

Premier Behavioral Health and Therapeutic Services

Business and Strategic Plan

[2020-2022]

The Premier Behavioral Health and Therapeutic Services (PBHTS) is a mental health and substance abuse counseling agency which focuses on children, adolescents and adults living with issues that disrupt the quality of their lives. This Business and Strategic Plan has been developed to follow up on short- and long-term goals and objectives to aid in support of the program's performance measures.

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I. Organizational History, Profile, and Summary

A. Executive Summary

Premier Behavioral Health and Therapeutic Services' (PBHTS) annual review will serve as an evaluation for our goal of improving functionality within the community by providing comprehensive services. We also will distinctly focus on and develop measurable objectives that drive the agency towards continuous certification with the Commission on the Accreditation of Rehabilitation Facilities (CARF), state contracts, federal regulatory requirements, and address the needs of those whom we serve.

Premier Behavioral Health and Therapeutic Services (PBHTS) is an integrated service agency that centers and focuses on children, adults, and families living with behavioral health issues. PBHTS is physically located at 3700 N. Classen Blvd, Suite C35, Oklahoma City, Oklahoma 73118.

Elements essential to the success of PBHTS include marketing, service quality, growth potential, implementing an effective cash flow plan, striving for efficiency, professionalism, and discipline.

Mental health counseling and substance abuse services continue to have an excellent profitability level and growth rate. Our competitiveness, dedication to continuous training and improvement, and new counseling techniques continue to put PBHTS on the cutting edge of counseling and educational services.

New techniques for behavioral health counseling continue to be in great demand. Our agency differs from the traditional counseling services because of our added personal touch.

Our objectives are to:

- Provide counseling to individuals, families and community.
- Provide various therapeutic group sessions (i.e., bereavement, divorce, parenting, anger management, substance abuse and behavioral issues children/youth).
- Provide health prevention and maintenance groups.
- Provide various relationship therapeutic groups.

B. Authorization

The PBHTS Business and Strategic Plan was designed by the Executive Team to enhance the organizations ability to serve the community. The leadership acknowledges the approval of the business and strategic plan for 2017-2021.

C. Mission, Values, and Vision

Mission Statement

Our mission is to provide comprehensive, integrated mental health, substance abuse services which promote the health and quality of life our community.

Statement of Values

Premier Behavioral Health and Therapeutic Services is a private for-profit agency providing comprehensive integrated mental health and substance abuse services to promote the health and quality of life for consumers in the state of Oklahoma. Any individuals or families in need are eligible to receive services without regard to race, color, national origin, religion, disability, familial or socioeconomic status or gender.

Vision:

To inspire confidence and respect as a provider of comprehensive behavioral health care and continue to be a valued ally to the community by promoting health and quality of life.

Statement of Values

Our mission and values have provided the framework for the furtherance of the Agency's goals. Our values are stated more specifically below.

Values (RESPECT):

- Recovery: Assist individuals to maximize their quality of life
- Education: Advance and develop the knowledge and skills of individuals we encounter in psychiatric services
- Safety: An environment free from hazards, interventions that are least restrictive, proven effective treatment and error free processes in a "no blame environment"
- Person Centered Philosophy: Individuals drive their treatment.
- Excellence: Superior patient care
- Community: Reintegration through partnership and innovation
- Teamwork: Diverse individuals working together for a common goal

D. History of Organization

The agency was formed and incorporated under the laws of the State of Oklahoma as a private for-profit corporation physically located in Oklahoma City, Oklahoma. We offer services to adults, adolescents and seniors seeking mental health and chemical dependency treatment. Our full spectrum of outpatient services are offered in a warm, inviting atmosphere where patients actively participate in their own treatment. Our primary goal is to provide a safe and nurturing environment where our patients can begin their road to recovery.

Program & Services

The agency provides an array of quality behavioral health services to individuals, couples, and families. Our target service population includes people of all ages,

social demographics, and cultural background. We strive to promote resiliency of the person served in their natural environment. A multidisciplinary staff provides quality treatment in the following areas: Therapy (Individual, Family, Couples Counseling, and Group Therapy); Case Management, Psychosocial Rehabilitation (as appropriate), Psychological Testing, Outreach and Prevention, Consultation, and Supervision. These services are provided in a variety of settings including, but not limited to school, home, office, and/or community.

