



# 2016 STRATEGIC PLAN

Associates in Counseling & Treatment



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# **Associates in Counseling & Treatment, PC**

## **Strategic Plan 2016**

### **Introduction:**

In May 2016 the Board of Directors initiated a new Strategic Planning process to update the plan developed in 2013. It began with a Strengths, Weaknesses, Opportunities & Threats (SWOT) brainstorming which was clarified and prioritized at a Board and Staff Retreat on May 27, 2016 and was completed and finalized in August 2016. This document is the culmination of that planning effort. The Strategic Plan is a Three-Year vision for the agency.

### **Process:**

On April 19, 2016 the Managing Partner sent out a SWOT assignment, trends analysis, and 2014 outcomes report all staff and board members, along with a request the members begin identifying their vision for the company in five years. The results of the SWOT were submitted to the Managing Partner, who then prepared a list of the Internal Strengths and Weaknesses and External Opportunities and Threats identified by the individual board members. A list of accomplishments since the 2013 plan was also distributed for consideration.

At a special board and staff retreat on May 27, 2017, the accomplishments, future trends and SWOT analysis lists were reviewed and additional accomplishments, trends, and SWOT items were identified, consolidated and prioritized. The previous vision statements were reviewed. Priorities for long range planning were developed from the SWOT list and the vision statements.

Also reviewed were trends in Consumer Satisfaction, Region 5 annual Program Audits, and agency service trends since the 2013 strategic plan.

Based on the recommendations from the retreat the final report was finalized and adopted in August 2016.

## **PAST ACCOMPLISHMENTS**

Associates in Counseling & Treatment PC was incorporated on July 29, 2009 with three equal shareholders: Cheryl A. Cochran, BA, LADC, Carol Holder, MS, LMHP, LADC, and K. Rachel Mulcahy, MS, LADC. The company opened for treatment on August 1, 2009.

Ownership at the time of this Strategic Plan is held by Cheryl, Cochran, BA, LADC, Gitta Griebe, LADC, and K. Rachel Mulcahy, MS, LADC.

Since opening, services have grown from 25 units of service per month in 2009 to 210 (2011) and 206 (2012) per month to 234 average per month in 2015. The average accrued income per unit in 2010 was \$52 and in 2012 was \$68. In 2015 the average accrued income per unit was \$68.42.

Initial services offered were outpatient for substance use, mental health and marriage and family counseling, intensive outpatient treatment for substance use disorders, Alcohol & Drug Evaluations, Alcohol Education/DUI Classes for Substance Use, and Aftercare/Continuing Care for Substance Use. In the four years since opening the following services have been added:

- Anger Management
- Domestic Violence Program: The program opened in January 2012 with one class ACT now offers two Domestic Violence/Batterers Intervention Classes a week approved by the Batterers Intervention Coalition.
- Mental Health Evaluations, Child and Adolescent Substance Use Evaluations, and DOT evaluations.
- Co-occurring treatment Services

In March, 2012, the primary provider of low income subsidized substance use evaluations (Lincoln Council on Alcohol & Drugs), closed its doors. ACT submitted a proposal for the contract and was awarded a contract for 202 substance use assessments for the FY 2012/2013 Fiscal Year beginning July 1, 2012. The number of substance use evaluations grew from 126 in 2011 to 440 in 2015. The contract is pending renewal for 2016/2017. Much of the expansion was in going to the Lancaster County Jail to complete evaluations for indigent inmates pending trial. ACT also developed an informal agreement with The Bridge (formerly Cornhusker Place) Voluntary Detox to go to Detox to complete evaluations in order to expedite admission into treatment.

Mental Health Services and mental health evaluations have been inconsistently available to the present time.

The Intensive Outpatient Program for substance dependence and the Alcohol Education/DUI declined in service numbers in the two years prior to the 2013 planning due to changes in

Nebraska DUI laws which decreased the incentive for offenders to complete a DUI class, but continue to be offered with fluctuating enrollment. Anger Management is rarely used, but is available.

Outpatient Substance Abuse have remained steady, with no substantial growth or decline.

