty services offered to Tides School students i.e. Wilson Reading, Vocational and Culinary programs;
- Develop a structured process for students to enter the vocational aspects of our programs including an organized oversight and assessment aspect that identifies skills obtained;
- To more actively recruit and train Educational Advocates to provide preliminary advocacy support for Tides clients;
- To actively assist fund development staff in obtaining grants for various school programs and activities;
- To develop an advocacy training procedure and manual designed to assist staff in the fundamentals of advocacy support and position the agency to provide such services to partner agencies;
- Continue to work on structuring our funding and resultant staffing arrangements to assure the proper mix of Tuition students, PFN students and Virtual Learning students with appropriate staffing ratios for instructional integrity and safety;
- To continue to refine staffing needs and assignments to assure a smooth transition to the future;
- To cultivate a vocational climate that fosters improved vocational skill development programs, possible product lines and/or small business opportunities including the possible development of product lines;
- To identify and balance our funding sources with student needs and staffing requirements and begin the process of streamlining a service delivery model that provides stability within a multifaceted structure that promotes future growth.

### **SAMSHA Report 2011 (See Attached Report in Appendix)**

### **Committee Reports**

All Continuous Quality Improvement (CQI) activities are monitored through assigned committees (Clinical Committee, Personnel Committee, Building Safety Committee, Finance Committee and the Steering Committee). Each committee is responsible for reviewing all data collected through the CQI process, identifying trends and developing corrective action when necessary. The following reports are from the Clinical Committee, the Personnel Committee and the Building Safety Committee, respectively, on the activities and corrective action they have taken this fiscal year.

## **Clinical Committee Report FY 2011-2012**

The general charge of the clinical committee is to provide consistent oversight, guidance and management of clinical policies and procedures for Tides Family Services. Responsibilities aimed toward this charge include a quarterly review of Clinical Incident Reports, Training Evaluations, Clinical Case Record Reviews and Utilization Reviews. These quarterly reviews result in management, oversight and corrective action planning within each of the reviewed areas. The clinical committee consists of a broad representation of TFS staff. Membership has been adjusted throughout the year to ensure that there is representation from all offices. The following is a summary of the corrective plans and actions that were taken by the clinical committee during the 2011/2012 fiscal year.

Clinical Record Reviews are conducted on a quarterly basis. As stated in the previous report a temporary review process was implemented and the formal process put on hold, while a new system could be developed to be both compliant with COA standards as well as cost effective. During this fiscal year, the system of reviewing files has been revised and implemented. Additional staff members have been identified and trained as a Review Team to allow the agency to conduct these reviews quarterly with no additional funding required. In this new process files have continued to be selected through a random sampling with the purpose of identifying areas of improvement within our service delivery. One trend that was identified and addressed through corrective action planning, was the need to increase the ability to measure progress through better defined goals. While there are new hire trainings and utilization reviews that routinely train staff in this area, it was decided that another layer may be helpful. The Clinical Director has scheduled program specific, small group workshops on goal development and treatment planning to provide focused training opportunities for staff in a hands on approach. Another need area identified through the process of case record reviews was in the area of file maintenance and organization. The Clinical Committee teamed with the Building Committee to address the needs in this area and improve the overall storage system for files. In addition, upon conclusion of reviewing program files, each Reviewer now meets with program supervisors to discuss outcomes and develop corrective action plans. This intervention was developed in response to the committee finding from the previous fiscal year that treatment teams would benefit from an increased level of feedback from the reviewers each quarter in order to best address documentation trends within their program. Implementation of this new process has yielded improvement in overall record keeping compliance during this report period.

Feedback from the new Review Team also brought to the attention of the committee the frequent rate at which the current sampling system was yielding much of the same youth files to be reviewed. Corrective Action steps were taken to modify and alternate the sampling process to increase randomization.

Training and Supervision is another charge of the Clinical Committee. During this fiscal year, the Clinical Committee and Personnel Committee have begun collaboration in this domain to ensure that training and supervision is being analyzed both from a Human Resources/Personnel view as well as a Clinical view. New hire and ongoing professional development trainings have continued to be provided routinely. A Domestic Violence and Substance Abuse Training were delivered this year by outside agencies in an attempt to access the expertise within the community in these areas. Also, in response to previous feedback, an IEP/Educational Advocacy training was added to the training program and has received positive feedback. Evaluations have continued to be completed following each agency training and the feedback has consistently remained positive. There continues to be instances where evaluators request trainings/information that are currently provided

within the training program. It was determined that improvements in our training offerings and outlines agency wide may be helpful. As a result, outlines and power point presentations for all Agency trainings are being compiled and will be stored on the Agency intranet to provide all staff with easy access to training information. In addition, pre and post tests are being developed along with each of the training curriculum to better track and determine the effectiveness of the material being offered.

Clinical Incident Reports have also been monitored through this committee. There has been an increase in reports made throughout the fiscal year. This may be a result of better training with staff in regards to their reporting responsibilities or a result of higher percentage of crisis in the families currently receiving services. The committee will continue to monitor the trends and causes of clinical incidents to better assess the reason for the increase as corrective actions may be needed to address the spike. At this time, the trends within the incident reporting do not reveal an increase in intensity of clinical incidents as there have been no reports that have required incident review of restrictive behavior management. The committee will also continue to monitor the frequency of reports across programs and geographies to determine if targeted corrective actions are required in any specific programs/locations.

During this fiscal year the committee has also begun to review the Utilization Review reports. While the information and trends from these reports are primarily utilized by programs to make informed decisions around needs and trends within their own service delivery, the committee has begun to look at the data collected in an effort to maximize the information that the agency is collecting and identify any gaps in data collection. The committee recognizes that the implementation of the new software system (ETO) and overall client database is an opportunity to refine Agency data collection processes. Some minor updates have been made to the Utilization Review tool in response to this, and the committee will begin to review the reports generated by ETO once fully established to further identify areas of need.

## **Personnel Committee Report 2011-2012**

This report highlights the Personnel Committee's activities and accomplishments for the fiscal year 2011-2012. This document will also cite how the charges have been addressed and outlines the CQI goals for the upcoming fiscal year 2011-2012.

The charges to the committee include Human Resource planning, personnel growth and development, performance reviews, employee satisfaction and retention, recognition events and staff recruiting with an emphasis on diversification. In addition the committee monitors and reports on the agency's CQI plan in relation to personnel activities. In an effort to represent all staff, the committee consists of members from each office and program and a member of the Senior Management Team.

### **Accomplishments**

1. Reviewed the agency's Human Resources Management and Personnel policies and procedures with the goal that all policies are being implemented as set forth. Recommended updates to Senior Management Team regarding the hiring process for full and part-time staff.
2. Employee round table discussions were conducted throughout the organization as a method to gauge employee satisfaction and generate ideas for improvements that can be implemented. To date, a benefit for employee services/counseling was added.
3. With the help of the IT Department, internal communication regarding job postings, trainings and events, as well as a central location for human resource related forms, etc. was made possible through the Tides Family Services Intranet.
4. All Personnel Evaluations due dates were changed from individual anniversary dates to the end of April for all employees, resulting in 100% compliance at the end of 2011.
5. To date, all employee job descriptions are complete and updated.

### **Barriers**

Due to budget constraints, the Human Resource Director position was cut, leaving many of the Human Resource Management responsibilities to the Senior Management Team and the Personnel Committee. As a result, some CQI results are available, while others are in the process of compilation.

### Annual Employee Satisfaction Feedback

The employee satisfaction survey was administered in two parts this year and provided feedback regarding the agency's climate, management, and conditions of employment. Specific questions were centered on communication and supervision, professional development, and work atmosphere and workload. The first survey was part of an external evaluation by Best Companies Group on behalf of *Rhode Island's Best Places To Work*, while the second was an internal survey designed to evaluate the new methods of agency communication, the current training programs, and the understanding of employee benefits. Annually, the committee conducts the survey and compiles the results. The committee will compare the scores to previous results and look for trends. Action plans will be discussed at the next committee meeting to be held in July and forwarded to the Senior Management Team for review and approval.

### Personnel Retention/Turnover Rates

Personnel retention and turnover rates are being determined for the fiscal year as well as the length of staff employed through the present. These rates will be compared to Rhode Island statewide rates of comparable day programs' findings that were published by the Human Resources Institute in Cambridge, MA. The report distinguished between day support and residential programs in several states with RI statistics broken out between day support and residential programs. The results will be reviewed in July and recommendations will be made to Senior Management if corrective action is needed. It should be noted that the results this year will be negatively effected due to budgetary constraints and positions eliminated.

### Human Resource Planning

In an effort to plan for Human Resource needs, the Senior Management Team continued to implement other cost-effective methods to recruit such as: jobsinri.com, college fairs, and community resource fairs. Recruiting efforts continue to prioritize the need for cultural and linguistic diversity of TFS personnel.

On a quarterly basis, the committee reviewed exit interviews and determined actions plans based on trends and feasibility.

## **Goals for FY 2012-13**

1. The committee will begin to coordinate efforts with other agency committees to help manage accessibility to ongoing trainings and ensure that all personnel are attending relevant trainings annually via personnel file audits.
2. The committee will coordinate efforts with the IT Department to ensure that all agency staff are able to utilize technological communication tools such as email and Intranet in order to achieve the agency's goal of reliance on technology for consistent agency-wide communication.
3. The committee will coordinate with Senior Management to ensure that all staff are offered ongoing information sessions regarding employee benefits.
4. The committee will set a goal for a decreased staff turnover rate based on the previous years' rates.
5. The committee will continue to analyze the length of employment of separated staff as well as the length of current staff employed. Thus, a staff retention rate will be set based on prior history.
6. Biannually, the committee will continue to hold years of service award ceremonies to recognize staff's commitment to our mission.
7. The committee will continue to analyze the exit interviews quarterly and develop action plans, if feasible, based on the reasons that people have left the agency.

## **Building Safety Committee Report 2011-2012**

This narrative represents the Building Safety Committee's annual formal report on its activities, corrective action, overall progress, and recommendations for goals moving forward for 2012/2013. The narrative will briefly explain the committee's purpose and function, and will serve as a reference point for future Continuous Quality Improvement (CQI) annual reports.

### **Purpose and Function**

Tides Family Services is responsible for the management of four buildings located in West Warwick, Providence, and Pawtucket. Tides also operates out of rented space in Woonsocket, South Kingstown, and Middletown and while we do not assume any property management duties there, we still assume responsibility for the well being of its employees working there. Furthermore, Tides owns and operates one maintenance van and four seven-passenger vans used to transport various program service recipients for school transport and recreational activities, etc. The Building Safety Committee assists the Senior Management Team with organizing the tasks required to maintain the buildings and vehicles, and to monitor the implementation and adherence to trainings and safety regulations as well.

Through on-going CQI reporting via building-safety and vehicle-safety checklists, work orders, emergency response and preparedness drill logs, and non-clinical incident reports, the committee generates formal Quarterly Reports for the Senior Management Team's review, which in turn affects corrective action regarding policies, procedures, and Orientation/On-going Trainings related to building and vehicle safety. Membership includes staff at all levels and locations throughout the agency as well as a member of the Senior Management Team.

### **Accomplishments**

During fiscal year 2011-2012, the employee participation rate in the Risk Prevention Management and Emergency Response Preparedness Training remained at 100%

During fiscal year 2011-2012, the committee updated policy relating to the ongoing maintenance of all agency vehicles and the scheduling of all agency vehicles, and is under consideration with the Senior Management Team.

During the fiscal year 2011-2012, the committee coordinated efforts with the IT Department to manage three tasks: 1) Create internal communication via the Intranet for Work Order Submissions that includes status reports in order to minimize frustration among staff if barriers to work order completion slowed progress. 2) Post the weekly van schedule via Intranet for staff to determine van availability for planning purposes. 3) Post Material Safety Data Sheets (MSDS) for student and maintenance/school staff to satisfy RI Department of Education requirements and supplement safety preparedness agency-wide via Intranet for limitless accessibility.

### **Goals for FY 2012-13**

1. During fiscal year 2012-2013, the committee along with the IT Department will draft a policy on e-waste.
2. Re-examine risk management training related to service environment and staff at every level for non-clinical issues via Christian Brothers Risk Pooling Services.
3. During fiscal year 2011-2012, the committee reviewed nine Incident Reports related to building and safety issues. Based on the review of the Incident Reports, the committee made Requests for Policy Change regarding passenger van training and licensure requirements, and affected a change in practice regarding the security of petty cash boxes in West Warwick. Further security measures for the West Warwick office are under consideration with the Senior Management Team.

### **Conclusion**

The Building Safety Committee will continue to monitor the agency's maintenance and safety needs, and communicate those needs to the Senior Management, in order to promote the most efficient response to those needs as our resources will allow. Furthermore, the Building Safety Committee will strive to achieve the FY 2012-2013 goals to maintain Tides Family Services' overall CQI plan.

# IT Department Report 2011-2012

## Organization Mission

The majority of Tides Family Services staff members are direct service providers. In that capacity, staff members are frequently in the community servicing clients and their families. The mission of the Tides Family Services Information Technology organization is to provide suitable technology solutions that will enable staff to perform their job functions where they most effectively perform the function. In general, that means allowing staff to move between agency locations maintaining access to critical applications and data. Additionally, some staff will have access to critical data and applications within the community they serve.

## Accomplishments During the 2011-2012 Fiscal Year

Implement email system – selected and implemented Google Apps for non-profit email system providing all staff members with access to their agency related email communications from anyplace with PC and internet connectivity

Implement calendar system – selected and implemented Google Apps for non-profit calendar system providing all staff members with access to their agency related calendars from anyplace with PC and internet connectivity

Develop Agency Intranet Site – leveraging the functionality of Google Google Apps for non-profit sites, we developed a Tides Family Services Intranet site that is accessible by Tides staff ONLY. Designated staff members have accepted ownership of their respective organizational page(s), evolving/updating content and modifying pages.

Upgrade agency file servers – acquired 2 new file servers and configured Active Directory and Group Policies to best address the information needs of the staff. Servers are configured to service staff information needs across the 6 agency sites.

Upgrade Personal Computers and Laptops – acquired new PCs/laptops to replace approximately 60% of agency hardware, remaining hardware being upgraded with new memory and operating system.

Upgrade agency internet bandwidth – due to the additional reliance on the wide area network (via internet) between agency sites, additional bandwidth was required.

