

**THE HAVEN**  
**2020 Annual Report**

**For Presentation to The Board of Directors Jan 2021**

*This report covers Oct 1, 2019 – Sept 30, 2020; while we are currently in 2021, there may still unfortunately be references to Cenpatico, which ceased functioning under that name on October 1, 2018.*

**COMMENTARY ON THE YEAR**

*Full praise to The Haven staff and Board for ensuring - in many ways - the ongoing success of the agency and the services, despite much of the year being consumed by the Covid-19 pandemic. It has been a tough year, but we are strong and clients are receiving services. At this stage, what more can we ask for?*

Stresses: October 2019 to September 2020 was a year of stresses and changes, with Covid-19 affecting a goodly quantity of these months (approximately March – September, 2020, and ongoing, into 2021. Covid has affected client census, staff, mode of program presentation, ratios of staff/clients, finances, and organizational processes and policies.

Staff: Apart from Covid and the Cenpatico/AZCH funding issues, the changes, most notably in staffing, have been wonderfully positive. To recap: On December 23<sup>rd</sup> 2019 the then-Director of Clinical Services offered her resignation effective with a few days' notice. The Quality Manager and the Outpatient Program Manager stepped up to the plate, rearranged their work priorities, and carried the Clinical Services directorship until we were able to employ a new Clinical Director, with whom we are extremely happy. The RN resigned to join family.

Payments: Arizona Complete Health (previously known as Cenpatico) continues its inability to appropriately pay for the services we have given to their clients, and indeed still owes us payments from the last few months of 2019. This inability was recently noted to a consultant (Jay Gray) who is working on behalf of AZCH as they prepare their bid for the state's services to Medicaid (AHCCCS) clients. The following continued to occur from the end of 2019, until the end of September 2020 (and in one variation or another continues to this day in 2021): incorrect payment data input; or paying for fully authorized services then later recouping these payments saying the encounter wasn't authorized, before then realizing that the recoupment itself was incorrect and so re-paying for the services rendered, but again at an incorrect rate. A subsequent complication has been that AZCH pays for the bed and board for clients of United and Banner: yet AZCH payment systems seem unable to complete such payments. Each of these changes has to be reconciled. The administrative burden continues to weigh on our staff. I continue to give full and total praise to Allie Lippard and to Cynthia Duncan, supported by Suzi Armenta. Note however that the smile on their faces that I referred to in my last annual report is wearing very thin.

Services: As has been noted in the behavioral health world, outpatient services are the way of the future, and to this end, the Board of Directors is to be congratulated for supporting the growth and development of our Intensive and Outpatient services. Meanwhile, apart from the presence of Covid-19, the Residential services being provided to the clients are continuing strong, with dedicated staff.

The Annual Report is organized per the Commission on Accreditation of Rehabilitation Facilities and will be divided into Business Functions and Service Delivery.

## 1. BUSINESS FUNCTIONS

### A. Financial

Snapshot: Per Cynthia Duncan, Finance Manager, our income for the period of this report was a little over \$5million (\$5,029,629), with expenses being somewhat less (\$4,799,877), leading to a net gain for the year of \$229,752. Cash on hand was enough for 392 days. The Haven then (and now, at the time of writing this report) remains in a strong position.

*Challenges, action and results:* compared with prior years the challenges were relatively few, vis a vis the paying sources. However, they were serious with respect to the pandemic.

- a) *Challenge:* Staying viable as a behavioral health business during the times of the Covid pandemic. Viability was dependent upon a steady stream of clients accessing our services, for which we could 'encounter' (invoice) the paying insurances with which we are contracted (AZ Complete Health, United and Banner), and upon having an adequate complement of staff to provides services to the clients in our care.

*Actions to overcome the challenges:*

Primarily, the Finance Director and the Executive Director worked diligently with our bank, and with other sources, offering grants, to ensure that we accessed and received as much Covid-related financial support as possible.

Allowed staff to work from home where possible, so that services continued to be offered, and therefore were encounterable, keeping a stream of income coming to us.

*Results:* The Haven received loans and grants and has stayed financially viable.

- b) *Challenge:* Financial challenges to receive payment from AZCH remained with us. United and Banner - apart from some minor payment issues – were relatively 'challenge-lite' compared with AZCH. Positively, however, Haven staff are constantly in contact with AZCH staff as they are accessible and approachable.

*Actions to overcome the above:*

Held constant meetings with senior AZCH staff; Retained good relationships with the payers to help ease the negativity arising from their lack of payment.