Infrastructure Improvements/Additions: In the 7 years since ACT was established a full time administrative assistant has been added, electronic billing for insurance was established, a wheelchair ramp was installed for accessibility, physical space was expanded, and annual outside financial audits were initiated. The agency obtained a 3-year accreditation from CARF in January 2015. A wireless network was established for the office.

### **CURRENT PICTURE**

#### Person Centered Client Services and client Input:

The agency provides consumer satisfaction surveys in the waiting area, and some counselors give them to clients at the end of evaluations and treatment. That data is reviewed semi-annually and reported to Region 5 as part of the agency's contractual agreement. Included in the survey are:

1. Rights/confidentiality
2. Knowledgeable professional staff
3. Staff fair/respectful and listen to client
4. Client felt valued as a person
5. Client felt safe physically/emotionally
6. Client trusts the people at ACT
7. Client felt safe talking about trauma events
8. Client would return to ACT
9. Client would recommend ACT to others

Scores in 2015 were (1-5 with 4 as satisfied and 5 as highly satisfied. Scores were above 4.5 in all categories, and in 7 or the 9 the scores were 5.

All clients receive a client orientation and handbook at the beginning of services and all services include written documentation of solicitation of client needs and preferences to facilitate client centered planning.

The agency does not at this time have a client advisory council or advisory committee but has discussed possible options to implement on several occasions. The major barrier up to now has been in identifying a staff person to initiate and facilitate such a group.

### Demographics:

The general service area for ACT is Southeast Nebraska, as per Region 5 contract, and primarily Lancaster County and the surrounding counties.

Evaluation and Referral: 75% meet low income thresholds as measured by eligibility for Region 5 contract funds. Clients receiving services in this group are primarily white male between 20 and 45 years old. Approximately 50% have current/pending criminal justice issues related to alcohol and drug use triggering the request for evaluation. Approximately 95% of the evaluations completed for substance use only, with the remaining 5% for co-occurring substance use/mental health, mental health only or DOT evaluations.

Treatment: An estimated 50% are in treatment using the agency's sliding fee scale due to lack of 3<sup>rd</sup> party payer and/or resources to pay full cost. Third party payors include probation vouchers, CPS letters of agreement, and health insurance coverage. The percentage of females in treatment is higher than in evaluation, but the age range is consistent with evaluation.

Distribution of non-English speaking is higher in Evaluations, due to interpreter reimbursement available with the region contract. The agency is the primary provider for low income evaluations substance use and is therefore the preferred provider for individuals who are homeless, or involved with the courts or child protective services.

### Other Stakeholders:

Other stakeholders include, but are not limited to,

- Region 5 and DHHS (Medicaid, CPS, and Facility Licensure)
- Insurance payors
- Nebraska Department of Probation
- Nebraska Department of Corrections/parole
- Attorneys seeking evaluation for court
- Diversion
- Judges (especially for Domestic Violence offenders)
- Other Providers using ACT evaluations for admission and treatment decisions
- The Public
- Family members seeking guidance

To address stakeholder needs, Provider and 3<sup>rd</sup> Party Payer/referral stakeholders are surveyed bi-annually, and feedback from the public is available through personal message using the web site and facebook page, and reviews/ratings using google. The most recent stakeholder survey was conducted in the Spring of 2016 using Survey Monkey. Results are as follows:

Respondents: 15

<u>Feedback Rating on ACT SUD Assessment</u>	<u>Poor</u>	<u>Fair</u>	<u>Good</u>	<u>Excellent</u>	<u>N/A</u>
Quality/Accuracy of Report			33.33%	20%	46.67%
Timeliness in Receiving Report			40%	13.33%	46.67%
Usefulness of findings/recommendations for treatment planning			33.33%	20%	46.67%
Distribution of Info on Providers/Resources to meet needs			33.33%	13.33%	53.33%
Ease in Scheduling		6.67%	33.33%	13.33%	46.67%
Cost of Evaluation		6.67%	26.67%	13.33%	53.33%
Professionalism of Staff			26.67%	33.33%	40%
<u>Feedback on Treatment Services</u>	<u>Poor</u>	<u>Fair</u>	<u>Good</u>	<u>Excellent</u>	<u>N/A</u>
Timeliness of Treatment			26.67%	13.33%	60%
Outcome of Treatment			33.33%		66.67%
Communication from Counselor		6.67%	13.33%	20%	60%
Professionalism of Counselor/Staff			20%	20%	60%
Cost/funding options for treatment		6.67%	26.67%	6.67%	60%

Ease of Scheduling evaluations, cost of evaluations, communication from treatment counselor, and cost/funding options scored lowest.

