Saint Mary's Home for Children

Strategic Plan
2015-2017

Executive Director and Board Approval December 15, 2015

Ongoing Updates

Executive Summary / Process

This Strategic Plan is the culmination of many hours of work, sharing of ideas, team decision making and a strong desire to embrace new services to better serve our clients. Within this document, you will see our Outpatient Department's commitment to: responding to and treating youth who have been victims of human trafficking; partnering with domestic violence shelters to assist and support youth who have been exposed to domestic violence; revising the Non-Offending Parents Curriculum; and developing programming to provide strong supports to foster and adoptive families that are challenged by children with sexual behavior problems.

Our residential treatment programs are moving forward with the Building Bridges Initiative (BBI) focusing on a number of objectives related to family engagement and youth voice and choice. Our plan confirms our commitment to decreasing the length of stay in the residential intervention, providing community and home-based services during and after the residential stay and ensuring permanency for those we serve. In addition, we are focused on improving and supporting our workforce and expanding our training opportunities for all staff members.

Our campus school is focused on expanding its reach into the community and replicating its success in delivering academic services in a public school system. The school is embracing the Building Bridges philosophy and will be engaging parents in a more meaningful way as we move forward. Though already utilizing a modified Positive Behavioral Interventions and Supports (PBIS) approach, our school will adopt it in a more formal way as it is a wonderful compliment to the residential program's trauma-informed, relational approach.

The Board of Directors is emphasizing the need to stay current with trends in the field, mitigating risk to the agency and ensuring the financial stability of St. Mary's. In addition, our Board of Directors recognizes the importance of a diverse Board and will focus on building our Board to better reflect the population we serve. The Board is also committed to establishing new sources of financial support and being excellent ambassadors for our agency in the community.

This is an exciting time for St. Mary's, a time for strengthening our programs and services and expanding our range of offerings. This strategic plan is our blueprint for the next three years.

Vision

St. Mary's Home for Children is dedicated to helping children who have been affected by violence in their homes or communities and/or who have behavioral health issues. Our vision is to provide the opportunity for each child in our care to become a healthy adult, capable of healthy relationships. Our programs focus on providing children with the skills and strengths they need to cope with family, school and social environments. We provide families with appropriate supports as they strive to create healthy relationships. We seek to provide children in our care with positive and lasting relationships with adult role models and a permanent home base that they can return to as they need us. We seek to build a strong sense of self worth and raised aspirations for what each child can become.

Mission

Our mission is to create an environment of healing and hope for those we serve. Children and families are empowered to develop healthy, trusting relationships. Through an array of residential and community based services, we create effective, lasting partnerships that enable children and adults to lead fulfilling lives.

Beliefs and values

Our services are child centered and family focused:

We are committed to meeting the needs of the people that we serve. Effective decision making that balances autonomy, individual empowerment, and personal accountability is encouraged.

Respect and compassion are the hallmarks of our work.

We commit to a safe, nurturing atmosphere in all we do. Our aim is to foster the growth of children and families and this requires a full measure of both respect and compassion.

We commit to the long term healthy development of children:

Children who have experienced abuse and neglect can develop into healthy adults. They are fully capable of participating in a life with the same opportunities, privileges and responsibilities as others in the community. We are committed to supporting the development of individuals through their lifespan.

We believe family members are an integral part of our clients' lives:

Our first choice is always to support the successful reintegration of a child into his/her family's life. If this is not possible, we commit to finding alternative family settings with the goal of permanency for each child.

We commit to employing best practices in our work:

It is our responsibility to seek out, and integrate best practices into our provision of services. We value innovation and creativity, and we reward our staff for demonstrating excellence in our field.

We will practice Continuous Quality Improvement:

We are committed to review and evaluate our work. We recognize that the success of our organization is dependent on our willingness to look objectively at what we do, and to make the changes necessary to improve practice. We accept the challenge to learn from our efforts.

We value a quality and reliable workforce to fulfill our mission:

We recognize that reliability and continuity in the lives of the people we serve are critical to their success. We reaffirm and strengthen our commitment to develop and maintain competent, caring and dedicated staff.

Our employees are the cornerstone of our agency:

We recognize the importance of our staff and the contributions they make in the lives of our children and families. We are committed to offering education, training, and advancement opportunities that enhance employee professional development and a work environment that expresses both dignity and respect.

Organizational Profile, History, Services and Population

St. Mary's Home for Children has a rich history of serving children of the State of Rhode Island. From its beginnings as an orphanage in 1877, St. Mary's has addressed the social, therapeutic and mental health issues of children. During wartime, when fathers were off fighting, mothers would bring their children to St. Mary's for care so that they could work and support their families. When drug abuse became prevalent and parents could not care for their children, St. Mary's was there to provide a safe haven. As instances of sexual abuse were exposed, we were there to provide counseling and family therapy. Proudly, we have evolved into the areas most comprehensive treatment program for children who have been affected by abuse and neglect, exhibit extreme behavioral issues or experience psychiatric problems usually due to trauma they have endured. Children (girls 6-18, boys 6-13) are treated in our residential program and campus special education school. We also serve an outpatient population for sexual abuse assessment, counseling and family therapy (3 years of age and up). Enhanced outpatient services and Victims of Crime Act program provide in-home clinical and case management services to at-risk families with the goal of preserving the family unit and preventing out of home placement of children.

Outpatient Therapy: The Shepherd Program was established in 1985 to provide outpatient individual, family and group counseling for children and adolescents who are victims of sexual abuse or have sexual behavior problems. The Shepherd Program employs clinicians with expertise in sexual abuse assessment and treatment. The staff is dedicated to help families heal and stop the cycle of abuse. Referrals come from DCYF, physicians, families, and other treatment providers. Services include:

- Sexual Abuse Evaluations
- Individual therapy for children, teens and adults (sexual abuse or trauma specific, as well as general treatment)
- Group therapy for children, teen and adult survivors, families affected by sexual abuse
- Family therapy

Victims of Crime Act (VOCA) Program: Through funds from the Victims of Crime Act (VOCA), the Shepherd Program's Sexual Abuse Project provides a clinician and a parent educator team approach to families that have been impacted by sexual abuse. The Project provides intensive in-home services for families. The team's guidance, instruction, and support assist in maintaining the child survivor safely in the home. Services include:

- Individual and family therapy
- Case management
- Behavior management
- Sexual abuse education

