

THE HAVEN
CEO's Report
Submitted to the Board by Aimee Graves
April 17, 2025

Finance

For March 2024, Cash; Investment; and net Accounts Receivable balances are \$3.6m with 193 days (6.31 months) cash on hand, down 2.74 days from February. The Current Ratio, current assets over current liabilities, is 4.81 to 1. All of the investments are included in this calculation and none of the long-term debt, \$1.6m. At March's close, 94% of non-American Indian AHCCCS Client Accounts Receivable were aged at 90 days or less.

Only 19% of American Indian AHCCCS (AI AHCCCS or AIHP AHCCCS) Client Accounts Receivable is aged at less than 90-days. We are getting payments on previously denied claims by billing a different code. We are not getting denials like we were when we insisted that they adjudicate our claims. But this payor is slow.

The Net Operating loss for March was -\$75,135, an unfavorable variance to budget of \$80,883 (-1,307%). Revenue for March was 84% of budget (under budget \$100,497 in earned revenue) and Costs were 97% of budget (down \$19,614 from budget). The average daily census at Residential was 34 with a budget of 48 and the average daily IOP day code billed was 43 with a budget of 59. Residential Therapist staff are assisting with OP members because the OP Therapist position remained unfilled in March.

For the six months ended March 31, 2025, the Operating deficit is -\$426,454 compared to a budgeted gain of 11,349. Last year at this time the Operating deficit was -\$292,492.

Accounts Payables and the credit cards are 59% current. Insurance premiums for liability and workers' compensation are being paid in monthly installments. Rent is being paid on the 1st day of the month. \$0 was pulled from investments In March. MetLife has not been able to invoice us since the beginning of the year. We should know within a month the amount of the 403b non-participant contribution for calendar year 2024.

Residential YTD	Outpatient YTD	Program other (intake & QM)	Admin Development YTD &	Total YTD
-\$105,196	+\$236,281	-\$276,023	-\$281,516	-\$426,454

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On March 26, The Haven received a "stop work" order, effective March 24, on the Federal SUBG ARP grant that was being passed through Arizona Complete Health. Two of the grant funded positions (the Alumnae Program and Indigenous Services outreach positions). The third position was Assessments Outreach; that position has been transitioned to a budgeted but vacant Assessments Specialist (a revenue generating position).

We have identified five actionable items that we believe will lead to revenue generation. While still in the early planning, research, and implementation phases, these include:

1. Doubling the use of our existing IOP space (fixed costs) by building out our afternoon/evening programming.
2. Increase IOP housing on Adelaide parcel by converting the duplex into IOP housing and excluding it from the Residential license footprint. With rooms remodeled to bedrooms in 2022, we could ask for a license for 52 residential beds rather than our current 54. Doing this will increase the current number of IOP beds by 10, for a total of 66 beds. We are exploring the viability of increasing the number of IOP beds on the Adelaide property beyond this initial 10.
3. Expanding our programming to include general mental health (GMH) across Residential, IOP, and OP levels of care.
4. Revamp our outreach strategy to put emphasize marketing, sales, and business development over tabling and positive visibility in the wider community.
5. Continuing to build and strengthen The Haven's major gifts and planned giving programs.

These five actionable items are not a replacement of our ongoing efforts to increase utilization of our current payor contracts; advocate for rate increases; communicate with AHCCCS, elected officials, and others about the new *Behavioral Health Covered Services Guide's* limitations; and navigate ever changing prior authorization practices from the health plans and AIHP. Rather, these are additional strategies on which we are proactively moving forward, even as we assess both lines of business for viability.

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Development and Communications

Breakdown	Year to Date	Goal FY 25	Progress
# individual donors \$1,000 +	8	25	32%
# individual donors \$1-999	237	175	135%
# individual in-kind donors	64		
Raised from individual donors	\$115,775	\$137,000	84.5%
Average gift (excluding gifts over \$1,000)	\$178	\$300	
Median gift	\$110		
# organizations/businesses	41		
Raised from organizations/businesses	\$38,771	\$40,000	96.9%
# Grants submitted	8		
# grants received	5		
Raised from grants	\$78,500	\$135,000	58.1%
Raised from awards	\$40,000	\$80,000	50%

Campaigns			
End of year giving	\$33,989	\$35,000	97.1%
Tax credit advertising	\$11,552	\$15,000	77%
Chrysalis luncheon	\$52,518	\$43,000	122%
Mother's Day		\$5,000	
Champions for Recovery		\$40,000	
House Parties		\$5,000	

We will finish our Tax Credit campaign on April 15. We sent 250 postcards to donors reminding them that they can use their Arizona State tax credit to support The Haven. We raised \$11,552 which was 77% of our target. We did not advertise in any magazines or newspapers this year but will consider it for next year.

We received a \$10,000 grant from Arizona Complete Health for IOP Recovery Housing. The funding will be used to cover the cost of household supplies, hygiene products, and emergency food pantry. Seeking additional grant

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funding for the Recovery Housing has been one of our priorities this year. We have submitted an application for Bank of America and are working on applying funding from Lerner & Rowe Gives Back for the same purpose.