*Results:* AZCH worked with The Haven to address the problems which, despite the length of time, are still ongoing. Relationships are cordial and (spasmodically) helpful.

- c) *Challenge:* Learning the necessary coding and billing requirements to ensure payments were received for IOP/OP services rendered was a challenge.

*Action to overcome the above:*

A staff member studied hard and long to become a Certified Billing and Coding Specialist.

*Result:* Very recently the staff member received her certification.

- d) *Challenge:* Keeping expenses down is always a challenge, but was exacerbated by increased staff costs as a function of demand in the work place more widely, and the need for increased staff numbers (and related staff costs) especially during Covid where staff were require to be at home due to school closures, but also at The Haven as front-line workers.

*Actions related to the above:*

Reduced client census as and when necessary.

Offered staff competitive pay rates to ensure we were able to hire staff.

*Results:* The expenses were kept down and we were able to employ staff accordingly.

- e) *Challenge:* Ensuring that we were able to cover all of the costs for the IOP/OP programs while growing the program. (We had to 'staff up': employ staff and incur related costs with only an expectation and a plan to recoup these costs by offering an increased number of billable services).

*Action to overcome the above:*

Ensure that staff fully document encounters, in a timely fashion, to capture compensation for services rendered.

Implemented a different client IOP schedule for enhanced billing ability  
Implementing billing codes to reflect the IOP/OP service offered

*Results:* Revenue covered the costs and The Haven has a thriving IOP/OP program.

Future Actions:

The Haven should, post Covid, work to increase the residential census back to the high 40s – low 50s.

The Haven should continue its growth of strong, viable, and successful Outpatient and Intensive Outpatient programs

The Haven may wish to consider outsourcing the billing function, to enhance our current capabilities.

B. Contracts

Challenges faced, actions taken and results:

- a) *Challenge:* A challenge was to attract insurance contracted/private pay clients into both the residential program and into the IOP/OP programs.

*Actions:*

Very little action was taken to contract with insurances (for The Haven to provide services to insurance-covered clients) for residential or for IOP/OP services during the period of this report, largely because we were totally unsure of whether we would be able to increase our client census during the Covid pandemic.

*Results:* The majority of our clients remain part of The Haven's continuum of services, progressing from residential, to intensive outpatient, to outpatient programming. Very few clients are covered by commercial insurances.

- b) *Challenge:* Prior to Covid, we occasionally had difficulties using the full complement of licensed residential beds, as we had to retain some for babies/children of women coming to us for services. Beds occupied by babies/children reduce the number of licensed beds for which we can encounter.

*Actions:*

When this came to the fore, staff tried to predict how many children would come with their mothers, and reduced the number of beds that could be used for encountering accordingly.

The issue was negated during the times of Covid, as children were not living with us, and we had a reduced census.

*Results:* Pre-Covid, we were sometimes unable to accept the full complement of clients into our residential services. During Covid, the issue of children in licensed beds was moot.

Future Actions:

After Covid is quelled, The Haven will continue to explore with the state of Arizona how to remove the statement that every 'resident' (which necessarily includes babies) must occupy a licensed bed.

C. Clients, & Tucson Community

*Challenges:* To keep our residential (congregate living) clients and our IOP/OP clients as far as possible safe from getting Covid. To remove the widespread (ingrained?) concept that substance use disorder is a disease (it is a moral or ethical failing); To reduce the stigma associated with the disease of substance use disorder.

*Actions:*

-International, national, state, and local guidelines for managing the spread of Covid were researched, read, assessed and applied.

-Medical and behavioral guidelines (Center for Disease control, for example) were, similarly, sought, researched, read, assessed and applied.

-Protective equipment (masks, shields, and sanitiser) were purchased.

-A detailed manual outlining procedures related to the management and mitigation of Covid was produced.

-New cleaning protocols were applied to keep all surfaces as free of microbes as possible.

-Pre and during Covid, but via different mechanisms, staff engaged, networked and gave talks to and with community groups on this topic;

-Sought membership of multiple Boards and committees, working to get the message to the community; -

Encouraged clients to understand that they have a disease, not to be ashamed of; when possible, pre-Covid, had a strong presence during community events, including sitting at tables to promote The Haven and to discuss the disease aspect of substance use disorder.

*Results of the above:* The effectiveness of such talks/networking/meetings is not readily calculable: however, NOT meeting and talking is almost certain to NOT reduce any stigma. We have to hope that constant communication is productive, ultimately.

