



STRATEGIC PLAN

July 2021 – June 2024

Strengthening Families Today for Stronger Communities Tomorrow

PRESENTED and APPROVED

Board of Directors

August 5, 2021

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INTRODUCTION



MISSION

Changing Lives
Healing Relationships
Helping People Thrive

*Strengthening families today for stronger
communities tomorrow*

Setting strategic direction in uncertain times is both challenging and essential. The past year and a half set the stage and the foundation for this strategic plan. Child & Family Center continues to navigate both global and local events, and changes that have significant impacts on how we deliver our mission. In the past year and a half, we have been impacted by natural disasters, tragic school shooting, social unrest, increased funding restrictions and an ongoing pandemic. We have been resilient, we have grown, we have learned, and we have matured as an organization, and so must our strategic direction and plan.

As in our last plan, this plan is framed in alignment with four core principles: Better Care, Smarter Spending, Healthier People and Joy in Work with the addition of an intersecting goal: Diversity, Equity and Inclusivity. In addition to our goals for a financially stable and sustainable organization providing quality services to those in need and demonstrating a commitment to our employees, we need to focus on growth. Growth can be achieved in a variety of ways, but what is not strategically in the best interest of Child & Family Center is continuing down the same path of restricted and diminishing revenue and increasing expenses. We have achieved a lot over the past few years and we want to continue to build on these achievements. Without growth, we run the risk of having to contract and eliminate some of our programs and initiatives that we have worked hard to build and create, and for which our clients and communities depend on.

This plan lays out the exciting opportunities before us for a strong, thriving and sustainable organization. The tasks before us may be different, but the goals are the same: provide the best care we can to as many individuals, children and families resulting in healthier people and communities. With the support of our Board and the dedication and resiliency of our staff, I have every confidence that the next three years will bring opportunities that further our mission

Joan Aschoff, PsyD.
Chief Executive Officer

OUR PROGRAMS AND SERVICES

EARLY CHILDHOOD

SCHOOL CHILDREN

TEEN & YOUNG ADULTS

ADULTS & YOUNG FAMILIES

Outpatient Therapy

Outpatient therapy includes individual, family and group therapy, case management, including: evidenced based practices to address current and past trauma & parent/child relationships, crisis assessment/intervention, psychological testing, behavioral modification interventions, and psychiatric services.

Family Preservation

Assessment and intervention services provided to families served by DCFS in order to mitigate the risk of placement in out-of-home care and to assist the family in transitioning when a child is returned home from out of home care.

Intensive Services

Predominately In-home based services provided to children and young adults who meet specific criteria for services including but not limited to: previous hospitalizations, severe behavior problems, suicidal ideation or violent behavior, DCFS involvement or need a higher level of care than outpatient services can provide.

Psychoeducational Groups

Offered year round on a variety of topics based on the need of current clients and community members

Infant-Toddler Mental Health Services & Infant Massage

Counseling to help parents form positive bonds with children ages 0 – 5 who are recovering from abuse or other trauma. Infant Massage, a relationship based program designed to support baby's physical and emotional needs through nurturing touch.

School-Linked Services

Counseling and mental health services on-site at 20 schools

Therapeutic Behavioral Services (TBS)

Short-term one-to-one therapeutic behavioral modification techniques for children, adolescents and young adults who exhibit severe behavioral problems that jeopardize their current living situation.

Outpatient and Intensive Outpatient Substance Use Disorder Treatment Services

Comprehensive treatment program for youth and adults providing individual & group counseling, family therapy, drug screenings, case management, and recovery support services.

Drug & Alcohol Prevention

Community based groups and outreach workshops focused on preventing drug and alcohol use among youth.

Domestic Violence Intervention and Prevention Services

Comprehensive, specialized services that include crisis intervention, support groups, individual therapy, peer counseling, parenting classes, court advocacy, case management, emergency shelter, 24-hour hotline, and prevention.

GOALS – The Quadruple Aim

Better Care



Provide high quality behavioral care, treatment and services that are safe, timely, effective, efficient, equitable, ethical, and client-centered.