Furthermore, we have applied for O'Reilly Automotive Foundation for our Member Assistance Fund and are applying funding for the Native Ways Program from Arizona Bowl.

We provided housing assistance from Reyn's Fund for five graduating IOP members. Three of the members moved into Oxford House, one moved into the Well Women's Serenity House, and one into Aim High Housing Foundation. Currently it is very hard to secure stable housing for members who are discharging from IOP. Several housing assistance programs and grants have been terminated, and Section 8 has been on hold for a year. As a result, if members are unable to secure employment during their time at The Haven, shelters are one of the only options right now. Discharging members into a shelter is not ideal as many people in shelters are still using substances and there are a lot of triggers. Reyn's Fund allows The Haven to support members as they reenter the community.

The Rejuvenation campaign is in full swing. Our overall goal is to add more art, paint some walls, create new murals, add greenery, and replace worn-out furniture. We have already met with two artists about creating new murals. Jodie Lewers Chertudi is creating a design concept for the Glenn housing complex, and we plan to invite IOP members and other volunteers to help paint the murals! Thanks to Hellene Henrikson Legacy Fund's grant funding, we purchased new outdoor furniture for the housing complex. Caliber White is a student at the University of Arizona, and she is working on some ideas for the biggest IOP group room. She would most likely paint the murals with fellow students.

Our most popular social media post for the month was pictures from the Chrysalis Luncheon. The post gained 1,160 views and 39 interactions.

Because of the SUBG ARPA (Substance Use Block Grant funded by the American Rescue Plan Act) was terminated, we have stopped our Alumnae Program, Indigenous outreach, and many general outreach activities. We will end the outreach program with a bang by tabling at three different events on April 5. The Haven will participate in NAMIWalks, Red Road to Wellbriety celebration, and SAAF resource fair all in one day.

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We are also organizing one last alumnae event, a farewell picnic in a park on May 9.

On March 7, we met with Representative Stephanie Stahl Hamilton and Michelle Crow from Arizona Children's Action Alliance. Both visitors expressed their appreciation for the tour and openly expressed their interest and admiration in learning more about The Haven's programs and success stories. They also requested follow-up email with documents provided by Aimee to explore potential avenues for assisting The Haven in recovering funds owed from AHCCCS.

Administration & Facilities

Billing

- Billed 5,838 units of service for a net of \$439,413.
- Posted \$346,248 in payments and \$136,544 in contractual adjustments and denials.
- Submitted November and December 2024 claims to AHCCCS for AIHP members.
- AHCCCS paid some previously denied claims that no action was taken upon.
- AHCCCS will pay 12 units of H0004HQ (a three-hour group) with the same documentation for which they denied the H0015 (IOP day code) – no change in the service.
- Participated in RevJen exercise.

Information Technology

- Work continues on 'reorganizing' the SharePoint drives. Normalizing our electronic document storage.
- Company score 700 of 800 in gamified micro-trainings.
- Demo-ing a Customer Relation Management system that interfaces with KIPU.
- Annual review of vendors with credit card providers (e.g., Blackbaud, Square) PCI DSS
- Completed new camera use policy.
- In contact with Cartridge World to see if they can meet our supply and service requirements for the Xerox copiers that we will own in August
- Reviewed all IT & Finance policies.

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Facilities

- Converting HVAC systems from heating to cooling
- Drug Dog visit
- Acquire and assemble Power Snake
- Refurbish table saw.
- Acquire and replace dead ice machine.
- Run wire for cameras in IOP room 17.
- Measure redwood fencing for potential Duplex conversion from Residential to IOP housing.
- 76 tickets for repairs, maintenance, moving, replacement
- Strongly encouraging program and administration staff to purchase non-office supplies themselves so that Facilities staff can focus on other things.
- Implementing monthly and quarterly checklists for health and safety.

Other

- Avoiding the lack of occupancy permit with the Duplex (1017 E Adelaide) by proposing to ADHS just the rooms in H 1 – 4 and the Quad (67 total – currently 54) for the Residential program. Propose to turn the Duplex into IOP housing. Pain points will be architect certification and the “scope of services.”
- 990 completed, to Finance Committee for approval.
- Received a \$9k share of Pima County's FEMA funding.
- Working on moving 403b funds from Nationwide to Capital Bank and Trust
- Wrapped up the SUBG/ARP grant after a stop-work order effective 3.24.25.

Programs & Services

Latricia Clary continues to support the Clinical Management Team in the absence of a Vice President of Clinical Services, providing resources, guidance, and collaboration on staffing, training, and process improvements. Her efforts prioritize employee well-being and the delivery of high-quality client care.

We continue to recruit for this position and have received several additional qualified candidates from Duffy Group, who is conducting an executive search.

We continue to integrate the programs more effectively and cross-training staff to work across programs.