Enhanced Outpatient Services (EOS): EOS is a home/community-based program that provides comprehensive services to help transition a child from placement to a secure home environment, or as a preventative measure, to reduce the risk of hospitalization for children/teens/adults. Our team consist of a licensed clinician and case manager who provide home, school and/or community based services for children/teens/adults who require intensive support for successful functioning in the community. Services are offered 7 days a week to meet the clinical needs of the family and we service families statewide. Our staff directly arrange for authorization through the families' health coverage (NHP/UBH RItecare).
Services include:

- Individual and family therapy
- Case management
- Behavior management
- Parenting support and education

Supporting Teens At Risk (STAR) Project: Funded by the Victims of Crime Act, the STAR Project serves male and female survivors of sexual exploitation and human trafficking, up to age 18, and their families. This is a state-wide community/home based program. The overriding goal of the STAR Project is to keep children safe in their homes and communities and reduce the risk of re-victimization. The STAR treatment team provide therapeutic, educational and social support to the survivor,

psycho-education and clinical support to the parent or caregiver and work within a team model based on a multidisciplinary approach. Treatment is provided on a schedule that meets the family's needs and will continue for up to 6 months. Services include:

- Individual, family and group therapy
- Crisis Intervention
- Case Management
- Parenting Support
- Sexual exploitation/abuse education

Acute Residential Treatment and Stabilization: Funded by insurance, the 'ARTS' program provides hospital step-down and/or hospital diversion treatment for children and youth 6 through 18. ARTS treatment is geared at safety, stabilization and planning for post-discharge services at home or in less restrictive out-of-home settings. Services include:

- Psychiatry and medication management
- Individual, group and family therapy
- On-site Nursing / medical coordination
- Case Management
- On-Unit classroom education
- Milieu psycho-education, counseling and recreation

Residential Treatment: Three residential units provide residential intervention under the Building Bridges Initiative model for youth 13 through 18 years old. The Mauran Unit provides specialty treatment for boys with trauma histories; Hope House provides treatment for adolescent females with complex mental health issues; and Horton Unit for adolescent females with significant mental health issues. St. Mary's partnered with the Parent Support Network (PSN) as a part of the BBI family engagement process, and introduced 'Residential Without Walls' which is a major component of this Strategic Plan. All residential treatment is funded by RI DCYF. Services include:

- Psychiatry and medication management
- Individual, group and family therapy
- On-site Nursing / medical coordination
- Case Management
- Campus School Special Education
- Milieu psycho-education, counseling and recreation
- PSN Parent Support Partner

Shelter Treatment: Funded by RI DCYF, the 'Hills' Shelter provides short-term treatment for adolescent females aged 12 through 17 who experienced disruption from home, placement or are returning from AWOL in the state. Rapid assessment and treatment is geared at meeting all safety needs, ensuring continuity in their community to the extent possible, and providing/arranging clinical services for the youth and family. Services include:

- Individual, group and family therapy
- On-site Nursing / medical coordination
- Case Management
- Milieu psycho-education, counseling and recreation
- Psychiatric and medication management on-site services as needed

Campus School: Licensed by the Rhode Island Department of Education, the George N. Hunt Campus School provides education for special education youth in Kindergarten through 12th grade. Funding is from the child's local educational agency (LEA), and referrals are accepted from any town or city in RI. Transportation is provided by the community LEA. Services include:

- Classroom education
- Reading Specialist
- Occupational Therapy, Speech Therapy and Physical Therapy as identified in Individual Education Plan (IEP)
- IEP planning with the community LEA, family and child
- RI Portfolio assistance for high school students, and credit recovery
- Clinical School Social Worker provides case management, individual and family therapy
- Recreational activities including swim class and field trips to enhance the educational experience

Woonsocket School: Special Education middle school classrooms including Teacher, Teacher Assistant, Behavior Support Specialists and Clinical Classroom Social Worker provide services in the child's own school to prevent out-of-district referral.

Critical Issues, Challenges and Mandates

Residential Programs: Ongoing national accreditation and state Department for Children, Youth and Families licensure; compliance with Medicaid Record Auditing; and standardized testing via the Child and Adolescent Needs and Strengths (CANS) and Youth Problems, Functioning, and Satisfaction OHIO Scale. Under the Building Bridges Initiative, reporting outputs and outcomes to RI DCYF are required.

Outpatient Programs: RI Qualified and Associate Level Specialist recognition to provide sexual abuse specific treatment; state licensure through the Department of Health at the appropriate level required for service.

School Programs: Ongoing RI Department of Education licensure.

Overarching trends

- Government wants to significantly reduce the size of congregate care
- Major shift nationally and internationally to move dependent persons back home to family based or kinship based care continues
- Change continues to be largely driven by costs associated with state run residential options and the anticipated impact of baby boomer population moving through elder supports
- Medicaid reform continues to be under discussion in many states due to explosive cost increases
- Many services continue to move to home and community as "family supports" rather than child treatment. Best practices continue to shift away from separating children from families for treatment purposes.

Rhode Island trends

- In the last Strategic Planning cycle, DCYF moved to a Network contract model, and is subsequently ending that model effective 3/31/2016. DCYF continues to want to curb use of residential placement and focus on community based services and permanency.
- An increase in known or suspected sex trafficking victims, an increased effort to return females with complex mental health needs from out-of-state programs to RI, and an increase in Shelter youth with complex mental health needs.
- More specialization continues to be required – psychiatric, school programs — requires multi-disciplinary approaches to deal with more complex conditions.
- More serious behavioral health issues/medication issues continue.
- Census is expected to decline with shorter term placements trending downwards on overall numbers of placements
- Supporting home and foster care requires multi-expertise and training of more than one caretaker.
- Uncertainty with regard to the dissolution of the short-lived DCYF Network model, lack of appointed DCYF Director for over a year, new Child Advocate, and recently formed RI Provider Coalition.
- The National Building Bridges Initiative was desired in state by RI DCYF and consistent with our philosophy. We are the only RI agency actively and formally implementing the BBI model, formalized with new rates to operate under those principles in late 2015.
- Outcome measurement will be required.
- RI DCYF is re-instating a procurement for services process in the Winter/Spring 2016.