Joy in Work



Acknowledge the importance of a meaningful work environment and grow satisfying community relationships in which people find meaning and purpose to advance behavioral health care, treatment & services.

Intersecting Aim

Actively identify, challenge, and remove internal barriers to diversity, equity, and inclusion of staff, clients, and board members. Vigorously support individual and community belongingness by recognizing the importance of similarities and differences while celebrating and including the full array of voices and perspective through internal operations and services provided.



Healthier People

Improve the behavioral health of children, adolescents, adults and others with mental health and substance use disorders.



Smarter Spending

Recognize that providing affordable behavioral health care happens when costs are managed side-by-side with clinical quality and the client experience – this is the key to demonstrating accountability and value.

GOAL 1: BETTER CARE

Provide high quality behavioral care, treatment and services that are safe, timely, effective, efficient, equitable, ethical, and client centered.

STRATEGIC PRIORITIES	TACTICS	SUCCESS MEASURES
<p><u>The Joint Commission Re-Accreditation</u></p> <ul style="list-style-type: none"> • Three year re-accreditation for The Joint Commission <p><u>American Psychological Association (APA) Accreditation</u></p> <ul style="list-style-type: none"> • Demonstrate ongoing commitment to excellence by evaluating the feasibility of obtaining APA accreditation for doctoral intern program and identifying path to accreditation or viable alternatives. <p><u>Concurrent Documentation</u></p> <ul style="list-style-type: none"> • Demonstrate appropriate and responsive care through the timely documentation of provided services. <p><u>Collaboration and Resources</u></p> <ul style="list-style-type: none"> • Increase collaboration and resources among all programs including internal and external presentations as appropriate. <p><u>Cures Act and Exym Engage</u></p> <ul style="list-style-type: none"> • Implementation of Cures Act and Exym Engage (client portal) to comply with requirements for greater client access to medical records and information. 	<p><u>The Joint Commission Re-Accreditation</u></p> <ul style="list-style-type: none"> • Demonstrate quality of care and clinical practices recognized as meeting and exceeding standards and requirements • Engage in continuous readiness activities. • Successful completion of mock tracer activities. <p><u>APA Accreditation</u></p> <ul style="list-style-type: none"> • If pursuing APA Accreditation: <ol style="list-style-type: none"> A. Review policies and procedures that govern APA’s accreditation of education program, including operating procedures and implementing regulations and ensure Agency meets standards of accreditation. B. Complete an online self-study for full or contingent accreditation using Commission on Accreditation (CoA) Portal. C. Develop fully articulated plan for collecting proximal and distal data consistent with IR C-16 • If not pursuing accreditation; identifying strategy for continuing to provide opportunities for doctoral level students, interns and fellows. <p><u>Concurrent Documentation</u></p> <ul style="list-style-type: none"> • Provide tools and training to allow collaborative documentation experience with clients promoting documentation being entered concurrently. • Establish historic baseline of percentage of documentation entered the same day as the service was provided. <p><u>Collaboration and Resources</u></p> <ul style="list-style-type: none"> • Recruit and train volunteers to support the DV program • Identify community partners to present in direct care meetings 	<p><u>The Joint Commission Re-Accreditation</u></p> <ul style="list-style-type: none"> • Successful re-accreditation survey <p><u>APA Accreditation</u></p> <ul style="list-style-type: none"> • Successfully obtain APA accreditation for Doctoral Internship Program; or if not pursuing • Identify two roles for doctoral students, interns or fellows in place of the internship <p><u>Concurrent Documentation</u></p> <ul style="list-style-type: none"> • Year over year increase in percentage of documentation entered the same day as the service was provided. <p><u>Collaboration and Resources</u></p> <ul style="list-style-type: none"> • Use of Volunteers <ul style="list-style-type: none"> - Increase use of volunteers by conducting 2 training programs per year with a goal of having 5 consistent volunteers for DV program. - Register with COC, AV Community College and other local university volunteer program. • Resources <ul style="list-style-type: none"> - Provide internal and external presentations regarding available resources for clients in Direct Care Staff meetings 3-6 times/year. <p><u>Cures Act and Exym Engage</u></p> <ul style="list-style-type: none"> • Fully functioning and utilized client portal, with demonstrated compliance with access to medical records and information.