- IOP educators are facilitating are groups for residential.
- The 3 Residential therapists are providing 8 hours of therapy services to IOP members per week to help while the IOP program actively recruits more therapists.

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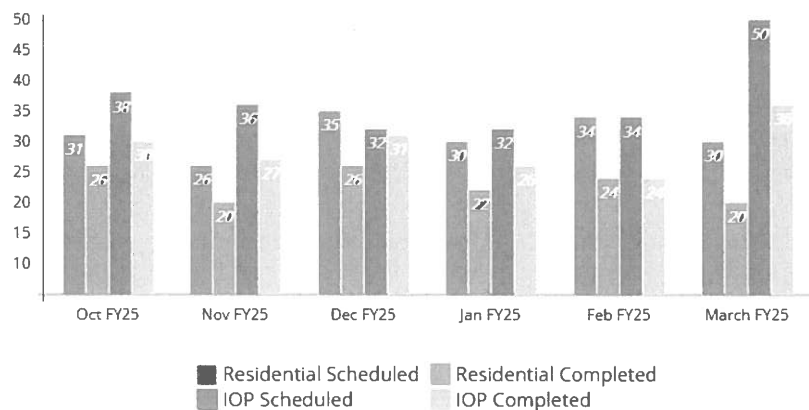
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- Nati continues to provide two, 3-hour groups weekly for IOP to support the Native Ways program in IOP while they are recruiting for a Native Ways therapist.
- With the current RT shortage, all recovery coaches, the educators, medical case aid, dietary manager, and therapists have offered all the support they can to cover the RT shifts. The PRN staff have been working hard to fill the gaps in the schedule. Even full-time staff have been picking up extra shifts or partial shifts. Overnight staff are willing to cover day shifts when possible or adjusting their schedule to accommodate a shift in the middle of days and nights. The IOP Educators have also been covering RT shifts at Residential. Everyone is pulling together, cross training, and holding fast during this prolonged workforce shortage. Everyone is working together as a cohesive team so that The Haven provides quality services for members.
- Residential hosted the joint IOP/Residential monthly potluck lunch. We celebrated St. Patrick's Day and Women's History Month with the theme, either a green food dish or a dish that was inspired by an important woman in your life. Everyone had a great time and many IOP staff were able to see residential for the first time (aside from New Hire Orientation).
- Savannah Robbins resigned from the RN Manager position on 3/20/2025 and remains as a PRN RN and covers the weekend shifts. Melissa Wilt, our other RN is now working Monday thru Friday to cover the nursing needs, while Savannah covers the weekend shifts.
- Both of the new RT Supervisors started, Chris Miller and Dawn Daly. Both are doing a fabulous job already! They are consistently looking at areas. for improvement, are looking at everything from a risk and safety perspective and have jumped in with supporting RTs. Both are incredibly passionate about recovery, supporting the members, and supporting RTs.

Admissions

ADMISSIONS TRENDS



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- We had a 13% increase in referrals from February 2025 to March 2025.
 - A total of 133 referrals were received in February 2025.
 - Of 133 referrals,
 - 55 were referred to and approved for IOP programming at The Haven.
 - 31 were referred to and approved for residential programming at The Haven.
 - 47 were declined, referred outside of The Haven or incomplete referrals.
- (2) Primary Diagnosis: Mental Health, (3) Primary Diagnosis: Medical, (1) Primary Diagnosis: THC, (1) Primary Need: Housing (9) Referred outside of The Haven, (3) Member enrolled with Commercial Insurance, (2) Member enrolled with Health Choice/Mercy Care, (5) Referred to detox, (1) Member enrolled with Dual Commercial insurance, (2) Alternative placement found, (2) Not eligible for AHCCCS, (2) Member not willing to taper or discontinue Benzo Rx, (14) Lack of contact from agency or member despite attempts to follow up.

MARCH GRAND TOTAL SNAPSHOT:	
TOTAL # INTAKES SCHEDULED:	80
TOTAL # OF ADMISSIONS:	56
TOTAL # OF NO-SHOWS:	7
TOTAL # OF CANCELLATIONS/RESCHEDULED:	17
TOTAL # OF UNPLANNED DISCHARGES:	Res 10, IOP: Admissions staff is not provided with this information
TOTAL # OF PREGNANT ADMISSIONS:	0
Note: <ul style="list-style-type: none"> • The Haven's third Admissions Specialist was hired on March 10, 2025, which has resulted in an increased number of daily intakes. The Haven's Admissions staff can accommodate 6 intakes daily. • 1 Residential bed space reserved from March 6, 2025-March 31, 2025. (member is autoimmune sensitive requires own room) • 1 Residential bed space reserved from March 1, 2025-March 31, 2025. (one child) • 1 Residential bed space reserved from March 1, 2025-March 21, 2025. (one child) • IOP bed spaces all accounted for with a standby list. • IOP standby list: 5 members • 1 OP intakes completed by IOP staff. • Number of pregnant women entering treatment increased from 0 to 4 members. • 16 Pima County Jail/In Custody Referrals, 2 Santa Cruz County Jail/In Custody Referrals • Residential and IOP combined referrals increased in March 2025, from February 2025, by 25%. <p>As a result, Residential and IOP combined scheduled intakes increased in March 2025 from February 2025, by 18%.</p> <p>Residential and IOP combined completed intakes increased in March 2025 from February 2025, by 17%</p>	