Implement online time sheet system – leveraging the capabilities available via the agency's payroll service provider (PayChex), implemented an online time sheet system that enables staff to enter time sheets from anyplace with PC/internet connectivity, replacing hard copy/fax procedure.

Implement online case management system/Social Solutions – selected and started conversion to an online case management system (Social Solutions/ETO). Conversion is being completed on a program-by-program basis.

Implement online meeting/conference calling capabilities – implemented an online meeting capability (computer sharing and conference call) to support virtual meetings across the agency and other stakeholder sites

Implement online project collaboration capability – implemented an online project collaboration site to facilitate agency team communication and collaboration

Upgrade cell/smart-phone capabilities – selected a new wireless phone provider and distributed new cell/smart-phone equipment. Smart phones (iPhones) were selected to interface with the online case management system.

### **Plans for 2012-2013 Fiscal Year**

Complete implementation of online case management system/Social Solutions – since programs are being converted to Social Solutions/ETO on a program-by-program basis, the remaining programs will be converted during the 1<sup>st</sup> quarter of the 2012-2013 fiscal year

Continue to evolve the intranet content and staff utilization – as the agency evolves so will the intranet site. Pages will be added/modified as appropriate to keep staff members informed.

Implement Human Resources System – like the online time sheet system, we will implement the Human Resource module associated with the PayChex payroll system. That will complete the implementation of the 3 key modules (payroll, time sheets and human resources).

Implement Time sheet Vacation/Sick/Personal time tracking – vacation/sick/personal time will be tracked (accrual, usage and balance) will be tracked via the time sheet system

Implement Time sheet Mileage Reimbursement system – mileage reimbursement will be tracked (requested/approved) via the time sheet system

Convert fund development/contact management system – Raiser's Edge will be replaced by a less expensive/equally functional fund development/contact management system, eTapestry

Upgrade Office Phone System(s) – we will evaluate the current office phone systems at our agency sites and determine our need/resources to implement new systems. Given sufficient need and resources, new systems will be implemented

Upgrade office copier/fax/printer equipment – many office copier/printer systems are at or near lease end. We will final our specifications and request competitive bids. A provider will be selected and new equipment will be installed. All devices will be integrated into the new agency network.

Improve/document IT related processes/procedures – we will evaluate current IT processes/procedures in light of the new systems and update as required. Specific procedures will include:

Closed client file archival

Staff on-boarding/off-boarding/change procedures

## **Senior Management Team Annual Strategic Objectives Updates from FY 11-12**

The following is a status report for the Senior Management Team's annual strategic objective for fiscal year 2011-2012. This report will focus on each of the Senior Management Team's short-term objectives based on the newly adopted 2011-2014 strategic plan developed by the Board of Trustees. The report will highlight the accomplishments, barriers to the full accomplishment of objectives from 2011-12 and develop new recommendations for goals in the FY 2012-13 for each position.

Financial cuts faced in FY 2011-2012 resulted in a decision to reduce staffing in 'non-program' departments within the agency. As a result, the Director of Finance and Director of Human Resources positions were

eliminated and the roles and responsibilities within these departments were absorbed by the Senior Management Team. The Director of Fund Development Position was also eliminated and the roles and responsibilities of this department were absorbed by a Fund Development Committee and increased fund development support by the Board of Trustees. The Strategic Plan was developed with an emphasis on broadening Agency revenue streams through diversification of funding and increased fund development with a long term goal of rebuilding infrastructure when it is financially responsible to do so. The 2011/2012 objectives and the recommendations for 2012/2013 objectives of the Senior Management Team members incorporate the previous functions and outstanding needs for the Agency in the areas of HR and Financial Management.

## **CEO Annual Report- ASO**

**2011-2012**

**Brother Michael Reis, LICSW-- Chief Executive Officer**

### **Goal 1.1- Partner with COA to establish a time-line and plan for accreditation**

*Objective 1: Promote and endorse CQI activities throughout the agency*

#### **Accomplishments**

Finalized the Agency Strategic Plan for 2011-2014 in conjunction with the Board and Senior Management Team.

Incorporated CQI and COA agenda items into all staff meetings. Personally endorsed the Agency commitment to CQI and best practices during communications with Agency staff

#### **Barriers:**

None

#### **FY 2012-13 Objectives:**

Assist and support the COO and Senior Management Team in their objectives in this area. Continue to utilize all staff days and regional meetings to endorse the agency CQI activities in the CEO message to the staff.

### **Goal 1.2 Partner with DCYF and various funding sources to further identify and define target program outcomes.**

*Objective 1: Lead the Agency in contract negotiations with DCYF, Urban Core and Ocean State Network*

#### **Accomplishments:**

The YTC contract was successfully renegotiated.

The Agency has operationalized a Tides FCCP team in partnership with the Urban Core.

CEO participation in all aspects of OSN development. Continued advocacy within the OSN CEO group for emphasis on best practices and Network utilization of treatment models and programs that produce desired outcomes.

**Barriers:**

Cuts in DCYF budget

**FY 2012-13 Objectives:**

Continue to lead the agency in all contract negotiations with a focus on treatment outcomes and best practice models

**Goal 1.4 : Increase communication between CQI Committee Chairs, Senior Management Team and Board to enhance agency wide CQI activities and programming**

*Objective 1: Ensure regular updates to the Board regarding Agency CQI activities*

**Accomplishments:**

CEO has kept the Executive Committee and the Board as a whole apprised of all the agency infrastructure changes, including those impacting the Agency CQI program. The previous position of VP of Quality Management, filled by Heather Ferro, LICSW, was eliminated and Heather was hired as a COA consultant for the agency moving forward. Staff responsibilities and job descriptions were redeveloped to address the CQI roles within the agency.

A strategic planning committee was developed and new Board member, Chris Little, assigned as Chair of this Committee.

**Barriers:**

None

**FY 2012-13 Objectives:**

Close the feedback loop between agency CQI activities and the Agency Board.

**Goal 1.5 Increase connections of public and private sector for the purpose of treatment provision**

*Objective 1: Increase public relations efforts across the state*

**Accomplishments:**

Participation in the Champions in Action Breakfasts and 10 year celebration; Volunteering in the CVS Charity Classic; Attendance at the Family Court Conference on Impact of Trauma; Participation in the General Assembly Joint Legislative Black History Month Celebration; Gencorp Annual Corporate Giving Dinner; Panelist/Speaker Executive Service Corp presentation "The Nonprofit Imperative: Confronting Mounting Social Need; RI Foundation Annual Meeting.

**Barriers:**

Time constraints for CEO and Agency staff.

**FY 2012-13 Objectives:**

Continue public relations efforts at the CEO level.

Identify staff member(s) to represent Tides in the Pawtucket/Central Falls and Woonsocket areas, as Tides visibility in these core cities is low.

**Goal 2.1 Assess and manage risk to agency identity, mission and financial stability within various partnerships and new ventures**

*Objective 1: Participate in CEO meetings with Ocean State Network and the Urban Core*

*Objective 2: Negotiate DCYF and OSN contracts*

*Objective 3: Develop budgets for all programs and departments and monitor monthly targeted spending*

**Accomplishments:**

Participation in the OSN CEO group and the PFF/FCCP CEO group.

Successful negotiation of the YTC Contract.

Budget cuts resulted in cuts to the infrastructure, including the Agency Finance Consultant. A new board member, John Bucci, was accepted onto the Board and appointed as head of the Finance Committee. The Finance Committee has been working to update the Agency budget reports and create a system of monthly monitoring of Agency expenditures.

**Barriers:**

Budget cuts and resulting cuts to Agency Finance Department.

**FY 2012-13 Objectives:**

Continued participation in OSN and Urban Core CEO meetings.

Continue to lead agency negotiations for DCYF, OSN and Urban Core Contracts.

Monthly monitoring of Agency spending throughout FY 12/13 as we enter into the system of care in order to immediately identify and manage any budgetary shortfalls.

**Goal 2.2 Organize Advocacy Efforts within DCYF/State to help shape a system of budget cuts that has least negative impact on RI children and families**

*Objective 1: Participate in Advocacy groups throughout RI as a means of effecting change*

*Objective 2: Outreach and Advocacy through meetings with State Legislators*

*Objective 3: Advocacy and testimony at the State House as appropriate*

**Accomplishments:**

Participation in the Child Welfare Advisory Committee; Children's Policy Coalition and Children's Policy Coalition Legislative subcommittee; Global Waiver; JDAI and CPC Nominations Committee; DCYF Building Systems of Care Working Meeting.

Presented testimony before both the House and Senate on four occasions on the following legislation:

- An Act relating to education- The Paul W. Crowley Rhode student investment initiative.
- An Act relating to delinquent and dependent children- proceedings in family court.

**Barriers:**

None

**FY 2012-13 Objectives:**

Continue objectives from FY 11/12 as budget cuts continue to threaten the care and services available to Rhode Island's neediest families.

Incorporate the needs for the newly developed System of Care in advocacy efforts.

**Goal 2.3:** Broaden funding streams to include non program income that is necessary to maintain agency infrastructure long term

*Objective 1: Restructure Fund Development Department through the reassignment of staff responsibilities- MET*

*Objective 2: Generate new strategies for raising money in the current economy*

**Accomplishments:**

Budget cuts have necessitated shifts in agency structure and a prioritization of fund raising tasks. A Grants Committee has been established and the Fund Development Committee restructured to maximize outputs.

**Barriers:**

Poor economy.

**FY 2012-13 Objectives:**

Generate new strategies for raising money in the current economy.

**Goal 2.4** Pursue opportunities for growth and increased programming that diversify funding streams for the agency

*Objective 1: Work with the Senior Management Team in the identification of new program opportunities*

**Accomplishments:**

Proposals developed in response to two RFP's: Providence Alternative Education RFP; and Young Adult Offenders RFP.

**Barriers:**

Time Constraints, availability of funding opportunities in poor economy

**FY 2012-13 Objectives:**

Support the objectives of the COO and Senior Management team in the assessment and potential development of an increased Fee For Service Clinical Department.

Assess and plan for Agency growth opportunities within the newly developed System of Care through our existing membership in the Ocean State Network and Urban Core.

**Goal 3.1: Rebuild agency infrastructure and define role of the Senior Management Team (SMT)**

*Objective 1: Finalize the job description of the COO*

*Objective 2: Identify an agency staff person for the role and responsibility of non-program contract management*

*Objective 3: Work with COO in the development of the Senior Management Team as a vital role in the decision making process within the agency. Ensure effective communication plans between all agency departments and SMT*

**Accomplishments:**

The roles and responsibilities of the COO position have been developed throughout this fiscal year along with the roles and responsibilities of all Senior Management Team. The job descriptions for each will be finalized by June 30, 2012.

The responsibilities for non-program contracts have begun to shift to the Director of Quality Management.

The SMT team has been developed throughout this fiscal year and the CEO has endorsed and promoted the role of the SMT throughout the Agency and within the community.

**Barriers:**

None

**FY 2012-13 Objectives:**

Finalize a plan of oversight for Agency non-program contracts.

Continually assess Agency budget for opportunities to reallocate funding toward the expansion of Agency infrastructure positions

**Goal 3.2: Develop oversight plan of departmental functions to ensure that department activities are consistent to agency mission and long term strategic goals**

*Objective 1: Assist, support and monitor the COO and Senior Management team in meeting their related objectives*

**Accomplishments:**

The development of the COO job responsibilities and the responsibilities of the Senior Management Team have focused on and incorporated the need to have consistent oversight on departmental functions.

**Barriers:**

None

**FY 2012-13 Objectives:**

Continue to assist, support and monitor the COO and SMT in meeting their related objectives.

**Goal 4.1: Enhance existing marketing materials and create a plan of oversight that ensures all materials are reviewed by the CEO/COO and/or the SMT**

*Objective 1: Develop a plan for the agency newsletters and annual reports to maximize marketing opportunity*

*Objective 2: Implement agency Intranet uses and ensure update of Agency web page for marketing purposes*

**Accomplishments:**

Met with Sheila K. Lawrence who is contracted to complete agency newsletters and annual reports and prioritized the messages needed in these publications

The agency Intranet has been operationalized and the Agency web page has been updated.

**Barriers:**

None

**FY 2012-13 Objectives:**

Continue to assess the effectiveness of the agency newsletters and create adjustments to the newsletter structure as needed.

Develop the expertise to maximize the use of Technology in Agency marketing

**Goal 4.4: Increase Public Relations in broader community and create greater name recognition**

*Objective 1: Develop a public relations strategy in conjunction with the Fund Development Committee*

*Objective 2: Improve on agency ability to promote outcomes and explain agency mission and work in public relations and fund raising activities*

**Accomplishments:**

CEO has worked in conjunction with the SMT to develop a program outcomes report particular to the Preserving Families Network and the Youth Transition Center to better illustrate to state agencies, the community and potential donors the effectiveness of the work the Agency is doing with children and families.

**Barriers:**

Agency has continued to utilize an outdated system of data collection. Throughout this FY a new system was being constructed-- old system does not allow for extraction of needed outcome data.

**FY 2012-13 Objectives:**

Utilize the newly developed ETO system as a means of generating program outcome data that is regularly incorporated in all public relations efforts

Continue to develop, implement and assess a public relations strategy for the Agency.

**Goal 4.5 Cultivate relationships with the RI Business Community to broaden donor base**

*Objective 1: Work with the Board to increase the identification of new businesses to get involved with and donate funds to the Agency*

*Objective 2: Host a CEO breakfast bringing area business community together for the financial advancement of the agency*

*Objective 3: Invite interested members of the Business Community to “shadow” the Tides work experience as a means of promoting the work and mission of the agency*

**Accomplishments:**

Mayor Gricien of Pawtucket visited and “shadowed” the work experience in Pawtucket as a means of promoting the work of the Agency.

Ongoing participation in the Tides Corporate Partners Technology Committee.

Work with the Fund Development Committee.

**Barriers:**

Time Constraints; Budget cuts that have led to the shrinking of the Fund Development Department

**FY 2012-13 Objectives:**

Increase contact with the next generation of entrepreneurs in the RI business community to foster long term relationships.

Host 2 CEO breakfasts/events to promote agency mission, treatment outcomes and solicit targeted funding for identified Agency needs.

**Goal 4.6: Increase corporate Sponsorship and Volunteerism to drive the Agency fund raising events**

*Objective 1: Identify and solicit new corporate sponsors to defray costs for the Tides Gala and Golf Tournament*

**Accomplishments:**

Ongoing- The fund development committee has increased efforts toward solicitation of corporate sponsorship for the Agency fund raising events that will be held in FY 12/13.