Programs/Services

- Opportunities to diversify school program
- The need for aftercare and to follow children home post placement are able to be implemented under the BBI model
- Move to ingrain residential as an intervention – "Residential Without Walls"
- Blending residential and in-home services which are fluid and responsive, are able to be implemented under the BBI model
- Need to develop Respite for short periods
- Treatment planning continues to move towards outcomes with valid measures; need to aggregate data
- More intensive treatment will continue to be coupled with shorter time frames
- Affordable Care Act impact on behavioral health services
- Many families in dire financial straits
- Insurers do not pay an adequate rate for sex abuse work

Workforce Issues

- Due to fiscal constraints, ways must be found to express value in other ways than salary
- Need to make behavioral norms for employees clear. Accountability for the agency is rising; accountability for staff must also rise.
- Generation Y: attracting and keeping these employees requires a stress on the meaningfulness of work and strong internal communications – clear and, timely
- Hiring, on-boarding and retention problems must be addressed; recruiting and retaining independently licensed employees, and qualified direct care staff
- Saint Mary's most recent turnover rate is 34.9% per year.
- Benefits are becoming more important to employees as means of increasing stability of workforce, yet appear less important to younger generations who can retain parental health insurance for longer periods than in the past

Practice Trends

- Continue to ingrain customization of interventions, adapting to kids and their environment, not just safety and quality. Continue to ingrain the relational model of care and trauma informed care into agency culture
- Bringing families into case planning as part of customization.
- Full integration of Parent Support Network into agency culture to support the BBI model
- Continue to reduce the use of physical interventions
- Practice continues to move closer to Eastern philosophy
    - Meditation;
    - Deep breathing,
    - Relaxation;
    - Stress reduction;
    - Self-Regulation;
    - Yoga;
    - Equine Therapy
- Treatment is more flexible now for sexual trauma kids – more family involvement, many things they can do at home.
- Permanency planning continues to be a standard expectation, however has been challenging in practice as evidenced by youth without active permanency plans and little success with advocacy efforts
- Training for direct care staff has and should continue to increase
- Raised expectations of staff

Funding

- Can be up-front costs prior to grant submission, and community development grants require a level of detail that extends projects significantly.
- Government funding will continue to be stressed.
- Funders want more accountability, looking for outcomes.
- Increased residential rates for BBI initiative are new; difficult to ascertain if they will stay solid with uncertainties at DCYF.

Financial Trends

	FY11	FY12	FY13	FY14	FY15	FY16*	Average
Defensive Interval (DI)	**1.45**	**1.52**	**1.97**	**1.56**	**1.69**	**1.68**	**1.64**
(Cash + Marketable Securities + Receivables)							
(Average Monthly Expenses)							
Liquid Funds Indicator	**(0.86)**	**(1.29)**	**(0.90)**	**(0.93)**	**(0.94)**	**(0.26)**	**(0.86)**
(Total Net Assets-Restricted Net Assets-Fixed Assets)							
(Average Monthly Expenses)							
Debt Ratio (DR)	**0.28**	**0.33**	**0.31**	**0.29**	**0.31**	**0.24**	**0.29**
(Average Debt)							
(Average Total Assets)							
Revenue Ratios							
(Revenue Source)							
(Total Revenue)							
1. Public contributions/events	**0.04**	**0.06**	**0.03**	**0.04**	**0.04**	**0.05**	**0.04**
2. Grants & Foundations	**0.02**	**0.01**	**0.02**	**0.03**	**0.05**	**0.04**	**0.03**
3. Program service revenues	**0.88**	**0.91**	**0.90**	**0.91**	**0.90**	**0.90**	**0.90**
4. Endowments/Investments	**0.04**	**0.01**	**0.01**	**0.02**	**0.00**	**0.00**	**0.01**
5. Other/Miscellaneous	**0.03**	**0.01**	**0.03**	**0.00**	**0.00**	**0.00**	**0.01**
Totals	**1.00**	**1.00**	**1.00**	**1.00**	**1.00**	**1.00**	**1.00**
Program Service Expense	**0.95**	**0.96**	**0.97**	**0.97**	**0.93**	**0.93**	**0.95**
(Program Service Expenses)							
(Total Expenses)							
Accounts Payable Aging Indicator	**0.77**	**1.19**	**0.77**	**0.74**	**0.65**	**0.38**	**0.75**
(Accounts Payable X 12)							
(Total Expenses)							
Contributions and Grants Ratio	**0.06**	**0.08**	**0.06**	**0.08**	**0.11**	**0.09**	**0.08**
(Contributions and Grants)							
(Total Revenue)							
Fundraising Ratio	**0.01**	**0.02**	**0.02**	**0.02**	**0.02**	**0.02**	**0.02**
(Fundraising Expenses)							
(Total Expenses)							

Strategic Plan Goals Action Charts

1. **Board of Directors**
2. **Outpatient Programs**
3. **Residential Programs**
4. **School Program**

Board of Directors Strategic Plan Action Chart (next page)

Goal I: Sustain the agency morally, financially and legally to ensure the continuing ability to serve children and their families in need				
Objective	**Strategies**	**Responsibility**	**Timeline**	**Measure of Success / Evidenced by**
1. Understand current trends in child welfare to ensure we are offering high quality programs that meet and enhance the agency Mission	a. Communication from the Executive Director re: environmental assessment of industry, trends, and needs of the community; advanced communication re: planned addition and/or changes in programming	a. Executive Director, with input from Program Directors, including information obtained from research and participation in national and state-wide coalitions (MASOC, Alliance for Children, RI Coalition, for Children and Families, CWLA)	a. Ongoing	a. As evidenced in no less than 4 Board Minutes per fiscal year
	b. Review of quarterly PQI Reports	b. Director of Operations / PQI Coordinator	b. Quarterly (April, July, October, January), ongoing	b. As evidenced in 4 email communications to Board members
	c. Increase quality of data reporting	c. Director of Operations / PQI Coordinator	c. January 2016 – December 2016	c. As evidenced subjectively by comparing 2015 to no less than 3 2016 Quarterly Reports
2. Active engagement in understanding the agency's financial picture	a. Review and monitor each monthly Financial Board Report	a. Finance Committee, Board of Directors, Director of Administration, Executive Director	a. Ongoing	a. Documentation in no less than 6 Board meeting minutes per fiscal year
	b. Review and monitor Annual Audit and Management Letter	b. Board Audit Subcommittee, Board of Directors	b. Annually	b. Documentation in Audit Committee Minutes & Full Board Minutes 1x per year
	c. Review and approve annual budget, ensuring it reflects current trends and helps set strategic direction of agency	c. Finance Committee, Board of Directors	c. Ongoing, approve in June annually	c. Acceptance as evidenced in Minutes of Meeting
3. Envision and set strategic direction	a. Approve, support and monitor the strategic operational plans of the Agency	a. Board of Directors, Executive Director	a. Ongoing	a. Documentation of attention in no less than 3 Board meeting minutes per fiscal year
4. Emphasize quality assurance and organizational learning	a. Maintain active representation and participation on PQI Board committee	a. Board of Directors, Executive Director, Director of Operations	a. Ongoing	a. Participation by no less than 3 board members at each PQI committee

