THE HAVEN

Strategic Plan: 2020-2023

This strategic plan arises from an earlier version that recognized that the recent hiring of new directors in key positions would impact strategies for the future of The Haven. In line with standard strategic planning processes, and expectations of agencies such as CARF, this plan is a living document.

Vision

We envision healthy communities, without stigma towards those with mental health and substance use challenges

Mission

To provide professional, holistic services to all women as they unlock their potential, while recovering from substance use and while moving towards their best mental health.

Values

Recovery With Respect.

Respect for clients

Helping clients achieve their goals

Recovery is possible for all and limitless in scope

Helping staff to develop professionally and personally

Contributing to the health of the Tucson community

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The strategic plan was developed using the following: stakeholders and their expectations, environmental analyses (including competitors, and rules & regulations), financial assessments (both opportunities and threats), technologies, performance data, and what we can and cannot do (our capabilities). Ever present during the planning process were the expectations of our community and clients, and an understanding of what, societally, aids the health of any individual, i.e social determinants of health (SDOH).

EXECUTIVE SUMMARY

The future of The Haven is solid. The environment within which is works is not so solid. The far-reaching impacts of the pandemic (medical, societal, and financial), the widening reach of commercial insurances, and governmental changes will all have an effect on The Haven's services. This strategic plan covers our history in brief, and in light of an initial SWOT analysis, it presents aspects of our work that need to be considered. We will have to be nimble, changing rapidly as the environment moves; we will have to consider how and which methods we will need to utilize to provide services, and we will have to consider increased competition in our operating environment, both narrowly and more widely conceived.

BACKGROUND

The Haven has existed since 1970, with the mission of offering substance use disorder recovery therapies to women, who can reside with us, bring their children with them, and then return to the community as full, productive citizens. The overarching mission is to create a healthy community that is free of shame for those who suffer from substance use disorders.

Over these last 50 years, The Haven has grown in size, in terms of the numbers of clients it can accept; commensurately it has grown in terms of the number of staff it employs; it has grown in professionalism, in terms of the qualifications of its staff; it has grown in terms of the services offered, now having intensive outpatient (IOP), and outpatient (OP) programs to complement the residential services, with each offering a specialty Native Ways program; and it has grown spatially, having acquired a complex of casitas, and having rented office space to accommodate the services and the necessary professional staff.

This growth has necessitated a constant re-examination of our way forward: our strategic planning. This current strategic plan is an update to our prior ones, and is written with the full knowledge that this plan will alter as The Haven's newly employed Directors of Clinical Services and Operations gain a deeper understanding of our current work and our possible futures.

Following from the external and internal Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis undertaken by staff members, who understand The Haven's operating environment, the following is how we perceive our way forward.

ENVIRONMENTAL ASSESSMENT

To set the scene, the following are relevant environmental challenges, some of which are repetitions of the challenges faced at the time of the prior strategic plan, but others arise from more recent strategic planning exercises. Note that 'challenges' can also be seen as opportunities. The following is almost déjà vu but has been augmented by dividing the challenges into political and economic, social, and medical.

Political and Economic

1. At the Federal level: how will having a Democrat president, with effectively a divided legislature, affect the health and social services environment; for example, will funding priorities change? If yes, for better? For worse? At this juncture, we have hope, but nothing definite to guide our strategies. At a State level, similar questions arise given that Arizona has moved from being primarily Republican to primarily Democrat, yet led by a Republican governor. We do not yet have clear indications of priorities.
2. The Affordable Care Act, recently upheld, faces constant challenges. If it continues to exist, what it covers may well alter, and the financial consequences to covered members and services may also alter.
3. On a related, parallel, and repeated note, but regarding Medicaid specifically: will Medicaid (known as AHCCCS in AZ) still cover an expanded population of low income individuals? We may believe so, but we do not know and may never know definitively, as challenges and priorities at the state level can change.
4. Tax structures at the federal and state level are changing, and Covid's impact on the earnings power of our supporters, may negatively affect donations.
5. At a micro-level, to increase our competitiveness in the arena, our agency's economic circumstances may need to increase to enable us to renovate our property or purchase updated facilities.