**Barriers:**

Poor RI economy; limited Agency resources for fund development

**FY 2012-13 Objectives:**

Conduct a cost/benefit analysis of the Gala and Golf Tournament to direct the planning for next years' events.

**Goal 4.7: Strengthen the administrative and personnel supports to the Fund Development Committee for the implementation of fund raising activities**

*Objective 1: Increase role of Executive Assistant in support of Fund Development committees and activities - Met*

**Accomplishments:**

The time and responsibilities of the Executive Assistant have been increased to support fund development efforts within the agency.

**Barriers:**

None

**Goal 4.8: Rebuild Fund Development Department**

*Objective 1: Establish a budgetary guideline and target financial goals for Agency fund raising activities*

*Objective 2: Identify funds that can be reinvested into the growth of the Fund Development Department*

**Accomplishments:**

Budget cuts forced the elimination of the Director of Fund Development position. The Agency has restructured the Fund Development Committee and developed a Grants Committee with Mark Motte as the Chair in response to the elimination of this position. The restructuring of the fund development roles and responsibilities

has allowed the agency to continue its annual fund raising events (Gala, Golf Tournament, and CVS Classic) without disruption while putting increased efforts into Grant attainment.

**Barriers:**

The time demands involved in the restructuring of the department  
Budget deficits

**FY 2012-13 Objectives:**

Analyze the financial outcomes for the three Agency fund raising events and establish increased financial target goals for these events in the next FY year as well as a plan to meet the targets.

**Goal 5.1: Annual Board goals will be driven by the strategic plan**

*Objective 1: Work with the Executive Committee for development and monitoring of Board goals*

**Accomplishments:**

Strategic plan for 2011-2014 has been finalized

**Barriers:**

None

**FY 2012-13 Objectives:**

Continue to work with the Executive Committee for the ongoing monitoring of Board goals; assessment of barriers and planning to address barriers.

**Goal 5.2 Increase Board Recruitment efforts and target people more closely connected to the business community and those that reflect the communities that we service**

*Objective 1: Work with the Board in development of a recruitment plan*

**Accomplishments:**

Needs within the Board have been identified.

Criteria has been established for the 5 seats that need to be filled on the Board. At least two of the seats are to be filled with candidates that represent diversity and reflect the communities that we service; and at least three of the candidates need to have fund raising aptitude.

**Barriers:**

None

**FY 2012-13 Objectives:**

Implement the recruitment plan and successfully fill the 5 open Board Seats.

Assess the benefits to the Agency in the establishment of an annual minimum donation for Board members.

**Goal 5.4 Further integrate Board members into fund raising activities**

*Objective 1: Work with the Fund Development Committee to develop a plan for increased participation by Board Members in Fund Raising Activities*

*Objective 2: Prioritize Fund Development needs in the recruitment strategy for the Board*

**Accomplishments:**

Board Recruitment plan addresses the needs in these areas

**Barriers:**

None

**FY 2012-13 Objectives:**

Establish a fund raising expectation for the newly appointed Board members as they are oriented to their role.

**Goal 7.2: Agency leadership will acknowledge the Formation that occurs daily within our service and prioritize Formation activities**

*Objective 1: Work with the SMT to create additional Formation opportunities within the agency*

**Accomplishments:**

CEO maintains participation in numerous Lasallian events- VEGA training on Mission and Vision; Member of LAYFS Administrator's Forum; Lasallian Volunteer Orientation; DENA retreat, RILAG, Young Lasallians; DENA Directors Workshop.

All Staff Day held in FY 11/12 with a sole focus on the Lasallian History and Mission

Founders Day Luncheons held at the 3 main TFS sites

**Barriers:**

None

**FY 2012-13 Objectives:**

Continue to endorse the Tides Lasallian Committees established throughout the agency through the allowance of staff to utilize work time and Agency resources for their Lasallian group activities.

Work with DENA in the development of a new Lasallian Formation plan.

**Goal 7.3:** Establish an agency succession plan that reflects the DeLaSalle Christian Brothers transition to Lay Associates

*Objective 1: Work with the Board to develop succession plan*

**Accomplishments:**

Agency has developed the infrastructure of the Agency through the development of a Senior Management Team and the development of a succession plan is ongoing.

**Barriers:**

None

**FY 2012-13 Objectives:**

Development of a succession plan is ongoing.

Introduce the Lasallian Covenant agreement to the Board for approval and signature.

**COO Annual Report- ASO**

**2011-2012**

**Sue Kershaw-Sczuroski, LICSW- Chief Operating Officer**

**Goal 1.1- Partner with COA to establish a time-line and plan for accreditation**

*Objective 1: Monitor, assist and support the objectives of the VP of Treatment Programs where appropriate*

**Accomplishments:**

The responsibilities for Quality Management throughout the agency were shifted during the 2011-2012 fiscal year. The position of VP of Quality Management was eliminated and the responsibilities of this position were shifted to the VP of Treatment Programs along with a newly created Director of Quality Management position. The former VP of Quality Management remains involved as a COA consultant for the agency. The Agency has successfully managed these role and responsibility changes while actively preparing for COA re-accreditation.

Regular oversight and weekly meetings with the VP of Treatment Programs have occurred to ensure that time lines for COA related activities are met. A revised job description has been created for the VP of Treatment Programs and a new job description created for the Director of Quality Management to ensure that the needed time and resources were allocated within the agency for quality management and assurance of best practices.

Agency sent 3 staff to New York City to be trained in the COA reaccreditation process. A support staff was included in this training, and this staff's time has been allocated for the support of the reaccreditation process.

A weekly Senior Management Meeting has been established and includes a standing COA agenda item and quarterly updates from Committee Chairs and Program Directors allowing for a consistent cycle of information throughout all aspects of the agency.

**Barriers:**

None

**FY 2012-13 Objectives:**

Assist and support all aspects of next year's COA site visit.

Utilize leadership role in the agency to continuously promote CQI activities and ongoing adherence to best practice methods.

Explore COA reviewer expenses, requirements, time needed with the goal of a FT employee being identified as a peer reviewer for COA.

**Goal 1.2** Partner with DCYF and various funding sources to further identify and define target program outcomes.

*Objective 1: Assist CEO in contract negotiations with DCYF, Urban Core and Ocean State Network (OSN)*

*Objective 2: Oversight of SAMSHA grant*

**Accomplishments:**

The YTC contract was successfully renegotiated to ensure financial stability for the program and maintain a focus on treatment outcomes that support agency mission, family and client needs as well as probation and court devised outcome measures that are inherent for the population being serviced.

Ongoing participation in the OSNCF Clinical Management Team (CMT) which is responsible for the creation, implementation and oversight of case management and clinical services being delivered to Network families as well as the OSNCF Finance Team which has been incorporated into the IT Committee with the charge of developing a system to determine service capacity and billing. Participation in these teams has ensured that the agency has a role in defining the program outcomes for Network Services that are being offered through OSNCF.

Oversight of the federal SAMSHA grant which has included close collaboration with Joy Kaufman, Grant Evaluator as well as SAMSHA contract officer to monitor program goals and implementation. Low attainment of program outcomes were identified during the course of FY 2011-2012 resulting in a redevelopment plan for the SAMSHA team and grant.

**Barriers:**

Philosophy differences at times between clinical/program mission and probation/court mandates result at times in differing treatment focus and desired outcomes amongst the various providers involved in the YTC collaboration.

The start up of the OSNCF has been delayed on several occasions due to lack of finalization in contract negotiations with DCYF. As a result the implementation of the Network will not be realized until next year and there continue to be negotiations with DCYF to finalize program outcome markers.

Ongoing staff performance issues within the SAMSHA grant resulted in an inefficient SAMSHA program. Staff overturn became a strength and barrier. Policy and programmatic changes have resulted in improved outcomes.

**FY 2012-13 Objectives:**

Oversight of the implementation of Tides programs in the Ocean State Network and ongoing analysis of program outcomes.

Continued participation on OSNCF committees including, but not limited to, the OSNCF Finance Committee.

Continued oversight of the SAMSHA grant.

**Goal 1.3: Upgrade hardware and implement ETO software as agency-wide client record and data collection tool to enhance ability to assess program outcomes and increase efficiency**

*Objective 1: Assist with the creation of the Social Solutions ETO Blueprint- MET*

*Objective 2: Develop and implement a project time line in conjunction with the IT consultant to ensure a structured, efficient and timely implementation plan*

**Accomplishments:**

The blueprint for Social Solutions ETO software was completed. Attention to efficiency of data entry and outcome measures was integral in the creation of this blueprint.

Weekly meetings with the IT consultant and Senior Management Team have taken place to develop and monitor a plan of implementation for ETO. The time line for this project has been longer than originally planned due to the many hardware needs throughout the agency. Regular meetings with IT Consultant were held to plan for a hardware upgrade that will serve as the framework for building our overall technology abilities, including ETO implementation.

Active membership has been maintained in the Technology Committee to harness the expertise and supports of our corporate partners (Gilbane, Citizens and Johnson and Wales) in our technology overhaul.

**Barriers:**

The agency has largely been reliant on the volunteer work and generosity of our corporate sponsors in moving the hardware upgrades of the agency forward. The nature of the volunteer work has resulted in initial time lines for upgrades not being met. The hardware upgrades continue throughout the agency. ETO testing continues while the agency works toward stabilization of hardware, at which time implementation phase will begin.

**FY 2012-13 Objectives:**

Monitor the completion of ETO implementation.

Assist IT Consultant and VP of Treatment programs in their objectives toward this goal where appropriate.

Develop and oversee IT Department. Identify staffing needs, roles, responsibilities and job descriptions in a fiscally appropriate manner.

**Goal 1.4 : Increase communication between CQI Committee Chairs, Senior Management Team and Board to enhance agency wide CQI activities and programming**

*Objective 1: Actively participate as a member of the Building Committee*

*Objective 2: Implement and maintain a senior management team agenda that includes rotating reports from Committee Chairs on a regular basis*

**Accomplishments:**

The COO has taken an active membership role in the Building Committee and has assigned the Senior VP of Treatment Programs and the VP of Treatment Programs to sit on the Personnel Committee and Clinical Committee. In addition the CEO is participating on the Fund Development Committee and the VP of Education is participating on the Grants Committee. Management membership on CQI committees has allowed for increased decision making capacity for committee corrective actions and promotes the prioritization of CQI for Tides Family Services.

**Barriers:**

FY 2011-2012 has produced many demands on the time of the Senior Management Team. The development of OSNCF, severe financial cuts by DCYF and resulting changes in infrastructure, have demanded a lot of time investment from senior staff. As a result, Committee Chairs have not consistently reported out to the Senior Management Team. As Management staff sit on each of the committees, the information from the respective Committees has been shared throughout the group in an informal manner as well as through senior management committee member report outs during the senior management meetings.

**FY 2012-13 Objectives:**

Continued membership on the Building Committee.

Formalize quarterly report outs by Committee Chairs to the Senior Management Team.

Utilize information and data derived from agency CQI processes in the promotion of agency programs with stakeholders and staff.

**Goal 1.5 Increase connections of public and private sector for the purpose of treatment provision**

*Objective 1: Identify core groups within the public and private sector who have a shared vision for the population serviced by TFS*

**Accomplishments:**

Thundermist, Early Education Administrators, Citizens, Gilbane, Johnson and Wales, Ocean State Charities, RI foundation, RI legislatures-- each of the listed agencies have cooperated with Tides Family Services throughout the fiscal year.

**Barriers:**

Time constraints due to demands related to DCYF budget cuts, finance meetings, OSNCF development

**FY 2012-13 Objectives:**

Increase efforts and opportunities to promote Tides Family Services.

**Goal 2.1 Assess and manage risk to agency identity, mission and financial stability within various partnerships and new ventures**

*Objective 1: Participate in CEO meetings as needed for OSNCF as well as CMT and Finance committee meetings allowing for input in all aspects of Network development*

*Objective 2: Assist CEO in the negotiating and monitoring of the DCYF, OSNCF and SAMSHA contracts as well as any other program contracts that develop*

*Objective 3: Assist in the development of an Agency budget. Monthly monitoring of targeted spending*

**Accomplishments:**

Agency and DCYF finalized YTC contract.

Agency has actively participated in the OSNCF Clinical Management Team as well as Finance Committee and provided input into all decision-making and program creation.

Experienced staff have been appointed to Network Care Coordinator roles in an effort to ensure that the mission of TFS is carried out in Network operations.

Severe funding cuts from DCYF have resulted in a financial loss for the year and a full restructuring of agency budget. A system of monthly oversight of expenditures is being developed as we enter into the Network to ensure a timely understanding of any financial losses that may be realized in the upcoming fiscal year.

**Barriers:**

Delayed start in OSNCF implementation.

Significant budget cuts from DCYF.

**FY 2012-13 Objectives:**

Continue to ensure agency participation and representation in all decision making groups within OSNCF.

Continued work with Finance Department and Department Heads to ensure oversight of budget and expenditures to allow for needed adjustments that may occur as the Network is implemented.

Lead the agency in the assessment of risk for each new initiative that is explored in the effort to diversify funding.

**Goal 2.4 Pursue opportunities for growth and increased programming that diversify funding streams for the agency**

*Objective 1: Work with the CEO in the identification and procurement of grant opportunities*

**Accomplishments:**

Agency submitted two grant applications in FY 11/12. The first was a million-dollar grant with the Providence Public Schools, which would allow us to work with adolescents in the Providence area that are not successful in the public schools. The grant was submitted in collaboration with OIC, ISPN & AS220. The agency is currently awaiting a decision.

The second grant was submitted in conjunction with CCAP and targeted older adolescents/ young adults with a juvenile probation history and provides supportive services for education and job readiness within this population.

**Barriers:**

None

**FY 2012-13 Objectives:**

Continue to work with the CEO in the identification and procurement of grant opportunities.

Pursue agency mental health licensure and growth of a Fee For Service Clinical Department.

**Goal 3.1: Rebuild agency infrastructure and define role of the Senior Management Team (SMT)**

*Objective 1: Finalize job descriptions for the Sr. VP of Treatment Programs as well as the VP of Treatment Programs- MET*

*Objective 2: Develop the role of the SMT as having a vital role in the decision making within the agency. Ensure effective communication plans between all agency departments and SMT*

**Accomplishments:**

Tides Management has held several regional meetings throughout this fiscal year in addition to the standard bi-annual staff days. These “all staff” meetings have been a venue for sharing information around agency restructuring with staff at all levels. During these meetings, staff have been introduced to the SMT team as the decision making body within the agency.