				meeting, evidenced in Minutes
	b. Increase understanding and awareness of accreditation through updates from the Executive Director, and by assigning one Board Member to act as liaison to PQI Coordinator throughout re-accreditation	b. Executive Director; Director of Operations/PQI Coordinator	b. September, 2015 – 2016 Site Visit (continuing through FAR)	b. Documentation in Board Minutes, and 2-4 communications between PQI Coordinator and Board Liaison
	c. Board participation at Site Visit	c. PQI Coordinator	c. April – June, 2015	c. Attendance by no less than 6 members at Site Visit (interviews in person or via telephone; and/or welcome-exit meetings)
	d. Board support of initiatives related to professional growth and development	d. Board of Directors, Executive Director	d. Ongoing	d. Documentation in Board Minutes that financial support was provided directly or via grants no less than annually
5. Assess areas of potential risk, and review management processes to prevent loss of reputation, vital resources, and ability to operate	a. Lend board expertise to Employee Guidebook policies on an ongoing basis, and approve revisions	a. Board of Directors, Director of Administration, Executive Director, HR Manager	a. Summer – Fall 2015; Approval October 2015; Ongoing thereafter	a. Approval at October 2015 meeting
	b. Adoption of policies, procedures and strategies that ensure the financial health of the organization	b. Board of Directors, Director of Administration, Executive Director	b. Ongoing	b. Evidenced by additional, revised and/or retired board policies with documentation in Board Minutes
	c. Review and monitor endowment and protection of asset policies	c. Board of Directors, Director of Administration, Executive Director	c. Ongoing; Formal review and approval every October	c. Evidenced in Board Minutes
	d. Review and monitor annual Risk Report	d. Board of Directors, PQI Committee, Director of Administration, Executive Director	d. Ongoing; Reporting every June	d. Evidenced in June Board Minutes

Goal II: Maintain a strong, diverse and productive Board of Directors				
Objective	**Strategies**	**Responsibility**	**Timeline**	**Measure of Success / Evidenced by**
1. Emphasize and strengthen Board members roles as ambassadors of St. Mary's	a. Increase education regarding the importance of member's role / relationships in the community (building supportive relationships with individuals, communities and government leaders on a state-wide level).	a. Board President; Executive Director; Development Officer	a. At Board Orientation, and ongoing	a. As evidenced by notation of outreach efforts in Board and/or Board Subcommittee Minutes no less than 4x per year
	b. Emphasize the importance of attendance and participation at Board meetings and agency events	b. Board President; Executive Director	b. Ongoing	b. As evidenced by a quorum at 100% of Board Meetings annually, and 75% participation at events
	c. Ensure that all Board members serve on at least one subcommittee	c. Board President	c. Ongoing	c. As evidenced by assessment of Minutes of sub-committee meetings
2. Strengthen Board on-boarding	a. Strengthen the vetting process of the Nominating Committee by developing a selection criteria focusing on current needs, areas of expertise and diversity	a. Nominating Committee; Board of Directors	a. January 2016 – June 2016	a. Selection Criteria developed
	b. Actively seek members who are reflective of our client community focusing on ethnic and cultural diversity and/or members who have had direct past or continuing experience in the child welfare system.	b. Nominating Committee; Board of Directors	b. June 2016 – July 2017 (and ongoing thereafter	b. One new Board member joins at 2017 Annual Meeting
	c. Assess and formalize the informal Board 'Mentor' process currently in place	b. Nominating Committee	b. September 2015 – September 2016	b. Formal Mentor process developed by Annual Meeting 2016
	d. Participate in team building activities at an annual Board Retreat	c. President of Board; Executive Director	c. Every October	c. 85% participation at annual retreat, and 100% receive Orientation Manual

Goal III:
Establish new sources of financial support and a major gifts and/or endowment campaign.

Objective	Strategies	Responsibility	Timeline	Measure of Success / Evidenced by
1. Build a more powerful network of individual and institutional donors to support our mission	a. All Board members complete an individual development plan annually	a. Board President; Development Officer; Executive Director	a. Complete each summer; Plan runs September 1 – June 30	a. 100% return of Individual Development Plans as audited by Development Officer every September
	b. One Board member to attend non-profit management seminar or training series per year, and bring information back to board	b. Board President	b. September – July annually	b. Board Minutes reflect information shared at least annually
2. Enter Silent Phase of endowment/major gifts initiative	a. Re-engage former supports and board members through individual meetings explaining events of the past, actions taken and vision of the future; follow up with special event for all those who re-engage	a. Board President; Executive Director; Development Officer; Chair of Development Committee	a. Meetings March – October 2015; Event October 2015	a. Event held, with no less than 75 participants; and no less than 15 serious new donor participants
	b. Fund development consultant	b. Board President; Executive Director	b. June, 2017	b. Consultant contracted
	c. Formalize Advisory Committee and increase their role in the community	c. Current Advisory Committee members (5 total: 2 former employees and 3 former Board Members)	c. Formalize September 2015 – September 2016; Increase role Sept. 2016-Sept.2017	c. Addition of 3 new members; Evidence in Minutes of increased role
	d. Explore use of social media to re-engage former employees as new donors	d. Executive Director; Development Officer; Chair of Development Committee	d. September 2015 – September 2016	d. Determination of any increase or change in use of social media; Work Plan created for implementation
	e. Lay foundation for Phase 2 and 3 of endowment campaign	e. Executive Director; Development Officer; Chair of Development Committee; Advisory Committee	e. September 2017-September 2018	e. Work Plan created

(Outpatient Programs Strategic Plan Action Chart next page)

Outpatient Programs Strategic Plan Action Chart

Goal 1: To maintain Shepherd as the state's leading outpatient and home based sexual abuse treatment provider, by expanding sexual abuse specific programming into the area of foster care and adoption.

Objective	Strategies	Responsibility	Timeline	Measure of Success / Evidenced by
1. Create a new Shepherd Program that will provide stabilization and support to foster and adoptive families that have children/teems with sexualized behaviors, sexual abuse/trafficking histories.	a) Create a program model. b) Conduct research/literature review. c) Submit proposal. d) Secure funding e) Hire/train staff.	a) Shepherd Director and Team b) Shepherd Director and Team c) Shepherd Director with assistance from Development Officer. d) Shepherd Director	a) December 1, 2015 b) December 1, 2015 c) January 1, 2016 d) No later than Sep. 2016 e) When grant/funding received, goal to complete within 3 months of funding	a) The new program is staffed and serving families.