Social

1. Increased population expectations of flexibility of service delivery to meet personal and family structures e.g telehealth offered by such companies as Amazon, Walmart, and more, and walk-in services at local pharmacies.
2. Increased illegal drug manufacture and importation.
3. The increased poverty, crime, and drug use due to feelings of hopelessness may impact the numbers of potential clients.
4. As a function of 3, above, more community members may be seeking services for generalized mental health issues (e.g depression), rather than purely substance use disorders.
5. Decreased stigma towards substance use disorders may serve to increase numbers of individuals seeking treatment services.

Medical/Financial

1 Suicides and overdoses are increasing in the community.
2 Different drugs are generating deaths and substance use disorders in our community: Fentanyl comes to mind, and the increasing 'normalization' of marijuana use in our community will present challenges.
3 COVID-19: There is uncertainty about both the length of time that the COVID-19 pandemic will last, (a medical challenge) and about the length of time there will be subsequent economic effects in the community, if any (financial effects).
4 A revenue change, from the financial and economic effects of Covid, could translate into a reduction in payment rates for services, and/or a reduction in the number of individuals covered under AHCCCS.
5 COVID-19 may continue to impact our census, as we have to consider both client numbers (census) and staffing numbers, thus affecting safety ratios, if we have any clients or staff testing positive for COVID-19.

Other:

Competition for clients in need of substance use disorder therapies is increasing: there are financial imperatives for Health Homes to grow their services and to retain, rather than refer clients, and there are several newer agencies in town offering services to a population which includes low income women. Plus there are non-traditional companies moving into the therapeutic space, via teletherapies and /or walk-in clinics (eg WalMart, Amazon, Apple, CVS).

Marijuana is being decriminalized at the state level but not as yet at the federal level: this may affect the services we provide, with services targeted at 'illegal' marijuana becoming more like services designed for legal substances such as alcohol. We will also have to consider how medical marijuana use will impact our staffing structure, as we receive federal funding which is prohibited from agencies employing marijuana-using staff.

Diversity, Equity and Inclusion, arising more pointedly from the Black Lives Matter movement, will affect our staffing structure as we work to redress unconscious and inbuilt biases.

THE HAVEN: STRENGTHS, WEAKNESSES, OPPORTUNITIES, THREATS

Organizational Analysis: Internal Strengths

Respected: The Haven is a known and very well respected local behavioral health agency; we are a strong specialty provider of substance use disorder (SUD) services to women; we are known as a valid, viable, and stable community resource; we have a strong, well educated, professional, dedicated staff. The Haven has focused for 50+ years on providing residential services for women.

(Staff comment: we are well established.)

Staff: We are fortunate to be a respected, stable and financially sound agency, as these factors draw excellent, well qualified, professional staff to us. We are fortunate indeed to have the staff that we do. Our staff members are a real strength.

(Staff comment: A noted strength is that we are primarily female; and we are very caring and dedicated. We have diverse skill and knowledge sets; we are supportive of each other.)

Service Model: While residential SUD services to women is our strength, in light of insurances reducing the lengths of time a client can stay in residential services, and be financially covered, we recognized that IOP and OP services are required to give clients the best possible chance of a successful recovery from substance use disorder. Thus, if medically substantiated, a client can move along the continuum of services, from residential, to IOP, to OP services. The Haven's model also allows for clients to begin their recovery in Outpatient and then, if medically warranted, move into residential services. The continuum is an absolute strength and is positively remarked upon by others in our profession. Additionally, we offer a strong program for Native American women. This is highly regarded as a program offering and is one of our definite strengths.

(Staff comment: we offer experiential modalities: EMDR, somatic experiencing, and opportunities for fun, such as hiking. We allow children when appropriate.)

Social Determinant of Health (SDOH): Additionally, responding to the nationally articulated Social Determinants of Health, we have added housing to our services, to – again – increase the chances of a positive recovery for our clients.

Justice Partnerships: The Haven is a strong and successful partner of the judicial systems, and we have worked and will continue to work with justice system clients.

Locations: A strength is that The Haven's Residential, IOP and OP programs, are in prime locations for offering such services: central, in well-respected areas of town, on or near to the bus lines, and with ample (and discreet) parking and office entry.

Nimble: The Haven can operate with a degree of nimbleness: to whit, during COVD-19, The Haven was able to pivot its IOP and OP services to offer tele-health counseling: solid staff, who are keen, eager, and able to learn - and The Haven having the finances for the technology requirements – has added to our service strengths.