Cures Act and Exym Engage

- Work with Exym to implement client portal

GOAL 2: SMARTER SPENDING

Recognize that providing affordable behavioral health care happens when costs are managed side-by-side with clinical quality and the client experience – this is the key to demonstrating accountability and value.

STRATEGIC PRIORITIES	TACTICS	SUCCESS MEASURES
<p><u>Fiscal Health Sustainability</u></p> <ul style="list-style-type: none"> • Maintain current fiscal health and identify long term strategies for financial sustainability • Obtain new contracts consistent with core services <p><u>Environmentally Sustainable Building and Landscapes</u></p> <ul style="list-style-type: none"> • Improve cash flow by reducing expenses through investment in environmentally sustainable upgrades to building and landscapes, decreasing long term costs. <p><u>Efficient and Effective IT Infrastructure and Supportive Systems for Business Continuity</u></p> <ul style="list-style-type: none"> • Improve business continuity response and reduce energy consumption through investment in more efficient or cloud-based technology infrastructure and supportive systems. <p><u>Long Term Organizational Sustainability</u></p> <ul style="list-style-type: none"> • Long term organizational sustainability by increasing available revenue and exploring potential partnerships while keeping complexity manageable for staffing size 	<p><u>Fiscal Health Sustainability</u></p> <ul style="list-style-type: none"> • Meet revenue expectations while keeping expenses at or below budget • Clear and actionable strategy for developing operational reserve • Evaluate fundraising strategies to better analyze impact and success of fundraising campaigns • Build a culture of philanthropy and establish and implement clear strategy that supports fundraising • Successful transition to new DMH CalAIM funding model. • Pursue increases in main contracts: DMH, SAPC, CalWORKs, & DCFS • Expand MAT services in SUD program <p><u>Obtain new contracts consistent with core services</u></p> <p><u>Environmentally Sustainable Building and Landscapes</u></p> <ul style="list-style-type: none"> • Replace dying plants with drought tolerant natives • Replace dead and dying trees with drought tolerant shade trees in parking lots or alternatively with shade providing solar panels. • As appliances near end of life, explore energy efficient appliances and energy sources • Explore grants and viability of providing some of Agency’s electricity needs through solar projects. <p><u>Efficient and Effective IT Infrastructure and Supportive Systems for Business Continuity</u></p> <ul style="list-style-type: none"> • Replace on-site server supported PBX phone system reaching end of life with cloud-based system(s) which support remote work • Replace on-site server supported accounting system with cloud-based system • Replace other on-site server supported systems reaching end of life with cloud-based systems or 	<p><u>Fiscal Health Sustainability</u></p> <ul style="list-style-type: none"> • Meet revenue expectations each month and expenses at or below budget • Keep YTD aggregate service expectation at 90% or higher • Year over year increase in resources Board designates as reserve; minimum goal of \$10,000 per year • Written and deployed Fund Development plan and annual refinement of tactics • Increase number of gifts through different channels (e.g. average for each channel) • Full Utilization of contracts <ul style="list-style-type: none"> - DMH - Non-DMH (e.g., SAPC, CalWORKs, DCFS) • Complete application process for MAT • Obtain DMH contract for SA 1 <p><u>Environmentally Sustainable Building and Landscapes</u></p> <ul style="list-style-type: none"> • Decrease in monthly energy bill • Decrease in water consumption • Increase in shade providing landscaping or multi-functional alternative • Decrease in annual landscaping fees <p><u>Efficient and Effective IT Infrastructure and Supportive Systems for Business Continuity</u></p> <ul style="list-style-type: none"> • Decrease in external support cost for phone system changes • Decrease in loss of service for on-site server supported functions in the event of power outages or other hardware failures • Increase in staff ability to utilize necessary Agency systems when off-site • Decrease in external server support costs