Goal 2: To maintain Shepherd as the state's leading outpatient and home based sexual abuse treatment provider, by having the Shepherd Program's Non-Offending Parent Education and Support Curriculum, Second edition, available for purchase.

Objective	Strategies	Responsibility	Timeline	Measure of Success / Evidenced by
1. Create a second edition Non-Offending Parent Education and Support Curriculum to include new research regarding best practices in the support and treatment of families affected by sexual abuse, including prevention education specific to human trafficking.	a) Conduct research/literature reviews re: best practices b) Obtain permission to include materials from external sources. c) Compile new/revised information into formatted curriculum. d) Bring manual to printer for printing/binding.	a) Shepherd Director and Team b) Shepherd Director and SMHFC Attorney c) Shepherd Director and Team d) Shepherd Director and Development officer	a) February 1, 2016 b) March 1, 2016 c) February 1, 2016 d) March-April 1, 2016	a) NOP Curriculum 2nd edition will be complete.
2. Market NOP curriculum, second edition.	a) Create a marketing plan.	a) Shepherd Director and Development officer	a) February - March 1, 2016	1. NOP Curriculum will be marketed.

Goal 3: To maintain Shepherd as the state's leading outpatient and home based sexual abuse treatment provider, by ensuring staff are trained and certified in current trauma informed practices.				
Objective	Strategies	Responsibility	Timeline	Measure of Success / Evidenced by
1. Train/certify Shepherd Team in an evidence based practice specific to trauma treatment.	a) Research evidence based practices and training/certified programs to find the best fit for our population. b) Explore grant funding. c) Schedule training.	a) Shepherd Director b) Shepherd Director with assistance from Development Officer. c) Shepherd Director	a) July 1, 2015 b) July 1, 2015 c) September 1, 2016	b) Shepherd Team have participated in training.
Goal 4: To apply the Shepherd Program's expertise in trauma treatment by expanding into the area of domestic violence.				
Objective	Strategies	Responsibility	Timeline	Measure of Success / Evidenced by
1. Collaborate with the RI Coalition Against Domestic Violence to provide clinical support groups for children that witness domestic violence.	a) Meet with the RI Coalition Against Domestic Violence director to explore client/children clinical needs. b) Ensure Shepherd staff have received appropriate training to support families affected by domestic violence. c) Coordinate with coalition's sister agencies to offer support groups for children. d) Explore grant funding. e) Schedule groups for shelter clients.	a) Shepherd Director and Executive Director b) Shepherd Director and EOS Program Coordinator c) Shepherd Director and EOS Program Coordinator d) Shepherd Director, EOS Program Coordinator and Development officer e) EOS Program Coordinator	a) July 1, 2015 b) July 1, 2015 c) July 1, 2015 d) July 1, 2015 e) July 1, 2015	a) 4 children participate in 1 clinical support group offered.
2. Offer ongoing clinical support group for children who have witnessed domestic violence, maintaining a collaboration with RICADV.	a) Meet with the Coalition's sister agencies that participated in the groups to explore further client/children clinical needs.	a) Shepherd Director and EOS Program Coordinator b) Shepherd Director and EOS Program Coordinator c) Shepherd Director, EOS Program Coordinator and	a) September 30, 2015 b) September 30, 2015 c) October-November 1, 2015 d) February- March 1, 2016	a) An ongoing clinical group schedule will be developed with children participating in groups on a regular basis.

	b) Should there be a continued interest, coordinate with Coalition's sister agencies to offer ongoing support groups for children. c) Explore grant funding. d) Schedule groups for shelter clients.	Development officer d) EOS Program Coordinator		

Residential Programs Strategic Plan Action Chart (see next page)

Residential Programs Strategic Plan Action Chart				
Goal I: To continue providing high quality trauma-informed residential treatment by increasing evidence informed practices that prioritize family engagement and concurrent in-home services for the child and family, emphasizing its role as an acute, short-term intervention.				
Objective	Strategies	Responsibility	Timeline	Measure of Success / Evidenced by
1. Increase capacity to provide short-term, acute stabilization and residential services for female adolescents helping return those currently out-of-state and preventing others from leaving in the future.	a. Utilize Kids Count and state-wide data to evidence need for programming in proposal to DCYF	Executive Director; Clinical Director	April 1, 2015 – September 1, 2015	Proposal submitted / accepted by DCYF.
	b. Assess and address staffing and related needs (develop job descriptions, interviewing, etc.).	Executive Director; Clinical Director; Staff Development Coordinator; HR Coordinator; Program Coordinator, Residential Services; Nursing Supervisor; Education Director; Director of Operations; Director of Administration	September 1, 2015 – December 28, 2015	Descriptions developed, posted and hiring process underway.
	c. Partner with Parent Support Network for outsourced, specialized staff	Executive Director; Clinical Director;	January 31, 2016	Formal Agreement signed
	b. Prepare 470 Unit and assess associated support accommodations (kitchen, technology, data requirements, records, HR / training, maintenance, office space, classroom capacity, support personnel hiring, etc.)	Executive Director; Clinical Director; Staff Development Coordinator; HR Coordinator; Program Coordinator, Residential Services; Nursing Supervisor; Education Director; Director of Operations; Director of Administration; Facilities Manager	January 18, 2016	Unit opens / 2 clients admitted
	d. Develop program details, and assess / identify agency-wide systems impacts, under the Residential Without Walls	Executive Director; Clinical Director; Staff Development Coordinator; Program Coordinator, Residential Services; Director of	September 28, 2015 – January 15, 2016	Program details developed in writing and systems in place to support (completed or new list of identified impact issues to address with new

