



STRATEGIC & BUSINESS PLAN

FISCAL YEARS 2014-2017

Approved by the Board of Directors, and affirmed by

_____, Chair

Rev. Francisco P. Larena, S.J.
Regis House, Inc.

Regis House, Inc. Biography

Father Francisco Perez-Lerena, Founder and Chairman of Regis House, Inc., and a teacher at Belen Jesuit Preparatory School founded Regis House, Inc. in 1984. While working as a parish priest at “Gesu” Church in Downtown Miami, Father Perez-Lerena met a young man who asked him for help. His name was Kelvin and he was addicted to cocaine and heroine. Father Perez-Lerena took Kelvin to several institutions throughout the Miami area but was met with only waiting lists and rejections. Unable to find help in Miami, Kelvin returned to his hometown of Washington D.C. to be with his family. This chance encounter encouraged Father Perez-Lerena to mobilize friends and community members in order to address the problem of juvenile drug abuse. In May of 1984, Father Perez-Lerena officially began the nonprofit organization REGIS HOUSE, INC.

A year after starting Regis House, Inc., Fr. Francisco P. Lerena received a letter from Kelvin’s mother notifying that Kelvin had passed away.

“I thank you, and thank God for you.” The week of Kelvin’s death he told us how much he loved you and how you helped him,” said Kelvin’s mother. Instead of being discouraged, this moment further clarified the importance of the agency’s mission. Father Lerena has pressed on ever since that day to see that Regis House, Inc. makes a significant difference in the community.

For 25 Years, Regis House, Inc. has provided support free of charge to over 70,000 residents of Miami-Dade County to improve lives through Family Support, Mental Health, and Substance Abuse services. We are able to continue our mission through the support of generous philanthropic donors, grants, and special events.

EXECUTIVE SUMMARY

This document sets out a strategic and business plan for Regis House, Inc. for the next 1-3 years 2014-2017. It represents Regis House, Inc.'s mission, value, vision, and guiding principles. It provides an overview of the agency's history. It reviews strengths, weaknesses, threats, and opportunities. Goals, strategies, and implementation tasks needed to move forward are laid out and are based on the assumptions that Regis House, Inc. will continue to serve the communities of Miami-Dade. An attempt is made to foresee the future strengths, weaknesses, threats, and opportunities.

The strategic and business plan reflects the joint vision of the management team and the Board of Directors. The plan is a result of analyses conducted during the Fiscal Year 2011 including input from the community through the use of a community questionnaire and reflects the consensus reached among the planning team. This is a dynamic document that is expected to serve as a guide for strategic and business actions during the next 3 years. To ascertain that the plan remains relevant, regular review by the management team and Board members are built into the planning process.

Regis House, Inc. seeks to achieve the following goals during the next 1-3 years:

1. Continue to objectively and systematically monitor and evaluate the appropriateness of CCISC co-occurring psychiatric and substance abuse services quality of care, and that services are rendered consistently with prevailing professional standards.
2. Develop, implement, and maintain a consumer driven, flexible, clinically appropriate, co-occurring capable, and culturally competent system of care including behavioral health, prevention, and treatment services.
3. Establish excellence through the Outpatient/Treatment, and Prevention/Diversion services.
4. Develop a business model that drives the organization beyond traditional funding streams; which include provisions of Medicaid services through Targeted Case Management (TCM), and Psychosocial Rehabilitation (PSR) services.

MISSION, VISION, AND VALUE STATEMENTS

Mission

To Improve Lives for a Healthy Community through family support, mental health and substance abuse services

Vision

To be haven where those who serve help by eliminating obstacles, providing hope, and creating the opportunity for persons served to rise above.

Value Statements

- ❖ We will provide viable options, resources and opportunities to persons served
- ❖ We will be quality focused, ethical and compassionate
- ❖ We will make a positive difference in the lives of those we serve
- ❖ We will serve regardless of creed, ethnicity, gender, socio economic class
- ❖ We will uphold the duty to provide charity services never turning anyone away due to their inability to pay
- ❖ We will foster hope that changes are not only possible but a right of every person served
- ❖ We will educate and advocate for those we serve
- ❖ We will invest in the community, the persons we serve, and the staff, which make it possible.
- ❖ We will serve with the belief that all persons are resilient to overcome challenges

