



**ASPIRE 2 DREAM STRATEGIC
PLAN 2023-2026**

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Building Bright Futures for Girls in Foster Care

Strategic Plan Effective Date: September 1, 2023

Approved By:

A handwritten signature in black ink, appearing to be 'J. M.', is written over the 'Approved By:' text.

Mission:

The mission of Aspire 2 Dream is to create a safe nurturing environment for teen girls to learn and grow. In doing so we use Trust-based Relational Intervention (TBRI) as a culturally competent and trauma-informed model to provide a home like setting, counseling, and transitional living skills that advance positive youth development. The purpose of transitional living skills is for each girl to build protective factors and develop necessary life skills that empower them to achieve independence and self-sufficiency. Consistent with TBRI principles, Aspire 2 Dream meets and anticipates the needs of teen girls by creating an environment of felt safety with a healthy and supportive balance between nurture and structure. Through the implementation of TBRI and affirming practices, teen girls who are placed with Aspire 2 Dream experience a loving family environment and acquire skills that prepare them to make healthy and productive choices for success in life. At Aspire 2 Dream we DREAM BIG and create BRIGHT FUTURES.

Vision:

We believe that all young ladies can embrace who they are, can define their future, and can be successful.

Goal and Purpose:

The goal of Aspire 2 Dream General Residential Operation is to foster a commitment in young people that promotes pro-social friendships, strong interpersonal skills, and a sense of hope for endless opportunities for their future. The organization's residential facility provides moderate, and specialized levels of care for female youth between the ages of 12 – 17 who have a history of emotional distress that impacts their mental health, educational performance in school and/or quality of life.

Philosophy:

Aspire 2 Dream's philosophy is to provide a safe, friendly, facility where all girls, including those who have had exposure to relational trauma and adverse childhood experiences, have the opportunity to build trusting relationships, consistently experience felt safety and predictability in their physical and social environment at the facility, and build or strengthen critical competencies for personal growth, including self-awareness, self-regulation, self-esteem, and self-efficacy. Aspire 2 Dream recognizes the widespread impact of trauma and

adverse childhood experiences on both the population it serves as well as the providers and staff who deliver services.

Therefore, the organization's use of TBRI is reflective in universal trauma precautions that are anchored in:

- Treating everyone like there is a possibility they have had trauma exposure
- Establishing and sustaining trusting relationships.
- Promoting interactions that are consistent with creating a physical and social environment of felt safety.
- Encouraging the practice of mindful awareness and reflection.
- Recognizing how experiences matter across the lifespan and influence one's trajectory.
- Avoiding judgements and actions that can re-traumatize those who have had a history of trauma.

Our Program Model

Our program model is designed to:

- Provide a safe, secure and nurturing environment for each youth that is free of abuse and neglect.
- Enforce a culture that demonstrates a respect for and awareness of diversity of persons served, their support systems, staff, and other stakeholders.
- Include the person-centered approach where treatment and services are provided that place emphasis on the individual being at the center of their own planning or care and promotes self-advocacy, independence, dignity, and respect.
- Teach pro-social behaviors and positive decision-making skills.
- Increase each youth's self-concept and self-esteem through therapeutic activities, such as individual, family, and/or group counseling, opportunities to participate in positive and fun recreational activities, and by focusing on their positive qualities and attributes.

- Provide each youth with an educational experience in a local school where they can establish friendships and develop interests outside of the facility.
- Encourage each youth to participate in age-appropriate activities outside of the facility (i.e. sports, various school clubs, attending sporting events, dances, prom and homecoming, etc.)
- Connect youth with their community in order to support connections and so that they can learn pro-social behaviors.

