



# **PAYNE COUNTY YOUTH SERVICES**

## **FY 2024 MANAGEMENT REPORT**

**JULY 1, 2023 – JUNE 30, 2024**

# FY 2024 Management Report

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## **PAYNE COUNTY YOUTH SERVICES FISCAL YEAR 2024 MANAGEMENT REPORT**

### **Mission Statement**

Payne County Youth Services, Inc. is dedicated to providing free quality services for the positive development and recovery of children, youth, and families.

PCYS is continuing our 52-year tradition of free, high-quality services. As a community-based organization, PCYS strives to be proactive in meeting emerging needs of each of our unique communities and school systems. PCYS provides affirming, culturally competent programming and strives to meet clients and families “where they are”.

### **Organizational Plan**

Attachment A is a copy of the agency’s Fiscal Year 2025 Organizational Plan.

### **Program Plan**

Attachment B is a copy of the agency’s Fiscal Year 2025 Program Plan.

### **Community Needs Assessment**

A community needs assessment was conducted to determine what the community sees as the most pressing issues facing youth and families in our community. A variety of stakeholders received the assessment, including the Office of Juvenile Affairs, the Department of Human Services, schools, churches, clients, former clients, and others.

It appears from this data that most of the community respondents had a good knowledge of the services of Payne County Youth Services. Some of those surveyed were not familiar with the specific programs offered. There was an increase in overall awareness of the agency within the community. Respondents indicated significant satisfaction with their working relationship with PCYS, our services and our outcomes.

The top issues, in ranked order which community respondents identified as community needs were child physical abuse, child sexual abuse, child behavior problems, grief and loss, stress/anxiety/depression, school-related problems, drug and alcohol issues, marital and family conflicts and household dysfunction, disregard for authority, and a cluster of needs including disruptive behavior, boredom, emotional disturbance/depression, delinquency, child abuse and neglect, and bullying.

In our effort to address needs of the community, PCYS continues to offer the Skills for Success Program for students and parents, adjustment counseling, mental health and substance abuse counseling, suicide prevention, life skills, TLP, Safe Sitter and Safe@Home classes, specialized victim services as well as the Safe Place program and emergency youth shelter. An ongoing parent support/education group is provided for parents to learn how to better parent their teenagers. PCYS provides on-going emotions management groups and relationship groups. A new program in development is a parent’s group for parents of LGBTQ+ children and was specifically requested by the community.

Victims of Crime Act (VOCA) supported counseling is available. Referrals for victims' services include compensation, transportation to court, and advocacy. The VOCA counselor also continues to serve on the Child Abuse Prevention Task Force and as an advocate for services for victims. Funding from VOCA was received for the 2025 fiscal year, which continues to allow PCYS to expand victim services to include participants in the Transitional Living Program and to provide specialized training for clinical staff serving this population.

Payne County Youth Services continues to provide our drug and alcohol services and was recertified for one (1) year by the Oklahoma Department of Mental Health Substance Abuse Services (ODMHSAS) until June 2025 and will be applying for recertification in 2025. PCYS continues to provide alcohol and other drug psychoeducational groups, prevention groups and individual treatment and assessment services. Our school-based, office-based and Community-At-Risk (CARS) counseling programs many times are centered upon these youth who are dealing with substance use along with stress, anxiety, and depression, resulting in many youths served receiving services for co-occurring disorders.

Problems at school continue to be a focus for our agency. PCYS provides a clinician to each of the secondary schools for school-based individuals, family, and crisis intervention and prevention counseling in Stillwater, Yale, Cushing, Perkins, Ripley, and Glencoe. Botvin Life Skills Education, an Evidence-Based Prevention Curriculum, is provided to Stillwater Middle School, Morrison Secondary School, Glencoe Secondary School, Yale Secondary School, Ripley Secondary School, Cushing Secondary School students during the school day, with Oak Grove Schools receiving life skills education.

Prevention and Early Intervention Services include Building a Competent Community for Suicide Prevention, Botvin Life Skills, Safe Sitter, Safe at Home Education, Skills for Success/First Time Offenders Program, Parenting Education, Poetry, Photography Contest, Poetry Slam and other groups as need arises.

The PCYS Safe Place Program and Emergency Youth Shelter continue to provide critical emergency shelter to youth in crisis. The PCYS Safe Place Program has expanded to 54 sites, including 20 OSU Big Orange Busses. Thirty-three (33) youth accessed Safe Place during FY 2024.

The PCYS Emergency Youth Shelter, licensed for 17 beds by DHS, sheltered 105 youth this fiscal year for a total of 1,970 shelter care days. Providing for all needs of the youth while in residence, PCYS has provided educational opportunities in accordance with the McKinney Vento Act, recreational opportunities, life skills, counseling, and other needs of each youth. Many youths are experiencing longer stays in our facility with many staying for several months during a single placement and returning for multiple placements throughout their adolescence. Youth exiting the program are minors and therefore are released into custody or placement based on court order or other legal decisions outside the authority of PCYS. The custodial parents/guardians are charged with on-going safe care. Many updates have been completed to the facility with funds from Lions International, The Friends of the Shelter, The Oklahoma Department of Commerce (COVID ESG), and private donations. The PCYS Fitness Center opened in September 2024.

### **Transitional Living Program**

Our Transitional Living Program, serving youth 18-22 years, has provided housing assistance, case management, counseling, education assistance and job-related services to 5 young adults. This program is funded by a grant from the Emergency Solutions Grant from the Department of Commerce, in addition to support from Elite Repeat, private donations, The Faye Allene Rife Brown Foundation, and other donors. Due to paying living expenses for some participants, this is a high-cost-per-participant program. Youth exiting the program are adults or parenting individuals. Safe exits are monitored by program staff prior to their leaving the program.

### **Quality Assessment**

As an agency accredited by the Commission on Accreditation of Rehabilitative Facilities (CARF), certified by the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), and a Certified Youth Service Agency and member in good standing of the Oklahoma Association of Youth Services (OAYS), Payne County Youth Services has demonstrated a significant commitment to quality in the services we provide. PCYS was reviewed by the Oklahoma Office of Juvenile Affairs (OJA) and OAYS and received a 100% compliance rating from both reviewers. PCYS was reaccredited by CARF in June 2024, for 3 years. PCYS received outstanding results from the survey with a 95% compliance rating.

Payne County Youth Services conducts quality assessment activities in a variety of ways. The Quality Assurance Team meets quarterly to review case files to ensure they are current and accurately reflect the work being done with clients. The Quality Assurance Team also reviews effectiveness, efficiency and accessibility measures, client satisfaction data, and community needs assessments to look at trends and make recommendations for improving service delivery. Confirmation of accuracy of billing to Medicaid or other sources is also reviewed.

Our goal is for most of the charts reviewed to have 90% or above of the items reviewed to be correct. This benchmark has been met each quarter. Deficiencies in files revolved mainly around slight inconsistencies in the use of certain forms. No critical concerns were noted, and all issues have been addressed through training and Quality Assurance processes.

Case consultation occurs on a weekly basis, allowing agency service providers to discuss difficult cases and receive feedback from other counselors as to strategies that might be effective in working with their clients. This also provides a forum for counselors to share new and innovative treatment approaches for working with clients, and to receive support to mitigate burn-out in this high-stress field. Suggestions as to treatment planning are documented in the client file along with documentation as to what staff were present at the meeting.

Shelter files are reviewed by the Shelter Director and YGS Supervisors at least quarterly to ensure accuracy. Shelter Staff Meetings and full Staff Meetings are held at least monthly to provide training, information and for team building activities.

**Services Summary**

The following table summarizes the number of service hours and number of clients served during FY2024:

<b>Program</b>	<b>Actual # Clients</b>	<b>Actual Hours</b>
Individual/Family Counseling	166	2,046
Psycho Educational Group / Botvin	535	180
Skills for Success/First Offender	74	113
VOCA	336	N/A
Shelter	105	*47,280
Community Development / Education	3,218	168
Safe Place (clients accessing)	33	N/A
Safe Place Presentations/Education	99	N/A
Transitional Living Program	5	N/A
Voices of Today Art Program	22	N/A
Adopt-A-Family Holiday Program	145	N/A
Training Delivered (Staff)	N/A	87
Training Received (Staff)	N/A	281
Consultation/Supervision Provided (Staff)	N/A	556
Building a Competent Community for Suicide Prevention	178	120
Safe Sitter	25	100
Botvin Parenting Group	15	33
AIM Program (Stillwater Middle School)	N/A	342

\*1,970 shelter care days (SCD) where 1 SCD = 24 hour for 1 resident. Average length of days is 19 days.

Shelter residents were 59% female and 41% male.

The agency goals and objectives for FY 2025 can be found in Attachment D.

Approximate breakdown of non-shelter clients served among individual communities are Stillwater, 69%; Yale, 2%; Perkins, 3%; Cushing, 10%; Ripley, 1%; Glencoe, 1%; Morrison, 1%; Other, 13%. Approximate breakdown of clients served by race are American Indian or Alaskan Native, 1.1%; Asian/Pacific Islander, 0.37%; Black, not of Hispanic Origin, 11.85%; Hispanic, 6.67%; White, not of Hispanic Origin, 63.33%; Other, 6.67%. Approximate breakdown of clients served by gender are female, 26.3%; male, 63.7%. Across programs, clients served ages were reported as age 4-11, 25%; 12-15, 42%; 16-18, 32%; 18-22, 1%.

**Data Collection**

Data was collected in the areas of effectiveness, efficiency, accessibility, and consumer satisfaction.

### **Effectiveness Measures**

The effectiveness measure used to track client's progress was that 70% of the clients would show a 1 point or more decrease (improvement) in their Client Assessment Record (CAR) score at each 90-day review.

### **Clients Reaching CAR Goal**

The Client Assessment Record (CAR) is a numerical scale used to determine client function across 9 domains that include feeling, mood, affect; thinking, mental process; substance abuse; medical/physical (including medications); family; interpersonal; role performance; socialized; and self-care/basic needs. An additional assessment of communication is required for specific populations for acute levels of care.

The CAR score was measured at the time of intake, every 90 days during treatment, at discharge, and 90 days post-discharge. The goal is for 70% of the clients to show a decrease in CAR score of 1 point or more during a 90-day period or between intake and discharge, whichever is shorter.

FY2024 CAR outcomes showed an average of 70% reaching goal.

This outcome is representative of the complexity in cases being seen.

### **Accessibility Measures**

One (1) accessibility measure was utilized during Fiscal Year 2024. The accessibility outcome goal is for 100% of clients who request service to be contacted within 15 days.

The agency continues to work hard at ensuring clients are contacted for services within 15 days of referral. Should caseloads or specific needs make it impossible for a client to be seen at PCYS within 15 days, PCYS staff has many resources to whom we can refer a client and family, including Oklahoma State University counseling centers, private providers, and others. All referrals coming into the agency are tracked by the Clinical Director and or the Executive Director, and through a triage approach, those requiring immediate assistance are seen within 48 hours, or sooner, if possible, or provided with referrals for immediate assistance. PCYS did experience a longer than preferred waiting list during this period.

### **Consumer Satisfaction**

Client satisfaction surveys are given to or mailed to all active clients every 90 days and at discharge. Clients are asked to indicate their level of agreement with a series of 5 statements measuring their experience at PCYS. Our goal is to average 4 on these responses, with 5 being the most favorable response. For FY 2024, our responses indicate an average of 4.5 on this measure.

### **Outcomes Summary**

Our measures indicate an overall trend in meeting the goals of accessibility, effectiveness and increase in CAR. PCYS continues to seek out and be responsive to trending needs. Many societal, economic and mental health challenges across the State and County contribute to these challenges.

### **Critical Incidents**

Critical Incident Reporting is mandated by the Office of Juvenile Affairs (OJA) and by the Department of Mental Health and Substance Abuse Services (ODMHSAS). Critical Incidents that meet criteria must be reported to OJA if it involved an OJA client to ODMHSAS and to the Office of Client Advocacy.

Other incidents are noted in PCYS Incident Reports, but do not rise to the level of meeting Critical Incident Reporting requirements.

Incidents and critical incidents that occurred throughout the FY 2024 period include shelter-based occurrences such as runaway behavior and resident interaction issues. All incidents are evaluated and addressed through staff training, procedures review or other methods as appropriate. There were no serious injuries or other occurrences.

### **Grievances**

In FY2024 Payne County Youth Services received zero formal grievances.

### **Agency Financial Position / Personnel Matters**

Agency revenues totaled \$1,865,271 for FY2024.

The Agency continues to demonstrate strong fiscal responsibility. The agency hosted our Annual Gala, An Evening to Remember in April 2024. We continue to work on a new fundraising event for 2024. PCYS carries no debt.