Outcome measures are also in place for the Region 5 contract. Measured are timeliness in turn around of the report, and whether the provider receiving the referral accepted/admitted to treatment. The purpose of these measures was to 1) facilitate timely admission into treatment (7 day turn around on report – 2 day for emergency), and 2) measure appropriateness and usefulness of the reports in decision to admit and establishing initial treatment goals. For the past year, timeliness has not met the agency’s identified threshold. Feedback on appropriateness as measured by acceptance into treatment has been around 75%. Admission in to treatment has proven less successful, due to a combination of factors including report delays and treatment provider waiting lists.

Counseling Staff:

- As of August 2016, there is one full time counselor conducting approximately 80% of all evaluations and limited outpatient services.
- One full time counselor provides Intensive Outpatient treatment and substance use only outpatient, as well as Alcohol Education/DUI and anger management.
- One part time (less than 10 hours per week) LIMHP/LADC provides mental health counseling and initial diagnostic interviews.
- One part time counselor (less than 10 hours per week) coordinates and facilitates the Batterer’s Intervention Program.
- The Managing Partner conducts the remaining 20% of the substance use evaluations.

Compliance to CARF Standards, Region 5 and DHHS Contract Expectations and agency performance expectations:

- The agency had its annual program audit from Region 5 and remains in 100% compliance.
- Midway through the three-year accreditation from CARF the agency has continued to maintain the changes implemented from that survey.
- The agency continues to struggle with the making the progress forecast on finances and little improvement has been made on the fund balance ratio. Insurance billing and collection is a particularly weak area.
- Preliminary activities directed at bringing the agency up to standard to increase insurance payers including Medicaid for IOP and to achieve accreditation next time for IOP and OP have showed little progress and there has been mild resistance or disinterest from the treatment staff.

Agency Administration:

The Managing Partner (primary shareholder) is seeking to establish a transition/succession plan for managing the agency in order to retire.

The line of credit for the agency is in the Managing Partner's name.

Nearly all management duties, as well as some clinical duties are the responsibility of the Managing Partner.

## **FUTURE TRENDS/SERVICE AREA NEEDS IDENTIFIED**

	<b>Trend</b>	<b>Potential Impact for ACT</b>	<b>Positive</b>	<b>Challenge</b>
<b>Federal/ State</b>	Affordable Care Act	More uninsured people may have insurance through pools	Possible less need for sliding fee scale rates?	Being in network for pool insurance providers. Most of those presenting to ACT since implementation have had high deductible and were not helpful to the client in covering services.
	Integration of Primary Care & Behavioral Health Care	Require routine cross communication and releases as a part of services	More holistic for client	Change in processes and establishing relationships with primary care physicians
	Electronic Behavioral Health Information Systems – BIGGER THAN EBHIN!	More integrated Electronic Behavioral Health package (reports, treatment plans, progress notes)	HIPAA compliance and better info on clients	<ol style="list-style-type: none"> <li>1. Cost of setting up electronic system</li> <li>2. Interface with region and state reporting</li> </ol>
	Medicaid and Maximus – Risk Review	Behavioral Health Counselors are in moderate “risk” category for new federal regulations	None for us	Increased need for compliance to documentation and possibility of onsite review
	Communication Encryption and Security	Electronic Communication expectations are becoming a greater priority for government and 3rd party payers	HIPAA compliance, less risk for stolen info/law suits	Cost and implementation of software
<b>Southeast NE Region /Local</b>	Performance Contracting	Outcome based contracts	Clear expectations	Careful data collection and adherence to contract or lose contract
	Dual Credential Expectations for Providers	More pressure to have co-occurring credentialed staff operating services	Clients have broader support with co-occurring credentialed counselor	Finding, recruiting, and supporting staff with these credentials
	Continued growth in private practices in Lincoln area?	More competition		Pressure to obtain positive name recognition/insurance in-network ability