Finances: The Haven is financially very strong. And, being owners of large centre-of-town acreage, (at Adelaide Drive, and on Glenn), The Haven has enhanced its financial strength over the recent year.

Board of Directors: A committed Board of Directors is a definite strength for us, as we move forward into relatively uncharted waters (given COVID uncertainties) with our strategic plans.

Organizational Analysis: Internal Weaknesses

Service Model: we offer ONLY gender specific services for women (one could argue that this is a strength), meaning that we are neglecting to take advantage of 50% of the population.

(Staff comment: we need greater communication, coordination and cohesion between residential and IOP.)

Property: The Haven's residential program property on Adelaide Drive continues to be a worry due to its aging infrastructure, and also due its age as a visual (and practical) negative when we are hoping to solicit clients who are not of the Medicaid population. Additionally, due to Covid and the resulting reduced census, we have become more acutely aware that much of the residential property is underutilized. In short, we have an aging facility, on a property which is not fully utilized.

Revenue: A major weakness is that we rely primarily on Arizona's Medicaid system (AHCCCS) for our client base and thus for our revenue stream.

Staffing: Our growth over recent years, prior to Covid, while being a positive, is also a weakness as we have to source new staff to meet our new client numbers, and to meet professional/administrative expectations as the nation in and of itself develops new standards for staffing and as the nation experiences shortages in the availability of behavioural health staff. (Additionally, the administrative burden on behavioral health agencies has grown significantly). Sourcing new staff during a pandemic, when there is a wariness about congregate living, and where there is overall increased demand for staff, places burdens on us in two respects: competition for scarce staff, and associated increased salary expectations for a scarce staff. Further, a staffing gap which could be seen as a weakness is our lack of having a physician on staff. (This is an issue for further discussion, as most current clients are 'housed' at a larger Integrated Provider, such as CODAC, COPE, or LaFrontera, and have a PCP through that health home.)

(Comment from staff: there is a lack of sufficient house management staff in recovery; a lack of cohesion and communication; need for more streamlined training of staff.)

Opportunities

Residential:

1. Depending on the anticipated growth of our residential services, which will be led by our Director of Clinical Services, we could consider a further licensed residential site for gender specific services to women. Such a move would necessitate seeking additional facilities, or build futher onto our current site, depending on the zoning allowable capacity.
2. The Haven could consider developing a separate, gender specific residential service for men, with a Native Ways sub specialty, paralleling that in the women's program.
3. Develop and strengthen referral relationships with other local agencies that do not provide residential Substance Use Disorder therapies.
4. Due to lack of full utilization of the space, we could consider dividing the residential property, and selling off a portion of it to local developers.
5. We could consider looking at redevelopment of the entire property, razing the current buildings and rebuilding more modern structures, accommodating more clients.

Outpatient Services:

1. Insurance agencies may steadily reduce their usage of residential services – sending clients either directly to OP programs, or possibly reducing the length of stay allowed in residential. While we have offered our IOP/OP services previously to various insurance agencies there is every reason for us to pursue this avenue, again.
2. Continued expansion into Intensive outpatient, and Outpatient services, sourcing clients that are not derived from our own residential services, is an opportunity.
3. The Haven *could* consider expanding into offering IOP and OP services for the other 50% of the population (males), if needs be, in order to capture the full spectrum of clients in need.
4. We *could* develop a Native Ways IOP and OP program for the Native American male population, complete with associated IOP housing.

5. We *could* develop a Partial Hospitalization program, which allows for longer and deeper programming for clients in need. We would require additional medical/psychiatric staff for such a move, but possibly we could consider contracting with such practitioners.
6. Develop and strengthen referral relationships with other local agencies to offer The Haven's IOP therapies, with accompanying housing, to 'their' clients.
7. Similarly, given that our IOP/OP services are well located on a bus route, generate referral relationships to ensure that other agencies' clients do not drop out of recovery for want of a more accessible location for them to attend recovery programming.
8. Other agencies work solely with children: We could use this as an opportunity to establish strong connections with agencies that offer services to children but not to their mothers, and yet the mothers are in need of SUD treatment.
9. Increase IOP housing capacity by either razing older buildings owned by The Haven, or by purchasing additional residential units proximate to the current locations.