REGIS HOUSE, INC. PROFILE

Name:	Regis House, Inc.
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Website:	www.regishouse.org
Chief Executive Officer:	Manny Fraga, Jr., ACHE
Phone:	305-642-7600 ext. 210
Email:	mfraga@regishouse.org
Board Officers:	
Chair:	Rev. Francisco P. Lerena, S.J.
Secretary:	Marco A. Suarez-Burgos
Members:	Antonio Moreno de Ayala Jorge Fernandez-Ceballos Eugenio M. Santiago Raul J. Herrera
Chief Executive Officer	Manuel Fraga, Jr.
# of Board Members:	7
# of Full-Time Staff:	09
Type of Business	Behavioral Healthcare/Rehabilitative Medicine Co-occurring Psychiatric and Substance Abuse Provider
Incorporation Date:	August 17, 1984
Status:	501 (c) (3), nonprofit
Funding Sources:	Department of Children and Families (DCF), The City of Miami, Miami-Dade County-OMB-Office of Grants Coordination, The Children's Trust, TCT-Connect/Familias, DCF-South Florida Behavioral Health Network, Inc. (SFBHN), and Jarden Consumer Solutions, Inc. (JCS)

SWOT ANALYSIS: STRENGTHS, WEAKNESSES, OPPORTUNITIES, AND THREATS

Strengths

- Advocacy for persons-served, services, and providers.
- Committed, qualified, and talented staff.
- Contracting process efficient and effective including timely contract negotiations and clear management/monitoring definitions.
- Excellent recognition amongst other SA/MH agencies for over 30 years.
- Services provided are recognized to be competent, culturally sensitive, persons-served centered and evidence-based.
- Free provision of services to the community we serve.
- Limited marketing and communications capacity to build name recognition and

Weaknesses

- public awareness of services.
- Need to strengthen persons served input into the Board of Directors.
- Need to expand on more funding revenue-Medicaid, Managed Care Medicaid.
- Contract with more Managed Care Medicaid managing entities such as: Wellcare, Cempatico, Magellan, etc.
- Strengthen existing relationship with provider network-SFBHN

Threats

- Excessive paperwork requirements.
- Fiscal crisis experienced due to the current state of the economy, Medicare reforms, and the use of prepaid care plan.
- Inadequate funding of the behavioral healthcare system.
- Loss of funding due to legislative cuts and reprioritizing of funding by grantors: MDC-OGC, City of Miami, SFBHN, DCF, etc.
- Lack of public support for client base in Behavioral Healthcare.
- Misappropriate loss of funding due to the State utilization of the equity formula for cutting funds.
- More clients, higher costs without a cost of living or rate of increase.

Opportunities

- Ability to increase client base due to changing State/Federal policies and opportunity to expand client referral base.
- Opportunity to use outcome data to drive new unrestricted funding Sources.
- More involvement and input of persons served into the Operations of the agency.
- Collaborate with other Behavioral Healthcare providers to participate in the Children and Adolescent Learning Partnership for CCISC.
- Provisions of CMD-Medicaid services through TCM and PSR type services.
- Medicaid Managed Care participation-Psychcare, AmeriGroup, Wellcare, Cempatico, etc. in order to increase non-restricted revenue.

The following are Regis House, Inc.'s goals for the next 1-3 years in order to foster a system of care including health and wellness ranging from co-occurring psychiatric interventions, prevention to culturally competent interventions and treatment:

Goal #1: Continue to objectively and systematically monitor and evaluate the appropriateness of CCISC-Co-occurring psychiatric and substance abuse services quality of care, and those services are rendered consistently with prevailing professional standards.

Strategy:

With the consensus that co-occurring capability is an agency-wide goal, leadership continues to engage and collaborate with network of providers and is committed to the vision, principles, and CQI process of the CCISC Model and the provision of services to psychiatric co-occurring and substance abuse persons.

Tasks:

- ✓ Complete the COMPASS™ every six month and include new staff/interns for each program and demonstrate that the “process objectives” are achieved through broad participation, consensus-style conversation, identification, and documentation of internal developmental issues, strengths, and “improvement opportunities”.
- ✓ Complete CODECAT™ Individual Assessment by all clinical personnel, and the CODECAT™ Supervisory Assessment to assess co-occurring disorder competencies.
- ✓ Practice the 12 steps for clinicians on the principles of CCISC within the scope of every clinician’s caseload.
- ✓ The Agency has formal staff orientation activities and processes (consensus document, core principles, and materials on welcoming and strength-based person-centered care) for staff, new hires and student/interns.
- ✓ Incorporate activities designed to empower persons-served to voice opinions in an effort to improve their services at the agency and assist in the rehabilitation process.
- ✓ The Agency has formal and routine participation in the system process as a Continuous Quality Improvement (CQI) partner in the initiative for co-occurring capability.
- ✓ Implementation Infrastructure Development:

Leadership has positioned and empowered a group of people as a CQI team to help the Agency achieve the goal of co-occurring capability over time. The CQI team represents the “steering committee” in the organization, and oversees and implements change(s).

- ✓ Keep a meaningful, measurable, and attainable action plan to guide the progress toward agency-wide co-occurring capability. Change Agents to participate in the Change Agent process and internally within the agency to promote development of co-occurring capability.

Goal #2: Develop, implement and maintain a persons-served driven, flexible, clinically appropriate co-occurring capable, and culturally and linguistically competent system of care including behavioral health, prevention, and treatment services.