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MARCH RESIDENTIAL SNAPSHOT		
TOTAL # INTAKES SCHEDULED:	30	(5) fed pre/pro, (7) justice, (1) self-referred, (12) detox/hospital, (1) word of mouth, (1) Arizona Family Connections, (1) COPE, (1) CMS, (1) The Haven IOP
TOTAL # OF ADMISSIONS:	20	
TOTAL # OF NO-SHOWS:	3	(1) Justice, (1) Word of mouth, (1) Buena Vista Detox
TOTAL # OF CANCELLATIONS/RESCHEDULED:	7	(2) detained, (1) declined services, (4) cancelled
TOTAL # OF UNPLANNED DISCHARGES:	10	(10) ASA, (0) AWOL, (0) arrested, (0) HLC, (0) admin d/c
TOTAL # OF CHILD(REN):	2	(1) child residing with her mother from 01.15.25-3.21.25, (1) child residing with her mother from 2.7.25-present
TOTAL # OF PREGNANT ADMISSIONS:	2	

MARCH IOP SNAPSHOT:		
TOTAL # INTAKES SCHEDULED:	50	(13) The Haven Residential, (2) fed pre/pro, (1) justice, (6) ARC IOP/RTC, (2) Villa Maria RTC, (1) Buena Vista RTC, (1) Buena Vista outreach (1) El Dorado Springs, (1) CMS, (2) COPE, (2) Amity, (1) Casa De Vida, (1) Hope of Life LLC, (2) Terros Health, (3) DCS, (5) word of mouth, (1) Tucson Indian Center, (1) CBI, (1) La Frontera, (1) OPCS, (1) El Rio outreach, (1) HOPE
TOTAL # OF ADMISSIONS:	36	
TOTAL # OF NO-SHOWS:	4	(1) Buena Vista Outreach, (1) DCS, (1) El Rio Outreach, (1) Haven residential
TOTAL # OF CANCELLATIONS/RESCHEDULED:	10	(0) detained, (2) rescheduled, (8) cancelled,
TOTAL # OF UNPLANNED DISCHARGES:	N/A	Admissions staff is not provided with this information
TOTAL # OF PREGNANT ADMISSIONS:	2	

Outpatient

- We held an employment fair for IOP members. Goodwill Industries, DKA and YWCA were present, and members reported finding the fair to be a valuable resource in their goals for finding stable employment. We plan to host an employment fair regularly, every other month, moving forward.
- We hosted Caroline Antone from KXCI radio as part of the Native Ways Distinguished Speaker series. Member reported feeling inspired by her story.

Member stories from March

Jessica came to The Haven 01/2025 and completed IOP successfully. She transitioned to OP services. Jessica shows strength and resilience in navigating challenges and making a positive impact in her community. She has a positive

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attitude towards her outlook for her future, which showed in her determination and accountability when challenges presented. She had great communication with her treatment team and dove deep in her one-on-one therapy sessions. She secured housing by going to Oxford house. She will start cosmetology school soon and is very excited to expand her career choices. While here, Jessica has learned how to identify her triggers, warning signs and how to practice her coping skills. Through therapy groups and individual therapy sessions she has learned how to identify clearly when she is experiencing any challenges.

When *Amber* first arrived at the Haven she was struggling with a lack of coping skills and low self-confidence, but she dove deep into her recovery through her commitment to programming and demonstrated courage and vulnerability by exploring her past challenges in individual therapy. Amber has found joy and healing by sharing and giving feedback in group therapy, and by learning about the neurobiology of addiction and forming healthier coping skills through the Haven's psychoeducation and curriculum groups. She has grown in her ability to identify the underlying cause of triggering emotions and to regulate herself when she is feeling overwhelmed. Amber's kind spirit, her consistency, participation, and determination have helped her to build greater self-confidence, grow interpersonal relationship skills, and expand her personal coping skills toolkit. Upon program completion Amber's goals include securing employment and reconnecting with family.