Threats

Residential Services:

1. It is predicted that commercial insurances will follow a philosophy that suggests that residential substance use disorder services are no more beneficial than are outpatient services. Referrals to Residential programs may thus decline: and/or the length of time a client is permitted to remain in a residential program may be reduced.
2. Despite the above possibilities, competitors are opening residential services as one of their service offerings.
3. Rates paid by insurances for residential services are likely to decline, in part to encourage agencies to cease providing residential services and move more towards outpatient services. This applies to Arizona's Medicaid (AHCCCS) system, as much as to commercial insurances.

Outpatient services:

1. Competition from other brick and mortar agencies.
2. Competition from new entrants to the telehealth environment: e.g Amazon, CVS, Target, Walgreens, (and possibly insurance companies such as Humana, Cigna, et al., considering vertical integration).

Revenue:

1. Increased competition can lead to a decline in rates paid for either residential or outpatient services, as competitors outbid each other to offer services at the lowest price possible.
2. The dollar amount the state will pay for services to its AHCCCS clients is always uncertain but we have to anticipate a downward trend.

Mergers and Acquisitions:

1. The Haven's strong reputation, and strong financial resources, make us a prime target for being acquired by a larger provider that may wish to reduce its own competition, and / or may wish to enhance its own service offerings without having to develop the service.

IMPACTS OF COMMERCIAL INSURANCES

Insurance companies present both an opportunity to The Haven, and a threat: as an opportunity they exist, and we can potentially contract with them; as a threat, they have requirements for services to their clients that we may not be able to meet (eg. 24 hour on site medical services; psychiatrists and more)

Outcomes: To demonstrate our value to insurance companies and to all / any paying agencies, we will need to demonstrate convincing evidence of, at a minimum a) the value of The Haven's residential services specifically, b) the value of The Haven's outpatient services specifically, and c) the value of gender specific services generally. Value here means both positive outcomes (effectiveness) in terms of Recovery, but also value in terms of costs and benefits (efficiency).

Thus, we will have a strong need to acquire, analyse, and use internal data to demonstrate that we are achieving what we say we are achieving.

Service diversification: We will have to continue to diversify if we wish to remain as a viable and valuable provider in the behavioral health space.

FUTURE DIRECTIONS

Building on the above SWOT analysis, the following are directions that The Haven can consider.

Since 1970 The Haven has been offering services in the Tucson community. The Haven will continue working with other agencies (e.g AHCCCS, AZCH, Banner, United) to reduce the over-prescribing of opiates, we will continue working towards the reduction of stigma associated with the disease, we will work towards introducing the concept of the neurobiological approach to therapies, and we will continue working, as always, for the best of our community.

The Haven will continue to offer - and will strengthen – its continuum of services incorporating a variety of lengths of stay, including residential, IOP services, IOP housing, and outpatient services, and incorporating a wider range of services to include, at the outpatient level, general mental health services.

The Haven will also continue on the path of community visibility; continue strengthening ties with local providers; continue to look for opportunities to diversify, while staying within our Mission.

The Haven is also in the early stages of developing a Foundation, to conserve, preserve and use its assets for the benefit of future women in need.

Technologically, The Haven has already implemented tele-health services, but, as a part of this strategic plan, we will, appropriately, continue to utilize this modality as it has proven effective in many ways. Thus, while *implementing* is not appropriate for this future focused plan*, developing and deepening* the use of tele-health services is.

STRATEGIC GOALS

(Note those listed first have primary responsibility for accomplishing the tactic)

The following goals rely upon The Haven being not only nimble, but also willing to adapt as circumstances require. Speed of reaction may often be necessary. Broadly speaking, strategies cover such as the following, for example: broadening the agency's philosophy beyond substance use disorders, increasing or decreasing programs and service lines as financially dictated, increasing data collection and its targeted use, increasing billing capacity, and widening opportunities for external individuals (e.g. offering specialized training, e.g. for Recovery Support Specialists), which generate increased revenue. Ultimately the aims of the strategies are to grow the business, but in ways that meet the needs of the community.