Future Actions:

Post-Covid, continue to increase the number of talks being given to the community.  
Continue to have clients attending community galas.

D. Personnel (Clinical, Medical & Administrative)

*Clinical and Medical Challenges:*

*Challenges:* To keep our staff safe as far as possible from catching Covid. To ensure that we had adequate, qualified, staff, including PRN staff, to satisfy the needs of the Residential program, and to further develop the Outpatient Clinic. These needs were exacerbated by Covid-19 and its impact on our programs and services. Of major concern was that staff would get Covid, so much of our effort has been directed towards keeping staff safe until a vaccine could become available.

Part of this process was ensuring that staff had the necessary skills to offer virtual therapies (thus working to the twin goals of keeping staff safe, and keeping revenue flowing). Additionally, we were faced with the lack of a clinical director for much of the year, and thus without a formal director for overall clinical service provision to both the residential and outpatient programs.

The RN on our staff decided to resign and move closer to her family in another part of the state. Administrative staffing was stable; there were no challenges to report in that direction. However, having staff time to devote to the administrative load re the billing processes was a large challenge we faced.

*Actions:*

-Staff undertook training in virtual counselling and group therapies.

--With reference to clients, international, national, state, and local guidelines for managing the spread of Covid were researched, read, assessed and applied, and medical and behavioral guidelines (Center for Disease control, for example) were, similarly, sought, researched, read, assessed and applied to staff interactions with each other and with clients.

-A detailed manual outlining procedures related to the management and mitigation of Covid was produced.

-Protective equipment was purchased for staff.

-The Board of Directors was involved in a restructuring of The Haven's organization chart: such restructuring was an opportunity brought to us by the resignation of the (prior) clinical director, and has resulted in the re-creation of a position for a director of operations.

-Acquiring and retaining appropriately qualified clinical and medical staff has always been an ongoing challenge: this past year was particularly difficult due to the pandemic and due to the lack of a clinical director. Actions were as follows: The QM staff, primarily, supported by the IOP/OP Program Manager, became the Acting Clinical Director(s).

At a specific point in time we contracted with a long term affiliate of The Haven's to assume the directorship on an Interim basis. (His own agency had, itself, been affected by Covid and he was temporarily available to us.) This person has also been contracted with, subsequently, to fill in for clinical staff if they should become unavailable for reasons that may negatively affect our program provision.

-Whenever it was necessary we would go outside our usual circle of contractors, and use temp agencies to ensure the necessary *medical* coverage for the residential and IOP/OP programs.

-Whenever it was necessary we used contracted staff to both manage the *clinical* staff and at different times, to provide clinical counselling to clients, in both the residential and IOP/OP programs.

-We advertised and hired an excellent, dedicated RN, and now have 2.5 medical staff members. Again, Covid made this process a lot harder as there was understandable reluctance for any personnel, especially medical, to sign on to an agency where there is congregate living and contagion is that much easier than in other circumstances.

-We advertised and hired an excellent Director of Clinical Services (Frank Pallavicini), and an equally excellent Residential Program Manager (Allison LaCroix).

*Results of the above:*

We have survived the pandemic and we are in a very strong position regarding clinical and medical personnel.

Our clinical and medical services continued to be provided to as many clients as we could safely bring into The Haven.

The new Clinical Director and the new Residential Program Manager, plus the RN, have brought with them organizational abilities: they have designed systems, processes, and practices that streamline the work of the staff. There is a sense of gratitude for the parameters and systems introduced to the work flows.

#### Future Actions

Hire a Director of Operations

Ensure as many staff as are eligible receive the vaccination, giving all due regard to legitimate exceptions to vaccinations (religious exceptions; medical exceptions, for example)

#### E. Facilities & Equipment

*Challenges:* To manage the services we offered, given the presence of Covid. Otherwise, we have, and will continue to face, the same challenges as we have faced for many past years. These can be summarized as keeping the property on Adelaide Drive in an acceptable state via constantly upgrading the rooms, the houses, and the common rooms such as the upper recreation room and the dining room. The AC, heating, floors, bathrooms, roofs, and utility usage are permanent problems, plus there are constant plumbing issues. Additionally, we completed the purchase of a property on Glenn (now name Refugio3727,LLC) to provide housing for clients in our IOP program: such housing meets one of the Social Determinants of Health: the challenge was to ensure the property was fully inhabitable by our clients. During the process of ensuring the quality of the property for full occupancy, Covid hit, client numbers declined, and full occupancy was not possible.

