Family & Children's Center

Better Tomorrows Start With Us

Senior Leadership Team Reports

Board Meeting: January 28, 2016

PRESIDENT'S REPORT **FROM: TITA YUTUC**

Happy New Year! The holidays were particularly warm and festive. We took the time to celebrate staff by hosting an Employee Christmas party at the local Eagles Club. The party was wildly successful and well attended. The festivities included a potluck dinner, an ugly sweater contest and a host of Christmas carols and games. The post party feedback was overwhelmingly positive. Taking the time to celebrate staff and thank them for all they do went a long way in a year wherein staff received no salary increases and there was an increasing discussion on the budget and expectations.

I remain on a learning curve as I navigate through over thirty (30) programs and a multitude of funding streams. I continue to receive guidance and support from a very talented Senior Leadership team and from the Board itself. The New Year will bring us many opportunities to explore collaborations and potential partnerships and as a result, I remain committed to ensuring I am out within the community. With the turnover we are experiencing inside our Development Department, I will ensure that much of my time will be dedicated to supporting our Development efforts.

Financially, I continue my efforts to ensure open communication with employees about the state of our finances and continue to explore cost saving strategies as well as new strategies and ventures that will support Family & Children's Center's needs.

As has been indicated in previous Presidents Board reports, the senior team has looked at organizational priorities. We identified four tasks that will support the organization. These priorities include identifying and adopting a process to update/review our compensation system on a regular basis, ensuring programs have a marketing plan that is being regularly implemented, building a process for ongoing expense management and developing and formalizing a process to ensure FCC's policies and procedures are in order. It remains our belief that these organizational priorities will have a positive impact in our work at the present and going forward. These priorities remain ever present and progress has been made. For example, we have made great strides to solidifying outcomes for all programs so that data collection can truly begin and be reported out on at the end of the second quarter of 2016.

Updates to the three major facility/building projects are as follows. The Level 5 home has been approved after a frustrating eight months. Our application has been submitted and returned with minor edits needed. The home is being furnished presently and the youth are being finalized for placement. Our challenge presently is in the hiring of staff for this home.

Related to Hiawatha Hall, we continue to need to explore options for the expansion of this program. Unfortunately, we have not heard from the owner again on the property we had identified. I have reached out to Rachelle Schultz from Winona Health and will explore property they are looking to sell on Sarnia Street.

Related to the reimagining of programs at the Weston site (RCC), I am happy to report that a comprehensive review was completed. The review included but was not limited to, reviewing treatment philosophies, staffing patterns, financials, state statutes, licensing requirements, incident reports, staff qualifications and program outcomes.

MINNESOTA PROGRAM UPDATE **FROM: MARCI HITZ**

Children's Services in Winona and Rochester (8 programs)
Day Treatment programs (6); Outpatient programs (2)

Our day treatment programs serve up to a maximum of eight children with most of the programs budgeted to be an average census of five or six. These programs provide group and individual therapeutic services in the afternoons to children who need additional mental health support in order to be successful in school. Both the Elementary and Mid Level programs are at or above census and in need of additional part time staff. Adolescent and Pre-School are below census, but the Adolescent program is working on a new client intake with anticipated starting date of January 25th.

Our Youth Night Campus programs serve juvenile offenders and truancy clients by providing up to five hours of structured programming and therapeutic services every weeknight from 4:00 - 9:00. Both of the Youth Night Campus programs are undergoing some changes in the way the programs are structured and what types of services are delivered. Counties are requesting that our programs offer more of an "ala carte" option for skills groups (anger management, corrective thinking, etc.) rather than all clients having to be in the program for a full five hours every weekday. In this way, we can still serve the more intensive clients with a full program model on certain days (M-W-F), but still reach clients who are not as deep-end on alternating days (T-Th) by providing them with more remedial services.

Winona Outpatient is continuing to build clientele and over-scheduling each week to account for cancellations. The program was actually in the black for the month of November, so it is moving in the right direction.

Adult Services in Winona (3 programs)
Hiawatha Hall, Youth Assertive Community Treatment (Y-ACT); Adult Mental Health Rehabilitative Services (ARMHS)

Hiawatha Hall is our Intensive Residential Treatment Services (IRTS) facility for adults with serious and persistent mental illness (SPMI) who are in need of a structured, therapeutic setting to stabilize their symptoms before returning back to the community. We have been able to successfully hire several shift staff, avoiding the worst of the staffing crisis that we were facing. However, two key full time leadership positions remain open: Supervisor/Treatment Director

and Registered Nurse. We are actively looking for these positions. Two clients have recently made a successful transition back to the community and new intakes are being processed.