	<p>alternative</p> <ul style="list-style-type: none"> • Ensure remaining server supported systems and physical server space are effectively and efficiently organized, monitored, maintained, and backed up. <p><u>Long Term Organizational Sustainability</u></p> <ul style="list-style-type: none"> • Identify where Agency’s impact is limited and identify organizations that can fill the void and complement the Agency’s mission. • Explore feasibility of: <ul style="list-style-type: none"> A. Strategic Partnerships, B. Mergers, and/or C. MBHO contracts 	<ul style="list-style-type: none"> • Decrease in internal and external support tickets generated in relation to server related system challenges or failures <p><u>Long Term Organizational Sustainability</u></p> <ul style="list-style-type: none"> • Become provider for at least one MBHO providing services to Child & Family Center’s target population (e.g. Beacon, Kaiser, LA Care) • Board level discussion regarding the pros and cons of strategic partnerships and mergers as well as provide a short list of viable partners. • Decrease indirect cost percentage through: <ul style="list-style-type: none"> - Increasing funding - Decreasing indirect costs - Obtaining an Indirect Negotiated Cost Rate
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GOAL 3: HEALTHIER PEOPLE

Improve the behavioral health of children, adolescents, adults and others with mental health and substance use disorders

STRATEGIC PRIORITIES	TACTICS	SUCCESS MEASURES
<p><u>Timely Access to Care</u></p> <ul style="list-style-type: none"> Timely Access to Care to improve services and outcomes. <p><u>Outreach and Prevention</u></p> <ul style="list-style-type: none"> Outreach and Prevention to educate target populations on mental wellness, substance use and abuse and healthy relationships as a primary prevention activity. <p><u>Prioritizing Family Therapy</u></p> <ul style="list-style-type: none"> Prioritize family therapy and interventions for families with children 15 years of age and younger to improve outcomes and increase effectiveness and efficiency of services. <p><u>Intensive Care Coordination</u></p> <ul style="list-style-type: none"> Prioritize Intensive Care Coordination (ICC) for all DMH outpatient clients under the age of 21. <p><u>Quality and Effective Care</u></p> <ul style="list-style-type: none"> Continue to evaluate and improve the quality and effectiveness of care, treatment and services. 	<p><u>Timely Access to Care</u></p> <ul style="list-style-type: none"> Refine intake model to insure timely access to services and consistent and steady client flow <p><u>Outreach and Prevention</u></p> <ul style="list-style-type: none"> Quality outreach services to at risk populations Develop annual community needs assessment to evaluate need of at-risk populations <p><u>Prioritizing Family Therapy</u></p> <ul style="list-style-type: none"> Identify family therapy model for Agency wide adoption. Train staff on family therapy models Set expectations for use of family therapy models with various age groups Create audit tools to evaluate compliance with expectations for use of family therapy by age groups Obtain historic baseline of use of family therapy with various age groups <p><u>Intensive Care Coordination</u></p> <ul style="list-style-type: none"> Complete ICC eligibility form for every DMH outpatient client (under the age of 21) Conduct CFT meeting in accordance with ICC form <p><u>Quality and Effective Care</u></p> <ul style="list-style-type: none"> Use training and system prompts to improve compliance with the completion of outcome measures and treatment goals. Create data on outcome measure compliance and goal achievement at the individual and supervisor level. 	<p><u>Timely Access to Care</u></p> <ul style="list-style-type: none"> 90% of services provided within the timeliness standards Productivity at or above aggregate of 90% ensuring good client flow Fewer than 10% of non-psychiatric cases open with no services for more than 30 days. Fewer than 10% of cases open beyond the guidelines for established EBPs. <p><u>Outreach and Prevention</u></p> <ul style="list-style-type: none"> Increase SUD Prevention presentations in schools to 1x/month Minimum of one awareness/education event for community at large per month Monthly engagement with Sheriff's office via community partnership meetings Complete 15 school presentations/prevention per month during the academic year Send out annual community needs assessment via interagency committee and/or the suicide prevention committee and sex trafficking taskforce. <p><u>Prioritizing Family Therapy</u></p> <ul style="list-style-type: none"> Year over year increase of family therapy for families with children 15 years of age and younger <p><u>Intensive Care Coordination</u></p> <ul style="list-style-type: none"> 100% of outpatient clients (under the age of 21) will have ICC eligibility form completed upon admission 90% of clients identified as eligible for ICC will have CFT meeting conducted within 90 days of admission <p><u>Quality and Effective Care</u></p> <ul style="list-style-type: none"> Accurate and timely reporting of quality of care measure and outcomes

GOAL 4: JOY IN WORK

Acknowledge the importance of a meaningful work environment and grow satisfying community relationships in which people find meaning and purpose to advance behavioral health care, treatment & services.