IT Consultant, Grant Committee Chair, Tides Lasallian Committee Chairs and VP of Building and Grounds have all been integrated into SMT meetings to allow for a communication and planning venue.

Addition of Board members Chris Little and John Bucci who have taken committee chair roles in the Strategic Planning and Finance Committees of the Board.

**Barriers:**

The agency has undergone numerous shifts in infrastructure to meet needs of the agency and adjust to the severe budget cuts that were realized this FY. Part of this restructuring created a new role in the agency of Chief Operating Officer. The Senior VP of Treatment Program role and the VP of Treatment Programs roles remained. The role of VP of Quality Management was eliminated and these responsibilities were given to the VP of Treatment Programs along with a newly appointed Director of Quality Management. The position of Assistant VP of Treatment Programs was eliminated. In addition to these restructures, the Director of Fund Development, Director of Human Resources and Finance Manager position were eliminated due to budget cuts. This shrinking of the agency infrastructure has required numerous shifts in responsibilities for the management team.

**FY 2012-13 Objectives:**

Rebuild the infrastructure in a financially responsible way.

Meet with departments to assess unmet needs and assign tasks where appropriate.

**Goal 3.2: Develop oversight plan of departmental functions to ensure that department activities are consistent to agency mission and long term strategic goals**

*Objective 1: Conduct a needs assessment for non-program departments and develop an oversight plan targeting growth and development within these departments.*

*Objective 2: Monitor all agency activities and initiatives to ensure that they are complimentary to agency long term goals*

**Accomplishments:**

Weekly planning meetings have taken place with the IT Consultant and HR Department heads as well as monthly meetings with the Technology Committee to ascertain growth and development needs within the department that will be essential in operationalizing and maintaining the technological growth that began in 2011.

Individual and group meetings have begun to take place with the agency support staff as a whole to began to identify training and growth needs for this department with an overall goal of becoming more efficient as resources have been reduced.

**Barriers:**

Limited resources.

Underdeveloped departments.

**FY 2012-13 Objectives:**

Develop an oversight plan for non-program departments targeting growth and development within these departments.

Continue to monitor all agency activities and initiatives to ensure that they are in line with the long term goals for the agency.

**Goal 3.3:** Establish a norm of teamwork and collaboration throughout agency departments and ensure that decisions that are made consider the needs of the agency as a whole

*Objective 1: Develop standards and purpose for Intranet use as a vehicle for communication across departments*

*Objective 2: Increase opportunities for staff enrichment activities within the agency*

**Accomplishments:**

Ongoing; Developed a policy and procedure for Intranet communications.

**Barriers:**

None

**FY 2012-13 Objectives:**

Continue to increase opportunities for staff enrichment activities within the agency.

Close feedback loop bringing areas for growth and strengths within the departments to Senior Management Team.

**Goal 4.1:** Enhance existing marketing materials and create a plan of oversight that ensures all materials are reviewed by the CEO/COO and/or the SMT

*Objective 1: Lead SMT weekly meetings and ensure regular updates and communication with the Fund raising Committees*

**Accomplishments:**

Ongoing: Weekly SMT meetings have been established and there have been communications with the Fund raising Committee as well as the Grants Committee.

Meetings with Sheila K. Lawrence have taken place to develop a plan for Agency newsletters and Annual Reports.

**Barriers:**

None

**FY 2012-13 Objectives:**

Continue to lead the SMT weekly meetings and ensure regular updates and communication with the Fund raising Committees.

**Goal 4.2: Fund raising** Department/Committee to solicit funding needs from agency programs to better direct fund raising activities and allow for direction and prioritization in seeking grant and donor opportunities

*Objective 1: Identify needs, both long and short term, across the agency that can be solicited for during fund raising and grant writing opportunities—develop “the ask”.*

**Accomplishments:**

Ongoing: Grants Committee meetings have been formalized with a chair

**Barriers:**

None

**FY 2012-13 Objectives:**

Continue to assist CEO in fund raising and grant activities.

**Goal 4.3: Integrate Agency staff into Fund raising goals and activities**

*Objective 1: Ensure participation of staff in fund raising activities and allow for flexibility of work schedules as appropriate*

**Accomplishments:**

Ongoing: staff have participated in the CVS Classic, Agency Gala and Agency golf tournament

**Barriers:**

None

**FY 2012-13 Objectives:**

Continue to provide schedule flexibility and increased opportunities for staff involvement in fund raising activities.

**Goal 4.4: Increase Public Relations in broader community and create greater name recognition**

*Objective 1: Represent TFS in the greater community through participation in all public relations opportunities*

**Accomplishments:**

Ongoing: Participation in the Citizens/NBC Champions in Action meetings; Child Welfare Advisory Board meetings; Children's Policy Coalition meetings; and the SAMSHA National Conference.

**Barriers:**

None

**FY 2012-13 Objectives:**

Identify staff to be utilized in public relations efforts and develop a plan to prepare staff for this task.

**Goal 6: Develop an IT plan that addresses the technology resource needs of all departments as well as the training needs that result**

*Objective 1: Oversee the IT Consultant in planning for the overall development of an IT plan*

*Objective 2: Create job descriptions and a skilled staff base that supports the recent technological growth within the agency in a fiscally responsible manner*

*Objective 3: Work with the IT consultant in the development of a budget that accounts for depreciation and maintenance of new equipment*

**Accomplishments:**

An IT plan has been created for the agency with the input of all management staff and with consideration for budget constraints.

A grant has been submitted to the RI Foundation to fund IT growth

A revised job description for the MIS Director role has been created with the assistance of corporate volunteers from Citizens, Gilbane and Johnson and Wales. The new description has been created to address the numerous technology updates that have occurred in the agency and the changing level of support needs that result. The IT Consultant has been added as a permanent agency role through the creation of a PT position in the agency.

The IT Consultant is preparing a budget outline of costs associated with the planful replacement of outdated hardware that will be necessary in allowing TFS to continuously rely on technology for job efficiency.

**Barriers:**

Funding cuts to the agency; reliance on volunteer support.

**FY 2012-13 Objectives:**

Finalize the hiring and establishment of IT staff that will meet agency needs.

Implement a budget plan that earmarks money for future investment in technology.

**Goal 7.1: Continuously promote agency Lasallian mission and our “no eject, no reject” policy within the agency, with collaborators and within the larger RI community**

*Objective 1: Represent TFS and its' Lasallian mission in the development of Ocean State Network and any additional new partnerships by ensuring TFS representation in all aspects of development*

**Accomplishments:**

Ongoing: There has been consistent agency representation in all aspects of OSNCF development. The philosophy, mission and “no eject, no reject” policy of the agency has been explained and promoted throughout this process.

**Barriers:**

Variety of agency missions and philosophies involved in the Network.

**FY 2012-13 Objectives:**

Continue to represent TFS and its Lasallian mission in the development of OSN and additional partnerships.

**Goal 7.2: Agency leadership will acknowledge the Formation that occurs daily within our service and prioritize Formation activities**

*Objective 1: Ensure schedule flexibility for staff to participate in Formation opportunities throughout the agency*

*Objective 2: Work with the SMT to create additional Formation opportunities within the agency*

**Accomplishments:**

Ongoing: Tides Lasallian Committees are established within the agency. Agency staff and clients participated in various community projects including a service project cleaning public parks. Time was allotted during work time for staff to engage in this activity, as it was a positive way for our staff and clients to give back to the larger Rhode Island community.

Lasallian lunches/All Staff Day Formation Presentation

**Barriers:**

Budget reductions

Limited resources and time within the work day

Unpredictable client demands on staff time

**FY 2012-13 Objectives:**

Continue objectives

**Senior VP of Treatment Programs Annual Report- ASO**

2011-2012

**Beth Lemme Bixby, LICSW- Senior Vice President of Treatment Programs**

**Goal 1.1- Partner with COA to establish a time-line and plan for accreditation**

*Objective 1: Monitor, assist and support the objectives of VP of Treatment Programs where appropriate*

*Objective 2: Oversight of program Directors to ensure appropriate preparation and training of staff necessary to meet or exceed all COA standards*

**Accomplishments:**

Weekly individual and group supervision with Agency Directors that includes focus on program evaluation; staff development and training needs.

**Barriers:**

None

**FY 2012-13 Objectives:**

Assist in the completion of the Agency's self study document.

Work with the VP of Treatment Programs to assist with the implementation of any newly developed or revised policies and procedures that result from the self-study process.

**Goal 1.2 Partner with DCYF and various funding sources to further identify and define target program outcomes.**

*Objective 1: Participate in OSN development*

*Objective 2: Collaborate with DCYF Medicaid Audit team in the continued monitoring and development of the PFN program in relation to Medicaid standards*

*Objective 3: Oversight of the YTC program and contract to monitor progress toward target outcomes*

**Accomplishments:**

Ongoing participation in the Clinical Management Team of the Ocean State Network. Membership in the newly established Utilization Management Team for OSN. The Utilization Management team will be responsible for the monitoring of all Network clients and families and the clinical review of treatment, outcomes and needs necessary to make service level decisions.

Participated in a Strategic Communications Committee of DCYF to develop a proposal of communications regarding the newly developing system of care. Committee focus was on communication of changing system as well as ongoing communications of successes and needs within the system.

Led staff, along with the VP of Treatment Programs, in the successful preparation of client records for Medicaid audit in the Preserving Families Network. No corrective actions were required following the audit.

Regular meetings with Juvenile Probation Administrators to define the target outcomes within the YTC program and methods for data collection and monitoring necessary to monitor program success.

**Barriers:**

Delays with OSN development and the state system of care due to funding

**FY 2012-13 Objectives:**

Continue participation on the OSN Clinical Management Team and Utilization Management Team

Continued oversight of the YTC program

**Goal 1.3: Upgrade hardware and implement ETO software as agency-wide client record and data collection tool to enhance ability to assess program outcomes and increase efficiency**

*Objective 1: Assist with the creation of the Social Solutions ETO Blueprint- MET*

**Accomplishments:**

The Blueprint for ETO was completed allowing for the next phases of the database implementation to begin.

**Barriers:**

Hardware needs for Agency delayed ETO implementation

**FY 2012-13 Objectives:**

Promote the necessity of data collection across all Agency programs and ensure the inclusion of database training needs in overall Agency training program

**Goal 1.4 : Increase communication between CQI Committee Chairs, Senior Management Team and Board to enhance agency wide CQI activities and programming**

*Objective 1: Actively participate as a member of the Personnel Committee*

*Objective 2: Develop and maintenance of a training program that addresses the growth and development of both program and non-program Agency staff.*

**Accomplishments:**

Established and maintained active membership on the Personnel Committee.

Enhanced the current Agency training program with the development of a week long training curriculum that is repeatedly offered every 2 months in order to ensure timely training for all new hire staff. Creation of a centralized calendar and registration system for trainings. Review of all trainings to ensure the appropriately trained facilitator is assigned to all topics. Worked with facilitators of each training module to develop a PowerPoint presentation of training material along with a pre and post- test for each training as a method of tracking the effectiveness of the training material and format.

Partnered with outside agencies (Day One and Phoenix House) on the delivery of a Substance Abuse and Sexual Abuse Training appropriate for all staff levels.

Developed an additional 'charge' for the Personnel Committee to review the effectiveness and needs of Agency training that addresses the needs of non-program/non-clinical staff.

**Barriers:**

Reduced infrastructure as a result of budget cuts has increased time constraints for all staff; delays in new data collection and reporting system for agency.

**FY 2012-13 Objectives:**

Partner with IT to utilize Human Resources function of Paychex to better track training systems in the Agency.

**Goal 1.5 Increase connections of public and private sector for the purpose of treatment provision**

*Objective 1: Represent TFS in various interactions with private sector in support of CEO goals in this area*

**Accomplishments:**

Participation in the Technology Committee and Tech Collective. Representation of the Agency with Ocean State Charities in submitting request for smartboard. Participated in CEO breakfast.

**Barriers:**

None

**FY 2012-13 Objectives:**

Continue to represent TFS in various interactions with private sector under the direction of and in support of the CEO.

**Goal 2.1 Assess and manage risk to agency identity, mission and financial stability within various partnerships and new ventures**

*Objective 1: Oversight of the YTC Contract and program with ongoing emphasis and negotiation around treatment vs. compliance and the differing roles and responsibilities in the treatment team*

**Accomplishments:**

Facilitate regularly scheduled administrative meetings.

Negotiated contract.

Redeveloped program narrative to reflect changes.

Acknowledgment of differing philosophies and roles among partners.

Redesigned mechanism for formal service planning meetings.

Internal supervisory group to ensure continuity of care in both sites.

Finalizing the development and transition of the Pawtucket YNF program to a Youth Transition Center.

Partnered with Phoenix House to provide substance abuse counseling to youth.

**Barriers:**

Budget reductions and staff reorganization.

Limited resources and time within the workday.

Unpredictable client demands on staff time.

**FY 2012-13 Objectives:**

Revive having routine community meetings to strengthen and formalize stakeholder partnerships in an effort to increase resources for our youth and affect more positive outcomes such as reduction in recidivism.

Revise and Finalize YTC level system to be consistent in both sites.

Develop strategic objectives with partners to move program forward.

Increase family involvement and information sharing between the YTC and families. Potential venues include parent groups, and family focus group.

**Goal 2.4 Pursue opportunities for growth and increased programming that diversify funding streams for the agency**

*Objective 1: Explore Home Based Therapeutic Services as a potential program expansion for the Agency*

**Accomplishments:**

Met with a current HBTS provider to further explore and evaluate current state of HBTS program in Rhode Island as a means of determining if it would be a positive step for the Agency to reestablish this service. A decision was made that it would not be cost effective or fiscally responsible at this time for the Agency to reestablish an HBTS team due to numerous funding changes and challenges within that program.

Worked with the SMT team and grant writing committee to complete submission for Providence School RFP and an RFP opportunity with CCAP targeting young adults with a history of involvement in the juvenile justice system.

**Barriers:**

Current economy

**FY 2012-13 Objectives:**

Evaluate, assess and if appropriate develop an EOS program for the Agency.

Continue to work with the SMT in the identification and development of new Agency programming.