Youth Assertive Community Treatment (Y-ACT) serves 5-10 young adults with intensive, individualized support services in their home, school or work setting. Staff are currently working on two new client intakes which would bring us up to 6 clients.

Adult Mental Health Rehabilitative Services (ARMHS) serves up to 18 adults with Serious Mental Illness (SMI) or SPMI by helping them gain or maintain independent living skills that have been compromised by their mental illness. Our referrals have remained steady; surprisingly we did not see much of a spike in intakes as a result of Riverfront Mental Health closing its doors.

Both Youth ACT and ARMHS will finish the year in the black, which is a great accomplishment for two programs that are both so new and did not have any start-up dollars.

Family Services in Winona (5 programs)
Foster Care, Intensive Tracking, Matty's Place, Supervised Visitation, Safe Haven

Our foster care program is in the process of licensing a new foster family and we continue to look for more placements. Tracking referrals remain steady at around 20 clients, which is our "new normal."

The Federal OVW grant funding for the Safe Haven program will only last approximately another 12 months. We are currently in the process of applying for another federal grant through OVW, the "Justice for Families" grant and we anticipate a favorable response since the Safe Haven program has been successful.

The Supervised Visitation program is also at their "new normal" of providing between 250-300 hours per month of visits; this is up significantly from the average of 160 hours per month that was anticipated in our 2015 budget.

WISCONSIN ADULT PROGRAM UPDATE **FROM: KATHY ROHR**

IPS Supported Employment Services for CCS participants (Comprehensive Community Services- this is a community mental health program which is less intensive than our own Community Support Program- CSP. CCS is poised to grow exponentially in most counties of the state, due to funding provided in the state budget):

Please recall that the purpose of this program is to assist participants to successfully work in the community, following an evidence based practice and with collaboration with Dartmouth College. This program is doing particularly well. We are maintaining strong fidelity to the practices which have been found to be most successful helping persons with mental illness work in the community. We are one of only two sites in the state found to have exemplary fidelity to the model. The program has proven to be financially sustainable and to produce great outcomes in employment for participants.

IPS Supported Employment Services currently provides services to 67 participants. 51 of these persons live in La Crosse County, while 16 live in Jackson or Monroe County. 44% of clients in La Crosse County were employed during the last quarter and 24% of clients in Jackson or Monroe County were employed during the last quarter.

We have set up a contract to provide IPS services to CCS STRIVE participants in Vernon/Crawford counties since our last meeting. We have begun to provide services to a small number of participants just this week.

We also set up a contract to provide Peer Support services to CCS STRIVE participants in Vernon/Crawford counties. Peer Support services are provided by a person in mental health recovery, who shares their lived experience to assist others in their recovery. We have never provided Peer Support services as a vendor before and look forward to growing this service.

Community Support Program Services (CSP):

We provide Community Support Program services in two programs that span four counties. Our largest program is the WRIC CSP Program, which serves La Crosse, Jackson and Monroe counties. We also provide Community Support Program services in Vernon County. We have offices to serve our clients in their home communities of La Crosse, Black River Falls, Sparta and Viroqua. CSP services are an evidence based practice called Assertive Community Treatment. This practice uses a team model with very specific requirements for psychiatric and nursing time, low case loads for case managers, in house crisis services, in house alcohol and other drug abuse services, in house help with housing and in house help with employment.

We continue to apply cost reduction measures to our CSP programs. The WRIC CSP program will break even, due to the contract being set up so that the region pays any loss the program incurs. However, we need to reduce the amount of loss we incur in 2016. We plan to meet with Vernon County in early 2016 to discuss the loss the program incurred in 2015 and ask for a rate change to prevent 2016 loss. We also anticipate that a planned staff reduction in hours worked per week will have positive impact on the budget.

The WRIC CSP program provides services to 106 clients in La Crosse County and 28 clients in Jackson and Monroe County. The Vernon CSP Program provides services to 56 clients in Vernon County.