STRATEGIC PRIORITIES	TACTICS	SUCCESS MEASURES
<p><u>Organizational Resiliency</u></p> <ul style="list-style-type: none"> Increase organizational resiliency to decrease burn out and compassion fatigue for both direct service and supervisory staff leading to decreased staff turnover, improved client outcomes, increased joy in work and employee engagement. <p><u>Senior Leadership</u></p> <ul style="list-style-type: none"> Establish viable succession plan for key positions to ensure continuity in leadership <p><u>Board of Directors</u></p> <ul style="list-style-type: none"> Build high impact Board and leadership that invests its energy in strategy, performance management, organization health, talent management and compliance. 	<p><u>Organizational Resiliency</u></p> <ul style="list-style-type: none"> Evaluate the organizations current status regarding trauma informed readiness using the (Secondary traumatic stress scale to measure STS among direct care staff: https://theacademy.sdsu.edu/wp-content/uploads/2019/09/STSSwithscoreinterpretation.pdf) Create intensive trauma informed treatment delivery trainings that begin immediately upon hire with workshops available on an ongoing basis. Create a model for trauma informed supervisory training that emphasizes a Reflective Supervisory model. <ul style="list-style-type: none"> A. Train all existing supervisors B. Train all new supervisors upon hire or promotion C. Explore certification models for Trauma Informed Supervision <p><u>Senior Leadership</u></p> <ul style="list-style-type: none"> Clear and actionable succession plan for all SLT/SMT level. <p><u>Board of Directors</u></p> <ul style="list-style-type: none"> Identify “gaps” in representation based on assessment of current Board including their skills, experience and contacts Develop a prospect list of candidates to join the Board and solicit potential candidates Schedule an annual Board retreat with clear agenda/objectives and targeted outcomes. 	<p><u>Organizational Resiliency</u></p> <ul style="list-style-type: none"> Year over year positive engagement score on the Gallup survey Reduced employee turnover rate Improved ratings on external facing sites such as Glassdoor and Indeed <p><u>Senior Leaders</u></p> <ul style="list-style-type: none"> Written succession plan for all SLT/SMT staff The Board Executive Committee is aware of immediate and actionable succession plan for the CEO and key senior leader positions <p><u>Board of Directors</u></p> <ul style="list-style-type: none"> Updated Board strengths and gap analysis. Agreed upon list of Board prospects to meet gaps in diversity and skill Executed Board retreat that promotes team building, strategic planning and board development/education including fundraising.