Who we serve:

Adolescents acceptable for placement include, but are not limited to:

- Adolescents who have experienced some form of trauma in their lives, such as psychosocial stressors including physical abuse, sexual abuse, abandonment, or neglect.
- Adolescents who have exhibited behavior as a result of these stressors such as impulsive behaviors, poor interpersonal skills, moderate verbal and physical aggression, and/or emotional instability. These youths may have exhibited impairments in social, occupational and/or academic functioning as a result of emotionally disturbed behavior.
- Adolescents who exhibit a pattern of disturbance as diagnosed in the psychological and psychiatric evaluation as oppositional and defiant behavior, bi-polar disorders, post-traumatic stress disorders, attachment disorders, generalized anxiety disorders, major depressive disorders, adjustment disorders, conduct disorder, and/or attention deficit disorders.
- Adolescents who have the cognitive ability to benefit from the components of the program. Youth with a diagnosis of ID will be evaluated on a case by case basis only.
- Adolescents who may be at moderate risk of causing harm to self and others or have a history of self-injurious behaviors.
- Adolescents who are able to function at a public school and interact outside of the facility.

Stakeholders

Aspire 2 Dream stakeholders include but are not limited to:

- Person's served
- Personnel
- State licensing and contract staff
- The community

Aspire 2 Dream currently has a contract with the state of Texas, and St. Francis (SSCC).

STRATEGIC PLANNING PROCESS

The Strategic Plan is a critical element of a comprehensive planning process within our operation. Aspire 2 Dream will utilize an ongoing strategic planning process to produce decisions and actions that guide and shape the operation in determining the ongoing relevancy of our mission, establishing strategic goals consistent with our mission, and identifying specific strategies to meet the established goals.

Aspire 3 Dream's Strategic Plan is the result of a structured and disciplined administrative process guided by the Executive Director, Shukia "Nikki" Relford, that utilizes the input of persons who are representative of the organization's stakeholders. The Strategic Plan represents the course our organization will take over a three-year period to meet the assessed external and internal environmental demands in a manner supportive of our financial, service delivery, and human resource stability and growth.

Statistics

See information regarding children in foster care in Texas and in Region 5 at the end of this plan.

SWOT Analysis

<p>STRENGTHS</p> <p>Low Turnover rate- Full time staff Newly remodeled facility. ADA compliant facility. Corporate Compliance Program has been implemented. Health and Safety Program has been implemented. Quality, person centered services Implementation of evidence based interventions-TBRI</p>	<p>WEAKNESSES</p> <p>Turnover rate- Part Time staff Marketing</p>
<p>OPPORTUNITIES</p> <p>Additional contracting opportunities; Hiring of bilingual staff person when needed; Maintain compliance with DFPS minimum standards and contract requirements</p>	<p>THREATS</p> <p>Natural Disasters Theft/Burglary Injuries Loss of Facility Use Financial loss</p>

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**STRATEGIC ISSUES,
GOALS,
AND
SUCCESS INDICATORS**

Strategic Issue-Health and Safety

Goal 1: Maximize the safety and well-being of youth served and personnel through implementation of health and safety program.

Action Steps:

1. Health and Safety Officer to oversee health and safety program (drills, inspections, safety practices, analysis of serious incidents, Emergency Behavior Intervention strategies, transportation safety, medication management, etc.).
2. Competency based training to be completed by all staff pre-service and annually.
3. Healthy and safety practices review during staff meetings.

Success Indicators:

- Reduction in elopement/runaway incidents when compared to prior year.
- Reduction in serious incidents compared to previous year.
- 90% compliance regarding Health and Safety Practices.

Target Date: September 1, 2024

Lead Person(s): Health and Safety Officer

Year 2024	Year 2025	Year 2026
Continue to implement strategies; assess progress; Analyze data; Complete serious incident analysis Determine if changes are needed based on year 1 evaluation of results.	Implement strategies and analyze data; assess progress; make changes as needed. Seek to improve based on previous year's results.	Implement strategies, analyze data; assess progress; make changes as needed. Seek to improve based on previous year's results.

Strategic Issue- Service Delivery

Goal 2: Improve service delivery and outcomes of youth served.