PCYS staff continue to demonstrate a high level of professionalism and dedication to the clients and services of PCYS. Staff and volunteers have provided volunteer time and effort to remodel and redecorate areas at the shelter and offices as needed with community businesses providing many supplies and services. As a United Way agency, PCYS is grateful for the support of United Way of Payne County for Day of Caring, advocacy and financial support. Staff participated by helping to set up breakfast and take photos at job sites.

PCYS receives funding from federal, state, and local grants and contracts, foundations, United Way, businesses, churches, civic groups, and individuals.

PCYS continues to benefit from the support of The Advisory Board for Sustainability and Public Awareness (ABSPA). The membership, comprised of community and state leaders from many areas, is dedicated to advocacy, public relations, funding, and financial support of PCYS and our clients.

Our annual Independent Financial audit was conducted in November 2024, by Barbara Henry, CPA. There were no findings or concerns.



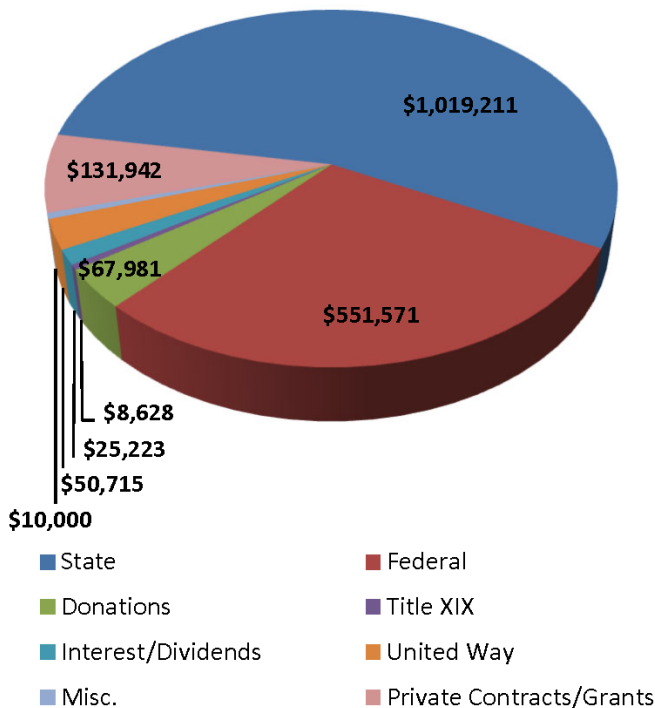
Statement of Financial Position as of June 30, 2024

Assets	2024
Cash	\$446,893
Investments	\$362,111
Accounts Receivable	\$455,172
Prepaid expenses	\$23,055
Property & Equipment	\$0
<b>Total Assets</b>	<b>\$1,287,231</b>
<b>Liabilities</b>	
Accounts Payable	\$28,385
Accrued Absenses	\$74,987
<b>Total Liabilities</b>	<b>\$103,373</b>
<b>Equity</b>	<b>\$1,183,858</b>
<b>Total Liabilities &amp; Equity</b>	<b>\$1,287,231</b>

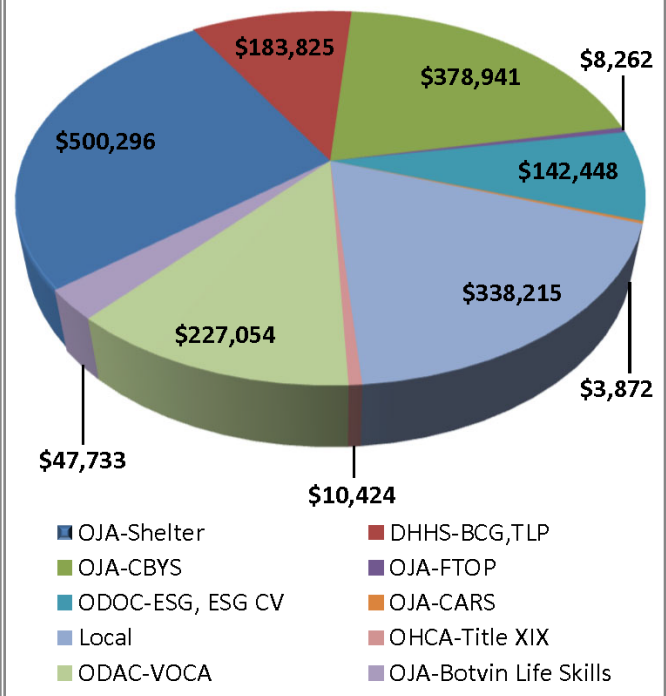
Statement of Activities as of June 30, 2024

Revenue	2024
State	\$1,019,211
Federal	\$551,571
Donations	\$67,981
Medicaid	\$8,628
Interest	\$25,223
United Way	\$50,715
Misc.	\$10,000
Private Contracts	\$131,942
<b>Total Revenue</b>	<b>\$1,865,271</b>
<b>Expenses</b>	
Program Services	\$1,502,857
Administrative & General	\$338,215
Other	\$0
<b>Total Expenses</b>	<b>\$1,841,072</b>
Equity at Beginning of Year	\$1,150,735
Equity at End of Year	\$1,183,858
<b>Change in Equity</b>	<b>\$33,123</b>

**Revenue FY24**



**Expenses FY24**



### **Quality Assurance Plans**

Payne County Youth Services prepares annual quality assurance plans to ensure ongoing compliance and innovation toward meeting requirements of certifying and auditing bodies, as well as the needs of our clients and stakeholders. These plans are utilized as dynamic documents. Reviews of the Accessibility Plan, Cultural Diversity Plan, Risk Management Plan, Technology and System Plan, Organizational Plan, and Service Programs Plans are conducted on an annual basis by the management team and Board of Directors (see FY2025 plans, attached).

PCYS reviews Policy and Procedure annually, both at the staff and Board of Directors levels.

### **Stakeholders and Community Partner Relationships**

Payne County Youth Services strives to meet the needs of our Stakeholders. Through community partnership with businesses, civic groups, other non-profit agencies, mainstream services, faith-based organizations, Oklahoma State University students, faculty and staff groups, The Saville Center, The Oklahoma Commission on Children and Youth, Sarkeys Foundation, the Oklahoma Department of Human Services, the Oklahoma Office of Juvenile Affairs, United Way of Payne County, The City of Stillwater, Elite Repeat, Stillwater Medical Center, the Faye Allene Rife Brown Foundation, the Oklahoma Association of Youth Services, the Friends of the Shelter, and others, PCYS is able to bring resources, financial support, donations, volunteers and greatly varied expertise from across the state to our efforts to provide relevant, effective, efficient, high quality services to the members of our communities.

PCYS is also an active member of the Oklahoma Association of Youth Services (OAYS) and has worked to leverage the collaborative power of this organization to bring additional funding, training, contracting opportunities, legislative appropriations, and other assets to the state and to PCYS. The PCYS Executive Director served on the OAYS Board of Directors for 10 years, with various staff serving as committee members and chairpersons.

PCYS benefits from the work of many volunteers who are staff, faculty and students who provide a variety of assistance, donations, or serve on our Advisory Board for Sustainability and Public Awareness. PCYS also participates in various relevant research studies and program validation studies with OSU.

PCYS collaborates with community partners to support our holiday Adopt-A-Family program, matching donors with client families who are most in need. An annual Art, Poetry and Photography contest is provided to encourage appropriate expression by youth. Community education is also provided by staff to many organizations across our catchment area.

Many local organizations, civic groups, faith-based organizations, foundations, and individuals support PCYS. This support is critical to the organization's ability to meet its mission and serve the community.

One of our primary roles in our community-based services is providing counseling, prevention, crisis services and evidence-based programs for suicide to the public schools in Stillwater, Cushing, Perkins, Yale, Ripley and Glencoe. PCYS provides a counselor at each secondary school

in these communities one day a week as well as both targeted and universal prevention and skills building groups.

PCYS enjoys a collaborative relationship with Oklahoma State University, with PCYS serving as a training site for interns from various OSU programs, an employer of students and work-study students, and as a referral source for services utilized by OSU Faculty, staff, and students.

PCYS is partnering with Oklahoma State University to develop a Parents Workbook and program for parents of LGBTQ+ youth. The workbook, *Parenting with L.O.V.E.*, authored by Dr. Douglas Knutson, Oklahoma State University and Kimberly Shenold, BA, Parenting Coordinator at PCYS, was premiered at a for parents' workshop. Research groups and focus groups were conducted during FY2024. Partners and parents expressed excitement at the new resource.

PCYS serves as an internship site for many departments and programs across Oklahoma State University. Our clinical counseling program benefits 5-6 counseling interns each year in both master's and Ph.D. programs. Interns receive intensive training, supervision and support from PCYS while serving clients, co-facilitating groups, and learning about non-profit organizations.

Another notable internship is a collaboration with the OSU Department of Nutritional Sciences. These interns work with shelter and TLP clients and staff to provide education and skills to enhance healthy living and nutrition habits, thus working toward greater wellness across their lifespan.

**Attachments**

FY 2025 Organizational Plan ..... Attachment A

FY 2025 Program Plan ..... Attachment B

FY 2025 Agency Goals, Objectives, and Tasks .....Attachment C

FY 2025 Risk Management Plan ..... Attachment D

FY 2025 Risk Management Assessment ..... Attachment E

FY 2025 Technology and System Plan .....Attachment F

**FY 2025 Service Delivery Improvement**

Out-Patient Behavioral Health (Counseling) ..... Attachment G

Out-Patient Behavioral Health (Substance Abuse) .....Attachment H

Out-Patient Behavioral Health (Case Management) .....Attachment I

Out-Patient Psychoeducational Groups ..... Attachment J

Emergency Youth Shelter ..... Attachment K

Transitional Living Program .....Attachment L

Safe Place ..... Attachment M

Building a Competent Community for Suicide Prevention ..... Attachment N

Safe Sitter / Safe@Home ..... Attachment O

*Attachment “A”*  
**PAYNE COUNTY YOUTH SERVICES, INC.**  
**FY 2025 ORGANIZATIONAL PLAN**

**Statement of Intent**

Payne County Youth Services is committed to providing quality services to youth and families in Payne County. To this end, PCYS develops and maintains comprehensive and integrated quality improvement systems that include systems for assessment of consumers’ needs and preferences, ongoing assessment of the quality, cost and use of services, and measurement of the outcome of services. All the information from the needs assessment, the quality assessment, monitoring, and outcomes management is collected and compiled in a cohesive fashion and is used effectively to plan and improve services, and to ensure financial responsibility.

**Organizational Planning**

a. Ongoing Planning Process

Payne County Youth Services is a dynamic organization that is proactive in meeting the needs of the youth and families that it serves. To remain on the cutting edge of service delivery, PCYS sets short-term and long-term goals based on input received from consumers, staff, the Board of Directors, the Advisory Board for Sustainability and Public Awareness, other service providers, and the community at large. Development of these goals and objectives is accomplished in a variety of ways that include:

- Obtaining input from staff and the Board of Directors during regularly scheduled staff and board meetings as to what they see are the pressing needs of the families we serve and how we can best meet these needs.
- The PCYS Advisory Board for Sustainability and Public Awareness (ABSPA) provides input, linkage, advocacy, fundraising and public relations activities.
- Developing agency short-range and long-range plans during staff and board meetings and retreats. PCYS operates under a strategic plan which is guiding the agency currently. Work groups continue to monitor and implement the Plan.
- Conducting quarterly consumer satisfaction surveys to determine how we can improve services.
- Conducting annual community needs assessments to gather information from other service providers and the community at large regarding the effectiveness, accessibility, efficiency and client and stakeholder satisfaction of services and how these services might be enhanced.
- Conducting annual employee satisfaction surveys to provide a formal process for staff input.
- Maintaining an Open-Door Policy.

b. Information Management System

To assist in the planning process, PCYS maintains an information management system to track the quantity, effectiveness, efficiency, accessibility, and satisfaction of services provided. This data is compiled both manually through various reports and electronically through the Juvenile On-Line Tracking System (JOLTS). Certain grants and contracts require additional data collection and include HMIS and RHYMIS. PCYS is transitioning to electronic records through Chart Caddy.

In addition to client-related data, the agency's financial status and staffing patterns are continually reviewed to ensure that the organization has the necessary financial and personnel resources to maintain enough high-quality services. Data regarding health and safety factors impacting staff and clients is also maintained as part of the information management system.

All Protected Health Information is maintained according to all applicable law, HIPAA and other confidentiality and privacy regulations.