Outpatient Census Updates

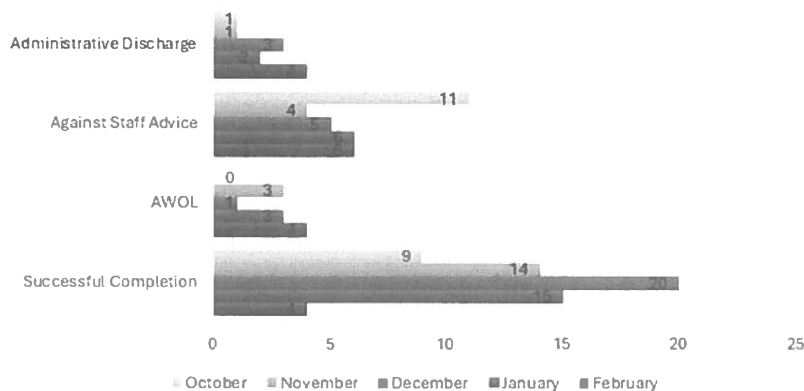
- Total Outpatient census = 55 members.
 - 4 - IOP-External (not in Haven Recovery Housing)
 - 51 - IOP in Haven Recovery Housing (Maximum capacity 56)
 - 17 - IOP-Native Ways (in Haven Recovery Housing)
 - 0 - IOP- Native ways (not in Haven Recovery Housing)
 - 17 - OP Census
- 14 Successful IOP completions
- 13 Unsuccessful IOP discharges
 - 5 - discharged due to lack of contact
 - 0 - administrative discharge
 - 4 - declined further services

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- 4 - IOP Transfer
- 3 Successful OP completions
- 2 Unsuccessful OP discharges
 - 1 - discharged due to lack of contact
 - 0 - administrative discharge
 - 1 - declined further services

Residential

Residential Discharge Trends FY' 25



- 23 Residential Discharges
 - 13 were successful discharges.
 - 3 went to The Haven's IOP
 - 1 transferred to another level of care that was more appropriate for their needs, which is still successful for their situation.
 - 0 left AWOL!
 - 0 were Administratively Discharged!
 - 10 Left Against Staff Advice
 - 2 left same day as admission, 1 because she was released from jail and her probation termed that day, another because she expressed, she was not ready for residential treatment.
 - 3 left within 10 days of admission due to outside circumstances, like family issues they wanted to address.

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- 1 left due to bringing in a THC vape, reportedly sharing with peers, and other peers being upset with her for hindering the recovery environment.
- 1 left after 13 days because she reported wanting to use, she was attempting to get a peer to leave with her who ultimately decided to stay; member previously left treatment AWOL within a few days of admission.
- 1 left after 26 days because she reported not feeling ready, she had wanted to leave the entire time she was in treatment and her treatment team and Res Techs helped support her regularly and encouraged her to stay as long as possible.
- 1 left after 33 days because of family being in a critical accident. She was expected to follow through with IOP admission but did not.
- 1 left after 53 days to support her sister, which member reported was a chronic trigger for her.

Residential Events

- 3/2025-Social Worker Appreciation Month. All Social Workers received a special gift this month!
- 3/5/2025-Ash Wednesday. A local Episcopal priest came to provide ashes to members and staff who were interested in receiving them.
- 3/7/2025-House of Representatives Stephanie Stahl Hamilton toured the residential property and met with admin regarding the program strengths, needs, concerns, and community impact.
- 3/12/2025-A residential member was interviewed by the news for her engagement in the Tucson Indian Center Leadership classes and it aired this night.
- 3/13/2025-Chrysalis Luncheon at Tohono Chul. Twelve members and a few staff attended, and they all had a fabulous time. This was a great opportunity for members to learn more about The Haven, what fundraising efforts help maintain the organization, and have some sober fun!
- 3/17/2025-St. Patrick's Day. Many members and staff wore green to celebrate!

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- 3/18/2025-The Tucson Indian Center Leadership Classes resumed.
- 3/21/2025-National Native HIV/AIDs Awareness outing. All members attended and had a great time and brought back lots of goodies.
- 3/26/2025-SAAF provided HIV and Hep C testing on site for members who were interested.
- 3/31/2025-Women's History Month education group.

Celebrating Families!

- We completed our 9th group of the 4th round of CF! in February. There has been a consistent group of participants. They have been very engaged in group and eager to participate.
- We had 2 members complete on 3/5/25 because they started in the middle of the previous round of groups.
- 3/26/2025 was one of the best groups, the Connecting with Family group has an activity that role plays how addiction impacts the whole family; the whole family unit being stuck in a big piece of bubble gum. This is almost always the most impactful and eye-opening group for members and their families.

Upcoming Residential Events

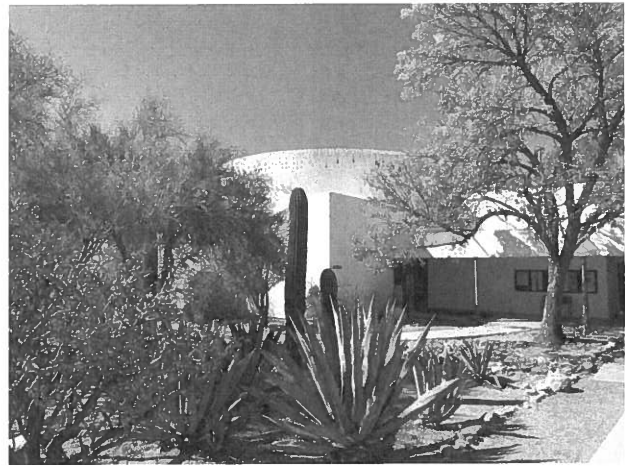
April	Occasion
4/2025	Sexual Assault Awareness Month
4/2/2025	Wear Teal Day in support of Sexual Assault Awareness Month
4/3/2025	Wildcats Roar Against Sexual Violence Resource Fair and 5K Run/Walk/Roll Event at the U of A
4/5/2025	Wellbriety Native HIV/AIDS Awareness Event at the San Xavier Co-Op
4/5/2025	NAMI Walk
4/10/2025	Annual Residential Picnic at the Park
4/14/2025-4/17/2025	Safety and Justice Challenge Network in Chicago, Nati and Sandra will be attending
4/16/2025	Dine Out For Safety SACASA Fundraising Event
4/19/2025	Women's Empowerment Photo Shoot at Residential
4/20/2025	Easter Sunday
4/22/2025	Earth Day
4/30/2025	Denim Day