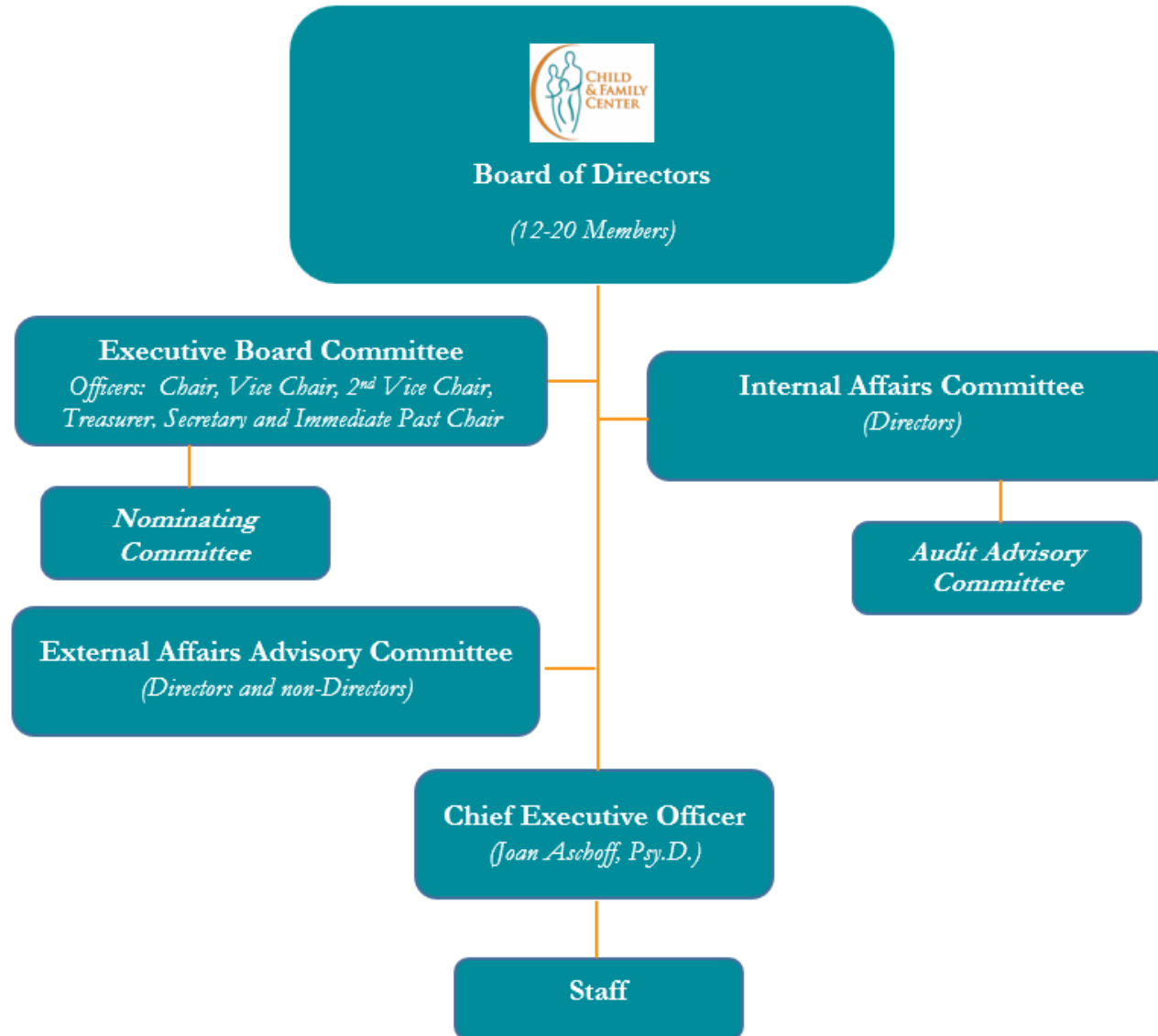
INTERSECTING AIMS

Actively identify, challenge, and remove internal barriers to diversity, equity, and inclusion of staff, clients, and board members. Vigorously support individual and community belongingness by recognizing the importance of similarities and differences while celebrating and including the full array of voices and perspective through internal operations and services provided.