1. Screening/Assessment/Referral (Adult/Child):

Any person within the service area has timely access to a screening or assessment to determine needs and eligibility. Individuals, who are not eligible for treatment services through our program, are referred to the appropriate agency for assistance.

2. Psychotherapy (Adult/Child):

This intervention is provided by licensed behavioral health counselors, licensed alcohol and drug counselors, and professionals under supervision. The formats of these services are individual, couple, family, and/or group sessions. Treatment is tailored to meet the developmental needs of the individual and is guided by an individualized treatment plan based on a comprehensive psychosocial assessment of the individual and his/her family.

3. Case Management (Adult/Child):

The agency offers Case Management services for consumers who require planned linkage, advocacy, and referral assistance to outside agencies and services. Case Management is utilized to facilitate integration and recovery in the community. Case Managers utilize a strengths-based model in the provision of this service. We offer support in the form of accessing computers, paperwork for initiating or renewing insurance, food stamps, etc. We assist with community resources such as food banks, clothing closets, utility services, medical services, and seasonal support (i.e., summer camps, back to school, Christmas, and other holidays).

4. Psychosocial Rehabilitation (Adult/Child):

The organization operates from a person centered, strengths-based model, beginning at assessment and continuing throughout treatment, recognizing strengths, abilities, needs and preferences to ultimately improve community interdependence. Our treatment staff understands that every need can be turned into an opportunity to gain new strengths by providing social, vocational, educational and interpersonal skill building opportunities.

5. Treatment Planning:

Each client benefits from an individualized treatment plan developed by a qualified mental health professional under the supervision of a physician on or before his or her fifth visit. Treatment plan review is completed every 180

days or more promptly as required by funding or regulatory sources. Treatment plan review is conducted by a qualified and assigned mental health professional.

6. Outreach and Prevention:

The organization operates from a person centered, strengths-based model from assessment through treatment, recognizing strengths, abilities, needs and preferences to ultimately reduce various levels of risk factors and enhance protective factors. The agency utilizes various tools and methods to prevent various risky behaviors in the community through outreach, education, and participation in community events.

7. Consultation:

PBHTS' goal is to improve the professional functioning of one or more members of its administrative, executive, and managerial staff/team. We assume an active role in identifying organizational problems and recommend and/or initiate activities to address the problems. Staff provides organizational, program and clinical consultations. We work with community organizations and businesses, external colleagues in the psychology profession, childcare facilities, public schools, social service and counseling agencies, and faith communities. We present workshops, trainings, and clinical consultations in the areas of technology enhancement, CARF updates, policy and procedure writing, multiple clinical topics, techniques, and methods. This list of consultative services is not exhaustive. Staff participates in monthly consultation meetings, annual trainings, one-time events, and other services as needed or requested to enhance the professional development of our field and foster peer support.

8. Supervision:

PBHTS provides monthly clinical supervision. We broadly define this process as a working alliance between a supervisor and supervisee, where the primary intention of the interaction is to enhance the knowledge, skills, and attitudes of the supervisee. We provide administrative education, licensure management, professional development, performance appraisal, mentoring, clinical education, clinical writing education, and ethics consultation.

The following established standards are in place:

1. People have the right and responsibility for autonomy.
2. Services are provided in a normalized and safe environment when and where possible.
3. Staff members are committed to early intervention.
4. Appropriate professional, person centered care is available.
5. Changing/modifying the environment is encouraged.
6. A social rather than medical model of care is emphasized.
7. Emphasis is placed on the client's strengths rather than on pathologies.

8. We focus on the consumer's present and future rather than on problems from the past.

E. Demographics

PBHTS provides services based on the needs of consumers and our ability to assist in meeting those needs. The consumer is provided services without regard to economic status, ability to pay, race, ethnic origin, creed, sex, age, or place and duration of residence. The agency's demographics are a diverse representative of our surrounding community. Specific demographics are detailed annually in the Outcome Result Measures Report.