**Goal 3.3: Establish a norm of teamwork and collaboration throughout agency departments and ensure that decisions that are made consider the needs of the agency as a whole**

*Objective 1: Provide direct supervision to Agency Directors along with the Sr. VP of Treatment programs in order to directly oversee all treatment programs in the agency*

*Objective 2: Lead, along with Sr. VP of Treatment Programs, weekly Director Meetings that address all aspects of client care, staff development and department collaboration*

*Objective 3. Lead, along with the Sr. VP of Treatment Programs, monthly Supervisors meetings to ensure that client treatment and programming is consistently implemented across the Agency*

*Objective 4: Monitor agency training program with input from Personnel and Clinical Committees*

**Accomplishments:**

Ongoing- Weekly individual supervision as well as group supervision is provided to all Agency directors in conjunction with the VP of Treatment Programs. Also, monthly meetings are held with all Agency supervisors. These supervisions and meetings have been established to ensure consistency in program management across the Agency. These meetings allow for a consistent flow of information across teams. This teamwork is imperative in the running of Agency treatment programs and in meeting the many needs of the clients and families whom we service. The teamwork modeled through this system is expected to be replicated within individual program teams as well.

Monitored and modified, as needed, the Agency training program to ensure a consistent understanding of Agency mission and expectations across all programs and departments.

**Barriers:**

None

**FY 2012-13 Objectives:**

Continue all objectives in this area

Goal 4.1 Enhance existing marketing materials and create a plan of oversight that ensures all materials are reviewed by the CEO/COO and/or the Senior Management Team

*Objective 1: Partner with Juvenile Probation Department in the completion of a Youth Transition Center Brochure- MET*

**Accomplishments:**

Successful collaboration with DCYF Juvenile Probation in the creation of a program brochure that outlines and advertises the Youth Transition Center.

**Barriers:**

None

**FY 2012-13 Objectives:**

Continued collaboration with DCYF Juvenile Probation in the creation of ongoing data reports that will continuously illustrate the work being done in the YTC and can be utilized with various stakeholders in the promotion of the program.

Goal 7.1: Continuously promote agency Lasallian mission and our “no eject, no reject” policy within the agency, with collaborators and within the larger RI community

*Objective 1: Represent TFS and its' Lasallian mission in the development of Ocean State Network and any additional new partnerships by ensuring TFS representation in all aspects of development*

**Accomplishments:**

Ongoing: There has been consistent agency representation in all aspects of OSNCF development. The philosophy, mission and “no eject, no reject” policy of the agency has been explained and promoted throughout this process.

**Barriers:**

Variety of agency missions and philosophies involved in the Network.

**FY 2012-13 Objectives:**

Continue to represent TFS and its Lasallian mission in the development of OSN and additional partnerships.

**Goal 7.2: Agency leadership will acknowledge the Formation that occurs daily within our service and prioritize Formation activities**

*Objective 1: Ensure schedule flexibility for staff to participate in Formation opportunities throughout the agency*

*Objective 2: Work with the SMT to create additional Formation opportunities within the agency*

**Accomplishments:**

Ongoing: Tides Lasallian Committees are established within the agency. Agency staff and clients participated in various community projects including a service project cleaning public parks. Time was allotted during work time for staff to engage in this activity, as it was a positive way for our staff and clients to give back to the larger Rhode Island community.

Lasallian lunches/All Staff Day Formation Presentation

**Barriers:**

Budget reductions

Limited resources and time within the work day

Unpredictable client demands on staff time

**FY 2012-13 Objectives:**

Continue objectives

**VP of Treatment Programs Annual Report- ASO**

**2011-2012**

**Jessica Pawlowski, LICSW- Vice President of Treatment Programs**

**Goal 1.1- Partner with COA to establish a time-line and plan for accreditation**

*Objective 1: Oversee all aspects of the COA reaccreditation process*

*Objective 2: Establish an agency time line for self study completion and site visit preparedness*

*Objective 3: Lead agency staff, committee chairs and the management team in ensuring the completion of all reaccreditation related tasks*

**Accomplishments:**

Traveled to New York along with the Director of Quality Management, the COA consultant and the Administrative Assistant for Quality Management to the COA Reaccreditation training in order to become educated around and prepare for the Agency's first COA Reaccreditation in 2013.

A time line and work plan has been established for the completion of the self-study document as well as preparation for the site visit. Activities toward the time line are on track. The projected completion for the self-study document is September 1, 2012.

Agency CQI committees continue to meet and address the assigned charges. The Chairs for each Committee have been reassigned and the committee memberships refreshed to ensure representation of all Agency regions and programs and to allow for both veteran and new staff to participate in the CQI Committee processes.

**Barriers:**

None

**Next year's objectives:**

Continue to lead Agency staff, committee chairs and management team in ensuring the completion of COA reaccreditation.

Complete the self-study document for September 1, 2012.

Prepare staff and Board members for the COA site visit in January 2013.

Lead the agency in answering any corrective actions identified by COA during the reaccreditation process.

**Goal 1.2 Partner with DCYF and various funding sources to further identify and define target program outcomes.**

*Objective 1: Participate in OSN development*

*Objective 2: Collaborate with DCYF Medicaid Audit team in the continued monitoring and development of the PFN and FCCP programs in relation to Medicaid standards*

**Accomplishments:**

Ongoing participation in the Clinical Management Team of the Ocean State Network. Membership in the newly established Referral Team for OSN. Participated in the previously established Data Workgroup for OSN which was charged with setting OSN benchmarks for success and developing a plan of data collection, monitoring and assessment of outcomes.

Led staff, along with the Senior VP of Treatment Programs, in the successful preparation of client records for Medicaid audit in the Preserving Families Network. No corrective actions were required following the audit.

Developed a Tides FCCP team and worked closely with the Coach/Supervisor of this team to establish a system of record keeping compliant with Medicaid standards. Met, along with the entire FCCP team, with the Medicaid Audit team from DCYF to gather direct information as to the standards required for the program and to further define specific target outcomes for this prevention program.

**Barriers:**

Delays with OSN development and the state system of care due to funding

**FY 2012-13 Objectives:**

Continue participation on the OSN Clinical Management Team, Referral Team and Data Team in order to continuously advocate for outcome driven practices

Assist the FCCP team in creating a plan of internal auditing to ensure readiness for Medicaid Audit and system of internal outcomes monitoring

**Goal 1.3: Upgrade hardware and implement ETO software as agency-wide client record and data collection tool to enhance ability to assess program outcomes and increase efficiency**

*Objective 1: Assist with the creation of the Social Solutions ETO Blueprint- MET*

*Objective 2: Work with Social Solutions to finalize the ETO software specific to TFS needs*

*Objective 3: Lead the agency transition to ETO data collection, in partnership with the IT Department, through the development and implementation of staff orientation and ongoing trainings*

**Accomplishments:**

The Blueprint for ETO was completed allowing for the next phases of the database implementation to begin.

Trained as an ETO administrator for the Agency and worked with the Social Solutions ETO Developer to make adjustment to the software blueprint. The ETO Developer created one template program for the Agency and I was able to build out the rest of the Agency program needs within the software following that blueprint.

The implementation plan was established and will focus on transitioning one program at a time from the old to new database system. This plan has begun within the Agency. A general orientation was held for all Agency supervisors as well as some direct care staff to begin to familiarize people with the new software in preparation for the transition.

The first phase of implementation was completed, as the Fee For Service Program was transitioned from the old database to ETO. Needed modifications to the system are being identified and corrected prior to moving on to the next programs' transition.

**Barriers:**

Hardware needs for Agency delayed ETO implementation

**Next year's objectives:**

Complete implementation plan and orient, train each program as it phases into the new system.

Identify 2 additional Agency staff to be highly trained “superusers” for the software

Create program specific data reports in the software and develop a plan of reporting outcome data to program staff, supervisor/directors, senior management, Board, stakeholders and potential donors on a regular basis.

**Goal 1.4 : Increase communication between CQI Committee Chairs, Senior Management Team and Board to enhance agency wide CQI activities and programming**

*Objective 1: Actively participate as a member of the Clinical Committee*

*Objective 2: Assist Committee Chairs in the development of corrective action plans and quarterly reports to be shared with Senior Management Team*

*Objective 3: Lead program directors and supervisors in the cyclical analysis of outcomes and development of corrective action plans*

*Objective 4: Develop a communication system within the agency that provides direct care staff with quarterly updates on progress toward their program's target outcomes*

**Accomplishments:**

Maintained active membership on the Clinical Committee.

Along with the Director of Quality Management, met with program staff following the third quarter to provide them with aggregate outcome data for their programs. These meetings were a way of illustrating and validating the work that the teams are doing daily with clients and families and assisted in a greater understanding of how the Agency collects and utilizes program outcome data to assist in Agency planning.

**Barriers:**

Reduced infrastructure as a result of budget cuts has increased time constraints for all staff; delays in new data collection and reporting system for agency.

**FY 2012-13 Objectives:**

Continue active membership on the Clinical Committee.

Formalize a system of bi-annual reporting from each committee to the Senior Management Team to ensure regular oversight and understanding of Committee activities.

Utilize the new software system to create a quarterly system of program specific outcome reports and a system of communicating this information throughout the Agency.

**Goal 2.4 Pursue opportunities for growth and increased programming that diversify funding streams for the agency**

*Objective 1: Assist in the development of new programming for the Agency that provide a diversification of funding*

**Accomplishments:**

Met with a current HBTS provider to further explore and evaluate current state of HBTS program in RI as a means of determining if it would be a positive step for the Agency to reestablish this service. A decision was made that it would not be cost effective or fiscally responsible at this time for the Agency to reestablish an HBTS team due to numerous funding changes and challenges within that program

Worked with the SMT team and grant writing committee to complete submission for Providence School RFP and an RFP opportunity with CCAP targeting young adults with a history of involvement in the juvenile justice system.

**Barriers:**

Current economy

**FY 2012-13 Objectives:**

Develop and execute a plan to have all licensed Agency clinicians credentialed through NHP and Medicaid in preparation for potential growth in the clinical department.

Continue to work with the SMT in the identification and development of new Agency programming.

**Goal 3.3: Establish a norm of teamwork and collaboration throughout agency departments and ensure that decisions that are made consider the needs of the agency as a whole**

*Objective 1: Provide direct supervision to Agency Directors along with the Sr. VP of Treatment programs in order to directly oversee all treatment programs in the agency*

*Objective 2: Lead, along with Sr. VP of Treatment Programs, weekly Director Meetings that address all aspects of client care, staff development and department collaboration*

*Objective 3. Lead, along with the Sr. VP of Treatment Programs, monthly Supervisors meetings to ensure that client treatment and programming is consistently implemented across the Agency*

**Accomplishments:**

Ongoing- Weekly individual supervision as well as group supervision is provided to all Agency directors in conjunction with the Senior VP of Treatment Programs. Also, monthly meetings are held with all Agency supervisors. These supervisions and meetings have been established to ensure consistency in program

management across the Agency. These meetings allow for a consistent flow of information across teams. This teamwork is imperative in the running of Agency treatment programs and in meeting the many needs of the clients and families whom we service. The teamwork modeled through this system is expected to be replicated within individual program teams as well.

**Barriers:**

None

**FY 2012-13 Objectives:**

Continue all objectives in this area

**Goal 7.1: Continuously promote agency Lasallian mission and our “no eject, no reject” policy within the agency, with collaborators and within the larger RI community**

***Objective 1: Represent TFS and its' Lasallian mission in the development of Ocean State Network and any additional new partnerships by ensuring TFS representation in all aspects of development***

**Accomplishments:**

Ongoing: There has been consistent agency representation in all aspects of OSNCF development. The philosophy, mission and “no eject, no reject” policy of the agency has been explained and promoted throughout this process.

**Barriers:**

Variety of agency missions and philosophies involved in the Network.

**FY 2012-13 Objectives:**

Continue to represent TFS and its Lasallian mission in the development of OSN and additional partnerships.

**Goal 7.2: Agency leadership will acknowledge the Formation that occurs daily within our service and prioritize Formation activities**

***Objective 1: Ensure schedule flexibility for staff to participate in Formation opportunities throughout the agency***

***Objective 2: Work with the SMT to create additional Formation opportunities within the agency***

**Accomplishments:**

Ongoing: Tides Lasallian Committees are established within the agency. Agency staff and clients participated in various community projects including a service project cleaning public parks. Time was allotted during work time for staff to engage in this activity, as it was a positive way for our staff and clients to give back to the larger Rhode Island community.

Lasallian lunches/All Staff Day Formation Presentation

**Barriers:**

Budget reductions

Limited resources and time within the work day  
Unpredictable client demands on staff time

**FY 2012-13 Objectives:**

Continue objectives

**VP of Education Annual Report- ASO**

**2011-2012**

**Mike Capalbo- VP of Education**

**Goal 1.5 Increase connections of public and private sector for the purpose of treatment provision**

*Objective 1: Engage selected public schools and private non-profit organizations to reinforce the need to provide a range of specialized educational opportunities for at-risk adolescents*

**Accomplishments:**

Have developed a basic working agreement with the East Providence public schools regarding placement and funding guidelines for educational placements.

**Barriers:**

Poor economy and cuts to educational funding throughout the state.

**FY 2012-13 Objectives:**

Expand public school connections with East Providence (on-going) and Providence.

Continue and expand the newly created partnership with OIC (Opportunities Industrialization Center) and the Institute for Non-Violence.

**Goal 2.4 Pursue opportunities for growth and increased programming that diversify funding streams for the agency**

*Objective 1: Collaborate with the fund development staff to secure grant funding for educational and culinary programs.*

*Objective 2: Pursue educational opportunities via development of reading support programs and expanding and structuring vocational training opportunities*

**Accomplishments:**

Initial assessment and evaluation into the development of a pre-school day care program has begun. A grant that supports the costs associated with the initial assessment phase of this type of program creation has been identified.

Have begun the initial organizational structure of a vocational training component of the education program to involve a structured entry into the vocational training and a compliment of offerings including culinary, building maintenance and construction.

**Barriers:**

Maintaining sufficient staff with specific technical skills to address the individual needs identified.

**FY 2012-13 Objectives:**

Actively support the agency's fund development efforts and secure grant funds to establish the initial plans for an early childhood program; virtual learning program support and vocational training activities.

**Goal 3.3:** Establish a norm of teamwork and collaboration throughout agency departments and ensure that decisions that are made consider the needs of the agency as a whole

***Objective 1:** Oversight of educational and human resources staff with an emphasis on collaboration with clinical and support staff in order to best support the needs of Agency as a whole*

**Accomplishments:**

Supported a collaborative effort and positive approach to problem solving that incorporates a wide range of input into educational as well as human resource decision making.