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Native Ways

In honor of International Women's Day on March 8, the Alumni team hosted a Wellness Day Retreat. All participating members were from the Native Ways

Program, and one member was accompanied by her daughter—a beautiful intergenerational moment. We organized the event at the Tucson Unity Church, where we provided nourishing food and facilitated a series of wellness activities. These included a Labyrinth Walk, a silent walking meditation, a mat yoga class, and a closing talking circle.



- We set up a life skills opportunity with Tito from Flowers & Bullets for our Native Ways members to learn traditional cultural gardening practices and acquire agricultural work skills to add to their resume.
- On March 12, The Rainbow Treatment Center made the trip down from the White Mountains for a tour of The Haven. We began in Admissions, where we introduced the standard operating procedures for members and staff and thoughtfully answered all of their questions. The group then visited IOP for a brief walkthrough, followed by a tour of Residential. One of the highlights of the visit was their time in House 5, where they joined Haven Board member Miguel Flores and the Native Ways staff for an intimate share circle, blessing, and Q&A. The experience was deeply meaningful and well-received. Afterward, we enjoyed a catered lunch from Eegees and gave them a tour of the boutique. The group left feeling inspired, and they expressed their intention to refer members to The Haven.

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- On March 20, we traveled to Phoenix to tour Native American Connections. Serving over 10,000 individuals across 26 sites in the Phoenix area, their organization offers a program with similarities to Native Ways. While they do offer sweat lodge ceremonies, they currently do not provide traditional medicine as part of their services. The visit was mutually beneficial—Native American Connections plans to refer members to The Haven, and we will be able to refer members seeking treatment in the Phoenix area to them.
- On March 26, we hosted our first Distinguished Speaker of 2025, who was well-received by both IOP and Residential members. Tina Andrew, host of *Cultivating Indigenous Voices* on KXCI Radio, spoke at IOP to an audience of 60 members and a dozen Haven staff. The Residential program was able to join the event live via Teams, bringing total participation to nearly 100. Nora shared that her Native Ways group found the speaker to be “inspiring and relatable,” a sentiment that echoed the overall positive response from attendees.
- We continue to provide transportation for Residential members to the Leadership Workshop Development Series at the Tucson Indian Center—an empowering and impactful program that supports personal and cultural growth.
- Lastly, we are excited to announce that our Alumni member, Martha, has been selected as the new drum teacher for Native Ways. She will begin leading weekly drum classes at both IOP and Residential starting in April.

To prepare for this role, Tracy and Martha went to Sedona for a drum facilitator training—an experience The Haven invested in to ensure continuity and sustainability of the NWP's services.

Workforce

- In March 2025, Human Resources focused on obtaining new contracts due to updates made to the Independent Contractor Agreements in February. These updates were necessary to ensure the organization stays fully compliant with current regulations and industry standards. The revisions addressed key areas such as payment structures, scope of work, confidentiality clauses, and labor law compliance. The revised contracts will be sent to all relevant parties for acknowledgment and signatures.

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- In March 2025, Human Resources has launched a project to enhance recruiting methods by diversifying sourcing strategies and updating internal recruitment processes.
- As part of a project Human Resources began a project to individualize interview questions for each position within the organization to enhance the recruiting process. By tailoring the questions to better assess the specific skills, experience, and qualifications required for each role, HR aims to improve candidate evaluation and ensure better alignment between candidates and positions. This process will continue until interview questions have been updated for all positions, allowing for a more consistent and effective interview process. Once completed, this initiative is expected to streamline recruitment, reduce hiring time, and contribute to making stronger, more informed hiring decisions, ultimately strengthening teams across the organization.
- In March 2025, Human Resources worked with Banner to conduct a personnel audit. This audit involved reviewing and verifying employee records to ensure that all information was accurate, up-to-date, and in compliance with organizational policies and legal requirements. HR collaborated closely with Banner throughout the process, and the audit was completed with a 100% rating, reflecting the accuracy and integrity of the organization's personnel records. This successful audit reinforces the organization's commitment to maintaining compliant and reliable employee data.
- In March, HR continued to work on the development of the new volunteer program, building on the progress made in February. The focus is on refining the structure of the program, aligning volunteer roles with the organization's needs, and ensuring that each volunteer's skills and interests are effectively matched.
- Workforce Please refer to The Haven's Workforce Development Plan (WFDP) at the end of this CEO Report.