*Add MORE
Aid Sex
Income
of the
clients
we
serve*

F. Expectations

Expectations of Persons Served and Other Stakeholders

PBHTS strives toward professionalism, respect, credibility, and responsiveness. The agency will continue to be guided by the following objectives:

Improved individual, family and community health:

PBHTS will continue to increase the number of individuals served in outpatient behavioral health services and initiate additional programs to promote the use of behavioral services in the area. We will continue to promote the positives of using an outpatient agency instead of hospitalization.

Availability of integrated services – prevention, treatment, and rehabilitation:

We will continue to increase the availability of services in the Oklahoma City area. We will also continue to collaborate with community stakeholder groups to educate and decrease the rising number of individuals receiving substance abuse treatment services by remaining accessible to the community and continuing to provide comprehensive services. We will remain open to new challenges and opportunities, and adaptable to societal, legal and political changes.

Providing service with a focus on quality:

We will be responsive to each other, clients, pay sources, and the community. The public will continue to have access to information on evidence-based practices, benefits of outpatient treatment and community resources. We will remain sensitive to vulnerable populations. We will continue to employ staff that exhibit diversity in skill, talent, dedication, and professionalism individually and collectively.

Creating a working environment that encourages excellence:

We respect individual insight in a collaborative and cooperative manner to support a unified culture by:

1. Working smarter.
2. Encouraging freedom of expression
3. Respecting the work, rights, and diversity of others.

4. Promoting an atmosphere of self empowerment and accountability.

PBHTS incorporates an incentive program based on performance, billable hours, outcome measurements, and satisfaction survey so that employees are recognized for their efforts. We provide staff with training on customer service, interview skills, ethics, health and safety, human resources, general program standards, and other appropriately related trainings to aid in client satisfaction, employee satisfaction and re-investment into the agency and community.

G. External Relationships

Stakeholders include all staff, persons served, their families, the Executive Directors, funding/referral sources, community organizations, and individuals with an interest in the organizational mission. In order to remain viable and relevant as a provider of mental health services to the people of Oklahoma City, surrounding counties, and communities, PBHTS will maintain linkages with its stakeholders. Our self-assessment shows we are strong in obtaining information and feedback from the community and through our involvement with policy issues at the State level.

H. Technology

The organization uses technology to support and advance effective and efficient service and business practices in order to promote performance improvement. As such, technology is an integral part of our business strategies, practices, and performance improvement. PBHTS will proactively plan and take measures to avoid potential threats and ensure uninterrupted access to our technology support systems. The organization will utilize the services of business with assured confidentiality, security, and privacy that are demonstrated by effective business practices, which will assure that non-authorized persons will be unable to access records or information. The facility will ensure, to the best of our ability, that there are adequate safeguards in place to protect records from fire and water damage. In order to improve the growth of the client, facility, and other stakeholders, the organization uses technology hardware like laptops, computers, scanners, cell phones to perform mobile work, as well as software such as Think Health, Dropbox, agency wide Email, and Accreditation Now to support advanced technological working conditions.

II. Market and Economics

Our market is the community (i.e., schools, agencies, hospitals, and physicians), persons served (i.e., families, couples, individuals, and groups), Managed Care Companies, other Sources of Pay (i.e. Medicaid, Private Insurance Companies, Self Pay, Sliding Scales Services), and Vendors (i.e., Accounting, Billing/Collections, Legal, and Human Resources).

The market segmentation can best be understood from an analysis of the clinical services being offered by the agency. Presently Behavioral Health Services offered include therapy, case management, and behavioral health rehabilitation. As the Agency grows its operation other locations may be added. The services are available to all age groups, in a variety of settings and may be performed on an individual, couples, family, or group environment. Some consumers will use only one service at a time, while others will use a mix of the various services simultaneously.

A. Competitive Environment

Main Competitors

It should be noted that there is an abundant supply of behavioral health providers/institutions within Oklahoma and surrounding counties. They include outpatient group practices that vary from public to private organizations, solo practitioners, psychiatric hospitals with outpatient programs attached, and residential facilities with lowered step programs included. Consumer service then becomes an even more critical factor. To obtain and maintain a foothold in the behavioral health market we will need to consistently offer and provide professional, accessible, competent, quality, consumer driven services.