Action Steps:

1. Staff training on Trust Based Relational Intervention/Ongoing reinforcement of principles by leaders. TBRI is an evidence based, holistic approach that is multi-disciplinary, attachment centered, and trauma informed intervention.
2. Staff will strengthen relationships with persons served through implementation of TBRI principles.
3. Aspire 2 Dream will follow the Cultural Competency, Diversity, and Inclusion Plan to address workplace diversity and inclusion.
4. Input from persons served and other stakeholders through surveys, monitoring reports, one on one interactions, staff meetings and youth engagement meetings will be used to enhance and modify services.

Success Indicators:

- 80% of youth will have successful discharges to least restrictive settings.
- Surveys will indicate overall satisfaction with program services (90% or higher)
- Complaints and grievances to be maintained at 0.
- Youth runaway/elopement rate will remain low (2 incidents or less).
- Licensing and contracting compliance to be maintained at 90% or the rate indicated for contract outcomes (see contract performance goals).

Target Date: September 1, 2024

Lead Person(s): Treatment Director and LCCA

Year 2024	Year 2025	Year 2026
Continue TBRI principle implementation/training Assess discharge success rate; Compile data of surveys completed; Review runaway log/each 6 month review; Analyze monitoring reports; update policies and procedures as needed.	Achieve success based on indicators.	Determine progress of indicators. Seek to improve based on previous year's results.

Strategic Issue- Operations

Goal 3: Strengthen internal processes through ongoing analysis and by addressing areas requiring improvement.

Action Steps:

- 1. Completion, ongoing review, and update of accessibility plan.
- 2. Complete technology assessment.
- 3. Completion, ongoing review, and update of technology plan
- 4. Annual review of policies and procedures
- 5. Review health and safety program components and update as needed.
- 6. Completion, ongoing review, and update of risk management plan
- 7. Completion, ongoing review, and update of performance improvement plan.

Success Indicators:

Plans will be completed and implemented.

Target Date: September 1, 2024

Lead Person: Corporate Compliance Officer

Year 2024	Year 2025	Year 2026
Complete all action steps. Enforce plan components.	Complete action steps. Enforce plan components.	Complete action steps. Enforce plan components.

Goal 4 : Demonstrate continuous conformance to CARF standards to achieve and maintain accreditation.

Action Steps:

1. Compliance officer to maintain compliance program.
2. Assess policies and procedures annually and update as needed.
3. Management Meetings to be completed quarterly. (use meeting agenda to document)

Success Indicators:

- Management meetings will be documented and corrective actions will be implemented and completed.
- Accreditation will be maintained through optimal performance.

Target Date: November 30, 2023

Lead Person: Corporate Compliance Officer

Year 2024	Year 2025	Year 2026
Maintain 3 year accreditation through ongoing service provision and performance per CARF standards	Maintain 3 year accreditation through ongoing service provision and performance per CARF standards	Maintain 3 year accreditation through ongoing service provision and performance per CARF standards

Strategic Issue- Revenue/Finance

Goal 5: Secure contracts with Single Source Continuum Contract (SSCC) providers in other regions.

Action Steps:

- 1. Attend information meetings/review contracting process.
- 2. Complete required contracting documentation and submit to providers.

Success Indicators:

Contracts will be obtained with SSCCs in Regions 4, 6A.
Maximum capacity will be maintained.

Note: Contracting with Region 5 SSCC is in progress.

Target Date: August 31, 2024
Lead Person: Executive Director

Year 2024	Year 2025	Year 2026
Obtain contract with Region 6A SSCC	Obtain contract with Region 4 SSCC	Renewal of Contracts

Strategic Issue- Performance Contract Measures

Goal 6: Achieve identified targets for RCC services performance measures for GRO's as identified below:

SAFETY

OUTCOME #1: CHILDREN/YOUTH ARE SAFE IN FOSTER CARE.
Performance Period: Performance is tracked quarterly and assessed annually. The quarterly measurements will be cumulative to determine annual performance.
Indicator: Percent of DFPS Children/Youth who do not experience an incidence of abuse, neglect or exploitation while in the Contractor's care.
Target: 100%
Data Source: Information Management Protecting Adults and Children in Texas (IMPACT)
Methodology: All abuse, neglect and/or exploitation by any perpetrator, while the Child/Youth is in the Contractor's care, are included in the count. The denominator is the total number of Children/Youth in DFPS managing conservatorship placed with the Contractor during the reporting period. The numerator is the number of DFPS Children/Youth who were Designated Victims in an investigation, for which a disposition of Reason to Believe (RTB) was made, during the reporting period. Divide the numerator by the denominator. Subtract the result from one to give the complimentary "Children/Youth not Designated Victims" measurement. Multiply by 100 and state as a percentage.

WELL BEING

OUTCOME #2: HEALTH AND WELLNESS ASSESMENTS FOR CHILDREN IN FOSTER CARE

Performance Period: Performance is tracked quarterly and assessed annually. The quarterly measurements will be cumulative to determine annual performance.

Indicator (a): Percent of all Children/Youth in the Contractor's care who received an initial Texas Health Steps Medical Checkup within 30 calendar days of entry into DFPS conservatorship.

Target: 100%

Data Source: HHSC Encounter Data

Methodology:

The denominator is the total number of unduplicated Children/Youth under age 18, who were new to DFPS conservatorship when placed in the Contractor's care and remained in that Contractor's care for 30 calendar days or more during the reporting period.

The numerator is the total number of Children/Youth reported in the denominator who have received a Texas Health Steps Medical Checkup within 30 calendar days of entry into DFPS conservatorship.

Divide the numerator by the denominator. Multiply by 100 and state as a percentage.

WELL BEING

OUTCOME #2: HEALTH AND WELLNESS ASSESMENTS FOR CHILDREN IN FOSTER CARE

Performance Period: Performance is tracked quarterly and assessed annually. The quarterly measurements will be cumulative to determine annual performance.

Indicator (b): Percent of all Children/Youth in the Contractor's care who received an initial Texas Health Steps Dental Checkup within 60 calendar days of entry into DFPS conservatorship.

Target: 100 %

Data Source: HHSC Encounter Data

Methodology:

The denominator is the total number of unduplicated Children/Youth who are six months or older, and under age 18, who were new to DFPS conservatorship when placed in the Contractor's care, and remained in that Contractor's care for 60 calendar days or more during the reporting period.

The numerator is the total number of Children/Youth reported in the denominator who received a Texas Health Steps Dental Checkup within 60 calendar days of entry into DFPS conservatorship.

Divide the numerator by the denominator. Multiply by 100 and state as a percentage.

WELL BEING

OUTCOME #2: HEALTH AND WELLNESS ASSESMENTS FOR CHILDREN IN FOSTER CARE

Performance Period: Performance is tracked quarterly and assessed annually. The quarterly measurements will be cumulative to determine annual performance.

Indicator (c): Percent of all Children/Youth removed who received a Child and Adolescent Needs and Strengths (CANS) assessment within 30 calendar days of entry into DFPS conservatorship.

Target: 90%

Data Source: HHSC Encounter Data

Methodology:

The denominator is the total number of unduplicated Children/Youth who are between the ages of three to 17 years old, who were new to DFPS conservatorship when placed in the Contractor's care, and remain in the Contractor's care for 30 calendar days or more during the reporting period.

The numerator is the total number of Children/Youth reported in the denominator who received a CANS assessment within 30 calendar days of entry into DFPS conservatorship.

Divide the numerator by the denominator. Multiply by 100 and state as a percentage.

POSITIVE DISCHARGE

Outcome #3: CHILDREN/YOUTH EXPERIENCE PLACEMENT STABILITY WHILE IN FOSTER CARE.

Performance Period: Performance is tracked quarterly and assessed annually. The quarterly measurements will be cumulative to determine annual performance.

Indicator: Percent of Children/ Youth for which the Contractor meets the needs of the Child/Youth through a discharge considered to be in the best interest of the Child/Youth.