## **ANALYSIS OF STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS**

### External Opportunities

- Region 5 Contract and possible expansion: ACT now provides more than half of the available Substance Use Disorder evaluation services funded through the Region 5 contract. The agency is also in network to provide Medicaid funded evaluations. A counselor certified to perform DOT evaluations is now on staff.
- CARF Accreditation Expansion to include IOP and Outpatient
- LIMHP/Medicaid for MH: Although ACT can now bill Medicaid for substance use evaluations, the company had not been able to provide mental health services under Medicaid until the last few months when Renee Duffek. Expansion of services in mental health represents an opportunity.
- In Network opportunities for Insurance: Currently ACT is in network as a company for Blue Cross, Cigna, and Midlands choice. The availability of an LIMHP increases opportunity for other in-network insurance contracts. A contracted Psychologist of Physician would further expand that opportunity and allow the agency to be a Medicare Provider.
- Internet for Client Contact/outreach: ACT's only internet presence is a web site, which does have downloadable forms and information, and a Facebook page. No interactive service for clients is available at this time.
- Partnering with other agencies for projects

### External Threats

- CARF: National accreditation effort is required for the Region 5 Contract, and also expands opportunities for in-network insurance contracts. However, ACT is a small company, and counselors are paid for billable services only. Time spent in preparation, coordination, and monitoring is limited and generally falls to the Managing Partner. Meeting standards for acquiring another three-year accreditation, and for expanding accreditation into IOP and outpatient is a legitimate concern, and will require ongoing vigilance in the preparation. Failure to obtain three accreditation renewal would also be financially costly to the company.
- Electronic Record keeping: The volume of business and lack of substantial bottom line finances is a challenge to pursuing electronic record keeping, but is becoming a necessity to comply with external contractors and maintain quality..
- Competition for clients from other providers/new providers: The Lincoln area has an abundance of substance abuse and mental health professionals, and new practices are opening every year.
- Cost of Internet advertising:

### Internal Strengths

- ACT Counselors: The counselors of ACT are fully committed to meeting the treatment needs of their clients and are highly competent
- Reputation for Quality: ACT has a reputation with many of the third party stakeholders for quality in the evaluations completed, the treatment and secondary case management provided by the counselors for the substance use services and for the domestic violence classes. Client referrals are also common, and consumer satisfaction surveys show high scores in client satisfaction.
- Regular Staff Meetings/Staffing: The counselors have a weekly staff meeting to share information and feedback on clinical issues as well, which is also used for “in-service” on a variety of topics.
- CARF: The company is committed to the accreditation process.
- Atmosphere: The physical atmosphere of the facility is very comfortable and “homey”, The staff is friendly and welcoming, and the company is committed to providing a trauma informed environment.
- Internal support: There is some support infrastructure to assist carrying out the mission of the agency and the counselors also step in to cover non-clinical issues willingly on short term notice.
- Flexibility for Staff: The company provides flexibility for the counselors in scheduling and hours within the parameters of client need.

### Internal Weaknesses

- Inconsistency in carrying out internal clinical and non-clinical activities. Clinical documentation completion, particularly related to timelines, is often not compliant with the company’s policies and procedures, especially as regards treatment.
- Finances/Cash Flow: Cash flow, bad debt, and occasional low performance months have caused ongoing financial issues for the agency.
- Computer/Electronic Capability and Skills: ACT has recently contracted with an IT provider who has set up a cloud network for the agency. However, the level of computer literacy is limited for some of the clinical staff, causing slowdowns in report preparation and communication. In addition, clinical records and financial information are not accessible across the network, nor is client data information. Rapid access to information is not in place. Some older closed files are still stored off site and need to be scanned into the network storage.
- Office Space: The office is currently comprised of two sections of a building which are not connected except through a counselor’s office (not accessible when the counselor is in session). All offices are occupied and there is no room in the building for expansion. At times there is demand for more than one large group area at the same time. The lease for the space expires July 31, 2016 and a new office is being researched for moving. This will require additional expense for the move, and presumably for the space if it is to be more suitable.