STRATEGIC PRIORITIES	TACTICS	SUCCESS MEASURES
<p><u>Quality of Care</u></p> <ul style="list-style-type: none"> Develop a process for continuous review, improvement, and evaluation of DEI activities within the Agency to better understand what is needed to create a more diverse, equitable and inclusive environment for care, treatment and services. <p><u>Workforce</u></p> <ul style="list-style-type: none"> Embrace workforce diversity, equity and inclusion, through the elimination of barriers to growth and opportunity for each employee. Increase overall diversity in job applicant pools, interview pools, and hiring yield, including underrepresented minority staff and the gender balance ratio among staff. <p><u>Awareness</u></p> <ul style="list-style-type: none"> Identify, challenge, and remove bias and inclusivity barriers related to staff, clients, and Board members. Communicate current events to highlight the needs and successes for DEI efforts through internal and external circulation of newsletter, videos, and community outreach efforts. Integrate DEI data into the Agency’s broader disclosure and commitment to transparency <p><u>Leadership</u></p> <ul style="list-style-type: none"> Continue to encourage and facilitate cultural and racial diversity in the leadership staff at the supervisor, senior manager and senior leadership levels. 	<p><u>Quality of Care</u></p> <ul style="list-style-type: none"> Complete annual cultural competency assessment and use information to identify and prioritize expressed needs. Create communication pathways for clients and community members to share opportunities to improve access to mental health, substance use, and domestic violence services Assign clients to clinicians to meet individual needs and preferences (e.g., language, gender, age) Implement programs that will support DEI clinical practices (e.g., Safe Zone) Complete wall art replacement project <p><u>Workforce</u></p> <ul style="list-style-type: none"> Multi-dimensional diversity of Agency staff through targeted and aggressive recruitment strategies while fostering staff retention programs. Add diversity statement to all job postings notifying candidates we welcome diverse candidates Modified interview selection process to decrease the impact of implicit bias of underrepresented applicants. Redact identifying information from resumes/applications to remove implicit bias Ensure Structured Interviews: review phone/in-person interviews Ensure a process is in place for a diverse panel of hiring managers for interviews 	<p><u>Quality of Care</u></p> <ul style="list-style-type: none"> 90% or higher satisfaction with culturally and linguistically appropriate services Decreased number of requests for change in providers related to DEI 100% ADA compliance with website, facilities, and interpretation services <p><u>Workforce</u></p> <ul style="list-style-type: none"> Increase voluntary response to staff diversity survey Increased number of applications by under-represented job candidates. Increased number of candidates offered employment who identify as culturally or racially diverse. Increased percent retention of culturally diverse employees. <p><u>Awareness</u></p> <ul style="list-style-type: none"> 90% of staff completed required cultural competency training Offer at least two new DEI-related learning opportunities including Relias training, peer training, APA sponsored Continuing Education training, or learning events. <p><u>Leadership</u></p> <ul style="list-style-type: none"> Increased number of diverse and under-represented staff hired or promoted to supervisors, senior managers and senior leaders Increased representation of different race/ethnicity groups among Board members.

<ul style="list-style-type: none"> Continue to increase cultural diversity of Board of Directors to provide leadership more closely representing the diversity of the populations served (e.g., skills, experience and contacts, gender, race/ethnicity). 	<p><u>Awareness</u></p> <ul style="list-style-type: none"> Strengthen and expand educational, experiential, and training offerings promoting diversity, equity, and inclusion. Ensure that all staff comply with and complete any required cultural competency training. Communications and marketing materials reflect the vision of diversity, equity, and inclusion for Child & Family Center. <p><u>Leadership</u></p> <ul style="list-style-type: none"> Create career paths and mentoring to increase the number of under-represented and diverse employees who move into leadership roles. Prioritize identification and selection of new board members who are culturally and racially diverse. Encourage voluntary identification of diversity and inclusion for under-represented groups on board paperwork. 	
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BOARD AND COMMITTEES



ACRONYMS

ADA	American Disabilities Act
APA	American Psychological Association
AV	Antelope Valley
CalAIM	California Advancing and Innovating Medi-Cal
CalWORKS	California Work Opportunity and Responsibility for Kids
CEO	Chief Executive Officer
CFT	Child Family Therapist
CoA	Commission on Accreditation
COC	College of the Canyons
C&FC	Child & Family Center
DCFS	Department of Children and Family Services
DEI	Diversity, Equity and Inclusion
DMH	Department of Mental Health
DV	Domestic Violence
EBP	Evidence Based Practice
EHR	Electronic Health Record
ICC	Intensive Care Coordination
IT	Information Technology
MAT	Medication Assisted Treatment
MBHO	Managed Behavioral Healthcare Organizations
SA1	Service Area 1
SLT/SMT	Senior Leadership Team/Senior Management Team

STS	Secondary Traumatic Stress
SAPC	Substance Abuse Prevention and Control
SUD	Substance Use Disorder
TBS	Therapeutic Behavioral Services
YTD	Year to Date