	initiative (see Goal IA below for details) using Program Planning and Evaluation Logic model.	Operations; Nursing Supervisor		timelines for completion / see goals below).
	e. Admission process for 50-75% of new Unit capacity	Clinical Director; Intake Coordinator	December 31, 2015 – February 15, 2016	Unit at half capacity
Goal IA: To further embrace and embed principles of the Building Bridges Initiative throughout all aspects of organizational operation via a Residential Without Walls Initiative.				
Objective	Strategies	Responsibility	Timeline	Measure of Success / Evidenced by
1. Ensure organizational structure and culture supports BBI principles, with an immediate / Phase One implementation focus on the **Family Engagement** principles.	a. Define roles and decision making structure of all Team Members (Family Engagement Specialist; Program Coordinator, Residential Services, Assistant Program Coordinator, Residential Services, Unit Supervisors, Unit Assistants, PSN Parent Support Partners, Family Liaisons, Residential Counselors, Clinicians, Family Therapist, Client and Family)	Executive Director, Clinical Director; *Family Engagement Specialist*; Program Coordinator, Residential Services; Assistant Program Coordinator, Residential Services, PSN Parent Support Partners; Director of Operations	Roles clarified: January 31, 2016	Team Roles clarified in writing and communicated throughout agency.
	b. Assess and revise practices, procedures and policies to ensure alignment and support of Family Engagement principles	Executive Director, Clinical Director; *Family Engagement Specialist*; Program Coordinator, Residential Services; Assistant Program Coordinator, Residential Services, PSN Parent Support Partners; Director of Operations	Ongoing, establishing quarterly goals for completion (see initial goals below)	Evidenced by formal Policies and Procedures with new effective dates
	c. Build in efficient systems to solicit, share, document and retrieve information (based on BBI Logic Model data requirements and internal desires)	Director of Operations; IT Manager, Clinical Director; PSN and SMHFC Executive Directors; Program Coordinator, Residential Services;	January 1, 2016 – January 31, 2016	Electronic systems in place to collect and report data.

	d. Assess and make necessary changes to Intake procedures and paperwork to reflect Family Engagement practices	Clinical Director; Intake Coordinator; Family Engagement Specialist; Program Coordinator, Residential Services, Director of Operations	January 1, 2016 – June 30, 2016	Intake paperwork, procedures and related reports are reflective of family and natural supports
	e. Assess and make necessary changes to agency wide paperwork including Unit Face Sheets, milieu communications with family/supports, telephone / visiting policies etc. to better support Family Engagement practices	Clinical Director; Intake Coordinator; Family Engagement Specialist; Program Coordinator, Residential Services	January 1, 2016 – June 30, 2016	Agency-wide paperwork, procedures and related reports are reflective of family and natural supports
	f. Develop Phase One of Respite Program (overnight respite)	Executive Director; Clinical Director; Staff Development Coordinator; Program Coordinator, Residential Services; Director of Operations; Nursing Supervisor; Intake Coordinator; Facilities Manager (physical spaces on Units)	December 15, 2015 – January 31, 2016	Overnight Respite available, with Policies and Procedures in place / approved
	g. Assess needs and ability to develop Phase Two of Respite Program (day respite)	Executive Director; Clinical Director; Staff Development Coordinator; Program Coordinator, Residential Services;	January 18, 2016 – June 1, 2016	Assessment complete, action plan to be created if assessed as possible
2. Increase our partnerships and relationships with families as a part of Phase One implementation focus on Family Engagement	a. Add one Family Liaison position in all Units to provide services in the home with the resident and his/her family (detail Job Description, Training / Supervision, Home based safety policies, Documentation / record keeping procedures etc.).	Executive Director; Clinical Director; Staff Development Coordinator; HR Coordinator; Program Coordinator, Residential Services; Nursing Supervisor; Education Director; Director of Operations; Director of Administration	January 1, 2016 – February 15, 2016	Job Descriptions developed, posted and hiring process underway; one Liaison per Unit hired
	b. Develop a formal SMHFC Parent's Advisory Council and	Executive Director; Clinical Director; Family Engagement	January 31, 2016 – June 1, 2016	Evidence of Minutes from Council in no less than 6 of 12 months

	actively engage parents to participate	Specialist; PSN Parent Support Partners;		annually starting in September of 2016
	c. Increase transportation assistance to families through Grant funding exploration	Clinical Director; Program Coordinator, Residential Services; Development Officer	September 1, 2015 – December 31, 2015	Funding secured to increase transportation
	d. Expand monthly Community Nights	Clinical Director; Clinical Interns; Program Coordinator, Residential Services; Assistant Program Coordinator, Residential Services	October 2015 – ongoing	Evidence of participation (sign-in sheets) in no less than 10 of 12 months annually starting in January of 2016
	e. Maintain consistency with BBI services 6 months post-discharge, and additional services as needed	Clinical Director; EOS Coordinator; Family Engagement Specialist; PSN Parent Support Partners; IT Manager and Director of Operations – Data systems to support	January 18, 2016 - ongoing	As evidenced by data available post discharge starting with first discharge
3. Continue working to decrease, and ultimately eliminate, physical restraint and escort.	a. Continue to improve data and develop rate of restraint report monthly	Director of Operations; PQI Coordinator; Unit Supervisors; Program Coordinator, Residential Services; Assistant Program Coordinator, Residential Services	January 1, 2016	Data available by 1st Wednesday of following month, every month
	b. Continue to improve effective interventions	Program Coordinator, Residential Services; Staff Development Coordinator; Assistant Program Coordinator, Residential Services Clinical Director; Critical Incident Committee Members	Ongoing	Decrease in physical restraints based on rate of restraint data
	c. Continue to improve action planning at Critical Incidents, including increased and more structured follow up accountability	Critical Incident Committee Members; Assistant Program Coordinator, Residential Services	January 1, 2016 - ongoing	New system for accountability developed and implemented for February, 2016
	d. Continue to improve implementation and use of Individual Crisis Planning / Partnerships for Personal Safety	Clinical Director; Program Coordinator, Residential Services; Unit Supervisors	January 1, 2016 - ongoing	Partnerships and Crisis Plans evidenced in 100% of client records