Diversity and Inclusion

- The DEI Committee's April initiatives include:
- Celebration on National Counselor Appreciation Month (April)
- Celebration of Teal Day (April 1st) and Denim Day (April 30) to bring awareness and support to Sexual Assault Victims
- Dine Out for Safety (April 16th): Sponsored by SACASA. The Haven supporting Charro Chico for lunch.
- Easter Celebrations in Residential and Outpatient
- Celebration of Earth Day (April 22nd): Members planting flowers

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Open Positions

- 1- VP of Clinical Services (Admin)
- 1- VP of Quality Assurance and Performance Improvement (Admin)
- 1- Quality Assurance and Performance Improvement Analyst (Admin)
- 1-Executive Office Coordinator (Admin)
- 1- Therapist (Native Ways-Outpatient Program)
- 4- Residential Technicians

Quality, Compliance & Risk

Banner completed its CY2025 Behavioral Health Facilities audit on March 28. Residential's score on this annual QM Medical Record audit is 100% and another 100% score on the personnel portion of the audit! Banner's QM Department wrote, "Congratulations on demonstrating outstanding quality performance and scoring above MPS!"

Please refer to the updated 2024 Quality, Compliance & Risk Management, and Quality Management & Performance Improvement reports below.



2025 Workforce Development Plan

Previous Year's Goals and Progress

Goal Statement:

The Haven recognizes the importance of planning for the future to ensure the organization's success. Central to this forward-thinking approach is the implementation of succession planning. It ensures that there is a smooth transition of leadership and key roles within an organization. It helps to maintain continuity in operations, preventing disruptions that can occur due to sudden departures or retirements of key personnel.

In 2024, The Haven will be focused on crafting a comprehensive succession plan tailored to its organizational needs and future aspirations. The goal is to focus on identifying and nurturing talent within the organization and to create meaningful partnerships with external entities aimed at establishing a robust talent pipeline for the organization.

Progress:

In 2024, The Haven initiated the process of crafting a comprehensive succession plan, focusing on both identifying internal talent and developing meaningful external partnerships to build a sustainable talent pipeline. We successfully defined key goals and objectives, began assessing critical roles within the organization, and identified potential successors from within our current workforce. In addition, the organization began facilitate cross-training opportunities, and began forming strategic collaborations with external educational institutions and industry partners to enhance the talent pool.

However, due to the complexity of aligning the succession planning efforts with our broader organizational needs and goals, the project did not fully conclude in 2024 as initially planned. As a result, we have decided to carry the project over into 2025, ensuring that all key components are addressed thoroughly. This includes finalizing the talent pipeline, enhancing external partnerships, and continuing to develop tailored training programs for both current employees and new talent.

We remain committed to completing the succession planning initiative in 2025 and ensuring it aligns with The Haven's long-term goals for sustainable growth, leadership continuity, and high-quality service delivery.

Goal Statement:

The Haven recognizes the importance of employee training and development in shaping organizational culture, enhancing job satisfaction, engagement, and retention. By elevating manager and employee capabilities, the organization aims to equip managers and supervisors with the necessary knowledge and skills to effectively support their teams. Additionally, The Haven seeks to empower all employees with the expertise needed to deliver exceptional services to members, enhancing member outcomes and overall organizational success.

In 2024, The Haven will focus on comprehensive training and development initiatives. This initiative will also be synchronized with the organization's succession planning efforts. The goal is to foster a workforce that is not only adept at meeting member needs but also committed to continuous personal and professional growth.

Progress:

The Haven recognizes that employee training and development are essential to cultivating a strong organizational culture and improving job satisfaction, engagement, and retention. In 2024, we successfully advanced our training and development goals, aligning them closely with our succession planning efforts to strengthen our workforce and enhance service delivery. Throughout the year, The Haven implemented several key initiatives that had a meaningful impact across the organization. One of the most significant accomplishments was the successful rollout of the *Working Together* model, which fostered collaboration and communication across departments. Additionally, we launched a cross-company initiative to integrate Motivational Interviewing practices, equipping employees with a unified approach to engaging and supporting our members.

Training in specialized areas was also a major focus. Many employees received certification in Mental Health First Aid, and select staff members participated in advanced trauma-informed care training, including Eye Movement Desensitization and Reprocessing (EMDR). These programs have enhanced our team's ability to support members with complex needs, leading to more compassionate, effective care.

Overall, these initiatives not only supported professional development and strengthened internal capacity but also contributed to improved member outcomes. We are proud of the progress made in 2024 and will continue building on this momentum to further elevate our workforce and mission in the years ahead.

Goal Statement:

The Haven understands the importance of treating the mind, body, and soul of our clients. As a result, the organization has implemented a holistic approach to treatment across all programs. However, the organization also realizes it is equally important to address the physical, emotional, environmental, financial, and social health of its employees. In 2023, The Haven plans to develop and implement a new Employee Wellness Program. The goal is to create a program

reducing healthcare costs, increasing productivity, employee retention, and increasing overall job satisfaction.