The Other Door Drop In Center:

The Other Door Drop In Center provides a setting for alcohol and drug free social interaction, along with recovery activities to promote both mental health and alcohol and drug use recovery. The program continues to operate on a minimal budget and provide great services to the community, including AA/NA meetings, NAMI meetings, a community meal, recreation activities, and peer support services. The Drop In Center is open 20 hours/week. Right now we are in the process of separating the Other Door Drop In Center budget from the CSP Vernon budget, so that we can be sure this program is sustainable without assistance from the CSP budget.

WISCONSIN YOUTH PROGRAM UPDATE **FROM: VANESSA SOUTHWORTH**

There is a lot of activity in Wisconsin Youth & Family Services this New Year!

Hope Academy will have 13 mothers enrolled as of 1/25/16, which also means 13 little ones. This is an excellent challenge to have, and we have been busy working on addressing space and transportation needs for this program.

The **regional Independent Living model** has been launched in the 14-county region, and kickoff meetings are being held January 28th in the northern half of the region (Menomonie) and January 29th in the southern half of the region (La Crosse). Direct client services have been in place since January 1st.

Host Home Program has established its first host family and has paperwork out to several others for completion. We are accepting referrals for youth in order to begin providing independent living support while working on the matching process with a host home. Our first advisory committee meeting will be held Tuesday, February 2nd from 10:30-11:30 in the John Burgess conference room.

The Level 5 shift staffed treatment foster home is in the process of being furnished for a state visit on February 4th. The state reviewed our initial application and has given us additional questions to respond to. We are still working on hiring and will not get final approval from the state until our program supervisor is hired and licensed as a foster parent.

Residential staff participated in an all-staff training last week to review program structures and requirements. Ongoing monthly trainings will supplement this initial training. We are fortunate to have a core group of dedicated and talented staff to keep us progressing forward in this program.

Outpatient Counseling has secured an independent contractor for AODA supervision that will allow us to provide AODA assessments and treatment in Wisconsin. Currently, we only provide Intoxicated Driver Program assessments for Vernon County. We are also in the process of contracting with Genoa Healthcare (the pharmacy) for telepsychiatry consultation that will also help us meet AODA requirements.

Community Respite continues to receive many referrals. We have seen an increase in the intensity of behavioral needs for respite youth, and this has required us to step up our recruitment efforts to seek more highly trained respite providers that perhaps work in the behavioral health field.

Treatment Foster Care has recently been approved to provide Crisis Stabilization in homes. This means that youth can be placed in one of our treatment foster homes for a short-term stay the same day that crisis stabilization is identified as a need. This could be for a variety of reasons, such as an argument with a parent that requires separation for the night, as one example. The Youth Home is also approved to provide Crisis Stabilization services.

We are experiencing staff transitions in multiple programs, but we are working together to fill gaps and use resources as efficiently as possible. We continue to work on marketing efforts in

census-based programs that have been low in clients. One of our challenges remains that some referrals are inappropriate (Day Treatment and Residential) or that appropriate referrals are stalled due to lack of parental follow-through (Day Treatment). Proper screening of referrals and flexibility/creativity with marketing efforts and engaging parents remain high priorities.

HUMAN RESOURCE UPDATE **FROM: RICH PETRO**

Employment

Turnover was high during the fourth quarter. It was unusual for both full time positions as well as part time, and the activity for departures was spread around all the sites and programs. This compounded our sourcing challenges as we found ourselves shorthanded for our 24X7 programs during the end of November and December which is always a difficult time of year for recruiting. We redoubled our recruiting efforts to include same day interviews in La Crosse and Winona, soliciting participants in local school programs such as the Western Human Services program and established referral agreements with Minnesota and Wisconsin state services along with a local employment service with representation in Winona and La Crosse.

Our overall turnover rates for the past few years show an increasing trend. It stands out as an issue representing both a significant opportunity cost and actual cost to the agency. The lion's share of the turnover is in the part time, direct care ranks, with many of the resignations involving staff who leave for a full time opportunity. We see part time staff leave as a function of moving away from the area to attend graduate school. Staff leaving to join competitors (county positions as well as positions with private service providers) most often for better pay. Finally, a number of the resignations are due to the reality of the work we do being much different than expected.