4. Ensure organizational structure and culture supports BBI principles, with a Phase Two implementation focus on the principles of Family & Youth Voice and Choice.	a. Continue current informal and formal practices (Unit Representatives, Community Nights) throughout 2016. *Formalize new practices in 2017*	Executive Director; Clinical Director; Program Coordinator, Residential Services; PSN Parent Support Partners	January 1, 2016 – December 31, 2016	Unit Representatives meetings held in 8 of 12 months in 2016; Attendance Sheets at 8 of 12 Family Nights indicates Family participation
	b. Assess benefits Foster Forward opportunities to assist with formal Youth Voice & Choice opportunities (ASPIRE, Life Skills, etc.)	Clinical Director; Program Coordinator, Residential Services; PSN Parent Support Partners;	January 2017 – March 31, 2017	Assessment complete as evidences by meeting minutes; implementation plan in place for 1 new Family Voice & Choice opportunity
	c. Implement formal weekly Voice & Choice focused group on each Unit	Clinical Director; Program Coordinator, Residential Services	March 31, 2017 – August 31, 2017	Groups start in September, 2017 evidenced by attendance sheets
	d. Increase the authority of Unit Representatives and formalize that PQI committee's internal structure (agenda, Minutes evidencing achievements circulated to all youth on campus; expand to include quarterly meetings with Executive Director)	Executive Director; Clinical Director; Program Coordinator, Residential Services	March 31, 2017 – September 31, 2017	Minutes distributed no less than monthly starting October of 2017; sign-in sheets at monthly meetings with 4 of 12 including Executive Director signature
	e. Re-assess current systems for soliciting and addressing youth and family complaints on an ongoing basis	Clinical Director; Program Coordinator, Residential Services; Family Engagement Specialist	March 31, 2017 – September 31, 2017	New system ready for implementation October 1, 2017
	f. Increase the role of youth in the admission / welcoming process; assess and change as needed information regarding communication of rights, Unit routines, grievance process, etc.	Clinical Director; Program Coordinator, Residential Services;	September 1, 2017 – December 31, 2017	New system ready for implementation January 1, 2018

Goal II: Maintain and expand innovative workforce development and training practices to ensure provision of high quality clinical and milieu care, ensuring staff's ability to quickly shift to meet the changing needs of clients and families.				
Objective	Strategies	Responsibility	Timeline	Measure of Success / Evidenced by
1. Increase direct care staff members exposure to and understanding of home-based service delivery, as well as participation in internal trainings in topics including: • Building Bridges • Attachment Theory • Sensory Integration Strategies • Collaborative Problem-Solving • Parent/Family Engagement Strategies • Dialectical Behavior Therapy • Trauma Focused CBT • Yoga • Equine Assisted Psychotherapy • Sensory	a. Develop scheduling in residential and school programs that includes protected time for attendance / free from supervision responsibilities	Unit Supervisors; Program Coordinator, Residential Services; Staff Development Coordinator; Clinical Director in partnership with PSN	January, 2016 – December, 2016	a. No less than 75% of direct care staff members will participate in 3 trainings (in the topics specified or closely related) in each calendar year as implemented
	b. Develop opportunities for participation in home-based training and direct practice through Building Bridges Initiative	Clinical Director and in partnership with PSN; Family Engagement Specialist	January 2017 – December, 2017	Training evidence in 25% of direct care staff personnel files
2. Choose and implement Evidenced Based practices that can be implemented to compliment Residential Without Walls Initiative	a. Explore merits of the following models: • TFCBT • Structural Family Therapy • Nurturing Program	MSW Interns as guided by Clinical Director and in partnership with PSN	November 1, 2015 – May 31, 2016	Model assessed and chosen for June 1, 2016 (implementation plan to be created at that time);

	b. Complete clinical certification in DBT	All Residential Clinicians; Shepherd and EOS Clinicians as able	December, 2016	Certifications in personnel files of 100% of Residential Clinicians employed through the training period
3. Strengthen on-boarding and hiring practices	a. Assess and explore all practices in place relative to the hiring, orientation and on-boarding process	Staff Development Coordinator and HR Manager in partnership with Program Directors/Coordinators; Director of Administration; Executive Director	June 2016 – December, 2016	Implementation of changed systems as evidenced by practice change
	b. Assess external system impacts, and create advocacy plan for change as needed	Staff Development Coordinator; HR Manager; Director of Administration; Executive Director	June 2016 – December, 2016	Advocacy plan in place and/or evidence of advocacy efforts in PQI Quarterly Report
	c. Revise procedures assessed as impeding or inefficient in regard to hiring and on-boarding	Staff Development Coordinator; HR Manager; Director of Administration; Executive Director	June 2016 – December, 2016	Policies and Procedures reflecting updated Effective Dates
	d. Consult with external non-profit organizations, and develop relationships with those assessed as being potential sources of viable recruits (SER, Amos House, etc.)	Staff Development Coordinator; HR Manager; Director of Administration; Executive Director	June 2016 – December, 2016	Informal relationship developed with no less than one outside organization
4. Increase wellness opportunities for staff to promote a healthy workforce who are mindful of self-care	a. Increase solicitation of interest from staff regarding opportunities they would like to see through surveys and other means	Wellness Committee; Program Directors and Directors	Ongoing	2-3 new opportunities offered as evidenced by attendance sheets / Standards of Excellence training documents
	b. Ensure funding is available for opportunities	Director of Administration; Executive Director	Ongoing	Continued budgeting for staff development activities
5. Explore tuition reimbursement and 403b contribution feasibility to help develop and retain a highly qualified workforce	a. Explore funding possibilities as a part of annual budgeting and grant opportunities	Director of Administration; Executive Director; Development Officer	Budget process 2017 and ongoing thereafter	Budget line and/or grant secured

SCHOOL PROGRAM STRATEGIC PLAN ACTION CHART **Goal 1: To implement a component of the Families First and Building Bridges Initiatives in the Campus School**				
Objective	Strategies	Responsibility	Timeline	Measure of Success/Evidenced By
Establish a Parent Advisory Group for the Campus School	Define the core responsibilities of the newly established Parent Advisory Group.	School Strategic Planning Group	March/May 2016	A clear description of the responsibilities of the group evidenced by a written document establishing the group.
	Parent Group will: • Review Current Issues and events in the School • Review Policies, Procedures and Practices	School Principal, Special Education Director, Parent Group	May/July2016	As evidenced by the review of at least 4 school related policies per academic year.
	Parent Group will: • Encourage parents and guardians to become actively engaged in the education of their children • Represent all parents and guardians in the pursuit of obtaining a quality education for their children	School Principal, Special Education Director, Parent Group	May/July 2016	As evidenced by 80% participation in IEP and other related meetings 80% engagement in signing and/or commenting on home school notes.
	Schedule family events at the school to encourage family participation. These would include: • An open house near the beginning of the school year to encourage staff and parent interactions • On going after school activities to encourage parents to join students and staff for informal gatherings • Open meetings of the Parent Group to encourage all parents and guardians to participate in the group.	Principal, Special Education Director, School Staff, Parent Group	September 2016 through June 2017	75% participation in the open house Establish regular monthly/quarterly meeting with at least 4 parents/guardians at each

	Through the Parent Group establish a School Student Council to be a student group to review policies and procedures and suggest changes	Principal, Special Education Director, School Staff, Parent Group	January 2017	By-Laws etc. for Student Council created.
	Produce an annual report of the progress and activities of the Parent Group using meeting minutes and a summary of the year.	Principal, Special Education Director, Parent Group	June 2017	Written Annual Report evidenced by the data and reporting contained in the report.
	Review By-Laws and activities of the Parent Group and schedule meetings and activities for the 2017 – 2018 school year	Principal, Special Education Director, Parent Group	September 2017	Schedule of meetings and activities for the 2017 school year created.