#### *Actions:*

-Purchase of computer equipment (e.g. more laptops) for staff members to *offer* virtual therapies, from their safe home (or if possible and safe, office) environments.

-Purchase of hot spots, tablets and other technological equipment to enable clients to *receive* services via technology.

-Engage more actively with our technological support company to provide support for staff and clients who are giving/receiving services.

-Acquisition of furniture for Refugio3727

-Re-roofing of Refugio3727

-Establishing internet connectivity at each of the casitas at Refugio3727

-Renovation of bathrooms at the Adelaide residential property

#### *Results of the above:*

Services were able to be given by staff and received by clients, as safely as possible, throughout Covid.

Refugio 3727 is in quality condition, waiting for full occupancy

The residential property on Adelaide Drive continues to be improved and looks very good.

#### Future Actions:

License Refugio3727 to allow for the offering of (encounterable) group therapies.

## **2. SERVICE DELIVERY**

### A. Effectiveness (are we achieving results)

Effectiveness is assessed by the following, and while these metrics can generally be reported without caveat, it needs to be clarified that each of the following metrics were affected by the pandemic. Covid affected our clients, our staff, our services, and our finances in every conceivable way, as articulated in the following.

*a) Number of clients served:* Covid affected the number of clients we could serve by virtue of individuals not wishing to be in a congregate space; by virtue of staff having to be off work due either to potentially catching Covid itself, or the fear of catching Covid, or the fear of transmitting Covid to elderly relatives at home, or to having to be off work due to schools closing and children having to be home schooled.

*b) Number of days clients stay in therapy:* Covid caused stress, anxiety, depression and other mental anxieties such that clients felt unable to stay in their recovery, either at our agency, or in recovery in their personal home environs.

*c) Number of clients who move from Residential to Outpatient services:* A reduced number of clients in residential necessarily causes a reduced number of clients moving along the continuum of services into IOP and / or to OP

d) *Number of days that clients are abstinent:* repeating b) above, the mental stresses of Covid and / or fear of Covid have a direct effect on the ability of clients to stay in their recovery.

*Service Delivery Challenges involved:*

- a) Keeping clients safe from Covid during therapy, especially during group therapy sessions.
- b) Keeping clients safe from Covid while living in a congregate arena at the residential site on Adelaide Drive.
- c) Keeping staff, who are providing therapeutic services, safe from Covid.
- d) Hiring sufficient qualified staff to deliver quality services.
- e) Pivoting service delivery from in-person to virtual therapies in the IOP/OP programs.
  - a. This challenge related both to the technology needs, and the staff technological abilities.
  - b. This challenge also relates to technological hardware and related technological connectivity.

*Actions:*

- a. We immediately contracted with a local agency (Escalera) to have staff and clients tested regularly for Covid. Escalera came to our site.
- b. Clients and staff were issued face masks, and sanitizing gels.
- c. Cleaning regimens were established for communal rooms and for personal rooms, especially when being vacated between clients.
- d. Distances between clients during group sessions and in communal areas were established.
- e. Staff were trained in virtual service delivery.
- f. Appropriate technology was purchased and connectivity was established.
- g. Medical staff and clinical staff established protocols for staff including hand washing, sanitizing gel use etc.
- h. Medical staff and clinical staff established protocols for quarantining clients who were deemed Covid positive.
- i. Intake staff established protocols for clients who were coming into our program.
- j. Programs were designed for clients who were in quarantine, and such clients were assessed every fifteen minutes.
- k. Staff all had to (and continue to) attest on a daily basis to their being Covid symptom free.
- l. No visitors were allowed onto the residential property.
- m. I am sure there were many more actions taken as a result of Covid, to minimize its impact on our service delivery: for full information about our actions please feel free to ask to see a copy of our Covid response manual.

*Results:* While The Haven services, staff and clients have been challenged, and will continue to be challenged, we settled into a new normal, and we are confident that the actions taken above have afforded us the capacity to continue offering services to our community, and to improve.

**B. Efficiency (input/ output)**

*Challenges:*

- a) Paying wages and salaries for staff while having a reduced census.
- b) Having staff working from home, without being necessarily able to judge their output.

*Actions:*

- a) Accepted that due to Covid and its exigencies, we could not hope nor expect maximum efficiencies.
- b) Continued to give staff encouragement and the knowledge that The Haven is there for them and would continue to be supportive of their needs and their concerns during the trying times.
- c) Continued to monitor revenue and expenses, ensuring transparency where relevant and judicious, with internal staff.