The Information Management and Corporate Compliance System is organized and administered as follows:

- Data collected measuring the quantity, effectiveness, efficiency, accessibility and client and stakeholder satisfaction of service delivery is accomplished using the various reports, forms, and data collection instruments. Tracking is also noted regarding how long clients remain on the waiting list for non-residential services. Information from these instruments is turned into the Administrative Assistant I monthly, who compiles the data and forwards the information to the Quality Assurance (QA) Team.
- The QA team reviews the data, makes recommendations for improvement, and forwards their findings to the Executive Director. Follow-up of this data and any needed improvements is evaluated, and any necessary changes are made at the next QA and on an on-going basis through supervision. Outcomes or concerns are reported to the Board of Directors.
- The Executive Director uses this information in the agency's annual management report outlining the status of service delivery and recommendations for improvements.
- The agency's financial status is compiled by the Finance Director monthly and provided to the Executive Director for review. The Finance Director and Executive Director collaborate on an on-going basis to monitor and maximize the agency's financial position.
- The Finance Director and Executive Director present the agency's financial position quarterly to the Board of Directors for their review and approval. In addition, the Annual Audit report, conducted by a CPA, is presented to the Board. This information is analyzed to ensure that the agency has at its disposal the necessary financial resources to maintain service delivery. If financial resources are not available, a decision is made by the Board as to what services will be reduced to ensure the agency's solvency. Information is also provided to the Treasurer of the Board of Directors monthly.
- The annual operating budget is compiled by the Executive Director and Finance Director and presented to the Budget Committee of the Board of Directors, who then makes recommendations to the full Board. The Board of Directors annually approves the budget and is provided with on-going updates of the agency's financial position.
- The HR/Accounting Specialist maintains the personnel records to ensure that qualified and trained staff are available to carry out the various agency programs. Demographic data on staff, interns and volunteers is compiled to track the agency's efforts in maintaining a culturally diverse workforce. Credentialing files and granting of clinical privileges of clinical staff are approved by the Clinical Director and/or the Executive Director.
- The agency Health and Safety Officer monitors health and safety factors that might potentially impact staff and clients. Any work-related injuries or potentially dangerous situations are reviewed with recommendations for improvements made to the Executive Director.

- The Executive Director, who also serves as the Corporate Compliance Officer, monitors threats, trends, and opportunities for the organization on an on-going basis and reports to the Board of Directors.

c. Needs Assessment Process

Input from the community regarding services is a critical part of the agency's organizational plan. This is accomplished by mailing and e-mailing a Community Needs Assessment survey to referral sources, other service providers, clients/guardians, and other stakeholders, annually asking for their input as to how we did in service provision and how our services could be improved. Surveys are collected by the HR/Accounting Specialist who compiles the data and forwards on to the Executive Director to be included as part of the annual management report. Information is reviewed by the Management Team who, along with the Executive Director, undertakes steps to address areas of concern. This information is also reviewed by the Board of Directors, which makes recommendations to staff, if needed, to improve in any noted areas.

- PCYS also participates in a community needs assessment (CATS) as requested by OJA. This is a multi-year process.

d. Outcomes Management System

The Outcomes Management System measures program effectiveness, efficiency, accessibility, and consumer satisfaction. In establishing this system, PCYS solicits input from the consumers as well as the community. Standardized measurements of outcomes have been established and the outcome results are analyzed by the Quality Assurance Team, the Executive Director, and the Board of Directors.

This information is utilized by the Executive Director and Board of Directors when making decisions regarding new services and programs or making improvements to existing ones. The results of this decision-making process are included in the annual management report and used when developing the following year's organizational plan.

e. Use of Findings

Payne County Youth Services recognizes the key to planning is the demonstrated application and utilization of the information that is collected throughout the year. This is accomplished in several ways:

- The results of the various surveys and outcome measures are disseminated to staff during staff meetings, to the Board of Directors during board meetings and to the public in the form of an Annual Report. Outcomes can also be reported using newspaper articles, speaking engagements at local clubs and organizations and through the annual report to the United Way Board of Directors.
- Outcome measures can be used to streamline, expand, or reduce services as appropriate, and are used to inform management decisions, program structures and agency strategies.
- A commitment to quality improvement holds the agency accountable to funding sources and makes the agency more attractive to new funding sources.

### **Agency Goals and Objectives**

The goals and objectives of the agency are part of the annual management report and are reviewed and updated annually with an eye toward performance improvement. Goals and objectives are informed by the data collected in information management systems.

### **Organizational Plan Monitoring**

Monitoring of the implementation of the organizational plan occurs on an ongoing basis through the efforts of the Quality Assurance Team, through a review by the Executive Director and Board of Directors, and through discussion at the monthly staff meetings and case consultation meetings. These efforts are documented in the client files or through meeting minutes.

### **Annual Management Report**

Prepared by the Executive Director, the report is a summary of the agency's activities and discusses the extent to which each program is meeting or not meeting the established measures of effectiveness, efficiency, accessibility, and consumer satisfaction and is used to improve the quality of the programs. The annual management report also addresses the following:

- a. The program plans, which outline:
  - (1) The population served
  - (2) The admission criteria
  - (3) The services offered
- b. A community needs assessment
- c. A quality assessment
- d. Goals
- e. Objectives
- f. The data collected in the areas of:
  - (1) Effectiveness
  - (2) Efficiency
  - (3) Accessibility
  - (4) Consumer satisfaction
- g. Critical incidents
- h. Agency financial position / Personnel issues
- i. Accessibility Plan, Cultural Diversity Plan, and Risk Management Plan
- j. An analysis of the results from data collected
- k. The use of the results

### **Dissemination of the Management Report**

The annual management report will be presented to staff during the monthly staff meeting. Achievements will be recognized and areas needing improvement will be discussed. It will be also presented and discussed with the Board of Directors at the scheduled board meeting. The Management Report is also distributed to Stakeholders, funding sources, posted on the agency's website, available in the lobby, and available to the public, at their request.

### **Annual Report**

Distinctive from the Management Report, the Executive Director will prepare an Annual Report that summarizes highlights of the financial position and programming of PCYS. This shorter, more concise report will be widely distributed to stakeholders, clients served, funding sources, posted on our website and in our facilities.



*Attachment “B”*  
**PAYNE COUNTY YOUTH SERVICES, INC.**  
**FY 2025 PROGRAM PLAN**

The following program plan outlines the various programs offered by Payne County Youth Services to include the population served, admission criteria, services offered, number of FTE assigned, and FY 2025 funding level. Delineation is made in each program as to whether the program is CARF accredited.

**Office of Juvenile Affairs – Community Based Youth Services**

*Program Description -*

Funding is received from the Office of Juvenile Affairs to provide shelter services, treatment, prevention and diversionary services to youth and families. The contract follows the state fiscal year. The services provided under this contract are as follows:

- a) Outreach Community Counseling - Payne County Youth Services receives funding to provide site-based and school-based counseling for youth ages 11-17 and their families residing in Payne County. Site-based services include mental health, Alcohol and other Drug, or co-occurring individual, family, and group counseling. The program is CARF accredited.
- b) Prevention and Diversionary Services – Formally known as the First Time Offender Program, Skills for Success is a diversionary program for youth who have committed a minor offense or are at risk of offending. Additional programs in this area include Parenting Skills, Relationship Group, Life Skills Education, Grief Group, and other services to meet community needs. Referrals are received from OJA, the municipal court, schools, law enforcement, and parents. Safe At Home, Safe Sitter, 24/7 Dads  
These programs are psycho-educational in nature and therefore are not CARF accredited.
- c) Emergency Shelter – A 17-bed shelter is available to youth ages 7 – 17 residing in Payne County. Secondary referrals are received from across the state. Youth are referred to the shelter by OJA, DHS, the courts, law enforcement, the schools, parents and through Safe Place. Residents receive counseling, educational services, and recreational services in a home type atmosphere. The average length of stay is 4-6 weeks, however, longer stays are becoming more common, but maybe much longer, based on individual needs. This program is not CARF accredited.

FTE Assigned – 10.50

FY 2025 Funding - \$833,322

**Office of Juvenile Affairs – School-Based Prevention Program**

*Program Description -* An evidenced-based, curriculum-based life skills program, PCYS is providing the Botvin Life Skills Program to schools in our area. As a prevention program, PCYS is also part of a research program to further validate the effectiveness of this program.

FTE Assigned – 1.25

FY 2025 Funding - \$77,573

**Office of Juvenile Affairs – Community at Risk Services (CARS)**

*Program Description* – CARS is a fee for service contract to provide services to delinquent youth ages 11– 17 residing in Payne County who are referred by OJA. Youth referred to the program are at risk of being sent to an institution or group home, maybe on a Deferred Prosecution Agreement, or are returning from institutional placement and require reintegration services. This program is CARF accredited.

FTE Assigned – 0.06

FY 2025 Funding – \$3,970.71

**District Attorney’s Council – Victim of Crime Act Grant**

*Program Description* – This is a year-to-year grant that allows the agency to provide individual, family and group counseling and advocacy to victims of physical and sexual abuse ages 11 - 17. This program is CARF accredited.

FTE Assigned – 1.25

FY 2025 Funding - \$133,351.25

**Title XIX – Medicaid**

*Program Description* –The agency directly bills behavioral outpatient services (individual, family, and group counseling) for Medicaid eligible youth. Clients seen in behavioral outpatient services directly billed to Medicaid fall under CARF accreditation.

FTE Assigned – 0.50

FY 2025 Funding – Federal \$30,000

**United Way of Payne County**

United Way dollars are used to supplement funding in counseling services, emergency shelter services, the Transitional Living Program, and the Safe Place Program. United Way funds are also used as a match for other state and federal grants.

FTE Assigned – 0.50

FY 2025 Funding - \$50,000

**City of Stillwater**

The City of Stillwater allocates funds for the agency to provide shelter services and to support general agency operations. Services assist local law enforcement and the Municipal Courts with interventions for youth and families.

FTE Assigned - 0.25

FY 2025 Funding - \$15,000

**Stillwater Public Schools**

PCYS is contracted with Stillwater Public Schools to provide services to secondary school students referred by the SPS system, including individual and family counseling, prevention, and diversion programs.

FTE Assigned – 0.75

FY 2025 Funding - \$60,000

**Local Donations, Foundations, Grants & Fundraising**

The agency receives donations from various individuals and groups in the community. These funds are used to supplement general agency operations, particularly at the shelter. They can also be used for matching funds for various state and foundation grants.

FTE Assigned – 2.50

FY 2025 Funding - \$155,000

**Within My Reach /It’s My Life**

A contract with the Oklahoma Association of Youth Services (OAYS), PCYS provides these curriculums in a community-based setting. This program explores communications, decision making, relationships and other subjects. Psychoeducational in nature, this program is not CARF accredited.

FTE Assigned - 0.12

FY 2025 Funding – \$5,000

**ODOC-Emergency Solutions Grant**

This program serves youth 16-24 years old, transitioning into adulthood and provides housing, case management and supportive services, in our Transitional Living Program, and supplements shelter funding. There are additional dollars added this year for our COVID related response.

FTE Assigned – 0.50

FY 2025 Funding - \$58,500

**DHHS - Basic Center**

The Basic Center Grant is funded by the Federal Department of Health and Human Services and provides funds for shelter, outreach, counseling, crisis intervention, and related services. There are additional dollars added this year for our COVID related response.

FTE Assigned – 2.00

FY 2025 Funding - \$200,000

**Elite Repeat**

Provides funding to ensure services are available to meet the needs of youth at the Emergency Youth Shelter and across the programs of PCYS.

FTE Assigned – 0.25

FY 2025 Funding - \$24,000

**Faye Allene Rife Brown Foundation**

Provides funding to ensure services are available to meet the needs of youth in the Emergency Youth Shelter, Transitional Living Program, and across programs of PCYS.

FTE Assigned – 0.75

FY 2025 Funding - \$50,000

*Attachment "C"*  
**PAYNE COUNTY YOUTH SERVICES, INC.**  
**FY 2025 AGENCY GOALS, OBJECTIVES, AND TASKS**

**MISSION**

**“Payne County Youth Services, Inc., is dedicated to providing free quality services for the positive development and recovery of children, youth and families.”**

**PURPOSE / PHILOSOPHY**

- A. To create, develop and maintain programs to assist youth and their families by providing counseling, case management, and emergency shelter services.
- B. To advocate for youth and families by influencing policy makers and systems into making decisions which protect children and growth in families.