- Communication Breakdowns: Internal communication problems have continued to surfaced regularly since the last strategic planning. 1) The evolution from a private practice “group” of counselors into a company with a functional Board, management and counselors has continued to generate problems due to shareholders/board members’ dual roles as counselors. 2) There continues to be a lack of understanding or information on the roles of the Board and the Managing Partner and appropriate protocol for those roles. Consequently, misunderstandings continue.
- Counselor availability and credential variety to “grow the practice continues to be a barrier to growth. The addition of the Region 5 contract for evaluations has caused evaluation appointments demand to exceed availability, sometimes pushing appointments out as long as three weeks and with a corresponding frequency in no call no shows. The lack of an full time LIMHP, or Psychologist or Physician consultant also limits growth options.

## **VISION**

**ACT VISION STATEMENT: We will have an established reputation for providing holistic quality services, care and treatment to assist individuals to have a “better life” with a comprehensive program operated by fully credentialed professional staff in an environment that is safe, comfortable and welcoming. ACT will be nationally accredited and financially stable.**

*Affirmed by the staff and board at the strategic planning retreat.*

VISION (5 years) as Identified by the Shareholders:

- Professional, Comfortable Facility that meets clients' well rounded needs in Effective Efficient Manner
- Financially Stable - Profit and cash reserve
- Expanded Services and Client Base
- Holistic, Quality Services
- Efficiency of operation through electronic record keeping/communication system and equipment that is also user friendly
- Maximize range of services through providing highest levels of counselor credentialing possible and consultations/agreements for medication management

## **PLAN INITIATIVES, GOALS, AND OBJECTIVES**

The ACT Strategic Plan has been broken into four “Initiatives”. They are Program Quality and Availability, Financial Stability, Organizational/Physical, and Communication.

### **Initiative: Program Quality/Availability**

- I. Increase Staff availability and credentials:
  - a. By January 31, 2017 ACT will have sufficient capacity to maintain a schedule of up to 10 evaluations per week.
  - b. By January, 2017 ACT will have mental health counseling staff available for appointments at least 20 hours per week.
  - c. By January 2019, ACT will have a consulting contract in place with a social worker or clinical psychologist (PhD).
- II. Increase counselor and staff knowledge focusing on best practice and state of the science of the field of behavioral health.
  - a. ACT will revisit performance at least bi-annually on self-identified goals of the organization for Trauma Informed Treatment and Co-occurring Treatment as defined by state and region contracts using the Trauma Informed Care and Compass EZ surveys.
  - b. Up to date/Sufficient Program Materials for client and counselor use will be maintained by reviewing and updating annually
- III. Achieve and maintain CARF Accreditation renewal
  - a. Evaluate and make decision regarding the inclusion of Outpatient and/or Intensive Outpatient programs the 2018 survey based on the agency’s comfort in level of compliance to standards (by May 2017)
  - b. ACT will successfully achieve a three-year re-accreditation in January 2018.
  - c. ACT will maintain accreditation status ongoing.
- IV. Strengthen professional relationships within and without the organization.
  - a. ACT will maintain a routine practice of information sharing within the organization regarding clients, training, treatment and practice.
  - b. ACT will develop cooperative agreements with at least one medical provider by January 2019.

### **Initiative: Financial Stability**

- I. Decrease ratio of current debt to assets.
  - a. By December 31, 2017 ACT will have no outstanding combined loan/ credit card of more than \$25,000.
  - b. By December 31, 2018 combined outstanding loan/credit card debt will be less than \$20,000.
  - c. Ratio of current assets to current liability will be 1:1 by December 31, 2018

- d. Ration of current assets to current liability will be 1.05:1 or better by December 31, 2019
- II. Maximize cash intake and Funding Options
  - a. Improve collection of payments as measured by reduced need for real time write off's to less than 3% of accrued revenues for the year – by December 31, 2018
  - b. Examine options for more timely and accurate billing and implement (by June 2018)
- III. Make a profit
  - a. ACT will make a profit of at least 3% each year after write-offs and bad debt.