For-Profit Behavioral Health Agencies

Small to moderate size, for-profit, behavioral health agencies who are offering behavioral services to children, adolescents, and adults is the most similar to this organization. Those with a payer mix spread among Medicaid, self-pay/Private Pay, and Private Insurance. This is the organization's primary competition.

Competitive Edge

Our competitive edge is our associates and staff affiliations. Our associates and staff spread the company position, of "increasing self-exploration to improve oneself awareness and quality of life." Our affiliation with schools, community referrals, and relationships with the department of human services allows us to interface easily with a strong referral base. Hard work, integrity, accessibility, experience, quality service, and consumer satisfaction are the factors influencing our competitive edge. When the consumers call the agency, they will receive prompt service. Persons served will receive services from competent well-trained providers.

B. Strengths and Weaknesses

Weaknesses

- Creating and maintaining operating standards
- Time constraints in accreditation process
- Agency size is small in comparison to others.
- Availability of staff for specific behavioral health issues
- Gaps/Short falls on delivery of services
- Lack of necessary supportive services

- Barriers to maneuver into the system to access funding for services.
- Competitive/ Market Salaries
- Lack of structure or formalized process - consistency
- Cross training of support staff
- Lack of capital/reserves
- Need to explore other types of services to provide.
- Limited resources for unmet clients need.
- Overwhelmed by healthcare demands.
- Employees knowledgeable regarding quality improvement strategies
- Maximizing and optimizing revenue.

Threats

- Limited number of qualified, professional providers
- High demands for service
- Potential unknown risks
- Potential high turnover rate for MHP and (CM/BHRS) and/or not enough staff.
- Lack of knowledge and use of community resources
- Recession
- Lack or decrease of funding sources.
- Economy, gas, and unemployment are rising.
- Bad weather affects appointments.
- Times of the year affect flow of clients
- Lack of team or collaborative approach among community providers
- Increasing health care costs fall off in employer-sponsored health insurance.
- Misinformation (or lack of credible data) provided by the client.
- Other agencies are competing for the same market, similar populations, and funding.

Strengths

- CARF Accredited
- Location - Agency for the underserved areas of Oklahoma City
- Abundance of referral sources i.e., DRS, inpatient facilities, emergency rooms, other community agencies, OKC Probation and Parole, group homes
- Need for services provided.
- Commitment to quality services
- Positive growth
- Diverse settings for services are offered i.e., school, office.
- Mental Health Education and Outreach
- Focus and goal to be client driven.
- Innovative concepts in regard to treatment

- The location for services is exceptional and has public transportation access as well
- Committed MHP's and other support staff

Opportunities

- Develop a reputation for providing quality services
- Location provides access to a large pool of potential clients
- Increase the visibility of services offered by the agency
- Offering incentives to increase and retain quality staff
- Develop niche markets
- Increased resources
- High demand for services
- Previous history in the field and having access to referral source
- Marketing strategies
- Focus and goal of the organization to be comprehensive
- Staff has leeway to focus on areas of strength, niche services, and quality of life
- Smaller staff having to reach consensus expedites implementation of improvement strategies
- Increased availability of outpatient services.
- Collaborative mental health improvement efforts addressing risk factors in the population we serve to decrease more intense services like hospitalization.
- Organization provides extensive training and continuing education for staff
- Improve safety through standard info systems or products that allow for seamless / paperless records
- There is an opportunity to better organize, in a more formal way, how we coordinate services that the various organizations provide in our community
- The leadership role of mental health communities coming together to address population issues

C. Market Analysis Summary

In this age of health care reform and increased use of contracts with health maintenance organizations (HMOs), preferred provider organizations (PPOs), and other groups, the demand for behavior health care providers continues to remain somewhat steady, but the amount of organizations from whom to choose from has increased. This phenomenon has created a competitive clinical market, resulting in customer service being a critical factor. From this particular perspective, the consumer's identified source of payment is also important because of the amount of choices available. For our purposes, we accept self-pay, Medicaid, and some managed care companies. The managed care companies clearly drive the large percentage of referrals within the industry.