Training

TOTAL staff training hours	On-line course hours	FCC live training hours	FCC Leadership Training hours	Electronic Health Record hours, sessions	External training hours	# Internal Sessions (excluding EHR)
2014 11,016	**2014** 2,311	**2014** 2,605	**2014** 1,222	**2014** 269 hours/44 sessions	**2014** 4,608	**2014** 62
2015 10,856	**2015** 1,782	**2015** 3227	**2015** 815	**2015** 159 hours/23 sessions	**2015** 4,872	**2015** 63

Online training hours were down in 2015 as a direct result of a new requirement in live training (Mental Health First Aid) that increased live training hours as a result. Leadership training hours were down due to fewer new supervisors (replacements) being placed and two longer quarterly sessions in 2014. EHR training activity was down due to two factors. First, our larger programs transitioned to electronic records in 2014. Second, the project manager relocating at the

beginning of the fourth quarter of 2015 and her replacement is just beginning to pick up implementation activity.

Compliance

Fraud Waste and Abuse (FWA) training requirements for Medicaid providers has been expanded on two fronts for 2016. First, all employees will be required to complete an annual training session (versus just "those in a position…" as in the past. Second, board members will also be subject to an annual training requirement. We are finalizing an upgrade to the online course we have used in the past in order to be to be fully compliant. Board members will be supplied a link to the on line training which should take less than 30 minutes to complete. This will be completed in the second quarter of 2016.

Culture

An agency-wide survey was completed in December in which employees were asked to give their perspective – in the form of both ratings and comments – on questions about agency culture. Participation was around 50%, and there were quite a few comments shared which can be key to developing insight about the ratings given. One key metric was generated from a question asking staff to rate FCC's workplace culture from 1 to 100 with 100 being high. This will be used to establish a benchmark for future surveys. Our Culture Committee is developing a set of themes and proposed action steps which will be shared with staff along with the survey results.

Orientation

In an effort to improve the front end of the employment process and experience (for staff and new employees) we have initiated a more structured "first day" process. All new staff will start on one of two scheduled days each month, and HR staff will take care of completing all the paperwork and other front-end tasks associated with kicking off employment. This is intended to provide greater uniformity and resolution of day one activities.

DEVELOPMENT UPDATE **FROM: JAMIE SCHLOEGEL**

I am happy to report FCC ended the year strong with an excellent response to our year-end appeal. In fact, according to my records it may have been the most successful year-end appeal the agency has seen to date. Gross revenue was over $133, 000. This is a 33% increase over last year's response! And this number doesn't even include gifts from all of you as board members, which prior to 2013 board gifts were counted with year-end giving.

Unfortunately the response to our year-end "Gifts for Good" gift catalog was not what we had hoped for. Despite positive feedback from many people in the community, we only received a total of nine gifts from the catalog. I will be discussing this with the Development/Marketing Committee to determine if we will put out another catalog in 2016.

You all saw the email update regarding Josh Gates' departure; his last day with FCC will be February 5. He has decided to go back to Viterbo University. News of his departure came only a few weeks after Meg Carey our PR/Marketing Specialist left. We have already found an

excellent candidate to replace Meg. Kelsey Matula will start January 26. Josh's position will be much more difficult to fill. We will be taking our time to find the right candidate.

I am working with Tita to finalize a draft of the 2016 Development Plan to present to the Development/ Marketing Committee at their first 2016 committee meeting. Once it is approved, a copy will be shared with all of you. Most of the plan priorities will remain unchanged from 2015, including securing annual funding for our prevention programs, enlisting community support for other agency needs as identified, and continuing to improve our ability to develop donor relationships to cultivate major gifts. New or enhanced priorities I am planning to add include an intense focus on improving donor communications and stewardship, and creating more specific marketing and branding guidelines for the agency and its programs.

The 2016 plan will also include strategies on how to meet the increased need from Development that comes with approval of the 2016 agency budget. There is a 17% increase in dollars needed from Development to sustain annual programming budgets. This increase comes from adding the new Host Homes for Homeless Teens program, separating The Other Door drop-in center in Viroqua into its own program budget (as opposed to being combined with Vernon County CSP) and a significantly increased Hope Academy budget due to a much higher anticipated census. And, the increased need may even be more than 17% after we hear back from Great Rivers United Way in February on what this year's allocations will be for our six UW funded programs. It is looking like GRUW won't be meeting their goal this year, so we are unsure yet how that will affect our allocations.