**OUTPATIENT TREATMENT / CASE MANAGEMENT PROGRAM GOALS AND  
OBJECTIVES**

**GOAL**

The primary goal of the outpatient treatment and case management programs at Payne County Youth Services, Inc. (PCYS) is to develop and maintain a system of community-based prevention, intervention, and diversion services for at risk youth in Payne County. These services shall be designed to augment and facilitate the services of the juvenile court, District Court, Municipal Court, law enforcement, schools, the Oklahoma Department of Human Services, and the Office of Juvenile Affairs. These services shall be crisis oriented as well as offer longer-term services and the referral source may expect a quick response from the Agency. By decreasing the incidence of truancy, school dropouts, runaways, substance abuse and teenage suicide attempts, the number of youths entering the juvenile justice system will be reduced. Additional goals will be to continue to improve and expand programming to meet emergency needs of the community in response to social and mental health impacts of the pandemic.

**OBJECTIVE I: COMMUNITY BASED YOUTH SERVICES**

To increase parenting skills and communication in families and provide intervention, crisis, and prevention services to address mental health and behavioral needs to improve self-concept, decision making abilities and social skills in youth and families, as well as assist youth in the development of social values and problem-solving skills.

**TASK 1: Individual Counseling**

PCYS projects it will provide 2,000 counseling hours in individual and family counseling sessions, to approximately 220 youth. Each full-time employee (FTE) counselor will have an average caseload of 24 individual counseling clients. The length of services will average 180 days. PCYS expects to function with 3 FTE counselors providing traditional youth services counseling as well as the Clinical Director. Referrals to other programs will be provided as appropriate. Additionally, it is anticipated that six (6) intern student counselors

will provide services, under supervision, to clients. Services will be provided at the out-patient offices and site-based at schools served.

**TASK 2: Family Counseling**

PCYS projects it will provide 300 hours of family counseling to 100 families. It is expected that most youth receiving individual counseling will also be seen with their family at some point in the therapeutic process. Referrals to other programs will be provided as appropriate.

**TASK 3: Case Management Services**

Payne County Youth Services provides comprehensive case management services to clients and their families. We anticipate providing 250 hours of case management activities to approximately 75 clients. These activities will include goal-orientated and individualized support for persons served through assessment, planning, linkage, advocacy, and monitoring activities.

**TASK 4: Parenting Skills Training**

Payne County Youth Services anticipates that 50 parents will participate in parenting skills group training. Training will be tailored to meet the needs of attendees regarding meeting times. Referrals to other programs will be provided as appropriate. Specialized parenting groups will occur as needed.

**TASK 5: Skills for Success/First Offender Program**

PCYS will provide 200 hours of group psycho educational programming to 20 individuals as part of the Skills for Success Program for youth and their parents referred by the Office of Juvenile Affairs, Courts, the public schools, and others. Referrals to other programs will be provided as appropriate.

**TASK 6: VOCA Program**

Through a grant from the District Attorney's Council as part of the Victims of Crime Act (VOCA), PCYS will provide individual, family and group counseling to 200 young people who have been victims of physical or sexual abuse. PCYS will also make available a group for adult victims of abuse who are parents/guardians of teenagers who are victims. Referrals to other programs will be provided as appropriate.

**TASK 7: Information and Referral**

PCYS will provide information and referral services to 100 individuals, involving 50 staff hours per year.

**TASK 8: Community at Risk Services (CARS)**

PCYS will make available services outlined in the CARS contract with the Office of Juvenile Affairs. We project serving 10 youth. Approximately 100 hours of individual, family, and CARS group counseling, substance abuse services will be provided as appropriate.

**TASK 9: Title IX Services**

PCYS will continue to expand its provision of Medicaid services. Our goal is to provide Medicaid reimbursable services to all clients who are eligible.

**TASK 10: Substance Abuse Services**

PCYS will provide substance abuse assessment, psychoeducation, prevention, treatment, follow-up and aftercare, case management and referral services to clients as appropriate. Clients in need of a higher level of care will be provided with specific referrals and follow-up. Services will comply with Oklahoma Department of Mental Health and Substance Abuse Services Policy and requirements, and will focus on co-occurring, welcoming, accessible, person-centered, individualized, trauma informed and culturally competent service delivery.

**TASK 11: Transitional Living Program**

PCYS will provide Transitional Living services and follow-up services to approximately 10 young adults through this program, utilizing the client-specific programming which may include housing assistance, case management, counseling, job-related and tutoring services, and life skills education. Linkage to existing community resources and building permanent connections are additional focus areas of this program.

**TASK 12: Botvin Life Skills Education Group**

PCYS will provide both Universal Groups and Targeted Groups at schools, utilizing an evidence-based curriculum. PCYS will provide this program in Stillwater, Glencoe, Yale, Morrison, and Cushing Public Schools to students throughout the school year. Targeted groups will be provided to other schools as appropriate. Approximately 400 youth will receive 12,000 hours of services through this program.

**OBJECTIVE II: EMERGENCY SHELTER CARE**

PCYS will provide temporary emergency shelter care for children and youth ages 7 - 17 years who need protective care, and ensure educational services are provided to each resident. A recreational program component is an integral part of resident programming. Services are available and accessible 24 hours per day 365 days per year.

**TASK 1:**

To shelter approximately 100 youth per year by providing approximately 2,500 shelter care days.

**TASK 2:**

To provide trained, caring, and competent childcare staff at the shelter to ensure proper protection and care for residents, utilizing a Competency-Based, Positive Youth Development approach.

**TASK 3:**

To make available the Shelter Director and Supervisory Staff to also serve as case managers who will see each resident to assist the resident in their shelter adjustment. Their case manager's duties will include to transport court ordered residents to court

as needed and attend court hearings in which residents are involved. We expect 50 court transports and hearings to attend. Approximately 250 hours of case management services will be provided to shelter residents. Residents needing counseling services will receive counseling from PCYS clinicians or will be referred to outside counseling services. This will include addressing linkage of referrals for educational, medical, counseling, and other needs.

**TASK 4:**

To maintain a robust recreational programming of the shelter to provide appropriate activities for residents in a safe and productive manner, which assists youth to develop competencies and improve self-esteem and self-efficacy.

**OTHER PROGRAM GOALS AND OBJECTIVES**

**Community Education/Prevention Services**

The professional staff of PCYS is regularly involved in a variety of prevention/education activities, including making presentations regarding services and providing training to civic groups, professional organizations, schools referral services, and other interested parties.

Involvement in the youth and family educational/prevention activities such as health fairs, career fairs, and other venues provide opportunities to educate youth and families on pertinent issues such as suicide, substance abuse, depression, parenting, LGBTQ+ issues and other concerns. Specific programs include Building a Competent Community for Suicide Prevention (BCC), Safe Sitter, Safe@Home, Parenting Education, Art, Poetry, and Photography Contest, Poetry Slam, and others. Partnering with Oklahoma State University.

It is anticipated that 1,000 professional hours of service will impact 15,000 individuals.

**OBJECTIVE III: SAFE PLACE**

PCYS will continue the Safe Place Program in Stillwater using local and United Way Funds. This project has established 54 Safe Places throughout Payne County at various businesses and agencies where young people can go to get help in a crisis. PCYS will maintain or increase the number of sites throughout Payne County, including the Oklahoma State University Transit System and 20 OSU BOB's buses as Safe Place sites. PCYS will continue to advocate for participation of payment of a Site Fee of \$100 annually, paid by approved sites on an annual basis, to help underwrite the cost of this important program. PCYS anticipates that 36 youth will access Safe Place.

**OBJECTIVE IV: CONTINUE CERTIFICATION BY THE OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES (ODMHSAS)**

PCYS is in the recertification process with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) in 2024 and anticipates securing an additional 1-year certification and will reapply in 2025.

**OBJECTIVE V: CONTINUE CERTIFICATION OF COMMISSION ON ACCREDITATION OF REHABILITATIVE FACILITIES (CARF)**

PCYS was recertified for three (3) years by the Commission on Accreditation of Rehabilitative Facilities (CARF) in 2023, receiving 95% compliance rating. PCYS will reapply in 2026. PCYS will continue to strive to meet the requirements of this certifying body by providing quality services to Payne County.

**OBJECTIVE VI: CONTINUE CERTIFICATION OF OKLAHOMA ASSOCIATION OF YOUTH SERVICES (OAYS)**

The Oklahoma Association of Youth Services (OAYS) conducts a Peer Review on an annual basis. A member agency, in good standing, PCYS received 100% compliance rating in our FY2024 Review.

**OBJECTIVE VII: MAINTAIN COMPLIANCE WITH OKLAHOMA OFFICE OF JUVENILE AFFAIRS (OJA) MONITORING REQUIREMENTS**

The Oklahoma Office of Juvenile Affairs conducts an Annual Program Monitoring of our OJA Services. PCYS continues to strive to meet all contract requirements and to be an important partner with the local and state OJA offices.

**OBJECTIVE VIII: CONTINUE LICENSING COMPLIANCE BY THE OKLAHOMA DEPARTMENT OF HUMAN SERVICES**

The Oklahoma Department of Human Services conducts at least three site visits annually to determine compliance with licensing standards. In FY2024, the PCYS shelter received 99% compliance. PCYS will continue to strive to meet these requirements during FY2025.

**OBJECTIVE IX: CONTINUE IMPLEMENTATION OF STRATEGIC PLAN**

The most recent strategic planning exercise was conducted in September 2021. The plan has been completed and work groups of staff and board(s) members continue the dynamic process of implementing the Strategic Plan. The Plan is reviewed at least annually.



**ATTACHMENT "D"**  
**PAYNE COUNTY YOUTH SERVICES, INC.**  
**FY 2025 RISK MANAGEMENT PLAN**

<u>Problem / Issue</u>	<u>Goal</u>	<u>Objectives</u>	<u>Time Frame</u>	<u>Responsible Person</u>
Agency is too reliant on federal, state, and municipal funding sources.	Diversify funding base to include more individual, corporate, and foundation donations.	1. Recruit and train board members to be involved in fund raising.	Ongoing	Board / ED
		2. Board fund raising committee will explore possible fundraising events.	Ongoing	Board / ED
		3. Community supporters will be approached to see if they can assist in planning and implementing fundraisers.	Ongoing	Board / ED
		4. Research foundations who might consider funding agency services.	Ongoing	ED / Board
		5. Identify, cultivate, and approach potential donors to the agency, expand Advisory Board, volunteer base, and communicate awareness of needs.	Ongoing	ED / Board
		6. Continue annual <i>An Evening to Remember</i> Fundraiser.	Ongoing	Board, ED
		7. Expand funding strategies and implement these strategies	Ongoing	Board, ED

<b><u>Problem / Issue</u></b>	<b><u>Goal</u></b>	<b><u>Objectives</u></b>	<b><u>Time Frame</u></b>	<b><u>Responsible Person</u></b>
<p>Community Health related adaptations to facilities, service provisions, funding, policy, staffing.</p> <p>Maintain appropriate awareness of community health needs to ensure safe environment for clients, shareholders and staff.</p>		<p>1. Evaluate current services and current health-related adaptations. opportunities, evaluate recruiting and retention of staff</p>	<p>On-Going Annually Reviewed</p>	<p>Board / ED HR Staff Program managers Management Team</p> <p>Board / ED HR Staff Program managers Management Team</p>
<p>Continue to maintain agency facilities</p>	<p>Ensure facility's integrity and ability to meet programmatic needs</p>	<p>1. Maintain facilities 2. Schedule repairs as needed 3. Expand and maintain community volunteers and partners</p>	<p>On-going</p>	<p>Board / ED / Management Team</p>
<p>High risk services provided at shelter, in TLP and counseling</p>	<p>1. Ensure proper training and credentialing of staff and volunteers 2. Maintain appropriate safety procedures and policies 3. Ensure adequate liability insurance that addresses these programs</p>	<p>1. Continue robust training and credentialing program 2. Ensure training and compliance with safety procedures and policies 3. Evaluate and review appropriate levels of liability insurance with Board of Directors approval for liability insurance</p>	<p>On-going  On-going  At least annually</p>	<p>Board / ED / Management Team</p> <p>Board / ED / Management Team</p> <p>Board / ED</p>

**ATTACHMENT "E"**  
**PAYNE COUNTY YOUTH SERVICES, INC.**  
**RISK MANAGEMENT ASSESSMENT**  
**DATE: 06/30/2024**

1. Does the Agency anticipate significant changes in the types of clients currently served? (For example, is it anticipated that the Agency would need to serve more clients who do not speak English as their primary language? Is it anticipated that the Agency would see more clients with special needs? If "yes," describe the impact of these anticipated needs in terms of fiscal and human resources and the projected impact on service delivery.)

PCYS anticipates a continued increase in incidence of clients presenting with co-occurring mental health and substance abuse clients. There are certain additional risks at the Shelter due to higher-level needs youth being placed with the agency. Significant changes are being made by DHS and OJA regarding their referral process and expectations which will require PCYS to make certain adaptations. The Transitional Living Program presents additional risk exposure. PCYS has positioned itself for this occurrence by providing training and licensing opportunities for clinicians, shelter staff and case managers to be prepared for this need.