Immediate Strategic goals, presented in order from the perceived more attainable to the less attainable:

Collaborations and Partnerships:

1. Identify targets for increased collaborative relationships with other substance use disorder therapeutic agencies (e.g. Sierra Tucson, Buena Vista, Palo Verde), but also to include partnerships with agencies that may not have their own substance use disorder residential or outpatient facilities (eg detox centers or hospitals). *Responsibility: Senior Clinical staff, but as connections occur at all levels and by all staff, collaborations are encouraged at all level and by everyone.*

   Tactics and Dates:

   a. Develop up-to-date, comprehensive marketing materials outlining additions to services (eg. Weekend, and holistic therapies) (September 2021)
   b. Schedule key (program) staff clinical meetings with key program colleagues at targeted agencies (September 2021; ongoing).
   c. Establish/schedule a series of meetings between Haven Intake staff and collaborator's referral sources (start October 2021; ongoing).
   d. Ensure regular daily phone calls are made between Intake staff and potential referring agencies.

   Measures: Number of contacts with other agencies; Development of 2 such partnerships/collaborations (Dec 2021); plus utilization of Haven services by other agencies; plus satisfaction of collaborative agency as stakeholder

   Responsibility: Clinical Staff, supported by QM to ensure data points are collected and can be measured.

Technology:

1. Develop the connections between our new electronic health system (KIPU) and both the state's requirements vis a vis the required use of the ASAM continuum, and the incentivized use of the HIE, and ensure that KIPU is capable of inbuilding relevant ASAM technology and interoperability.

   Tactics and Dates: Clinical staff to mediate between JNR, our technology company, and KIPU to ensure that all necessary technological components are in place to enable use of the ASAM continuum. (October 2022). QM and IT staff to mediate between JNR, and KIPU, to ensure the necessary technological components are in place to enable use of KIPU with HIE. (April 2022)
   Measures: Goal attained; ASAM continuum being used; HIE being used;

   Responsibility: Clinical Director plus relevant staff as necessary, including IT, Finance and QM

2. Design and implement a warm telephone chat line for potential clients and for community members in distress. (June 2022)
   Tactics and Dates:
   a. Design appropriate script and responses for staff to use in different scenarios.
   b. Ascertain most appropriate staff to respond to the potential phone calls; and schedule staff accordingly.
   c. Promote the existence of such a chat line via all means of communication (web site; constant contact, facebook etc).

   Measures: Numbers of community members using the warm telephone line, stratified by time of calls, to best schedule staffing.
   Staff responding to the warm line to provide the data; QM to analyse the resulting data,

   Responsibility: Director of Clinical Services for tactics a. and b; Technological staff for tactic c.

3. Augment the web site to include accessible chat functions.
   Tactics and Dates:
   a. Work with JNR, our technology support company, to ascertain what is necessary to attain this goal. (Will it be a live chat, or Artificial Intelligence (AI) responses?) (Feb 2022)
   b. With the clinical staff, design the anticipated questions and the anticipated answers.(May 2022)
   c. Incorporate b. into the website. (June 2022)

   Measures: Utilisation of the chat function, stratified by types of interactions and questions, to best design and redesign the chat, as a result of greater knowledge of what users want to chat about.

   Responsibility: Technology staff , in conjunction with the clinical staff, for question/answer design, and QM for data analysis.

Finances:

1. Subject to the input of the Financial Director, and her insights as to feasibility, decrease the aging of the Accounts Receivable (i.e get the accounts paid sooner rather than later) by 20%, (September 2021).
2. Assess which programs/service lines are underperforming and, in conjunction with the Director of Clinical Services and relevant staff, judge the reasons for the underperformance and design plans to rectify. It is absolutely understood and acknowledged that the effects of the pandemic will have to be taken into account during this process. (Ongoing)
3. With the Executive Director and grant writer, seek funding from state and federal sources for implementation of projects of importance to the community and the state. (Ongoing)

   Tactics and Dates:

   a. Work aggressively with provider relations representatives to correct claims adjudication errors as necessary (Ongoing)
   b. Ensure chart audits are conducted randomly, to confirm that such aspects as authorisations, dates of services, and notes are adequate, to reduce denials, increase revenue, and reduce the delays caused by needed resubmissions. (Ongoing, randomly)

   Measures: Decreased age of receivables; reduction in time from billing to receipt of payment; reduction in number of re-billed encounters; reduction in number of charts needing correction.

   Responsibility: Finance Director, Billing Specialist, QM, Clinical Director

Human Resources:

1. To improve individual staff financial health, implement automatic 403b enrollment deductions for all staff.
2. To improve individual staff financial health, ensure that the appropriate Haven financial match is applied as relevant to each staff member.
3. Offer increased employee family benefits, to be closer to that of other agencies.
4. Add staff that can focus on require staff trainings (new hire orientations; trainings planning, implementation and documentation).