The Organization has identified several behavioral health payers who have a strong foothold in the Oklahoma City area. They include Medicaid, Blue Cross and Blue Shield of Oklahoma; United Behavioral Health; and AETNA. The organization also holds contract with OKC Probation and Parole: *At Risk Youth* and *Hard to Employ Adults*. Consumers participating in these programs are drawn from the communities of Oklahoma City and surrounding counties. Our organization attempts to market specifically to quick turn-around reimbursement schedules and commonly used provider organizations.

Market Trends

Trends which began with health care re-engineering and the introduction of managed health care will continue during the next decade. There will continue to be change within this industry and managed care companies will continue to influence fee structures and restructure the provider network.

Market Growth

The growth rate for the Behavioral Health Services in the past five years has been significant. There is no identified reason indicating that this will change. Within the geographical area, it takes approximately 2 to 4 weeks to get an appointment with a psychiatrist or a psychologist. For psychotherapy, it takes approximately seven to eight days to get an appointment. With the use of additional staff and creative scheduling, some of these challenges can positively impact the organization's bottom line.

Market Needs

Previously, we have identified the significant aspects of services offered by the agency. Of these services, children and adolescent services are in greatest demand by all referral sources. This gives strength to the four segments of our delivery service system which address these needs. Additionally, there is a significant population growth and need for Behavioral Health Services in surrounding rural counties and this growth is projected to continue over the next decade. The organization has identified strategic areas to open additional satellite offices.

D. Marketing Strategy

The organization's staff and treatment providers pledge to comply with the requirements of applicable laws, regulations, and rules concerning the prevention of unfair, deceptive or misleading advertising and marketing practices. In particular, this organization promotes honesty and transparency in their practices and methods, such that all forms of consumer manipulation are rejected. Indeed, advertising is a creative enterprise that strives to demonstrate to the consumer that the advertiser's product or service is valuable, but in the course of engaging with the consumers, the Organization's staff and treatment providers are committed to following all ethical guidelines set forth by Oklahoma LPC, LADC, LCSW, and

BHCM ethics, rules, and regulations. Target marketing of our services is critical to growth. Strategies will include:

- An emphasis on person-driven, quality service,
- Cultivating relationships with current referral sources,
- Building new referral sources,
- Focusing on specific behavioral health pay sources,
- Identifying and building a niche market, (i.e. rural counties, specific cultures), and
- Continuing to build upon our reputation in the community.

Target Market

If the Organization is going to thrive and grow, we must market our services aggressively. As previously noted, our referral base is primarily driven by word of mouth, Department of Human Services, school referrals, consumer referrals, Medicaid, and self-payers. The Organization will strategically identify underserved counties and areas, within the geographical area that is an identified market and look to hire treatment providers for those specific locations and/or open satellite offices to serve those populations.

Identifying and focusing on the needs of these referral sources is critical for our growth and imperative for meeting the needs of consumers. The Organization has run data with regard to all counties served by Medicaid; the population served is divided by county, program, and separate categories for children and adults. Our Organization will address the specific needs and cultural competency by hiring staff and treatment providers representative of the consumers served. All staff and providers hired and working for the Organization will receive training in cultural competency and multicultural treatment planning.

E. Financial Plan

*The Organization's Budget and other Financial Reports will be provided.

Four important factors in the financial plan

1. Improve cash flow, add additional providers with continual growth.
2. Build relationships with consistent referral sources each year.
3. Three-year CARF Accreditation and continued renewal.
4. Expand program services to incorporate additional counties each year.

Important assumptions for Financial Plan

There are several assumptions related to the financial plan:

- The funding of Medicaid continues at its present rate, without major rate reductions.
- Expected receipts will improve dramatically with the addition of providers. Information will be collected by tracking a random selection of clinical

records as a measurement and performance objective to determine changes in GAF scores, crisis intervention sessions and re-hospitalizations.

- All services will continue to be billed through the Organization's Think Health computer software.
- The Behavioral Health budget continues to be partially federally funded.
- Increased staffing patterns and facilities that are capable of handling the projected growth.
- The average days of recoverable receivables will be 30 days or less.
- The organization implements a strong QA/QI and does not accrue any extrapolation costs.
- Guarding against any potential HIPPA violations, the Corporate Compliance Program will be operated efficiently and effectively addressing any complaints with resolutions being presented to the CEO for approval following the Corporate Compliance Policy and Procedure guidelines.