Assessment of Current Risk Level    0   1   2   3   4   5 (0 low – 5 high)

Potential impact on Agency if not addressed (check all that applies):

- Degradation of the quality of care/client services
- Fiscal impact on Agency
- Negative publicity for Agency
- Potential legal liability/adverse legal action

2. Does it appear that the Agency's inventory and accountability system for office equipment, computers, and other "high value" items is sufficient to protect against loss, theft, or inappropriate use? If "no," identify a course of correction action.

Yes. Policy and Procedures are adequate and are followed by all staff.

Assessment of Current Risk Level    0   1   2   3   4   5 (0 low – 5 high)

Potential impact on Agency if not addressed (check all that applies):

- Degradation of the quality of care/client services
- Fiscal impact on Agency
- Negative publicity for Agency
- Potential legal liability/adverse legal action

3. Does the Agency's physical plant at all locations provide reasonable security for clients and staff? If "no," identify improvements and/or changes needed to rectify the problem.

Yes. PCYS has continued to provide maintenance and upkeep to "high value" items. The physical plant has also been adequately maintained and certain areas upgraded as needed. We continue to collaborate with a volunteer base to provide many of these tasks free of charge. Additional security has been added that includes an update of the "panic buttons" at the shelter and required improvements to the security camera system. Additional security lighting has been added at the shelter and outpatient/administration location with additional cameras also added at the shelter.

PCYS maintains a storm shelter on site at the office location as well as an additional shelter at the youth shelter to accommodate those with disabilities. Safety drills of various types are conducted quarterly at both locations.

Assessment of Current Risk Level 0 1 2 3 4 5 (0 low – 5 high)

Potential impact on Agency if not addressed (check all that applies):

- Degradation of the quality of care/client services
- Fiscal impact on Agency
- Negative publicity for Agency
- Potential legal liability/adverse legal action

4. Does the Agency's health and safety program appear to be effective in identifying possible risks and hazards? If "no," list all problem areas and a plan of corrective action.

Yes. PCYS was recently inspected by the Payne County Health Department (Shelter), the Fire Marshall (Shelter and office locations), and recertified for 3 years by the Commission Accreditation of Rehabilitative Facilities (CARF) and were found to be in significant compliance with all certifying bodies. Training is conducted at hire, at intake and on an on-going basis. As part of their other duties, PCYS maintains a designated safety officer on staff. On-going attention to community-based health issues policy, procedures, and equipment are in place. TLP apartments meet HUD habitability standards including testing for lead based paint.

Assessment of Current Risk Level 0 1 2 3 4 5 (0 low – 5 high)

Potential impact on Agency if not addressed (check all that applies):

- Degradation of the quality of care/client services
- Fiscal impact on Agency
- Negative publicity for Agency
- Potential legal liability/adverse legal action

5. Does the Agency have an adequate oversight system in place to minimize the risk of misappropriation of funds? If "no," what plans does the Agency have to address this situation?

Yes. PCYS conducted an Annual Independent Audit by the auditing firm of Saunders & Associates, which resulted in no audit findings or areas of concern. Additionally, PCYS is monitored on an on-going basis by the Office of Juvenile Affairs (OJA), and specific contact sources. PCYS was recertified for 3 years by the Commission on Accreditation of Rehabilitative Facilities (CARF). Each of these entities reviews related policies, procedures, and practices. Strict policies regarding Separation of Duties, cash controls, credit card controls, a purchase order process and approval of expenditures are enforced. PCYS also maintains a robust Corporate Compliance Program. The Board of Directors is engaged in intentional training and realignment of Board Committees to ensure appropriate, adequate oversight. Additionally, new Board of Director committees are being formatted to provide an enhanced mechanism for Board oversight.

Assessment of Current Risk Level 0 1 2 3 4 5 (0 low – 5 high)

Potential impact on Agency if not addressed (check all that applies):

- Degradation of the quality of care/client services

- Fiscal impact on Agency
- Negative publicity for Agency
- Potential legal liability/adverse legal action

6. Does the Agency’s corporate compliance program appear to be effective in preventing fraud, waste, and abuse? If “no,” what changes need to be made?

Yes. PCYS conducted an Annual Independent Audit by the auditing firm of Saunders & Associates, which resulted in no audit findings or areas of concern. Additionally, PCYS is monitored on an on-going basis by the Office of Juvenile Affairs (OJA), and specific contact sources, was recertified for 3 years by the Commission Accreditation of Rehabilitative Facilities (CARF). Strict policies regarding Separation of Duties, cash controls, credit card controls, a purchase order process and approval of expenditures are enforced. Adherence to policies and procedures, contract provisions, spot-checks on billing, financial controls, Financial Review by the Board of Directors, and training are part of the Corporate Compliance Program. Additionally, Board Committee structures have been updated that will provide an enhanced mechanism for Board oversight.

Assessment of Current Risk Level 0 1 2 3 4 5 (0 low – 5 high)

Potential impact on Agency if not addressed (check all that applies):

- Degradation of the quality of care/client services
- Fiscal impact on Agency
- Negative publicity for Agency
- Potential legal liability/adverse legal action

7. Does it appear that the Agency will face increased business competition in the next 18 months? If “yes,” provide an estimate as to how that competition could affect the Agency’s revenue generation and client base.

Yes. Additional private providers of counseling services continue to operate within the communities we serve. Since PCYS remains the only provider that provides services to recipients without regard for the recipient’s ability or willingness to pay for such services, it is anticipated that a significant niche for our services will remain. Additionally, referrals and caseloads remain steady, and in certain areas, are increasing. The main threat is to maintain licensed counseling staff and sustainable shelter staffing levels.

Assessment of Current Risk Level 0 1 2 3 4 5 (0 low – 5 high)

Potential impact on Agency if not addressed (check all that applies):

- Degradation of the quality of care/client services
- Fiscal impact on Agency
- Negative publicity for Agency
- Potential legal liability/adverse legal action

8. Does it appear that the Agency has sufficient insurance coverage to protect the Agency’s assets in the event of an emergency?

Yes. Insurance coverage is assessed on an annual basis and approved by the Board of Directors of PCYS. PCYS meets or exceeds all insurance amounts required by funding sources, certifying boards. Coverage on real property has been increased and includes earthquake coverage. Additional coverage has been added to account for the Transitional Living Program. Loss of

Business Use is a covered expense in our insurance plan which would provide for lost revenue due to facilities damage or loss. Officers and Directors Insurance is included in our plan. Coverage is reassessed each year prior to renewal. The Board of Directors approve coverage each year.

Assessment of Current Risk Level 0 1 2 3 4 5 (0 low – 5 high)

Potential impact on Agency if not addressed (check all that applies):

Degradation of the quality of care/client services

Fiscal impact on Agency

Negative publicity for Agency

Potential legal liability/adverse legal action

**9.** Describe the Agency’s most significant challenge in the next 18 months; include an assessment of how that challenge will impact the Agency and more critically, how the Agency will meet that challenge.

Federal and state funding will remain uncertain for several years based on current economic and political environments and with the onset of the pandemic and fluctuating state tax revenues. State funding will be at risk. PCYS will meet these challenges through on-going cost-cutting measures and seeking out additional funding and fund-raising opportunities, and diversification of revenue sources.

Assessment of Current Risk Level 0 1 2 3 4 5 (0 low – 5 high)

Potential impact on Agency if not addressed (check all that applies):

Degradation of the quality of care/client services

Fiscal impact on Agency

Negative publicity for Agency

Potential legal liability/adverse legal action

**10.** Describe any immediate action(s) that needs to be taken to ensure viability of the Agency.

PCYS continues to pursue additional funding options, including continuation of United Way support, restaurant fundraisers, *An Evening to Remember* fundraiser, and on-line donation capability. The ongoing work of the Advisory Board for Sustainability and Public Awareness, and rededication of the Board of Directors and staff has created an increase in publicity and public relations events, and increased use of volunteers. PCYS executive management has also undertaken a few no-cost initiatives to promote teamwork and maintain continuity of work force including staff appreciation activities, occasional lunches, or informal “breaks,” notes of thanks and encouragement, and other efforts. PCYS also continues to research additional fundraising options. PCYS has continued an annual Donor Appreciation Reception to formally thank donors and encourage on-going commitment to the agency which appears to be bringing in new donors and assisting to encourage donor loyalty. PCYS is currently exploring ways to promote additional Planned Giving, continue excellent donor retention and develop effective strategies for increasing the amount of donations from local donors. PCYS continues to monitor staffing positions to ensure the continuation of high-quality services in the most cost-efficient manner possible, while continuing cost-saving measures. Maintaining highly qualified staff and the ability to provide annual cost of living raises and merit pay increases is a goal. Most importantly, additional sources of revenue should be aggressively pursued. The expansion of staff positions to bring in a development officer or grant writer (these functions are currently provided by the executive director) or other realignment of duties, are being considered, to maximize efficiency and effectiveness. Management continues to seek empowerment of staff and members of all three

boards to retain and maximize their contributions to the agency. It is anticipated that new Board Committee structures will increase Board participation, especially in fundraising.

Assessment of Current Risk Level 0 1 2 3 4 5 (0 low – 5 high)

Potential impact on Agency if not addressed (check all that applies):

- Degradation of the quality of care/client services
- Fiscal impact on Agency
- Negative publicity for Agency
- Potential legal liability/adverse legal action

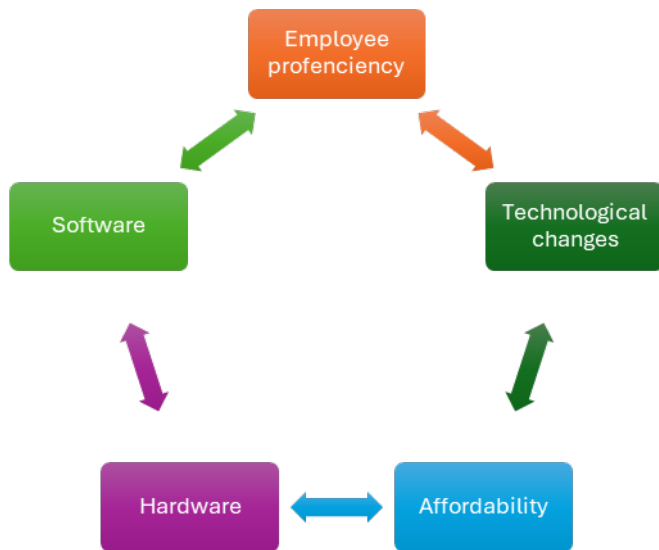
Submitted by: Janet Fultz, NCC, MS, LPC  
Executive Director  
09/01/2024

*Attachment "F"*  
**PAYNE COUNTY YOUTH SERVICES, INC.**  
**FY2025 TECHNOLOGY AND SYSTEM PLAN**

**Vision**

Payne County Youth Services is committed to the utilization of technology as relevant and beneficial to programmatic and operational functions. The agency realizes the value in keeping current trends in technology and will strive for all employees to interact successfully in a technological environment.

It is essential for users to skillfully utilize a variety of technological tools to maximize productivity and efficiency of the organization as well as maintain confidentiality as necessary. Many factors contribute to dynamic challenges with utilizing technology.



**Technology Standards**

This section identified the organization’s current standards for purposes of planning future technology purchases and for budget planning. A primary goal for setting these standards is to establish and maintain inter-operability, compatibility, and to provide the following:

- Use of networks, equipment, and software that are cost effective
- Productivity in sharing data
- Reliability of networks and equipment
- Training and support to users of technology

**Hardware**

Planning for hardware and software changes and upgrades is essential in keeping up with emerging technologies and support options. Careful evaluation and planning of upgrades will be implemented to carry out the major administrative functions needed to manage operations.

On an annual basis, during the fiscal budgeting process, new software and hardware purchases will be requested and submitted to the Executive Director.



<b>Hardware</b>	<b>Estimated Life</b>	<b>Cost</b>
<i>Tower Desktops</i>	<i>&gt;5 years</i>	<i>~\$700/Unit</i>
<i>Monitors</i>	<i>&gt;5 years</i>	<i>~\$150/Unit</i>
<i>Printers</i>	<i>&gt;5 years</i>	<i>~\$150/Unit</i>
<i>Fax Machine</i>	<i>&gt;5 years</i>	<i>~\$150/Unit</i>
<i>Telephones</i>	<i>N/A</i>	<i>~\$159.99/Unit</i>

### Software

Software is a constant in a state of constant evolution. Software updating and maintenance is essential for the operations of Edmond Family Counseling.