**Initiative: Organizational/Physical (Infrastructure)**

- I. Improve physical space for operation.
  - a. By August 1, 2016, the agency will be relocated to new offices with expanded office space.
- II. Improve efficiency, effectiveness, and security of information system.
  - a. Electronic records will be established by October 2016.
- III. New Managing Partner
  - a. Establish a plan to replace the current managing partner (retirement) by June 2018.

**Initiative: Communication**

- I. Strengthen staff understanding of their roles/duties
  - a. Job descriptions will be reviewed with each staff person annually as part of the performance evaluation.
- II. Improve communication between staff.
  - a. Establish an instant message system for real time communication between offices by January 2017.
  - b. Add all staff access in network for policies, staff meeting minutes and treatment resources, by January 2017

**REVIEW**

**Goals, Objectives and Activities for this Plan will be reviewed annually for completion, changes and updates. In 2019 the Strategic Plan process will be re-initiated.**

**Initiative: Program Quality/Availability**

Goal 1. Increase Staff availability and credentials.				
a. By January 31, 2017 ACT will have sufficient capacity to maintain a schedule of up to 10 evaluations per week. b. By January, 2017 ACT will have mental health counseling staff available for appointments at least 20 hours per week. c. By January 2019, ACT will have a consulting contract in place with a social worker or clinical psychologist (PhD).				
ACTIVITIES	Who Responsible	Development Timeline		Identify Outcomes Achieved and the Indicators used to Measure Performance
		Start Date	End Date	
a. Hire additional full/part time evaluators b. Negotiate with LIMHP for additional hours combined with advertising to increase clients. c. SW/Psych: Actively seek contract through connections/behavior health job listing	Managing Partner	a. Aug 2016 b. “ c. Feb 2018	a. Jan 2017 b. “ c. Jan 2019	a. 10 Regular appointment Slots available per week b. 20 hours of appointment time available per week. c. Either an MSW or PhD psychologist contracted or hired.

**Initiative: Program Quality/Availability**

Goal 2: Increase counselor and staff knowledge focusing on best practice and state of the science of the field of behavioral health.				
a. ACT will revisit performance at least bi-annually on self-identified goals of the organization for Trauma Informed Treatment and Co-occurring Treatment as defined by state and region contracts using the Trauma Informed Care and Compass EZ surveys. b. Up to date/Sufficient Program Materials for client and counselor use will be maintained by reviewing and updating annually				
ACTIVITIES	Who Responsible	Development Timeline		Identify Outcomes Achieved and the Indicators used to Measure Performance
		Start Date	End Date	
a. Complete Trauma and Compass EZ surveys for state upon request. Include staff identified goals for improvement in annual plan. b. Maintain treatment materials line item in budget. Identify counselor to coordinate purchases within the budget.	a. All staff  b. Managing Partner and Designated staff person	a. Jan 2017 b. Budget /dec 2016 and Ident counselor Nov 2017	a. Dec 2020 b. Dec 2010	a. Survey’s completed, sent in to Region and added to annual goals b. Line item in budget based on counselor feedback and budget restrictions. Counselor assigned before each budget year.