**Barriers:**

None at this time

**FY 2012-13 Objectives:**

Continue to actively seek clinical support for educational programming of high-risk clients

Further structure human resources processes

**Goal 4.1:** Enhance existing marketing materials and create a plan of oversight that ensures all materials are reviewed by the CEO/COO and/or the SMT

***Objective 1:** Work with school staff and SMT in the ongoing review of existing brochures and the development of new brochures that address educational programs and advocacy support systems*

**Accomplishments:**

Developed a website for advocacy and redesigned specific educational brochures.

**FY 2012-13 Objectives:**

Refine and activate advocacy website and develop a “library” of available agency brochures readily available for staff use

**Goal 4.2: Fund raising** Department/Committee to solicit funding needs from agency programs to better direct fund raising activities and allow for direction and prioritization in seeking grant and donor opportunities

*Objective 1: Oversee the Education Administrative staff and ensure their collaboration with fund development department to assist with activities specific to the identification and pursuit of grant opportunities that will enhance or expand Tides education programming*

**Accomplishments:**

Worked directly with fund development staff to procure grant funds for the virtual learning programs.

**Barriers:**

Needs exceed available resources

**FY 2012-13 Objectives:**

Continue to ensure educational administrative staff collaborate with the fund development department

**Goal 4.3: Integrate Agency staff into Fund raising goals and activities**

*Objective 1: Develop coalition of partners and submit Providence Alternative Education grant application*

*Objective 2: Identify and train education staff to assist Fund Development personnel on an ongoing basis with grant opportunities*

**Accomplishments:**

Developed, in conjunction with Brother Michael, a coalition of partners in providence to design an alternative education application for a city grant. Said coalition consists of Tides, OIC and the Institute for Non-Violence. This coalition will also consider other grant opportunities.

Worked closely with fund development department to secure two virtual learning grants

**Barriers:**

Time commitment requirements and political factors.

**FY 2012-13 Objectives:**

Assign specific staff to participate in school related fund raising activities specifically in the area of Virtual Learning and pursue grant opportunities related to educational advocacy.

**Goal 4.4: Increase Public Relations in broader community and create greater name recognition**

*Objective 1: Expand educational advocacy services to provide support to parents/students in South County and Middletown communities as our Clinical Services have expanded to these areas.*

**Accomplishments:**

School advocacy efforts were extended to support our Kent County and East Bay clinical services. Advocacy efforts were initiated for the first time in Westerly and Tiverton schools.

Expanded the agency's ability to provide transportation services to students and school systems outside our normal referral areas such as Newport, Middletown and East Greenwich. With this service we have been able to significantly extend our ability to serve tuition based as well as PFN clients.

**Barriers:**

Travel time

**Next year's objectives:**

Maintain advocacy support in these areas and develop working relationships with some of the school districts that will lead to tuition referrals and positive advocacy support.

**Goal 6:** Develop an IT plan that addresses the technology resource needs of all departments as well as the training needs that result

***Objective 1:** Collaborate with IT Director to ensure that the Agency and staff needs within the Human Services Department are addressed in the advancing technology for the Agency*

***Objective 2:** Reinforce participation of all Agency staff in the technology trainings*

**Accomplishments:**

Flexible working relationship with IT staff that facilitated the initial development of advocacy website

**Barriers:**

Time constraints.

**FY 2012-13 Objectives:**

Operationalize advocacy website.

**Goal 7.1:** Continuously promote agency Lasallian mission and our “no eject, no reject” policy within the agency, with collaborators and within the larger RI community

***Objective 1:** Agency educational and advocacy programs will continue to follow the “no eject, no reject” philosophy*

**Accomplishments:**

Educational placements have continued to accept all referrals and to create individualized school plans aimed at creating success for students.

Tides Schools graduated 4-day school students with local high school diplomas.

Tides Virtual Learning graduated 8 students with Tides Virtual Learning Diplomas.

Assisted and supported 6 of the graduating students who obtained full or part time work or, are continuing their education at the college level.

**Barriers:**

Periodic issues involving level of educational disability and/or legal and related cost factors for advocacy.

**Next year's objectives:**

Seek out collaborative arrangements with low cost legal services to help support eligible clients.

**Goal 7.2: Agency leadership will acknowledge the Formation that occurs daily within our service and prioritize Formation activities**

*Objective 1: Ensure schedule flexibility for staff to participate in Formation opportunities throughout the agency*

*Objective 2: Work with the SMT to create additional Formation opportunities within the agency*

**Accomplishments:**

Ongoing: Tides Lasallian Committees are established within the agency. Agency staff and clients participated in various community projects including a service project cleaning public parks. Time was allotted during work time for staff to engage in this activity, as it was a positive way for our staff and clients to give back to the larger Rhode Island community.

Lasallian lunches/All Staff Day Formation Presentation

**Barriers:**

Budget reductions

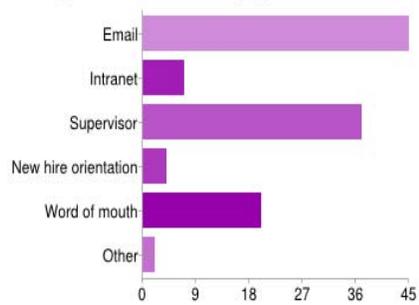
Limited resources and time within the work day

Unpredictable client demands on staff time

**FY 2012-13 Objectives:**

Continue objectives

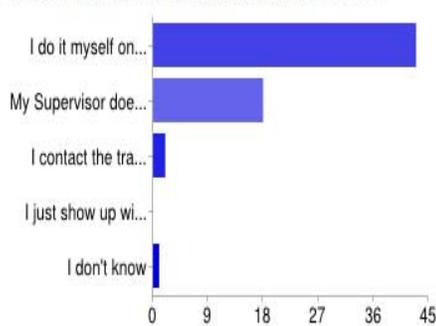
**How do you learn about the training opportunities at Tides?**



Email	45	79%
Intranet	7	12%
Supervisor	37	65%
New hire orientation	4	7%
Word of mouth	20	35%
Other	2	4%

People may select more than one checkbox, so percentages may add up to more than 100%.

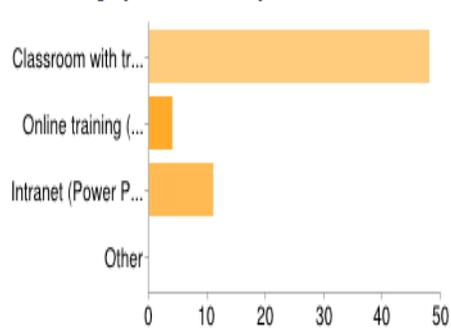
**How do you go about signing up for trainings at Tides?**



I do it myself on the google agency calendar	43	75%
My Supervisor does it for me	18	32%
I contact the trainer	2	4%
I just show up without signing up	0	0%
I don't know	1	2%

People may select more than one checkbox, so percentages may add up to more than 100%.

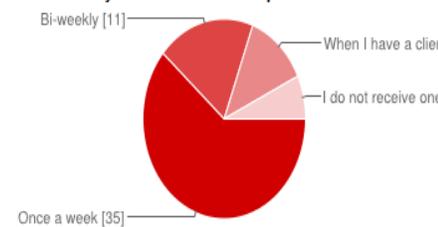
**What training style works best for you?**



Classroom with trainer	48	84%
Online training (Goto Meeting) Webinar	4	7%
Intranet (Power Point Presentation, questions to follow)- self training	11	19%
Other	0	0%

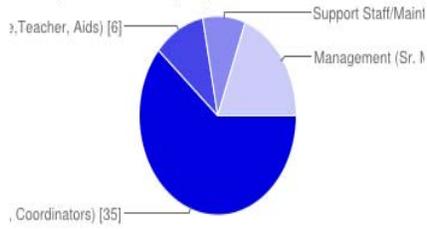
People may select more than one checkbox, so percentages may add up to more than 100%.

**How often do you receive one/one supervision**



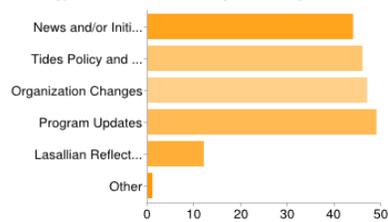
Once a week	35	61%
Bi-weekly	11	19%
When I have a client crisis	7	12%
I do not receive one/one supervision	4	7%

**Which position best fits your profession/role within the Agency?**



Treatment Programs (Clinician, Caseworkers, BA's, Coordinators)	35	61%
School (Principal, Social Worker, Nurse, Teacher, Aids)	6	11%
Support Staff/Maintenance (Administrative Assistant, Culinary, Building Support, Driver)	5	9%
Management (Sr. Management, Director, Supervisor)	11	19%

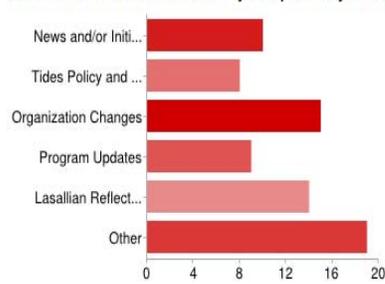
**Which types of communication do you currently receive from Director/Supervisor?**



News and/or Initiatives	44	77%
Tides Policy and Procedures	46	81%
Organization Changes	47	82%
Program Updates	49	86%
Lasallian Reflections	12	21%
Other	1	2%

People may select more than one checkbox, so percentages may add up to more than 100%.

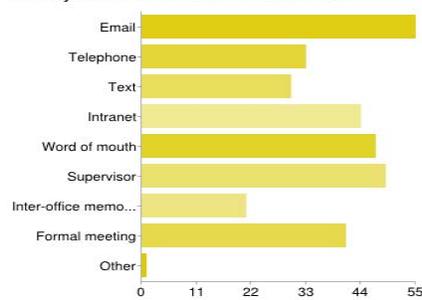
**What information/communication do you require that you are not receiving?**



News and/or Initiatives	10	18%
Tides Policy and Procedures	8	14%
Organization Changes	15	26%
Program Updates	9	16%
Lasallian Reflections	14	25%
Other	19	33%

People may select more than one checkbox, so percentages may add up to more than 100%.

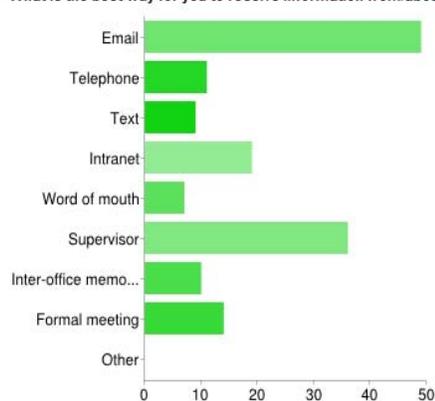
**How do you receive information from/about Tides?**



Email	55	96%
Telephone	33	58%
Text	30	53%
Intranet	44	77%
Word of mouth	47	82%
Supervisor	49	86%
Inter-office memos/mail	21	37%
Formal meeting	41	72%
Other	1	2%

People may select more than one checkbox, so percentages may add up to more than 100%.

**What is the best way for you to receive information from/about Tides?**



Email	49	86%
Telephone	11	19%
Text	9	16%
Intranet	19	33%
Word of mouth	7	12%
Supervisor	36	63%
Inter-office memos/mail	10	18%
Formal meeting	14	25%
Other	0	0%

People may select more than one checkbox, so percentages may add up to more than 100%.

**THE SUBSTANCE ABUSE AND MENTAL HEALTH  
SERVICES ADMINISTRATION  
(SAMHSA)  
CENTER FOR SUBSTANCE ABUSE TREATMENT  
(CSAT)  
GRANT PROGRAMS  
BI-ANNUAL REPORT**

**CENTER FOR SUBSTANCE ABUSE TREATMENT**

**GRANT PROGRAMS**

**BI-ANNUAL REPORT**

Reporting Period (month and year): October 2011- March 2012

Date: April 25, 2012

Completed by (name, position, telephone): Susan Kershaw- Sczuroski, Chief Operating Officer

Tides Family Services, Inc.

215 Washington St

West Warwick, RI 02893

401-822-1360

fax: 401-823-4694

1. **Annual goal from grant application:** How many clients does grantee plan to serve this year (October 1 through September 30)? 50

*If this number is not the same as the amount indicated in grant application, please indicate the CSAT approved and revised number in 1a.*

1a. *Revised* annual goal approved by CSAT grants management: How many clients does grantee plan to serve this year (October 1 through September 30)? \_\_\_\_\_

**2. During the past six months:**

a. How many new clients did grantee plan to serve? 25

b. How many new clients were actually served? 34

c. How many intake/admissions were completed? 34

d. How many clients completed the intake/admissions GPRA assessment but did not receive treatment from project staff? 0

e. How many clients were discharged from the program before completion (i.e., clients who left the program for any reason without completing their treatment plan)? 0

f. How many clients graduated from the program (i.e., clients who successfully completed the program)? 0

3. **During the next six months:** How many new clients does grantee plan to serve (i.e., what is the goal)? 25

4. Additional data grantee may wish to provide (e.g., number of outreach contacts)

**Transition to Success Clients – Year 2, first 6-months Data Summary**

During the first half of the second year of funding (FY12), 34 youth were enrolled in Transitions to Success (136% of the target population for this time period and 68% of the target enrollment for year 2 of funding).

To date 66 youth have been enrolled into Transition to Success, what follows is a summary of the demographic characteristics of these youth at intake and status at intake and follow-up assessments. All of the information below was provided by the youth.

**Gender:** 95.5% of the youth are male

**Race:**

- 40.9% African American
- 15.2% Caucasian
- 6.1% Multi-Racial

- 3.0% Pacific Islander
- 3.0% Native American
- 27.3% None of the Above

**Ethnicity:**

- 40.9% of the youth are Hispanic/Latino

**Age:**

- 62.1% age 13-17
- 37.1% age 18-24

**Substance Use in the 30 Days Prior to Intake:**

- Any alcohol: 7.6% (5 youth)
- Any illegal drugs: 10.6% (7 youth); the only substance used by these youth was marijuana

**Living Situation at Intake:**

- 83.3% had lived in an institution for most of the previous 30 days
- Nearly two-thirds of the youth (57.6%) had been incarcerated for the entire 30 days prior to intake.