<b>Software</b>	<b>Updates</b>	<b>Responsible Party</b>
<i>Microsoft Office (Word, Excel, Outlook, etc.)</i>	<i>Current-utilizing Microsoft Office 365</i>	<i>Executive Director/ Finance and Operations Director</i>
<i>JOLTS</i>	<i>Current</i>	<i>State of Oklahoma</i>
<i>Sage</i>	<i>Current</i>	<i>Finance/Operations Director</i>
<i>Windows 10</i>	<i>Needed updates will be reported to staff and Interworks on a regular basis</i>	<i>Executive Director, Finance/Operations Director</i>

Each employee and internship students have remote access to their email and calendars via Microsoft Office 365. Each employee and internship student has been trained on ensuring the confidentiality of client information on electronic platforms which defines agency expectations and employee responsibilities annually.

All employee workstations have now been updated to the Windows 10 operating system. A schedule has been created to note the date of the last update for each workstation and keep track of future updates released by Microsoft.

### Server

Information servers are the heart of technology for any business. It is essential for the ongoing business to ensure reliability of both server hardware and software.

<b>Current Server</b>	<b>Estimated Life</b>	<b>Back-up</b>
<i>Power Edge T430 Server with Windows Server 2019 Essentials</i>	<i>5-10 years</i>	<i>Local Back-up/Carbonite-currently up to date</i>

### Protective Measures

All hardware should have preventative protective measures to limit interruptions to business activities.

<b>Hardware/Software</b>	<b>Protective Barrier</b>
<i>Microsoft Outlook</i>	<i>Phishing, Malware, Virus, Spam</i>
<i>Microsoft Word, Excel</i>	<i>Temporary File Recovery</i>

<i>Server</i>	<i>Panda EndPoint Protection</i>
<i>Server Back-up</i>	<i>Carbonite</i> <i>Local Harddrive Back-up</i>
<i>Power Outage</i>	<i>APC Back-up Battery</i>
<i>Local Computers</i>	<i>APC Back-up Battery</i> <i>Panda EndPoint Protection</i>

### **Electronic Communication Policy**

PCYS recognizes the importance of electronic communication, especially in today’s fast-moving technological age. However useful these systems, they are vulnerable to attacks and malware. These systems are an integral part of any business and policies, procedures, and standards should inform professional behavior when utilizing these systems.

<b>Types of Communication</b>	<b>Responsible Party</b>
<i>Electronic mail</i>	<i>Account user</i>
<i>Social Network Accounts</i>	<i>Katie Golden</i>
<i>Online Contact Requests (through website)</i>	<i>Justice Hernandez/Intake Coordinator/Crisis Counselor</i>

### **Assistive Technology**

Beyond that of integral assistive technology software (*see software above*), Edmond Family Counseling must provide technology for client use. This technology will adhere to other electronic policies, and additionally have limited access to the network.

<b>Assistive Technology</b>	<b>Purpose?</b>	<b>Client Access?</b>
Nextbook 2-in-1 Computers	Office of Juvenile Affairs Study	Yes; access limited to only internet, not server
4 ASUS Chrome Books	To provide access to virtual staff and board meetings via Zoom	None
Epson Projector	Business in-services	None
Television (55”)	Group Room Technology Improvement	None; however, utilized to enhance group
Television (43”)	Small Group Room Technology Improvement	None; however, utilized to enhance group

### **Disaster Recovery Preparedness**

To protect the ongoing presence of the business in the event of a disaster, PCYS shall have in place a policy and procedure to address and minimize lapses in business activities and counseling practices.

In line with recommendation from the December 2020 CARF accreditation survey, EFC PCYS Administrative Staff work with Interworks to craft and monitor an agency specific disaster recovery plan, including procedures, protocols relating to technology breeches and disposal of technology equipment.

<b>Disaster Response Company</b>	<b>Responsible Party</b>
<i>Interworks</i>	<i>Executive Director, Financial/Operations Director</i>

**Annual Assessment of Data**

PCYS will evaluate, annually, to include technological implementations and provide continuous improvement. This will occur during the agency’s annual strategic meeting or in board meetings. Identified changes will be made and reported back to staff and Board.

<b>Assessment Format</b>	<b>Responsible Party</b>
<i>Written Evaluation and Report</i>	Executive Director, Finance/Operations Director

**Staff Training**

Staff Training must be implemented to ensure the correct use of the technologies provided to the counselors and staff.

**Training Coordinator**  
**Finance/Operations Director**  
**HR Director**  
**PCYS Website and Social Networks**

To keep abreast with moving technology and business needs to integrate web-based communication, a web site and social network profiles are a necessity. Currently, the Executive Director and designated PR and/or HR staff is responsible for monitoring incoming messages through social media and updating social media accounts. The following are EFC’s accounts: Agency website, [www.pcys.org](http://www.pcys.org), Facebook, Twitter, and Instagram.

<b>Responsible Monitoring Party</b>
<i>Executive Director</i>

**Equipment Donations**

Equipment donated will be evaluated by the Finance/Operations Director. The disposal of this equipment should be as responsible to the environment as possible. Accepted equipment will adhere to the same protection, privacy, and usage policies as other utilized equipment at Edmond Family.

**Attachment "G"**  
**Payne County Youth Services, Inc.**  
**FY 2025 Service Delivery Improvement**  
**Out-Patient Behavioral Health (Counseling)**

	<b><i>Target Group</i></b>	<b><i>Success Indicator</i></b>	<b><i>Measurement Tool</i></b>	<b><i>Collection Method</i></b>	<b><i>When</i></b>	<b><i>By Whom</i></b>	<b><i>Benchmark</i></b>
Effectiveness Measure 1	All Program Participants	Increase in psychological functioning	Client Assessment Record (CAR)	Review of treatment plan reviews	Each Quarter	Counselors	80% of clients will show a one-point decrease each quarter
Effectiveness Measure 2	All Program Participants	Increase in score on Beck Youth Inventories	Youth Beck Inventories, T-scores	Client completion with Beck Youth Inventories Pre-and Post-Services Provision	Prior to services initiation; at completion of services	Counselors administer to clients	Overall Increase in functioning of 2 point/for 80% of clients
Efficiency Measure 1	Direct Service Providers	Direct service hours of clinical staff	Time Sheets Case Loads	Review of HR records	Monthly	Receptionist, Reviewed by Clinical Director and ED	Each full-time counselor will spend 50-60% of time in direct services each month
Efficiency Measure 2	All Program Participants	1. Time from referral to initiate contact 2. Time taken to complete assessment and treatment plan	Completed Assessment and Treatment Plan forms	Review of case files	Each Quarter	Receptionist, Reviewed by Clinical Director and ED	1. Each client will initiate services within 3 weeks of referral and 2. Receive an assessment and treatment plan within 4 visits
Client Satisfaction	All Program Participants	Client Satisfaction Survey	Client Satisfaction Survey results	Review of completed Client Satisfaction Surveys	Each Quarter	Receptionist, Reviewed by Clinical Director and ED	Average a response of "4" (agree) on all surveys
Stakeholder Satisfaction	Referral sources, funding sources	Stakeholder Satisfaction Survey	Stakeholder Satisfaction Survey results	Review of completed Stakeholder Satisfaction Surveys	Each Quarter	Receptionist, Reviewed by Clinical Director and ED	90% of stakeholders will be generally satisfied with services

Accessibility Measure 1	All Program Participants, Stakeholders	1.Number of requests for accommodations and their rate of accommodation 2.Environmental Scan Results and Follow-Up	1.Request Log 2.Outcomes/Accommodations provided or denied 3.Report of Identified Concerns 4.Actions/Resolutions for Identified Concerns/Referrals	1.Log 2.Log 3.Review Data/Report 4.Review Data/Report	1.As needed 2.Within 2 weeks of request 3.Quarterly 4.Quarterly	Staff, Management, Board of Directors, Stakeholders as needed	1.As needed 2.Accommodate 100% by action or referral 3.Quality Assurance meetings and Annual Report 4.Quality Assurance Meetings and Annual Report and actions as needed
Accessibility Measure 2	All Program Participants, Stakeholders	Reduction of barriers to services 1. Financial 2.Cultural 3. Transportation 4. Appropriateness and quality of services	1.Free Services 2.Culturally competent staff 3.School and site-based services 4.Training and credentialing of staff	1.Review of Budget/financial outcomes 2.Review of Credentialing files 3.Review Method of Service Delivery 4.Review Outreach and Referral Strategies	1.Annually/quarterly 2.At hire, annually, and on-going 3.Quarterly and with review of Strategic Plan 4.Quarterly and with review of Strategic Plan	Staff, Management, Board of Directors, Program Participants, Stakeholders	1. 2. Training 3. Client Progress
Community Based Health Needs Plan	All Program Participants, Stakeholders	Reduction of barriers to services 1. Financial 2.Cultural 3. Transportation 4. Appropriateness and quality of services 5. Safety	1.Free Services 2.Culturally competent staff 3.School, site-based, and telehealth services 4.Training and credentialing of staff 5. In person and telehealth available 6. Acquisition and use of appropriate PPE 7. Adaptation to physical plant for distanced services 8. Adaptation of additional policy procedures and training	1.Review of Budget/financial outcomes 2.Review of Credentialing files 3.Review Method of Service Delivery 4.Review Outreach and Referral Strategies 5. Review barriers 6. Review PPE and cleaning needs 7. Review of plant safety measures 8. Review of additional policy and procedures	1.Annually/quarterly 2.At hire, annually, and on-going 3.Quarterly and with review of Strategic Plan 4.Quarterly and with review of Strategic Plan 5. Informal weekly review or as needed 6. Informal weekly review or as needed 7. Informal weekly review or as needed 8. Informal weekly review or as needed	Staff, Management, Board of Directors, Program Participants, Stakeholders as needed	Continuity of safe, effective, free services

**Attachment "H"**  
**Payne County Youth Services, Inc.**  
**FY 2025 Service Delivery Improvement**  
**Out-Patient Behavioral Health (Substance Abuse)**

	<b>Target Group</b>	<b>Success Indicator</b>	<b>Measurement Tool</b>	<b>Collection Method</b>	<b>When</b>	<b>By Whom</b>	<b>Benchmark</b>
Effectiveness Measure 1	All Program Participants	Reduction in use of alcohol or mood-altering illicit drugs	Client Self Report, Parent Report, SASSI-A2, TADD, DAST, AUDIT	Personal contact with client and/or parent; interview of personal use history	Every 90 days	Counselors	70% of clients will report reduction in substance use
Effectiveness Measure 2	All Program Participants	Increase in score on Beck Youth Inventories	Youth Beck Inventories, T-scores	Client completion with Beck Youth Inventories Pre-and Post-Services Provision	Prior to services initiation; at completion of services	Counselors administer to clients	Overall Increase in functioning of 2 points
Efficiency Measure 1	Direct Service Providers	Direct service hours of clinical staff	Time Sheets Case Loads	Review of HR records	Monthly	Receptionist, Reviewed by Clinical Director and ED	Each full-time counselor will spend 50-60% of time in direct services each month
Efficiency Measure 2	All Program Participants	1.Time from referral to initiate contact 2.Time taken to complete assessment and treatment plan	Completed Assessment and Treatment Plan forms	Review of case files	East Quarter	Receptionist, Reviewed by Clinical Director and ED	1.Each client will initiate services within 3 weeks of referral and 2.Receive an assessment and treatment plan within 4 visits
Accessibility Measure 1	All Program Participants	1.Number of requests for accommodations and their rate of accommodation 2.Environmental Scan Results and Follow-Up	1.Request Log 2.Outcomes/Accommodations provided or denied 3.Report of Identified Concerns 4.Actions/Resolutions for Identified Concerns/Referrals	1.Log 2.Log 3.Review Data/Report 4.Review Data/Report	1.As needed 2.Within 2 weeks of request 3.Quarterly 4.Quarterly	Staff, Management, Board of Directors, Stakeholders as needed	1.As needed 2.Accommodate 100% by action or referral 3.Quality Assurance meetings and Annual Report 4.Quality Assurance Meetings and Annual Report and actions as needed