Cash Flow Plan

- Maintain enough money on hand each month to pay the cash obligations the following month.
- Identify and eliminate deficiencies or surpluses in cash.
- Alter business financial plans to provide more cash if deficiencies are found.
- Invest any revealed excess cash in an accessible, interest-bearing, low-risk account such as a savings account or short-term CD.
- Clearly understand the Behavioral Health market and competition while continually adjusting accordingly.
- Keep enough cash, for a security cushion to cover unexpected expenses.
- Reduce accountant expenses by producing our own summary statistics and projections via accounting software.

Financial Opportunities

- High demand for services.
- Retain and hire quality staff.
- Growth of business into new communities.
- Additional locations to provide services.
- Increased resources.
- Develop niche markets.

Financial Threats

- Potential unknown risks.
- Potential high turnover rate for MHP and (BHCM) and/or not enough staff.
- Lack of knowledge and use of community resources.
- Recession.
- Lack or decrease of funding sources.
- Economy, gas, and unemployment are rising.

F. Risk Management

The risk management plan is summarized below. It is designed to manage risk and reduce the severity of a loss if one were to occur. The organization is committed to short term and long-range planning to ensure service continuity and financial stability.

- Identify any loss exposures.
- Evaluate and analyze any loss exposures.
- Identify and implement a strategy to counter any potential loss
- Provide ongoing leadership oversight of the efficacy of decisions made regarding risk management/loss prevention activities.
- Implement necessary changes as may be indicated by changing services and/or business environment.
- The Practice areas to be reviewed are as follows:
 - Business Practices,
 - Professional Practices, and
 - Facility Management Practices.

III. Governance Environment

This Organization seeks to identify and report key governance and social responsibility results. These results include evidence of calendar responsibility (both internal and external), ethical behavior (Corporate Compliance Reports), legal compliance (full compliance with local, state, and federal laws affecting the organization), and organizational citizenship (community development and social planning involvement and advocacy). Key results in these areas are examined to determine trends in indicators of calendar responsibility, ethical behavior, governance, regulatory and legal compliance, grievance reporting, and organizational citizenship activities in support of communities serve

A. The Regulatory and Legislative Environment

We operate within a legislative framework made up of the following: The State of Oklahoma, the Federal Government, and other Regulatory environments such as the Oklahoma Health Care Authority, The Department of Mental Health and Substance Abuse, the Commission on Accreditation of Rehabilitation Facilities, Patient Protection, Affordable Care Act, and Medicaid. This framework provides a legal environment which safeguards the dignity and basic rights of people. The Organization will integrate current legislative policies and updates as necessary to remain compliant.

Aligning with Government Outcomes and Priorities

Our strategic indicators reflect the Regulatory and Legislative priorities for our Organization. Our activities contribute to many of the government outcomes, in particular, a fair, socially cohesive, and culturally vibrant society. Our primary

contribution is to the government priority of improving health care and strengthening services to the community.

Our contribution is made through the ongoing development and maintenance of policy and planning frameworks; and the funding, coordination and delivery of programs and support services to people with a disability, and their families and community.

IV. Strategic Goals and Objectives

A. Strategic Forecast

The purpose of the Organization's Strategic planning system is to examine how the organization develops strategic objectives and action plans. It also serves to examine how the chosen strategic objectives and actions plans are deployed and how progress is monitored.

B. Strategy Growth

It is the policy of the Organization is to ensure strategic planning processes are guided by the organization's mission. The Executive Director, in conjunction with other leadership, will review the mission statement on an annual basis and ensure that all other members and staff have a thorough understanding of the organization's mission.

It is the policy of the organization to ensure all strategic documents are developed and based on sound planning principles that are client-driven, responsive, cost-effective, and continually improving. The Executive Director and other leadership will determine the organization's readiness for planning and define strategic, tactical, and operational planning, identify the critical value to sustaining ongoing mission responsiveness, and communicate this to the entire staff within the organization. All necessary basic steps and the identified processes will include a minimum of reviewing and articulating the mission, assessing the organization and its environment, developing strategies, tactics, goals and objectives, and developing operation, program, fundraising, and marketing plans.