**Initiative: Program Quality/Availability**

Goal 3: Achieve and maintain CARF Accreditation
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<ul style="list-style-type: none"> <li>a. Evaluate and make decision regarding the inclusion of Outpatient and/or Intensive Outpatient programs the 2018 survey based on the agency's comfort in level of compliance to standards (by May 2017)</li> <li>b. ACT will successfully achieve a three-year re-accreditation in January 2018.</li> <li>c. ACT will maintain accreditation status ongoing.</li> </ul>				
ACTIVITIES	Who Responsible	Development Timeline		Identify Outcomes Achieved and the Indicators used to Measure Performance
		Start Date	End Date	
<ul style="list-style-type: none"> <li>a. Review and train treatment staff on standards related to both program. Assess consistency in implementation and make determination on whether to go forward with programs</li> <li>b. Review updated standards, update policies and practices accordingly, submit application and schedule survey</li> <li>c. Obtain manuals annually and review with staff</li> </ul>	<ul style="list-style-type: none"> <li>a. Man Partn &amp; treatment counselors</li> <li>b. Man Partn &amp; Survey Coordinator</li> <li>c. Managing Partner/staff</li> </ul>	<ul style="list-style-type: none"> <li>a. 10/1/16</li> <li>b. Immediately</li> <li>c. 2/1/18</li> </ul>	<ul style="list-style-type: none"> <li>a. 5/31/17</li> <li>b. 2/1/18</li> <li>c. Ongoing till next survey</li> </ul>	<ul style="list-style-type: none"> <li>a. Decision made &amp; reflected in CARF application</li> <li>b. Three-year accreditation obtained.</li> <li>c. Manuals obtained and review documented in staff meeting notes.</li> </ul>



## Initiative: Program Quality/Availability

Goal 4: Strengthen professional relationships within and without the organization.				
a. ACT will maintain a routine practice of information sharing within the organization regarding clients, training, treatment and practice.				
b. ACT will develop cooperative agreements with at least one medical provider by January 2019.				
ACTIVITIES	Who Responsible	Development Timeline		Identify Outcomes Achieved and the Indicators used to Measure Performance
		Start Date	End Date	
a. Review and determine effectiveness of current staff meeting arrangement. Adjust based on staff schedules. Place meeting minutes and managing partner reports in the share folder in network.	a. Man. Partner & staff	a. 1/1/17	a. 12/31/17	a. Minutes of meetings and training sessions
b. Determine costs and financial viability for purchasing provider time. Seek out a medical provider/psychiatric or family to receive referrals and provide input as needed.	b. Man Partner & board	b. 2/1/18	b. 12/31/18	b. Cost analysis reviewed by board (minutes) and cooperative agreement in place

## Initiative: Financial Stability

Goal 1: Decrease ratio of current debt to assets.				
a. By December 31, 2017 ACT will have no outstanding combined loan/ credit card of more than \$25,000.				
b. By December 31, 2018 combined outstanding loan/credit card debt will be less than \$20,000.				
c. Ratio of current assets to current liability will be 1:1 by December 31, 2018				
d. Ration of current assets to current liability will be 1.05:1 or better by December 31, 2019				
ACTIVITIES	Who Responsible	Development Timeline		Identify Outcomes Achieved and the Indicators used to Measure Performance
		Start Date	End Date	
1. Review and reduce expenditures Non-personnel (advertising, internet, cleaning, insurance, supplies, outside staff training, etc.)	Managing Partner and Board	1/1/16	12/31/19	Monthly Balance sheet reports on current liabilities and current assets.
2. Allocate more hours per week to billing and collections to assure policy followed.				
3. Improve insurance billing knowledge to prevent incorrect coding.				
4. Increase staff understanding and accuracy on establishing payment agreements through training and review of agreements.				
5. Policy to require counselors have provided all documentation needed for billing before they can be paid for service.				
6. Reduce Managing Partner salary as needed				
7. Monitor monthly financial statements for negative variance of 10% or greater in each category.				

## Initiative: Financial Stability

Goal 2: Maximize cash intake and Funding Options				
a. Improve collection of payments as measured by reduced need for real time write off's to less than 3% of accrued revenues for the year – by December 31, 2018				
b. Examine options for more timely and accurate billing and implement (by June 2018)				
ACTIVITIES	Who Responsible	Development Timeline		Identify Outcomes Achieved and the Indicators used to Measure Performance
		Start Date	End Date	
<ol style="list-style-type: none"> <li>1. See activities in goal 1.</li> <li>2. Write off or turn over to collections all old uncollectable debts from 2015</li> <li>3. Write off or turn over all old uncollectable debts from 2016.</li> <li>4. Send bills at least month while in treatment.</li> <li>5. Send past due bills starting after treatment completed as per policy and turn over to collections consistently as per policy</li> <li>6. Submit application for in-network to insurance companies as identified.</li> </ol>	Billing/book keeping staff	9/1/16	12/31/18	<p>Annual financial statements and audited financial reports, including write off and bad debt accrued in statement.</p> <p>Accounts receivable past 90 days.</p> <p>Financial files documentation and collections agency documentation.</p> <p>Applications and new contracts for in network documented in financial file.</p>

## Initiative: Financial Stability

IV. Goal Make a profit				
a. ACT will make a profit of at least 3% each year after write-offs and bad debt.				
ACTIVITIES	Who Responsible	Development Timeline		Identify Outcomes Achieved and the Indicators used to Measure Performance
		Start Date	End Date	
See Goal III.				