   Tactics and Dates:

   a. Coordinate closely with The Haven's financial plan representatives to establish a schedule for introducing the idea of a required 403b contribution to staff, (collateral development; staff meetings) and to develop related informational materials. (starting January 2022; full implementation October 2022)
   b. Ensure that the budget allows for an increased 403b employer match. (by October 2022)

c. Continue to ascertain the need for staff assistance for trainings, orientations and more. (January 2022)

Measures: Collateral production; staff meetings scheduled; survey of staff to ensure they understand the value of a 403b; time and motion study to demonstrate the need for staff to coordinate trainings.

Responsibility: Human Resources; Director of Operations; Finance Director

Clinical practices:

Native Ways: Increase the profile of our Native Ways programs and promote the residential and the IOP Native Ways services to the native nations.

Goals: a) Recent data indicates 9% of our clients are from native nations. Let us aim for 20% in both the residential and outpatient programs, by the end of 2021, noting that the absolute numbers will increase as the census increases. b) Increase our footprint to serve 20% more native nations than we currently do, by December 2021.

Tactics and Dates:

a. Develop up-to-date, comprehensive marketing materials, covering the new programs and services we plan to offer (February 2022)
b. Ensure a strong Native American presence on our website (February 2022).
c. Establish/schedule a series of meetings between clinical staff and native nations' referral sources (start February 2021; ongoing).
d. Continue to strengthen our Native Ways program, ensuring positive programming, and strongly relevant staffing (Ongoing).
e. Build a sweat lodge/ramada/traditional oven/native garden at the IOP housing. (April 2022)
f. Ensure that Native Ways staff have time and opportunity to devote to the development of Native Ways programs and services.(Ongoing)

Measures: Number of meetings between staff and Native referral sources, Increase in Number of nations served, Increase the number of Native clients served.

Responsibility: Director of Clinical Services, plus clinical staff, Native ways counselors, and QM. Clinical staff will advise QM of the meetings and the numbers; QM will analyse the data.

"Weekend Model": Increase accessibility to residential services by utilizing a 7 day intake model, thus increasing opportunities for women in need to access SUD services. *Responsibility: Senior clinical staff and Residential Program Manager*

Goals: a) respond to the needs of women as and at their time of need, b) decrease time from initial contact to admit date, c) smooth admit load across seven days.

Tactics and Dates:

a. Reorganise assessment team to 7 days per week (December 2021)
b. Establish Intake processes at the residential site (January 2022)
c. Advise collaboration and partner agencies of the Weekend Model (February 2022)
d. Promote the Weekend Model to the community (April 2022)

Measures: Numbers of calls received from potential clients outside of standard '9-5' office hours. Reduction in time from initial contact to admit.

Responsibility: Director of Clinical Services, QM and program manager to design data needs; Program Manager to ensure collection of data; QM to analyse data. Admin Manager to use media outlet for dissemination of information.

Intensive Outpatient and Outpatient Services, Footprint: The clients who receive our Intensive Outpatient services are primarily sourced from our residential services. That is to say, they are on our continuum, from residential, to IOP, with housing, to OP, without housing. While this is excellent for client recovery, it narrows our footprint and makes us too reliant on one revenue base. Broadening our footprint would seem to be essential, both for clients and for The Haven. Aim to have 25% more clients in Outpatient services (whether Intensive or otherwise) by February 2022, who did NOT come through our current service continuum.

Tactics and Dates:

a. Identify the most effective mechanisms to getting the message out about our services to the community eg. Bus shelter advertising; bus wrapping; AZPM, other, and then contract and advertise, accordingly (ongoing)
b. Ensure that we have staffing in place to cope with additional clients (ongoing)
c. Using the identified mechanisms, promote and then provide Intensive Outpatient and Outpatient Services to the wider community.

Measures: Number of external clients receiving our services; number of clients who report seeing us on the bus shelters or on the buses themselves.

Responsibility: Intake staff; QM to analyse data; Admin Manager to use media outlets promote the services.