*Results:*

- a) Staff stayed with us; clients, while reduced in numbers, came to us; our efficiencies were not as high as we would have liked them to be but axiomatically they could not be as high (we had to retain the staff despite the reduced number of clients). But to be positive, The Haven has survived as an agency and exists to provide services to future clients.

### C. Access

#### *Challenges:*

Our primary challenge was, quite simply, during the year of this report, to 'stay afloat' in term of service provision and in terms of finances. To that end, the challenge related to access was to encourage clients to access our services, despite Covid, and to keep such clients safe. Our challenge was to reassure the community that we were taking every precaution possible to keep clients safe from Covid.

#### Improvement Needs

- a. Expansion of our Outpatient services
- b. Expansion of our Intensive Outpatient services
- c. Continuation of our strategy of moving high functioning residential clients to Intensive Outpatient services, with housing. Such mobility of clients eases the bed restrictions we otherwise face at the residential site.
- d. Removal of the licensed-bed-requirement for children would be enormously helpful as licensed beds at residential would be free for adult clients.

### D. Staff and Client Satisfaction

Staff satisfaction: The Haven conducted an Employment Engagement Survey this year to assess staff satisfaction in a number of areas including the work environment, benefits, leadership/management, communication, teamwork, safety, ethics, and the value of our organization. Overall, Haven employee responses were above industry benchmarking standards in most areas, and significantly above benchmarking in the following areas;

- Fiscal well-being and stability of the organization
- Benefits package
- Staff engagement in work duties
- Diversity and inclusiveness of The Haven
- Social responsibility of the organization
- Positive impact of The Haven on people's lives

Two areas were identified as the focus of future quality improvement efforts. Those two areas were;

- Staff perception of teammates' resiliency and responsiveness to organizational needs
- Staff perception of communication and trust with management

*Some comments that we received from staff during that survey include:*

- *"I really appreciate the open-door policy with management here. It's not always common in the work place."*
- *"I want to say thank to The Haven. On November 18,2019 my mom past [sic] away and I was able to take time off. When I work only 2 days. That was rough time in my life. So excited to see what next year brings us. "*
- *"I believe staff could use more opportunities to boost overall morale and engagement across the organization. Due to the time we are in, burnout appears to be especially high. I do believe that The Haven appreciates the staff (and the compensation is very much appreciated) but I think we could all benefit by having more team-related interactions that would increase communication skills, empathy, and support."*

Client satisfaction: is measured in a number of different ways including distributing monthly Client Experience Questionnaires and responding to Client Feedback submissions on an ongoing basis. The results of this information are tracked and analyzed for trends. More information can be found in the QM/PI Annual Report, but in general, client satisfaction results show that we have some strengths and some areas for improvement. Areas of strength include;

- Likelihood of clients to return to The Haven if needed in the future
- Likelihood of clients to refer The Haven to a friend
- Responsiveness to cultural needs
- Improvement in client levels of functioning and mental health status
- Degree of help received since starting treatment
- Quality of staff engaged in providing treatment and support to clients

Some areas for improvement include;

- Involvement of family or other supports in treatment
- Staff interactions during tense situations
- Gossip
- The ever-present issue of getting enough phone time.
- Applying accountability fairly

Here are some of the comments we have received from the surveys and client feedback forms over the last fiscal year;

- "Thank you for all you do, nothing is perfect but, you're close"
- "They don't listen when they are busy. I've only been here 7 days. Everyone has been very kind. Love it here. Thank you".
- "Respect depends on the staff - some are very helpful, some are intimidating"
- "This is an excellent program and staff. Everyone goes above and beyond. I'm so glad that I came to this program".
- "I love how much Mary C has gone above and beyond helping me get settled. She made my experience memorable."
- "I appreciate Diane's (Matney) attitude and work ethic. Always busy, kind, generous, not reacting to negativity 😊"
- "Don't post messages to call someone and then make them wait until phone times"

Summary:

After reading the above, it is clear that The Haven has experienced many challenges this year, but the challenges were brought about by external circumstances, the most egregious of which was Covid-19 and its impacts. Importantly, The Haven has, to date, weathered the impacts and is in a strong position - with solid, professional, experienced, committed staff, and a healthy financial base – to continue working with women to create a healthy community. All of the staff and clients at The Haven thank the board members for their commitments and dedication to our work.

*Respectfully Submitted*

Margaret Higgins, PhD  
Executive Director. January 19 2021