## Initiative: Organizational/Physical (Infrastructure)

Goal 1: Improve physical space for operation				
a. By August 1, 2016, the agency will be relocated to new offices with expanded office space.				
ACTIVITIES	Who Responsible	Development Timeline		Identify Outcomes Achieved and the Indicators used to Measure Performance
		Start Date	End Date	
<ol style="list-style-type: none"> <li>1. Work with Realtor to identify affordable and appropriate space.</li> <li>2. Once identified and lease signed, move office. Must be barrier free/accessible and on bus route in a professional office building</li> </ol>	Managing Partner/Board	Already started	7/31/2016	Moved

**Initiative: Organizational/Physical (Infrastructure)**

Goal 2: Improve efficiency, effectiveness, and security of information system.				
a. Electronic records will be established by October 31, 2016.				
ACTIVITIES	Who Responsible	Development Timeline		Identify Outcomes Achieved and the Indicators used to Measure Performance
		Start Date	End Date	
<ol style="list-style-type: none"> <li>1. Begin obtaining estimates and reviewing available packages.</li> <li>2. Based on findings, present preferred package to board for approval and enter into contract.</li> <li>3. Train staff on use.</li> <li>4. Discontinue paper files, scan and store</li> </ol>	MP& Adm Asst Board  Contractor Admin Asst.	6/1/16	10/31/16	Agency using EMR for clinical records.

**Initiative: Organizational/Physical (Infrastructure)**

Goal 3: Obtain new Managing Partner for the company				
a. Establish a plan to replace the current managing partner (retirement) by June 2018.				
ACTIVITIES	Who Responsible	Development Timeline		Identify Outcomes Achieved and the Indicators used to Measure Performance
		Start Date	End Date	
<ol style="list-style-type: none"> <li>1. Identify manager in training from interested counselor/shareholders.</li> <li>2. Establish transition plan.</li> <li>3. Train by topic and then transfer duties for which new manager is trained.</li> <li>4. Based on board/shareholder preference, future involvement of the current managing partner will be determined.</li> </ol>	Man. Partner, Board, Identified manager in training	1/1/17	12/31/18	Current Managing Partner no longer serving as administrator and either fully or partially retired from company.

**Initiative: Communication**

Goal 1: Strengthen staff understanding of their roles/duties.				
a. Job descriptions, program descriptions, and clinical policies will be reviewed with each staff person annually as part of the performance evaluation and in staff meetings.				
ACTIVITIES	Who Responsible	Development Timeline		Identify Outcomes Achieved and the Indicators used to Measure Performance
		Start Date	End Date	
Job description duties are now included in the evaluation template	Man. Partner	06/01/2016	ongoing	Included in performance review for each staff
At least one staff meeting each year will be set aside to review program description, policies, state regulations, & CARF standards guiding clinical practices.	Man. Partner or designee	01/2017	Ongoing	Staff minutes

**Initiative: Communication**

Goal 2: Improve communication between staff.				
a. Establish an instant message system for real time communication between offices by January 2017.				
b. Add all staff access in network for policies, staff meeting minutes and treatment resources, by January 2017				
ACTIVITIES	Who Responsible	Development Timeline		Identify Outcomes Achieved and the Indicators used to Measure Performance
		Start Date	End Date	
Discuss options with IT contractor. Implement	Adm Asst.	9/1/16	12/31/16	Instant message system in place
Minutes, treatment resources, and policies accessible to all staff on network	Man Part & IT contractor	9/1/16	07/31/17	In shared folder on Network.