Target: 62%

Data Source: IMPACT

Methodology:

- Children/Youth in a Contractor's care less than eight days are excluded from the numerator and denominator
- Youth 18 years or older at the time of placement or at the time of discharge are excluded from the numerator and denominator.
- Neutral discharge reasons are removed from the numerator and denominator.

The denominator is the total number of Children/Youth placed for 8 days or more with the Contractor during the reporting period whose placement has ended as the result of a discharge.

The numerator is the number of Children/Youth who, during the reporting period were discharged by the Contractor for reasons determined to be in the best interest of the Child/Youth. The following reasons for Contractor initiated discharges are not considered to be in the best interest of the Child/Youth. These are included but not limited to:

- Child's/Youth's Behavior [Unmanageable behaviors]
- Child/Youth hospitalized (medical/psych) [Out of Placement less than 14 days]
- Child/Youth Ran Away [Out of Placement less than 14 days]
- Refused to Stay in Placement
- Unable to meet Child's/Youth's needs

Divide the numerator by the denominator. Multiply by 100 and state as a percentage.

NORMALCY

OUTCOME #4: YOUTH ARE PREPARED FOR ADULTHOOD

Performance Period: Performance is tracked quarterly and assessed annually. The quarterly measurements will be cumulative to determine annual performance.

Indicator: Percent of Youth in the contractor's care ages 16 and older who complete PAL Life Skills Training before their 18th birthday.

Target: 50%

Data Source: IMPACT

Methodology:

The denominator is the number of Youth in the Contractor's care at the end of the reporting period ages 16 years and older who are eligible for, or completed PAL, excluding those youth who came into the contractor's care having previously completed PAL while placed with a different contractor.

The numerator is the number of Youth in the Contractor's care at the end of the reporting period ages 16 and older who completed PAL Life Skills Training before their 18th birthday excluding those youth who came into the contractor's care having previously completed PAL while placed with a different contractor.

Divide the numerator by the denominator. Multiply by 100 and state as a percentage.

NORMALCY

OUTCOME #5: DISCHARGES TO A FAMILY PLACEMENT

Performance Period: Performance is tracked quarterly and assessed annually. The quarterly measurements will be cumulative to determine annual performance.

Data Source: IMPACT

Target: GRO- RTC/IPTPs 26%; Non- RTC/IPTP GROs 50%

Methodology Summary:

Denominator: Number of discharges during the performance period.

Numerator: Any child in the denominator whose next placement is to a family like setting OR exited DFPS conservatorship to a family member or adoption.

Methodology Details:

A "family like setting" is defined as:

- An adoptive placement
- Relative placement (verified or kinship)
- Own home
- A non-custodial parent
- A foster home (TFC included)
- GRO cottage home

An exit to a family member or adoption is defined as:

- Reunification
- Relative PMC
- Relative PCA
- Adoption

Action Steps:

Staff will perform tasks to support achievement of outcomes.

Success Indicators:

Targets will be achieved or exceeded for each outcome area

Target Date: August 31, 2024

Lead Person: Executive Director

Year 2024	Year 2025	Year 2026
Targets will be achieved or exceeded.	Targets will be achieved or exceeded.	Targets will be achieved or exceeded.

FINANCIAL CONSIDERATIONS

- 1. Aspire 2 Dream will maintain a budget that will be reviewed and updated annually.**
- 2. Aspire 2 Dream will manage financial resources efficiently to support goals.**
- 3. Contract compliance will be maintained in order to maintain existing contracts.**
- 4. Financial planning review and improvement will be ongoing.**
- 5. Financial records will be maintained per GAAP guidelines.**
- 6. An annual financial review or audit of finances will occur.**

Timeline for Reviews and Updates

The Management Team will review the plan's progress, and revise as needed, every three months.

STATISTICS OF CHILDREN IN CARE IN TEXAS

STATISTICS OF CHILDREN IN REGION 5

STATISTICAL TRENDS

(Information obtained from the Texas Department of Family and Protective Services website and reflect data as of 2022)