Accessibility Measure 2	All Program Participants, Stakeholders	Reduction of barriers to services 1. Financial 2. Cultural 3. Transportation 4. Appropriateness and quality of services	1.Free Services 2.Culturally competent staff 3.School and site-based services 4.Training and credentialing of staff	1.Review of Budget/financial outcomes 2.Review of Credentialing files 3.Review Method of Service Delivery 4.Review Outreach and Referral Strategies	1. Annually/quarterly 2. At hire, annually, and on-going 3. Quarterly and with review of Strategic Plan 4. Quarterly and with review of Strategic Plan	Staff, Management, Board of Directors, Program Participants, Stakeholders	Staff, Management, Board of Directors, Program Participants, Stakeholders
Client Satisfaction	All Program Participants	Client Satisfaction Survey	Client Satisfaction Survey results	Review of completed Client Satisfaction Surveys	Quarterly	Receptionist, Reviewed by Clinical Director and ED	Average a response of “4” (agree) on all surveys
Stakeholder Satisfaction	Referral sources, funding sources	Stakeholder Satisfaction Survey	Stakeholder Satisfaction Survey results	Review of completed Stakeholder Satisfaction Surveys	Quarterly	Receptionist, Reviewed by Clinical Director and ED	90% of stakeholders will be generally satisfied with services
COVID-19 Service Plan	All Program Participants, Stakeholders	Reduction of barriers to services 1. Financial 2. Cultural 3. Transportation 4. Appropriateness and quality of services 5. Safety	1.Free Services 2.Culturally competent staff 3.School, site-based, and telehealth services 4.Training and credentialing of staff 5. In person and telehealth available 6. Acquisition and use of appropriate PPE 7. Adaptation to physical plant for distanced services 8. Adaptation of additional policy procedures and training	1.Review of Budget/financial outcomes 2.Review of Credentialing files 3.Review Method of Service Delivery 4.Review Outreach and Referral Strategies 5. Review barriers 6. Review PPE and cleaning needs 7. Review of plant safety measures 8. Review of additional policy and procedures	1. Annually/quarterly 2. At hire, annually, on-going 3. Quarterly, review of Strategic Plan 4. Quarterly, review of Strategic Plan 5. Informal weekly review or as needed	Staff, Management, Board of Directors, Program Participants, Stakeholders as needed	Continuity of safe, effective, free services

**Attachment "I"**  
**Payne County Youth Services, Inc.**  
**FY 2025 Service Delivery Improvement**  
**Out-Patient Behavioral Health (Case Management)**

	<b>Target Group</b>	<b>Success Indicator</b>	<b>Measurement Tool</b>	<b>Collection Method</b>	<b>When</b>	<b>By Whom</b>	<b>Benchmark</b>
Effectiveness	All Program Participants	Improve ability to function independently	Provider Report	Review of provider reports	Monthly	Receptionist, Reviewed by Clinical Director and ED	50% of clients will show 2 point increased progress toward goals each quarter in CAR
Efficiency Measure 1	Direct Service Providers	Direct service hours of clinical staff	Monthly Reports Case Loads	Review of Monthly Reports	Monthly	Receptionist, Reviewed by Clinical Director and ED	Each counselor will provide 1 hour of CM service each month
Efficiency Measure 2	All Program Participants	1. Time from referral to initiate contact 2. Time taken to complete assessment and treatment plan	Completed Assessment and Treatment Plan forms	Review of case files	Quarterly	Receptionist, Reviewed by Clinical Director and ED	1. Each client will initiate services within 3 weeks of referral 2. Receive an assessment and treatment plan within 4 visits
Accessibility Measure 1	All Program Participants	1. Number of requests for accommodations and their rate of accommodation 2. Environmental Scan Results and Follow-Up	1. Request Log 2. Outcomes/Accommodations provided or denied 3. Report of Identified Concerns 4. Actions/Resolutions for Identified Concerns/Referrals	1. Log 2. Log 3. Review Data/Report 4. Review Data/Report	1. As needed 2. Within 2 weeks of request 3. Quarterly 4. Quarterly	Staff, Management, Board of Directors, Stakeholders as needed	1. As needed 2. Accommodate 100% by action or referral 3. Quality Assurance meetings and Annual Report 4. Quality Assurance Meetings and Annual Report and actions as needed



Accessibility Measure 2	All Program Participants, Stakeholders	Reduction of barriers to services 1. Financial 2. Cultural 3. Transportation 4. Appropriateness and quality of services	1. Free Services 2. Culturally competent staff 3. School and site-based services 4. Training and credentialing of staff	1. Review of Budget/financial outcomes 2. Review of Credentialing files 3. Review Method of Service Delivery 4. Review Outreach and Referral Strategies	1. Annually/quarterly 2. At hire, annually, and on-going 3. Quarterly and with review of Strategic Plan 4. Quarterly and with review of Strategic Plan	Staff, Management, Board of Directors, Program Participants, Stakeholders	Staff, Management, Board of Directors, Program Participants, Stakeholders
Client Satisfaction	All Program Participants	Client Satisfaction Survey	Client Satisfaction Survey results	Review of completed Client Satisfaction Surveys	Quarterly	Receptionist, Reviewed by Clinical Director and ED	Average a response of “4” (agree) on all surveys
Stakeholder Satisfaction	Referral sources, funding sources	Stakeholder Satisfaction Survey	Stakeholder Satisfaction Survey results	Review of completed Stakeholder Satisfaction Surveys	Quarterly	Receptionist, Reviewed by Clinical Director and ED	90% of stakeholders will be generally satisfied with services
Community Based Health Needs Plan	All Program Participants, Stakeholders	Reduction of barriers to services 1. Financial 2. Cultural 3. Transportation 4. Appropriateness and quality of services 5. Safety	1. Free Services 2. Culturally competent staff 3. School, site-based, and telehealth services 4. Training and credentialing of staff 5. In person and telehealth available 6. Acquisition and use of appropriate PPE 7. Adaptation to physical plant for distanced services 8. Adaptation of additional policy procedures and training	1. Review of Budget/financial outcomes 2. Review of Credentialing files 3. Review Method of Service Delivery 4. Review Outreach and Referral Strategies 5. Review barriers 6. Review PPE and cleaning needs 7. Review of plant safety measures 8. Review of additional policy and procedures	1. Annually/quarterly 2. At hire, annually, and on-going 3. Quarterly and with review of Strategic Plan 4. Quarterly and with review of Strategic Plan 5. Informal weekly review or as needed 6. Informal weekly review or as needed 7. Informal weekly review or as needed 8. Informal weekly review or as needed	Staff, Management, Board of Directors, Program Participants, Stakeholders as needed	Continuity of safe, effective, free services

\*The OAYS Data Collection Tool is utilized for all non-residential programs.

**Attachment "J"**  
**Payne County Youth Services, Inc.**  
**FY 2025 Service Delivery Improvement**  
**Out-Patient Psycho Educational Groups**

	<b>Target Group</b>	<b>Success Indicator</b>	<b>Measurement Tool</b>	<b>Collection Method</b>	<b>When</b>	<b>By Whom</b>	<b>Benchmark</b>
Effectiveness	All Program Participants	Self-Report of Functioning	Satisfaction Survey: Pre/Post Test	Personal Contact with Client and/or Parent/Guardian	Completion of Service	Counselor	Overall improvement in Self-Report on Indicators
Efficiency	Direct Service Providers	Direct Service Hours of Providers	Jolts Forms Case Loads	Review of Records	Monthly	Receptionist; Reported to Clinical Director and ED	Groups completed as assigned
Accessibility Measure 1	All Program Participants, Stakeholders	1.Number of requests for accommodations and their rate of accommodation 2.Environmental Scan Results and Follow-Up	1.Request Log 2.Outcomes/Accommodations provided or denied 3.Report of Identified Concerns 4.Actions/Resolutions for Identified Concerns/Referrals	1.Log 2.Log 3.Review Data/Report 4.Review Data/Report	1.As needed 2.Within 2 weeks of request 3.Quarterly 4.Quarterly	Staff, Management, Board of Directors, Stakeholders as needed	1.As needed 2.Accommodate 100% by action or referral 3.Quality Assurance meetings and Annual Report 4.Quality Assurance Meetings and Annual Report and actions as needed
Accessibility Measure 2	All Program Participants, Stakeholders	Reduction of barriers to services 1.Financial 2.Cultural 3.Transportation 4.Appropriateness and quality of services	1.Free Services 2.Culturally competent staff 3.School and site-based services 4.Training and credentialing of staff	1.Review of Budget/financial outcomes 2.Review of Credentialing files 3.Review Method of Service Delivery 4.Review Outreach and Referral Strategies	1.Annually/quarterly 2.At hire, annually, and on-going 3.Quarterly and with review of Strategic Plan 4.Quarterly and with review of Strategic Plan	Staff, Management, Board of Directors, Program Participants, Stakeholders	Staff, Management, Board of Directors, Program Participants, Stakeholders

Client Satisfaction	All Program Participants	Client Satisfaction Survey	Client Satisfaction Survey results	Review of completed Client Satisfaction Surveys	Quarterly	Receptionist, Reviewed by Clinical Director and ED	Average a response of “4” (agree) on all surveys
Stakeholder Satisfaction	Referral sources, funding sources	Stakeholder Satisfaction Survey	Stakeholder Satisfaction Survey results	Review of completed Stakeholder Satisfaction Surveys	Quarterly	Receptionist, Reviewed by Clinical Director and ED	90% of stakeholders will be generally satisfied with services
Community Based Health Needs Plan	All Program Participants, Stakeholders	Reduction of barriers to services 1. Financial 2. Cultural 3. Transportation 4. Appropriateness and quality of services 5. Safety	1. Free Services 2. Culturally competent staff 3. School, site-based, and telehealth services 4. Training and credentialing of staff 5. In person and telehealth available 6. Acquisition and use of appropriate PPE 7. Adaptation to physical plant for distanced services 8. Adaptation of additional policy procedures and training	1. Review of Budget/financial outcomes 2. Review of Credentialing files 3. Review Method of Service Delivery 4. Review Outreach and Referral Strategies 5. Review barriers 6. Review PPE and cleaning needs 7. Review of plant safety measures 8. Review of additional policy and procedures	1. Annually/quarterly 2. At hire, annually, and on-going 3. Quarterly and with review of Strategic Plan 4. Quarterly and with review of Strategic Plan 5. Informal weekly review or as needed 6. Informal weekly review or as needed 7. Informal weekly review or as needed 8. Informal weekly review or as needed	Staff, Management, Board of Directors, Program Participants, Stakeholders as needed	Continuity of safe, effective, free services

**Attachment "K"**  
**Payne County Youth Services, Inc.**  
**FY 2025 Service Delivery Improvement**  
**Emergency Youth Shelter**

	<b><i>Target Group</i></b>	<b><i>Success Indicator</i></b>	<b><i>Measurement Tool</i></b>	<b><i>Collection Method</i></b>	<b><i>When</i></b>	<b><i>By Whom</i></b>	<b><i>Benchmark</i></b>
Effectiveness	All Program Participants	Ability in maintaining at facility	Provider Reports	Review of Provider Reports	Monthly	Shelter Director, ED	90% of clients accepted at the shelter maintain placement. 2. Comply with all DHS, OJA and DHHS requirements. 3. Verify safe exits.
Efficiency	Direct Plan Providers	Direct Service Hours	Time Sheets	Review of time sheets, HR records	Quarterly	Shelter Director, ED	Staffing levels support facility capacity and meet budgeting requirements.
Accessibility Measure 1	All Program Participants	Immediate facility access for appropriate residents.	Resident Intake Documents	Review of resident files	Quarterly	Shelter Director, ED	Each client appropriate to facility will be admitted if space is available.
Accessibility Measure 2	All Program Participants, Stakeholders	1.Number of requests for accommodations and their rate of accommodation 2.Environmental Scan Results and Follow-Up	1.Request Log 2.Outcomes/Accommodations provided or denied 3.Report of Identified Concerns 4.Actions/Resolutions for Identified Concerns/Referrals	1.Log 2.Log 3.Review Data/Report 4.Review Data/Report	1.As needed 2.Within 2 weeks of request 3.Quarterly 4.Quarterly	Staff, Management, Board of Directors, Stakeholders as needed	1.As needed 2.Accommodate 100% by action or referral 3.Quality Assurance meetings and Annual Report 4.Quality Assurance Meetings and Annual Report and actions as needed