**Family Status:**

- At intake 18.2% of the youth reported that they are parents

**Educational Status:**

- The following table includes the educational status of the youth at intake:

	13-17 years		18-24 years	
	#	%	#	%
Not enrolled	22	53.7	15	60.0
Enrolled, full time	16	39.0	8	32.0
Enrolled, part time	3	7.3	2	8.0

**Employment Status:**

- The following table depicts the employment status of the youth at intake:

	#	%
Employed Full Time	2	3.0
Employed Part Time	4	6.1
Unemployed, looking for work	32	48.5
Unemployed, not looking for work	26	39.4
Other/Don't Know	2	3.0

**Health Status:**

- Overall rating of health:

<b>Overall Rating of Health</b>						
	<b>Intake n=66</b>		<b>3-month follow-up n=32</b>		<b>6-month follow-up N=23</b>	
	#	%	#	%	#	%
Excellent	34	51.5	14	43.8	8	34.8
Very Good	7	10.6	3	9.4	1	4.3
Good	20	30.4	15	4.7	12	52.2
Fair	5	7.6	2	6.3	2	8.7

- **Mental health status in the past 30 days prior:**

Mental Health Status							
	Intake n=66		3-month n=34		6-month n=23		
	#	%	#	%	#	%	
Serious depression	6	9	0	-	1	-	
Self Help and Social Support							
	Intake (n=66)		3-month follow up (n=32)		6-month follow-up (n=23)		
	#	%	#	%	#	%	
Serious anxiety or tension	12	18.2	6	18.8	5	21.7	
Attended voluntary self-help groups	12	18.2	3	9.4	0	0	
Attended religious self-help groups	21	31.8	3	9.4	3	13.0	
Attended recovery meetings	4	6.1	2	6.3	2	8.7	
Interaction with family/friends supportive or recovery	52	78.8	23	71.9	18	78.3	

**Self Help and Social Support:**

- In the past 30 days what support have you received.

- Who do you turn to when you are having trouble.

Who Do You Turn To When in Trouble						
	Intake (n=66)		3-month follow up (n=32)		6-month follow-up (n=23)	
	#	%	#	%	#	%
No one	11	16.7	7	21.9	6	26.1
Family member	41	62.1	19	59.4	14	60.9
Friends	7	10.6	4	12.5	2	8.7
Other	7	10.6	4	12.5	1	4.3

**GPRA Measures:**

At the end of the first grant year, 3-month follow-up data was available for 32 youth receiving Transition to Success Services and 6-month follow-up for 23 youth. The following table presents that intake, 3- and 6-month follow-up data for these clients. It is important to note that the majority of the youth were incarcerated during the 30 days prior to intake. The table highlights the % of youth at each timeframe who meet the criteria and the Rate of Change (ROC) from intake to the 3- and 6-month follow-up.

As can be seen in the chart the youth involved in TTS evidenced significant improvements at 3-month follow-up in the areas of employment/education, health/behavioral/social consequences, and stability in housing. At the 6-month follow-up the youth experienced improvements in the areas of employment/education, health/behavioral/social consequences, social connectedness, and stability in housing.

<b>Outcomes on GPRA Measures at 3- and 6-month Follow-up</b>						
	<b>% at intake (n=32)</b>	<b>% at 3-month f/u</b>	<b>ROC 3-month f/u</b>	<b>% at intake (n=23)</b>	<b>% at 6-month f/u</b>	<b>ROC at 6-month f/u</b>
<b>Abstinence:</b> Did not use alcohol or illegal drugs	87.5%	56.3%	-35.7%	82.6%	65.2%	-21.1%
<b>Crime and Criminal Justice:</b> had no past 30 day arrests	96.9%	96.9%	0%	95.7%	91.3%	-4.5%
<b>Employment/Education:</b> were currently employed or attending school	40.6%	59.4%	+46.2%	52.2%	73.9%	41.7%
<b>Health/Behavioral/Social Consequences:</b> experienced no alcohol or illegal drug related health, behavioral or social consequences	93.3%	100.0%	+6.7%	91.3%	100%	9.5%
<b>Social Connectedness:</b> were socially connected	71.9%	68.8%	-4.3%	69.6%	78.3%	12.5%
<b>Stability in Housing:</b> had a permanent place to live in the community	6.3%	53.1%	+750%	4.3%	43.5%	900%

### **Project Narrative**

The following are project successes and achievements in areas of training and collaboration. An overarching goal of this project is bringing public and private sectors together in treatment provision. We have made strides in introducing a common assessment tool and treatment modality for the highest risk youth in Rhode Island.

TTS, the Urban Core FCCP, and the Parent Support Network have continued to develop a community advisory board which meets monthly with the ultimate goal of a 50% family representation as well as a rich variety of community agencies. Participants have completed a formal orientation, begun drafting by-laws, and are growing the attendance each month. TTS Supervisor has presented data reports to inform the group of the program's progress.

Transition To Success staff are meeting monthly for clinical consultation, referral, and treatment coordination with Phoenix House, one of the major substance-abuse treatment providers in RI.

Formal and informal weekly meetings at the RI Training School (a juvenile corrections facility), TTS's primary referral source, have included clinical & medical staff, unit managers, and residents. The focus continues to be to increase awareness of this project and how it works collaboratively with current service providers.

Weekly treatment meetings are held at Tides Family Services Youth Transition Center (YTC). This program is funded by DCYF and allows state probation workers to be housed at the Tides Providence office. Those in attendance may include community police and stakeholder partners such as transitional residential facilities, pastoral representatives.

Preserving Families Network (PFN), a Tides network, consists of 6 partnering agencies from the mental health, community action and residential sectors. PFN conducts provider meetings every 60 days for those youth and families served. TTS staff members participate in these treatment planning meetings.

Win Turner, of Evidenced-Based Solutions, has provided MET/CBT5 training to the TTS staff; Carlos was trained in June 2011 and is certified. Sarah and Jennifer were trained in February 2012 and are working toward certification. The following stakeholders were in attendance during the February 12-14th MET/CBT5 training; 12 Tides Family Services staff, 2 Gateway Health Services, 1 East Providence school social worker and 1 RI Training School social worker. Our goal is to hold the May/June training at the RI training school to have the remainder of the RITS and Probation workers trained. Win continues to provide clinical supervision, coaching, and consultation to the TTS team on an ongoing basis, assisting the team in obtaining trainer status.

Since the last report staff turnover has proven to be both a significant barrier and strength to the program. A new supervisor and two new coordinators has brought renewed energy and commitment to the grant goals and objectives. The enrollment rates have noticeably improved as has adherence to Agency policies and procedures. However, the change has been difficult for stakeholders and the youth and families. They have experienced the loss of the client/worker relationship and are required to form new relationships. Follow up rates have been impacted as new staff have been introduced.

Historically, enrollment rates have been a challenge. Our application stipulated the inclusion of youth from Providence, Pawtucket and Central Falls. We have expanded the geographic area to statewide to increase the youth who are eligible to be referred to this project.

With the assistance of the Juvenile Probation Administrator, TTS has established a partnership with North American Family Institute (NAFI) to conduct the GAINQ screening tool, identify appropriate referrals, and provide MET/CBT5 with residents who ultimately meet the grant criteria. This has also increased enrollment.

There have been no changes to our goals or objectives. There have been no changes to the service delivery model. As noted above with approval from Mr. Vincent we are now able to include youth served on TCP and have expanded our geographic area with the goal of increasing our enrollment.

There have been no changes in or concerns about Tides Family Services financial status.

The system of care in RI continues to be in the beginning stages of transitioning into a new network of care. The RI Department of Children, Youth and Families put out a Request For Proposal through the Department of Administration for 2-3 networks that will meet the needs of all youth and families in care. Its goal is for youth to safely stay within their homes and avoid out-of-home placement. These networks will also enhance coordination of services. Tides Family Services is part of the Ocean State Network for Children and Families (OSNCF), one of two chosen networks to begin negotiations with DCYF in response to this RFP.

The RFP and mission of OSNCF are consistent with the goals of the TTS project and will promote sustainability.

The clinical supervisor continues to attend regularly monthly Family Community Advisory Board meetings with the Urban Core FCCP as well as Parent Support Network promoting TTS. Through these networking opportunities we added two new community provider agencies to our TTS project. Northern RI Community Services and Job Corps participated in MET/CBT5 training.

In the final year of this grant efforts will be made to accomplish the following goals as written in the Logic Model.

**Rhode Island's *Transition to Success*  
Logic Model**

<b>INPUTS/RESOURCES: Grant Funded Service Staff:</b> 2 PI (.05 FTE); Project Director (.10 FTE); Program Coordinator (1.0 FTE); 2 Community Transition and Resource Development Specialists (1.0 FTE each). <b>In Kind Staff:</b> RITS Clinical Supervisor (.10 FTE); 2 Probation Supervisors (1.0 FTE each); 10 Probation Officers (1.0 FTE each); staff from 19 Stakeholder Agencies (~.20 FTE per agency). University-based <b>Evaluation Team.</b>		
<b>Goal 1. <i>Transition to Success</i> establishes MET/CBT5 as the consistent Treatment Framework for substance abuse, behavioral health, and related recovery services.</b>		
<b>ACTIVITY</b>	<b>OUTPUT</b>	<b>OUTCOME</b>
<b>Objective 1a. All RI Training School (RITS) clinical staff, are trained in MET/CBT5 in year 1; in year 2, remaining RITS staff are trained.</b>		
During Year 1 RITS Clinical staff are trained in MET/CBT5	Number of staff trained Number of trainings held	95% of RITS Clinical staff are trained in MET/CBT5 by the end of Year 1
Remaining RITS staff trained in MET/CBT5	Number of staff trained	85% of RITS staff are trained in MET/CBT5 by

during Year 2.	Number of trainings held	the end of Year 2
<b>Objective 1b. Probation Officers are trained in MET/CBT 5 in year 1.</b>		
During Year 1 Probation Officers are trained in MET/CBT5	Number of staff trained Number of trainings held	95% of Probation Officers are trained in MET/CBT5 by the end of Year 1
<b>Objective 1c. Stakeholder Partnership staff interacting with re-entering youth are trained in MET/CBT5 in year 1.</b>		
By the end of Year 1 Stakeholder Partnership staff interacting with re-entering youth will be trained in MET/CBT5	Number of staff trained Number of trainings held	85% of Stakeholder Partnership Staff are trained in MET/CBT5 by the end of Year 1
<b>Objective 1d. Juvenile Corrections, Juvenile Probation, and the Stakeholder Partnership agencies identify 2 supervisors to train on MET/CBT5 training and to act as coaches/trainers.</b>		
Two staff from each participating agency participate in MET/CBT5 train the trainer program.	Number of staff trained Number of trainings held	85% of participating agencies have staff participate in the train the trainer sessions for MET/CBT5.
<b>Objective 1e. RITS, Probation, and Stakeholder Partnership agencies ensure that staff participate in bi-monthly booster sessions and ongoing supervisory coaching.</b>		
Participating agency staff attend bi-monthly MET/CBT5 booster sessions and coaching as necessary after initial training.	Number of booster sessions held Number of staff attending booster sessions Number of coaching sessions held	85% of participating agency staff will attend MET/CBT5 booster or coaching sessions.

<b>Goal 2. Transition to Success increases services delivered; identifies barriers in substance abuse recovery services; and provides solutions.</b>		
<b>ACTIVITY</b>	<b>OUTPUT</b>	<b>OUTCOME</b>
<b>Objective 2a. Active youth and family in the development of Individual Success Plans will increase 25% in each year of the project.</b>		
Individual Success Plans will be developed with youth and family involvement.	# of service plans developed # of service plans with youth signature # of service plans with family member signature	The project will evidence a 25% increase in youth and family participation in Individual Success Plans development in each year of the project.
<b>Objective 2b. The percentage of Individual Success Plans reflecting the involvement of at least 2 community stakeholders, in addition to RITS and Probation staff will increase 25% in each year of the project.</b>		
Individual Success Plans will be developed with involvement from at least 2 community stakeholders (in addition to the RITS and Probation staff).	# of service plans developed # of service plans developed with 2 or more community stakeholders involved	The project will evidence a 25% increase in the # of Individual Success Plans that are developed with involvement from at least 2 community agencies in each year of the project.
<b>Objective 2c. The Project will document service gaps; will develop consensus responses based on best practice to meet identified needs; and will track outcomes through the project evaluation.</b>		
Individual Success Plans will include information regarding the services recommended and received for each youth and any barriers to service receipt.	# of services recommended per youth # of services received per youth Specific barriers to service receipt	Full understanding of the service array, service receipt and barriers to service access for all youth and different sub-samples (e.g., race, gender).
Evaluation data will be fed back during monthly Project Advisory Board meetings.	# of meetings held # of meetings where data was presented	Evaluation data will be presented at 90% of Project Advisory Board meetings.
Project Advisory Board members and Project	# of service gaps identified	Action plans will be developed based on

staff will formulate action plans to address service gaps (found through Evaluation Data and service delivery).	# of responses to identified service gaps	consensus responses of Project Staff and Advisory Board members for 85% of identified service gaps.
<b>Objective 2d. Staff will be trained in the US Department of Human Services National Standards for Culturally and Linguistically Appropriate Services in Behavioral Health Care (US DHHS, 2001).</b>		
Staff trained in US DHHS National Standards for Culturally and Linguistically Appropriate Behavioral Health Care.	# of trainings held # of staff attending trainings	90% of staff are trained in US DHHS National Standards for Culturally and Linguistically Appropriate Behavioral Health Care.
Youth and families report that services are delivered in a culturally-responsive manner.	# of youth/families who report services are delivered in a culturally-responsive manner	During year 1, 95% of youth and families report services are culturally-responsive.
Youth/family concerns regarding culturally appropriate service delivery are identified and addressed.	-Concerns are compiled by the evaluation team and presented at Advisory Board Meetings. -Action plans are developed to address concerns.	Action plans are developed to address 95% of identified concerns regarding culturally appropriate service delivery.
<b>Goal 3. Increase youth engagement/retention in substance abuse and recovery services.</b>		
<b>ACTIVITY</b>	<b>OUTPUT</b>	<b>OUTCOME</b>
<b>Objective 3a: 75% of youth are retained in substance abuse treatment 90 days post release.</b>		
Youth will continue to receive substance abuse treatment for at least 90 days post release.	# of youth receiving substance abuse treatment # of youth retained in substance abuse treatment at 90 days post release.	75% of youth are retained in substance abuse treatment 90 days after release.
<b>Objective 3b. 75% of youth are retained in school or age appropriate educational activities 90 days after release.</b>		
Youth will continue to participate in school or age appropriate educational activities for at least 90 days post release.	# of youth engaged in educational activities. # of youth retained in educational activities 90 days post release.	75% of youth are retained in school or age appropriate educational activities 90 days after release.
<b>Objective 3c. 75% of youth are retained in vocational/employment services 90 days after</b>		

<i>release.</i>		
Youth will continue to receive vocational/employment services for at least 90 days post release.	# of youth receiving voc/employment services # of youth retained in voc/employment services 90 days post release.	75% of youth are retained in vocational/employment services 90 days after release.
<b>Objective 3d. Youth and families will report that their goals and insights were utilized in developing transition and treatment services.</b>		
Youth and families report that their goals and insights were utilized in developing transition and treatment services.	Quarterly focus groups to be held with youth and families will ask program participants if their goals and insights were utilized in developing transition and treatment services.	Quarterly focus group data will be analyzed and presented along with recommendations for improvements at the Project Advisory Board meetings.
<b>Goal 4. Improved outcomes demonstrated for youth served by Transition to Success.</b>		
<b>ACTIVITY</b>	<b>OUTPUT</b>	<b>OUTCOME</b>
<b>Objective 4a. Youth will achieve a 60% decrease the number of days using substances.</b>		
Youth will decrease the number of days they use substances.	# of days using substances in the 3-months before incarceration # of days using substances in the 3-months after release	60% decrease in the number of days youth use substances in the 3-months after release (compared to the 3-months prior to incarceration)
<b>Objective 4b. The number of youth enrolled in school, GED or college courses increases by 60%.</b>		
The number of youth who enroll in school, GED or college courses will increase.	# of youth enrolled in school in the 3-months before incarceration # of youth enrolled in school in the 3-months after release.	60% increase in the number of youth enrolled in school in the 3-months after release (compared to the 3-months prior to incarceration).