Goal 2: To expand our outreach and interactions with school districts in Rhode Island

Objective	Strategies	Responsibility	Timeline	Measure of Success/Evidenced By
1. Examine and expand our present ESY program	Closely examine our present ESY program with the thought of expanding our summer program to increase our academic, behavioral/emotional, and social activities	School Strategic Planning Group	March/May 2016	A written description ESY program completed.
	Develop a new approach to ESY to include: • Increased summer activities with a specific theme for the summer period • Reaching out to LEA's to encourage them to consider this program for their students who	School Principal, Special Education Director, School Staff	May/June 2016	ESY policy and procedure document describing the program and brochure sent to all school districts. LEA's contacted (verbally and through written correspondence) giving them a description of the ESY changes. Evidenced by a log of contacts made and responses.

	have specific emotional and behavioral needs. • Plan for increase in staff , materials and contracts with providing agents. • Academic support • Reference to and provision of agencies to provide out of school activities – i.e. field trips, demonstrations, etc.			
	For School Districts who would like to have consultation to their ESY programs, provide a description of the services we could provide as consultants: • Therapeutic, on site staffing and consultation	School Principal, Special Education Director, School Staff	May/July 2016	Consultation services begin in at least one school district.
	During ESY continue partnership with Tri-Town Community Action to provide transition services – including job placement and shadowing –for students who are over 14 years old.	Principal, Special Education Director, School Staff, Tri-Town Community Action	June 2016 – August 2016	90% of students over the age of 14 are involved in Tri town services.
	Send surveys to all LEA's who participated in the ESY program. Review the status of ESY at the end of the program and develop a written report on its final status.	School Principal, Special Education Director, school staff.	August 2016	Written report on the status of ESY 2016 completed.
	Using the data and findings of the ESY program begin planning the summer program for 2017	School Principal, Special Education Director, school staff	January 2017	Begin the planning process for the 2017 ESY program. Summer calendar and planned activities completed.

2. To Expand our outreach activities with local school districts	Review present relationships with local school districts based on students who are presently in our school, internal discussions and conversations with special education directors, and perceptions of how we interact with the LEA's .	School Principal, Special Education Director	March/May 2016	Written report of list of districts where school leadership will focus efforts based on students who are presently in our school, internal discussions and conversations with special education directors, and perceptions of how we interact with the LEA's.
	Develop a letter to be sent to local LEA's describing the Campus School program emphasizing changes and positive developments that have occurred over the past two years.	School Principal, Special Education Director, School Staff	March/May 2016	Executive Director approval of letters sent to LEA's of all RI school districts. Follow up phone calls made to all targeted districts.
	Schedule visits to local LEA's to have "face to face" meetings with Special Education Directors to describe the Campus School Program and other services that we can provide to LEA's	School Principal, Special Education Director, School Staff	May/July 2016	90% attendance at face to face meetings with chosen LEA's.
	Develop two proposals to present to LEA's: • The first proposal will be to design and staff programs within the school district(s) to provide academic and support services to students within a classroom in the district. • The second proposal will be to design and staff a consultation model to provide behavioral and clinical services to the staff and students in the school district.	School Principal, Special Education Director	May/July 2016	Proposals completed and sent to school districts. Follow up meetings with 90% of selected school districts completed.

	Maintain a log of contacts made with LEA's and the results of each "outreach" contact.	School Principal, Special Education Director	Ongoing May to August 2016	Written report completed with results of all contact and outreach efforts.
	Maintain a log of day students from each community including: community, LEA representative, entrance date, last day (including reason for ending program).	School Principal, Special Education Director	Ongoing May to August 2016	Maintenance and Review of log
	Review all outreach activities from the 2015-2016 School Year with a written report.	School Principal, Special Education Director	September 2016	Written report completed and submitted for inclusion in agency PQI report.
	Adjust outreach activities as necessary and continue ongoing /interactive relationships with LEA's	School Principal, Special Education Director	Ongoing 2016 – 2017 School Year	Written documentation of outreach activities. Written communications, meeting schedules with LEA representatives, written logs, etc.

Goal 3: To embrace and embed a Positive Behavior Intervention and Support (PBIS) program in the school to establish the behavioral supports and social culture needed for all students in the school to achieve social, emotional and academic success.				
Objective	Strategies	Responsibility	Timeline	Measure of Success/Evidenced By
1. Establish a Positive Behavior Intervention and Support (PBIS) program in the campus school	Define the core strategies of a PBIS program using present model being used in the school, information from workshops attended and from internet research.	School Strategic Planning Group, School Principal, Special Education Director	March/May 2016	Develop a clear, written description of the present model, materials collected at workshops attended, and an outline of information found on the internet.
	Hire a consultant to review thoughts on a PBIS model and establish a training program for staff.	School Principal, Special Education Director, Consultant	May/July2016	Consultant hired; schedule of training created.

	With trained staff and consultant develop activities to be completed as part of the PBIS program. Determine one staff member to oversee the PBIS program (coordinator).	School Principal, Special Education Director, Staff, Consultant	July/August 2016	Calendar of PBIS activities created. PBIS coordinator hired/assigned.
	PBIS consultant will be an ongoing facilitator through all phases of the PBIS program during the initial school year.	School Principal, PBIS Coordinator	May 2016 – August 2017	Contract between SMHFC and the consultant.
	Establish a budget for materials needed for PBIS activities.	School Principal, PBIS coordinator	July/August 2016	Budget approved by the Executive Director.
	Seek input from students and parents through the Parent Group and Student Council using surveys.	School Principal, Special Education Director, PBIS Coordinator	January 2017	Surveys completed and data reported.
	Review the activities and progress of PBIS by producing a written report summarizing the school year.	School Principal, Special Education Director, PBIS Coordinator, Consultant	May/June 2017	Written report evidenced by the data and activities contained in the report
	Using data from the 2016-2017 SY plan activities for the 2017-2018 SY	School Principal, Special Education Director, PBIS Coordinator and Consultant	June/August 2017	Calendar of activities for the 2017-2018 school year completed