Strategy:

Continue to implement clinically appropriate evidence-based practices for the Outpatient-Treatment, and Prevention Services. Services must continually be flexible and accessible for all persons-served and culturally sensitive. Those serve with co-occurring psychiatric disorders must endure a positive, clinically appropriate environment when seeking services.

Tasks:

- ✓ Increase level of community/persons served awareness of prevention and treatment strategies and
- ✓ issues.
- ✓ Implement the level of persons-served engagement in governance and oversight through focus groups and other input mechanisms.
- ✓ Increase treatment and access to the appropriate level of care-ensuring individualized treatment-utilizing a strength-based service approach which includes persons-served and family input into persons-served recovery and resiliency.
- ✓ Expand the co-occurring psychiatric capacity through the continued support of the Comprehensive Continuous Integrated Systems of Care Initiative.
- ✓ Facilitate the provision of training and the use of evidence-based practices-collaborating with the provider network and external expertise-for persons-served accessing the behavioral healthcare system.
- ✓ Set-up standard agency-wide approach to the gathering and analysis of persons-served, and

stakeholders' satisfaction data.

Goal #3: Establish excellence through the Outpatient/Treatment, and Prevention/Diversion services.

Strategy:

Ensure that early behavioral health screening, assessment, and referral meet a minimum standard of care.

Tasks:

- ✓ Include prevention and early intervention as services critical to reducing the need for deeper-end treatment and placement.
- ✓ Enhance the connectivity between prevention and early intervention and screening, assessment, and referral mechanisms.
- ✓ Develop a culturally competent awareness promotion around the issue of screening assessment and referral for appropriate prevention and early intervention.

Strategy:

Apply agency-wide uniform clinical pathways, utilization management, and quality assurance/performance improvement technologies and install evidence-based practices.

Tasks:

- ✓ Refine and improve performance standards currently built into day-to-day operations.
- ✓ Refine and improve policies and training initiatives to increase the competency of individuals provider staff members in best practices and persons-served services.
- ✓ Refine and improve clinical assessment and treatment protocols for engaging persons-served in the right service at the right time based on recognized guidelines.
- ✓ Improve opportunity for training on evidence-based practices.
- ✓ Participate in the provider network for MET training.

Strategy:

Maximize technology to improve access to and information about behavioral healthcare.

Tasks:

- ✓ Maintain an information management plan that supports improved care outcomes, high quality, prompt submission to grantors of invoices, and utilization management.
- ✓ Make data readily accessible to grantors, persons-served, and the public in order to inform,

improve system access, and support informed choices about care options.

Goal #4: Develop a business model that drives the organization beyond traditional funding streams.

Strategy:

Maximize allocation of in-house Board members and employee expertise and the judicious use of expert consultants to establish a business model that inculcates a culture of funding diversity preferably those unrestricted such as CMS-Medicaid in order to improve the agency-wide fiscal health.

Tasks:

- ✓ Create, implement, and update annual business and development plans.
- ✓ Continue to participate in provider network partnerships to further develop product lines that generate unrestricted funding for the agency.
- ✓ Diversify funding apart from DCF, MDC-OGC, TCT, but not limited to DJJ, foundations, federal grants, etc.
- ✓ Provision of Medicaid services through Targeted Case Management (TCM), and Psychosocial Rehabilitation (PSR) services.

REVIEW OF PLAN

A general review of the strategic and business plan will be accomplished on a regular schedule to determine progress made toward achieving the goal. The plan review process will include the following minimum actions:

- Mid-year review by the CEO and the Management Team
- Annual review by the Board of Directors and ratification of recommended modifications.

As a matter of practice, Regis House, Inc. surveys persons-served and stakeholders on an annual basis and incorporates the results obtained from these surveys into the Strategic and Business Plan.

Large-scale environmental shifts will require immediate strategic attention by Regis House, Inc.'s management, staff, and Board members. All employees and Board members will be diligent in scanning the marketplace to determine shifts that could positively or negatively influence Regis House, Inc.

DEFINITIONS

Substance Abuse	SA
Mental Health	MH
Continuous Comprehensive Integration of Systems of Care	CCISC
The Children Trust	TCT
Miami-Dade Office of Grants Coordination	MDC-OGC
Department of Children and Families	DCF
South Florida Behavioral Health Network	SFBHN
Targeted Case Management	TCM
Psychosocial Rehabilitation	PSR

TABLE OF CONTENTS

Regis House, Inc.'s Biography	Page 2
Executive Summary	Page 3
Mission, Vision, and Value Statements	Page 3
Regis House, Inc.'s Profile	Page 4
SWOT Analysis: Strengths, Weaknesses, Opportunities and Threats	Page 5
Goals for the next 1-3 years	Page 6, 7, 8, 9
Review of Plan	Page 10
Definitions	Page 11