Accessibility Measure 3	All Program Participants, Stakeholders	Reduction of barriers to services 1. Financial 2. Cultural 3. Transportation 4. Appropriateness and quality of services	1. Free Services 2. Culturally competent staff 3. School and site-based services 4. Training and credentialing of staff	1. Review of Budget/financial outcomes 2. Review of Credentialing files 3. Review Method of Service Delivery 4. Review Outreach and Referral Strategies	1. Annually/quarterly 2. At hire, annually, and on-going 3. Quarterly and with review of Strategic Plan 4. Quarterly and with review of Strategic Plan	Staff, Management, Board of Directors, Program Participants, Stakeholders	Staff, Management, Board of Directors, Program Participants, Stakeholders
Client Satisfaction	All Program Participants	Client Satisfaction Survey	Client Satisfaction Survey results	Review of completed Client Satisfaction Surveys	Quarterly	Receptionist, Reviewed by Clinical Director and ED	Average a response of “4” (agree) on all surveys
Stakeholder Satisfaction	Referral sources, funding sources	Stakeholder Satisfaction Survey	Stakeholder Satisfaction Survey results	Review of completed Stakeholder Satisfaction Surveys	Quarterly	Receptionist, Reviewed by Clinical Director and ED	90% of stakeholders will be generally satisfied with services
Community Based Health Plan Needs	All Program Participants, Stakeholders	Reduction of barriers to services 1. Financial 2. Cultural 3. Transportation 4. Appropriateness and quality of services 5. Safety	1. Free Services 2. Culturally competent staff 3. School, site-based, and telehealth services 4. Training and credentialing of staff 5. In person and telehealth available 6. Acquisition and use of appropriate PPE 7. Adaptation to physical plant for distanced services 8. Adaptation of additional policy procedures and training	1. Review of Budget/financial outcomes 2. Review of Credentialing files 3. Review Method of Service Delivery 4. Review Outreach and Referral Strategies 5. Review barriers 6. Review PPE and cleaning needs 7. Review of plant safety measures 8. Review of additional policy and procedures	1. Annually/quarterly 2. At hire, annually, and on-going 3. Quarterly and with review of Strategic Plan 4. Quarterly and with review of Strategic Plan 5. Informal weekly review or as needed 6. Informal weekly review or as needed 7. Informal weekly review or as needed 8. Informal weekly review or as needed	Staff, Management, Board of Directors, Program Participants, Stakeholders as needed	Continuity of safe, effective, free services

**Attachment “L”**  
**Payne County Youth Services, Inc.**  
**FY 2025 Service Delivery Improvement**  
**Transitional Living Program**

	<b>Target Group</b>	<b>Success Indicator</b>	<b>Measurement Tool</b>	<b>Collection Method</b>	<b>When</b>	<b>By Whom</b>	<b>Benchmark</b>
Effectiveness	All Program Participants	Improve functioning as assessed by the goals in Treatment Plan	Treatment Plan	Review of Treatment Plan, Progress Notes	Quarterly	Service Provider, Reviewed by ED	Movement toward Treatment Plan Goal Assignment Safe Exits
Efficiency	Direct Service Providers	Direct Service Hours of Providers	Jolts Forms	Review of Records	Monthly	Receptionist; Reported to Clinical Director and ED	Groups completed as assigned
Accessibility	All Program Participants	Time taken to complete assessments and treatment plan	Completed Intake and Treatment Plan	Review of case files	Quarterly	Receptionist; reviewed by Clinical Director and ED	Each client will be contacted within 3 weeks of referral call
Client Satisfaction	All Program Participants	Client Satisfaction Survey	Client Satisfaction Survey results	Review of completed Client Satisfaction Surveys	Quarterly	Receptionist, Reviewed by Clinical Director and ED	Average a response of “4” (agree) on all surveys
Stakeholder Satisfaction	Referral sources, funding sources	Stakeholder Satisfaction Survey	Stakeholder Satisfaction Survey results	Review of completed Stakeholder Satisfaction Surveys	Quarterly	Receptionist, Reviewed by Clinical Director and ED	90% of stakeholders will be generally satisfied with services
Community Based Health Plan Needs	All Program Participants, Stakeholders	Reduction of barriers to services 1. Financial 2. Cultural 3. Transportation 4. Appropriateness and quality of services	1. Free Services 2. Culturally competent staff 3. School, site-based, and telehealth services 4. Training and credentialing of staff 5. In person and telehealth	1. Review of Budget/financial outcomes 2. Review of Credentialing files 3. Review Method of Service Delivery	1. Annually/quarterly 2. At hire, annually, and on-going 3. Quarterly and with review of Strategic Plan 4. Quarterly and with review of Strategic Plan 5. Informal weekly review	Staff, Management, Board of Directors, Program Participants, Stakeholders as needed	Continuity of safe, effective, free services

		5. Safety	available 6. Acquisition and use of appropriate PPE 7. Adaptation to physical plant for distanced services 8. Adaptation of additional policy procedures and training	4. Review Outreach and Referral Strategies 5. Review barriers 6. Review PPE and cleaning needs 7. Review of plant safety measures 8. Review of additional policy and procedures	or as needed 6. Informal weekly review or as needed 7. Informal weekly review or as needed 8. Informal weekly review or as needed		
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**Attachment "M"**  
**Payne County Youth Services, Inc.**  
**FY 2025 Service Delivery Improvement**  
**Safe Place**

	<b>Target Group</b>	<b>Success Indicator</b>	<b>Measurement Tool</b>	<b>Collection Method</b>	<b>When</b>	<b>By Whom</b>	<b>Benchmark</b>
Effectiveness	All Program Participants	Access to Safe Place Services	Provider Reports	Review of Provider Reports	Monthly	Safe Place Program Coordinator, ED	100% access to services or referral for those requesting services.
Efficiency	Direct Service Providers	Direct Service Hours of Providers	Jolts Forms	Review of Records	Monthly	Receptionist; Reported to Clinical Director and ED	Immediate Services for Crisis
Accessibility Measure 1	All Program Participants, Stakeholders	1.Number of requests for accommodations and their rate of accommodation 2.Environmental Scan Results and Follow-Up	1.Request Log 2.Outcomes/Accommodations provided or denied 3.Report of Identified Concerns 4.Actions/Resolutions for Identified Concerns/Referrals	1.Log 2.Log 3.Review Data/Report 4.Review Data/Report	1.As needed 2.Within 2 weeks of request 3.Quarterly 4.Quarterly	Staff, Management, Board of Directors, Stakeholders as needed	1.As needed 2.Accommodate 100% by action or referral 3.Quality Assurance meetings and Annual Report 4.Quality Assurance Meetings and Annual Report and actions as needed
Accessibility Measure 2	All Program Participants, Stakeholders	Reduction of barriers to services 1. Financial 2.Cultural 3. Transportation 4. Appropriateness and quality of services	1.Free Services 2.Culturally competent staff 3.School and site-based services 4.Training and credentialing of staff	1.Review of Budget/financial outcomes 2.Review of Credentialing files 3.Review Method of Service Delivery 4.Review Outreach and Referral Strategies	1.Annually/quarterly 2.At hire, annually, and on-going 3.Quarterly and with review of Strategic Plan 4.Quarterly and with review of Strategic Plan	Staff, Management, Board of Directors, Program Participants, Stakeholders	Staff, Management, Board of Directors, Program Participants, Stakeholders



Client Satisfaction	All Program Participants	Client Satisfaction Survey	Client Satisfaction Survey results	Review of completed Client Satisfaction Surveys	Quarterly	Receptionist, Reviewed by Clinical Director and ED	Average a response of “4” (agree) on all surveys
Stakeholder Satisfaction	Referral sources, funding sources	Stakeholder Satisfaction Survey	Stakeholder Satisfaction Survey results	Review of completed Stakeholder Satisfaction Surveys	Quarterly	Receptionist, Reviewed by Clinical Director and ED	90% of stakeholders will be generally satisfied with services
Community Based Health Plan Needs	All Program Participants, Stakeholders	Reduction of barriers to services 1. Financial 2. Cultural 3. Transportation 4. Appropriateness and quality of services 5. Safety	1. Free Services 2. Culturally competent staff 3. School, site-based, and telehealth services 4. Training and credentialing of staff 5. In person and telehealth available 6. Acquisition and use of appropriate PPE 7. Adaptation to physical plant for distanced services 8. Adaptation of additional policy procedures and training	1. Review of Budget/financial outcomes 2. Review of Credentialing files 3. Review Method of Service Delivery 4. Review Outreach and Referral Strategies 5. Review barriers 6. Review PPE and cleaning needs 7. Review of plant safety measures 8. Review of additional policy and procedures	1. Annually/quarterly 2. At hire, annually, and on-going 3. Quarterly and with review of Strategic Plan 4. Quarterly and with review of Strategic Plan 5. Informal weekly review or as needed 6. Informal weekly review or as needed 7. Informal weekly review or as needed 8. Informal weekly review or as needed	Staff, Management, Board of Directors, Program Participants, Stakeholders as needed	Continuity of safe, effective, free services

**Attachment "N"**  
**Payne County Youth Services, Inc.**  
**FY 2025 Service Delivery Improvement**  
**Building a Competent Community for Suicide Prevention**

	<b>Target Group</b>	<b>Success Indicator</b>	<b>Measurement Tool</b>	<b>Collection Method</b>	<b>When</b>	<b>By Whom</b>	<b>Benchmark</b>
Effectiveness	Persons receiving training	1. Number of persons trained 2. Satisfaction Survey	Completion of training requirements/certifications issued	Sign in sheets/certifications	Quarterly	Staff, E.D.	20 persons each quarter
Efficiency	Persons receiving training	1. Timeliness of Training	Completion of Scheduled Training Log	Training Log	Quarterly	Staff, E.D.	Within 180 days
Accessibility Measure	All Program Participants	1. Access to Training Staff	Client Satisfaction Survey	Completed surveys	Quarterly	Staff, E.D.	24/7/365
Stakeholder Satisfaction	Persons receiving training	Stakeholder satisfaction survey	Satisfaction survey results	Completed surveys	At least annually	Staff, E.D.	At least 80% of surveys will average 4 or above
Community Based Health Needs	All Program Participants, Stakeholders	Reduction of barriers to services 1. Financial 2. Cultural 3. Transportation 4. Appropriateness and quality of services 5. Safety	1.Free Services 2.Culturally competent staff 3.School, site-based, and telehealth services 4.Training and credentialing of staff 5. In person and telehealth available 6. Acquisition, use of appropriate PPE 7. Adaptation to physical plant for distanced services 8. Adaptation of additional policy procedures and training	1.Review of Budget/financial outcomes 2.Review of Credentialing files 3.Review Method of Service Delivery 4.Review Outreach and Referral Strategies 5. Review barriers 6. Review PPE and cleaning needs 7. Review of plant safety measures 8. Review of additional policy and procedures	1. Annually/quarterly 2. At hire, annually, and on-going 3. Quarterly and with review of Strategic Plan 4. Quarterly and with review of Strategic Plan 5. Informal weekly review or as needed 6. Informal weekly review or as needed 7. Informal weekly review or as needed 8. Informal weekly review or as needed	Staff, Management, Board of Directors, Program Participants, Stakeholders as needed	Continuity of safe, effective, free services

**Attachment "O"**  
**Payne County Youth Services, Inc.**  
**FY 2025 Service Delivery Improvement**  
**Safe Sitter / Safe@Home**

	<b>Target Group</b>	<b>Success Indicator</b>	<b>Measurement Tool</b>	<b>Collection Method</b>	<b>When</b>	<b>By Whom</b>	<b>Benchmark</b>
Effectiveness	Persons receiving training	1. Number of persons trained 2. Satisfaction Survey	Completion of training requirements/certifications issued	Sign in sheets/certifications	Quarterly	Staff, E.D.	20 persons each quarter
Efficiency	Persons receiving training	1. Timeliness of Training	Completion of Scheduled Training Log	Training Log	Quarterly	Staff, E.D.	Within 180 days
Accessibility Measure	All Program Participants	1. Access to Training Staff	Client Satisfaction Survey	Completed surveys	Quarterly	Staff, E.D.	24/7/365
Stakeholder Satisfaction	Persons receiving training	Stakeholder satisfaction survey	Satisfaction survey results	Completed surveys	At least annually	Staff, E.D.	At least 80% of surveys will average 4 or above
Community Based Health Needs	All Program Participants, Stakeholders	Reduction of barriers to services 1. Financial 2. Cultural 3. Transportation 4. Appropriateness and quality of services 5. Safety	1. Free Services 2. Culturally competent staff 3. School, site-based, and telehealth services 4. Training and credentialing of staff 5. In person and telehealth available 6. Acquisition, use of appropriate PPE 7. Adaptation to physical plant for distanced services 8. Adaptation of additional policy procedures and training	1. Review of Budget/financial outcomes 2. Review of Credentialing files 3. Review Method of Service Delivery 4. Review Outreach and Referral Strategies 5. Review barriers 6. Review PPE and cleaning needs 7. Review of plant safety measures 8. Review of additional policy and procedures	1. Annually/quarterly 2. At hire, annually, and on-going 3. Quarterly and with review of Strategic Plan 4. Quarterly and with review of Strategic Plan 5. Informal weekly review or as needed 6. Informal weekly review or as needed 7. Informal weekly review or as needed 8. Informal weekly review or as needed	Staff, Management, Board of Directors, Program Participants, Stakeholders as needed	Continuity of safe, effective, free services