<b>Objective 4c. Youth who have a GED/HS Diploma will increase the number of days attending vocational training or work.</b>		
Youth who have a GED/HS Diploma will increase the number of days attending vocational training/work.	# of days attending vocational training/work in 3-months prior to incarceration # of days attending vocational training/work in 3 months after release	Youth with a GED/HS diploma will demonstrate a 60% increase in the number of days attending vocational training/work in the 3-months after release (compared to the 3-months prior to incarceration).
<b>Objective 4d. Youth decrease the number of violations of the conditions of Probation by 60%.</b>		
Youth will decrease the number of violations of the conditions of probation (VOPs).	# of VOPs in the 3-months prior to incarceration. # of VOPs in the 3-months after release.	Youth will evidence a 60% decrease in the # of VOPs in the 3-months after release (compared to the 3-months prior to incarceration).
<b>Objective 4e. Youth decrease the rate of re-entry to the RITS.</b>		
Re-entry rates to the RITS will decrease for youth involved in <i>Transition to Success</i> .	# of re-entries to the RITS in the 3-months prior to incarceration # of re-entries to the RITS in the 3-months after release	Youth will evidence a 60% decrease in the number of re-entries into the RITS in the 3-months after release (compared to the 3-months prior to incarceration).
<b>Goal 5: Sustain training and services of Transition to Success at the end of the grant.</b>		

ACTIVITY	OUTPUT	OUTCOME
<b>Objective 5a. Each agency will have certified trainers of MET/CBT5.</b>		
Stakeholder Partnership agencies will send 2 staff to a train the trainer program for MET/CBT5	# of agencies who send staff to be trained # of staff trained	85% of Stakeholder Partnership agencies will have staff certified to train others in MET/CBT5.
<b>Objective 5b. The Department of Mental Health, Retardation, and Hospitals (SSA for Substance Abuse and Behavioral Health) will require certification in MET/CBT5 for substance abuse providers serving adolescents.</b>		
Program leadership will advocate for policy change at the Department of Mental Health, Retardation and Hospitals to require certification in MET/CBT5 for substance abuse providers working with youth.	Policy changed to adopt certification for MET/CBT5	Certification in MET/CBT5 will be a requirement for any agency providing state-funded substance abuse treatment services to adolescents.

<p><b>Objective 5c. Service adaptations identified as successful in reducing recidivism will be funded through state and federal sources.</b></p>		
<p>Program leadership will work to sustain successful aspects of this initiative.</p>	<p># of services sustained with other funding sources # of dollars obtained to sustain successful services</p>	<p>80% of service components found to be successful will be sustained.</p>



## Employee Benchmark Report

**Best Companies Group**

1500 Paxton Street • Harrisburg, PA 17104  
phone 717.809.1570 • fax 717.236.6803 • www.bestcompaniesgroup.com

	Percentage of Positive Responses Small Companies (15 - 49 RI employees)		Percentage of Positive Responses Medium Companies (50 - 149 RI employees)		Percentage of Positive Responses Large Companies (150 or more RI employees)		Percentage of Positive Responses All Categories	
	All Small Category Participants	Small Category Companies that made the list	All Medium Category Participants	Medium Category Companies that made the list	All Large Category Participants	Large Category Companies that made the list	All Companies that participated	All Companies that made the list
<b>LEADERSHIP AND PLANNING</b>								
Understand the long-term strategy of this organization	94%	95%	91%	94%	91%	94%	91%	94%
Have confidence in the leadership of this organization	93%	94%	88%	93%	88%	92%	89%	92%
The leaders of this organization care about employees' well being	98%	97%	87%	92%	86%	90%	87%	91%
There is adequate planning of corporate objectives	90%	90%	85%	90%	85%	89%	85%	89%
There is adequate follow-through of corporate objectives	83%	83%	83%	83%	84%	83%	84%	83%
There is adequate planning of departmental objectives	91%	91%	83%	88%	82%	86%	83%	87%
There is adequate follow-through of departmental objectives	90%	90%	83%	87%	81%	85%	82%	86%
The leaders of this organization are open to input from employees	93%	93%	85%	89%	84%	87%	85%	88%
<b>Leadership and Planning - AVERAGE</b>	<b>92%</b>	<b>93%</b>	<b>86%</b>	<b>90%</b>	<b>85%</b>	<b>89%</b>	<b>86%</b>	<b>90%</b>
<b>CORPORATE CULTURE AND COMMUNICATIONS</b>								
This organization's corporate communications are frequent enough	90%	91%	87%	91%	89%	92%	88%	92%
This organization's corporate communications are detailed enough	91%	92%	86%	90%	88%	91%	88%	91%
Have a good understanding of how this organization is doing financially	85%	86%	85%	89%	87%	91%	87%	90%
Can trust what this organization tells me	93%	93%	83%	93%	83%	93%	86%	93%
This organization treats me like a person, not a number	97%	96%	89%	92%	89%	90%	87%	91%
This organization gives enough recognition for work that is well done	91%	91%	81%	86%	79%	84%	80%	85%
Staffing levels are adequate to provide quality products/services	85%	86%	75%	80%	72%	78%	74%	79%
Quality is a top priority with this organization	94%	95%	89%	92%	89%	93%	89%	93%
Safety is a top priority with this organization	96%	97%	91%	93%	91%	94%	91%	94%
Believe there is a spirit of cooperation at this organization	95%	95%	85%	91%	86%	90%	86%	90%
Employees are treated fairly here, regardless of race, gender, religion or sexual orientation	97%	97%	92%	93%	91%	93%	91%	93%
I like the people I work with at this organization	96%	96%	95%	95%	95%	95%	95%	95%
Changes that may affect me are communicated to me prior to implementation	90%	90%	78%	83%	81%	85%	81%	85%
<b>Corporate Culture and Communications - AVERAGE</b>	<b>92%</b>	<b>93%</b>	<b>86%</b>	<b>90%</b>	<b>86%</b>	<b>90%</b>	<b>86%</b>	<b>90%</b>
<b>ROLE SATISFACTION</b>								
I like the type of work that I do	96%	96%	96%	96%	94%	95%	95%	95%
I am given enough authority to make decisions I need to make	94%	95%	91%	93%	88%	90%	89%	91%
I believe my job is secure	92%	93%	84%	87%	84%	88%	85%	88%
Deadlines at this organization are realistic	89%	90%	83%	89%	84%	87%	84%	88%
Feel I am valued in this organization	93%	94%	83%	89%	84%	87%	85%	89%
Feel part of a team working toward a shared goal	94%	95%	86%	91%	87%	90%	87%	90%
I am able to maintain a reasonable balance between work and my personal life	93%	94%	86%	89%	85%	87%	86%	88%
My job makes good use of my skills and abilities	92%	93%	91%	93%	87%	90%	88%	91%
I have a clear understanding of my job role	96%	96%	93%	95%	92%	94%	93%	94%
I understand the importance of my role to the success of the organization	96%	96%	93%	95%	92%	94%	93%	94%
<b>Role Satisfaction - AVERAGE</b>	<b>94%</b>	<b>94%</b>	<b>89%</b>	<b>92%</b>	<b>88%</b>	<b>90%</b>	<b>88%</b>	<b>91%</b>
<b>WORK ENVIRONMENT</b>								
My physical working conditions are good	98%	98%	93%	95%	92%	94%	93%	95%
My general work area is adequately lit	93%	93%	93%	93%	93%	93%	93%	93%
My general work area is adequately heated/cooled	93%	94%	86%	86%	84%	87%	85%	87%
My general work area is adequately clean	98%	99%	93%	94%	91%	93%	92%	94%
There is adequate noise control to allow me to focus on my work	91%	91%	86%	87%	86%	88%	86%	88%
I feel physically safe in my work environment	99%	99%	96%	96%	96%	97%	96%	97%
<b>Work Environment - AVERAGE</b>	<b>96%</b>	<b>97%</b>	<b>91%</b>	<b>93%</b>	<b>91%</b>	<b>93%</b>	<b>91%</b>	<b>93%</b>
<b>RELATIONSHIP WITH SUPERVISOR</b>								
My supervisor treats me fairly	97%	98%	92%	95%	92%	93%	92%	94%
My supervisor treats me with respect	98%	98%	93%	95%	92%	93%	93%	94%
My supervisor handles my work-related issues satisfactorily	98%	98%	93%	93%	92%	93%	93%	92%
My supervisor handles my personal issues satisfactorily	96%	96%	92%	94%	92%	93%	92%	93%
My supervisor acknowledges when I do my work well	95%	95%	87%	91%	89%	90%	89%	91%
My supervisor tells me when my work needs improvement	94%	94%	90%	93%	91%	93%	91%	93%
My supervisor is open to hearing my opinion or feedback	95%	95%	89%	92%	90%	91%	90%	92%
My supervisor helps me develop to my fullest potential	88%	89%	83%	89%	85%	84%	86%	86%
I can trust what my supervisor tells me	94%	95%	87%	90%	87%	89%	87%	89%
<b>Relationship with Supervisor - AVERAGE</b>	<b>95%</b>	<b>95%</b>	<b>89%</b>	<b>92%</b>	<b>90%</b>	<b>91%</b>	<b>90%</b>	<b>92%</b>
<b>TRAINING AND DEVELOPMENT</b>								
This organization provided as much initial training as I needed	89%	91%	80%	85%	83%	88%	83%	88%
This organization provides as much ongoing training as I need	91%	92%	82%	88%	85%	89%	85%	89%
This organization provides enough information, equipment and resources I need to do my job well	96%	97%	87%	90%	87%	91%	88%	91%
My company clearly tells me what is expected for advancement	80%	81%	75%	81%	74%	78%	74%	79%
I trust what the company tells me it takes to advance my career	85%	86%	76%	83%	74%	78%	75%	80%
This organization provides training or experiences to help me explore other possible opportunities within the company	73%	81%	71%	78%	71%	77%	72%	77%
There is room for me to advance at this organization	76%	77%	71%	79%	73%	77%	72%	77%
Trust that if I do good work, my company may increase my pay	73%	85%	75%	85%	72%	75%	74%	80%
Trust that if I do good work, my company may consider me for a promotion	73%	80%	70%	78%	71%	75%	71%	76%
<b>Training and Development - AVERAGE</b>	<b>84%</b>	<b>86%</b>	<b>76%</b>	<b>83%</b>	<b>77%</b>	<b>81%</b>	<b>77%</b>	<b>82%</b>
<b>PAY AND BENEFITS</b>								
My pay is fair for the work I perform	84%	86%	76%	81%	75%	79%	76%	80%
Overall, I'm satisfied with this organization's benefits package	91%	91%	83%	87%	87%	92%	87%	91%
Amount of vacation or Paid Time Off	89%	90%	88%	89%	90%	92%	89%	91%
Sick leave policy	90%	91%	80%	87%	80%	92%	88%	91%
Amount of healthcare paid for	86%	86%	79%	83%	84%	90%	83%	88%
Dental benefits	85%	85%	84%	85%	84%	92%	87%	93%
Vision care benefits	80%	82%	78%	81%	83%	87%	81%	85%
401k or 403b plan	88%	89%	86%	89%	92%	95%	90%	93%
Retirement plan benefits	87%	88%	82%	88%	87%	93%	87%	91%
Life insurance benefits	87%	86%	84%	87%	88%	92%	87%	90%
Disability benefits	85%	86%	81%	85%	86%	91%	85%	89%
Tuition reimbursement benefits	82%	84%	69%	74%	78%	83%	76%	81%
<b>Pay and Benefits - AVERAGE</b>	<b>86%</b>	<b>87%</b>	<b>81%</b>	<b>85%</b>	<b>86%</b>	<b>90%</b>	<b>85%</b>	<b>88%</b>
<b>OVERALL EMPLOYEE ENGAGEMENT</b>								
Overall, how satisfied are you with this organization as an employer?	91%	91%	86%	89%	85%	89%	85%	89%
Am willing to give extra effort to help my company succeed	96%	96%	97%	97%	96%	97%	97%	97%
Plan to continue my career with my company for at least 2 more years	91%	91%	91%	92%	90%	92%	91%	92%
Would recommend my company's products / services to a friend	96%	97%	94%	95%	95%	96%	95%	96%
Would recommend employment at my company to a friend	92%	93%	88%	92%	90%	93%	90%	93%
<b>Overall Employee Engagement - AVERAGE</b>	<b>94%</b>	<b>94%</b>	<b>93%</b>	<b>93%</b>	<b>91%</b>	<b>94%</b>	<b>91%</b>	<b>93%</b>
<b>SURVEY AVERAGE</b>	<b>92%</b>	<b>92%</b>	<b>86%</b>	<b>90%</b>	<b>87%</b>	<b>90%</b>	<b>87%</b>	<b>90%</b>

\*Numbers shown represent the percentage of respondents that answered "Agree Somewhat" and "Agree Strongly"