It is the policy of the organization to ensure all planning initiatives maximize the stewardship of human, financial, and material resources. The Executive Director and other leadership will determine how much time and financial resources will be applied to the planning process. Organizational leadership will define and determine the roles and expectations for all planning participants. A strategic planning leadership team will be delegated the task of carrying out all identified critical strategic planning processes. The Executive Director and other leadership will identify any need for and roles of any external consultants and identify ways to maximize cost-effectiveness of use of such consultants. All planning efforts will include information regarding identified customers and community needs in order to analyze any existing or potential opportunities and strengths related to the

organization's current service delivery infrastructure capacity. All relevant stakeholder information will be assessed as related to prioritized opportunities to serve the communities' respective needs.

It is the policy of the organization to ensure all plans will take into account strengths, weaknesses, opportunities, challenges and threats. The strategic planning leadership team will work to conduct a thorough analysis of strengths, weaknesses, opportunities, challenges and threats that involve both internal and external stakeholders; and will include a cost-benefit analysis of both tangible and intangible costs, benefits (outcomes).

C. Strategy Operation

The Organization's activities that are tied to the strategic plan and the results of the analysis and assessment processes will be utilized to develop annual operational action plans in each strategic system areas. The goals of these plans are to improve the quality, effectiveness and efficiency of programs and service operations, fundraising, marketing/public relations, and management/operations. Annual operational action plans will be developed, and objectives will be identified along with an implementation schedule that will reflect each action plan priorities.

The organization will identify expected short and long-term outcomes and performance measures that connect the annual operational action plans that will be utilized to reach the desired strategic performance measures and outcomes. All staff responsible for carrying out the objectives of operational action plans will be actively involved in the development of such plans. In addition, all relevant stakeholders that have participated will take part in the continuous monitoring of the strategic plan and ensure all adjustments will be made as necessary.

V. Management and Organization

The Organization's philosophy of leadership is creative, personal, and determined to provide quality, person centered care with integrity and in the best interest of person served by competent providers who maintain professional training, boundaries, ethics, and in agreement with the Organization's standards of practice.

The agency structures our professional organization in order to structure relative ranks and positions as well as manage, delegate, balance, and direct supervisory relationships. Some personnel perform more than one role.

A. Organizational Chart

Advisory Board

Executive Board

Executive Personnel

Employees

Contract Providers

Interns/Students/Volunteers

The roles and responsibilities of each level of leadership may be defined in job descriptions as well.

B. Leadership Structure and Profiles

Executive Team-The Executive Team is the authority responsible for establishing, reviewing, and approving all policies of the programs. They will meet annually in January and quarterly to review Quarterly Reports and the annual program goals. The Executive Team is made up of the Chief Executive Officer, the Executive Program Director, the Executive Clinical Director, and the Executive Coordinator of Community Relations and the Advisory Board (if appropriate).

Chief Executive Officer (Executive Director)-The Chief Executive Officer is responsible for fiscal management, compliance, and records management. The Chief Executive Officer acts as the safety officer and compliance officer.

Executive Clinical Director (Clinical Director)-The Executive Director is responsible for clinical issues, human resources, quality assurance, grievances, and program outcomes and personnel evaluations.

Executive Program Director (Operations Director)-The Program Director is responsible for program management, quality assurance, program outcomes, personnel evaluations, human resources, and data management.

Executive Coordinator of Community Relations (Public Relations, Case Manager Coordinator)-is responsible for community relations, marketing and advertising execution, data management, and program development.

Executive Personnel:

- Chief Executive Officer
- Executive Program Director (Operations Director)
- Executive Clinical Director
- On-Site Clinical Director
- Executive Coordinator of Community Relations
- Human Resources Director
- Health and Safety
- Corporate Complicacy
- Office Manager/Administrative Assistant

VI. Appendix

- Copies of Updated Budgets (upon request)

- Brochures and Advertising Materials
- Copies of Leases and Contracts
- Written Strategic Plan Summary w/ Progress.