Intensive Outpatient and Outpatient Services - Program extensions: Currently we offer services, beyond 9-5, to women who are residing in our Intensive Outpatient housing. But other working women also need recovery services. To that end, The Haven will continue its path towards offering Intensive Outpatient and Outpatient services in the evenings, and on weekends, in the offices, to cater to the working women who cannot attend between the traditional 9 – 5 work day, and who do not reside with us. Additionally, we will deepen our program offerings to beyond 9-5, to Native women who are not residing with us in the IOP housing. We aim to have the program extensions up and running by mid 2021, with ongoing additions and refinements occurring. Likewise, broadening our services to include general mental health (eg. Depression and anxiety) for outpatient women will increase our outpatient numbers and help women in our community.

Tactics and Dates:

a. Design or reconfigure appropriate programs (November 2021)
b. Ensure staff numbers for the additional hours (or reconfigure current staff to work 'staggered' hours) (November 2021)
c. Implement programs (Jan 2022)

Measures: Numbers of clients using services outside of the standard '9-5' hours, Numbers of clients with general mental health using our services.

Responsibility: Director of Clinical Services and staff to acquire data; QM to analyse data.

Clinical Program Development that is neither Residential nor Outpatient:

Recovery Support Specialist training and certification for individuals, whether on staff, or from the wider community:

Tactics and Dates:

a. Identify staff best able to design and develop curriculum (October 2021)
b. Launch and promote the certification internally and externally (January 2022)

Measures: To be designed and analysed by QM; data to be collected by staff doing the training and certifying.

Responsibility: IOP Program Manager, QM and Relevant staff.

Infrastructure:

Staff: Increase retention of staff, especially House Managers. While our turnover is lower than the state average, there are many opportunities for improving the statistics (i.e. reducing turnover even more).

Tactics and Dates:

a. Holding townhalls; having staff recognitions; disseminating newsletters and other forms of communication, all designed to increase staff engagement. (ongoing, starting January 2021; newsletters starting November 2021)
b. Promoting educational opportunities for staff, especially house management staff (ongoing, starting January 2021)

Measures: Number of townhalls and attendance at each; surveys assessing staff engagement; number of newsletters produced; number of staff members recognized.

Responsibility: HR to plan and arrange townhalls, and arrange staff recognitions, and, with senior clinical staff promote educational opportunities; QM to disseminate surveys and analyse data; Admin Manager to design and disseminate newsletters.

Insurances: Continue to explore opportunities to acquire contracts with, and become in-network, with commercial insurances such as Aetna & Humana, to enable/encourage their members to access The Haven's SUD and general mental health services. Initially, target members in need of Intensive outpatient, or outpatient services, as the insurance requirements may be far less than needed for members in a residential setting (where 24 hr medical/psychiatric services may need to be provided by The Haven). While we have approached these insurers in past years, we were advised that they have 'enough providers in our locale'. That may no longer be the case. Aim for three new commercial insurances by December 2022.

Tactics and Dates:

a. Identify potential best commercial insurance prospects for *IOP/OP* service member coverage (Mid 2022).
b. Ensure we meet their requirements (administrative and clinical) (Mid 2022).
c. Submit applications (Late 2022)

d. Identify potential best commercial prospects for *Residential* service member coverage (Jan 2022)
    a. Identify their requirements e.g Psychiatric services (July 2022)
    b. Identify by when/if we could feasibly meet their requirements (Dec 2022)
    c. Establish services according to the timelines

Measures: Number of commercial insurances contacted; number of applications submitted.

Responsibility: Director of Clinical Services, supported by Admin Manager for applications, and by Program Managers for establishing and implementing services.

LONGER TERM STRATEGIC GOALS

(Only to be aimed for if feasible and viable – and derived in large part from the perceived opportunities per above):

1. Develop a Partial Hospitalization program.
2. Consider opening a detox clinic, from which clients will feed into our residential services, and thence into the outpatient services.
3. Consider adding a primary care physician to our staff, for both residential and outpatient clients.
4. Continue to pay close attention to improving the property on Adelaide Drive and / or consider divesting ourselves of the western, underutilized portion. Alternatively, we could consider a longer term option of de-licensing the western portion of the property and possibly reconfiguring it into IOP housing, with accompanying programs which can be covered, financially.
5. Increase our stock of IOP housing, so that more clients can move along the recovery continuum, with reimbursement from insurances for the services that we offer.
6. Increasing the 403b % match

Margaret Higgins, PhD,

Executive Director. September 2021