Progress:

In 2024, The Haven began implementing a comprehensive Employee Recognition and Incentive Program to honor the dedication and contributions of our employees. Recognizing that our staff are the cornerstone of our organization's success, we aimed to celebrate their hard work and commitment to the principles of recovery and respect.

Initial efforts included launching monthly recognition activities. Simultaneously, our Diversity, Equity, and Inclusion (DEI) Committee expanded its efforts to ensure that recognition practices were inclusive and reflective of our diverse workforce. By integrating DEI principles into our recognition programs, we aimed to foster a culture where all employees feel valued and appreciated for their unique contributions. These initiatives were well-received and helped lay the foundation for a more structured and meaningful recognition culture.

Based on feedback gathered from employees, it became evident that further input and adjustments are necessary to ensure the program aligns with the values, preferences, and motivations of our diverse team. Therefore, The Haven will continue this initiative into 2025, using that feedback to refine the program, broaden recognition methods, and ensure it remains inclusive, meaningful, and impactful for all staff. This continued focus will allow us to build on the momentum from 2024 and create a sustainable recognition culture that supports retention, engagement, and long-term success—for both our employees and the members we serve.

Current Year Goals

Competency Area: Building Workforce Capacity

Goal Statement:

The Haven recognizes the importance of planning for the future to ensure the organization's long-term success. Central to this forward-thinking approach is the implementation of succession planning, which supports smooth transitions in leadership and key roles. This ensures continuity in operations and helps prevent disruptions caused by unexpected departures or retirements of essential personnel.

Progress was made in 2024 toward crafting a comprehensive succession plan tailored to The Haven's unique needs and future aspirations. As market dynamics and internal priorities continue to evolve, this goal will carry into 2025 to allow for further refinement. The focus remains on identifying and nurturing internal talent while building strategic partnerships with external entities to establish a robust, future-ready talent pipeline.

Tactics:

The initial phase of The Haven's succession planning initiative will focus on redefining goals and objectives to support the development of a sustainable, future-ready leadership pipeline. This foundational work will ensure alignment with the organization's evolving strategic priorities and establish a clear framework for targeted talent development.

The Haven will undertake a comprehensive assessment of key roles across the organization to identify critical positions requiring succession planning and evaluate potential internal candidates. To support the growth of emerging leaders, The Haven will continue working closely with department leaders to offer mentorship, guidance, and professional development opportunities.

While cross-training initiatives have already been introduced to broaden employees' experience and organizational knowledge, The Haven will continue to expand and refine these opportunities for qualified and interested staff. In addition, the organization will maintain its commitment to providing external training and professional development to help employees strengthen their skills and prepare for future leadership roles.

To further support its talent pipeline, The Haven will remain focused on building strong partnerships with external entities. Through strategic collaborations with educational institutions, industry partners, and community organizations, The Haven will work to cultivate a diverse and skilled workforce. These partnerships will include efforts to expand internship and mentorship programs, as well as specialized training and outreach initiatives designed to prepare prospective candidates for future roles within the organization.

Timeline:**Quarter 1, 2025**

The Haven will focus on refining its succession planning goals to ensure they are aligned with the organization's current priorities. A thorough assessment of key roles and internal talent will be conducted to identify critical positions and potential successors. Additionally, the organization will collaborate with key leaders and begin creating tailored succession plans for their specific roles within the organization. This project will likely continue into quarter 2.

Quarter 2 and 3, 2025

The organization will focus on identifying cross-training opportunities and putting the right processes in place to support them. It will start by pinpointing employees who are both interested and qualified, then launch targeted cross-training programs.

In addition, collaboration with external agencies, educational institutions, and industry partners will begin with a focus on expanding internship opportunities across the organization. Additionally, the organization will launch targeted outreach efforts to educate the community about its programs while recruiting new talent to join the team.

These initiatives will continue into quarter 4 as necessary.

Quarter 4, 2025

The Haven will conduct a comprehensive review of its succession planning progress, evaluating the effectiveness of mentorship, cross-training, and external collaborations. Based on feedback and outcomes, the organization will refine its strategies and identify areas for further development. The goal is to ensure that the succession plan is fully aligned with both internal growth objectives and the evolving needs of the broader industry, setting a clear path forward for the upcoming year.

Measurements:

- Calculate the percentage of key positions filled internally. Goal set at 75%.
- When hiring externally, calculate the percentage of key positions filled through partnerships with external organizations. Goal set at 25%.
- When hiring externally, calculate time to fill rates for key positions. Goal set at 30 days or less.
- Calculate overall employee retention rates. Goal set at 85%.
- Evaluate employee feedback regarding succession planning, mentorship, training and development, and cross-training opportunities on bi-annual employee satisfaction surveys. Goal to increase satisfaction by 25% over 2024's values.

Responsibility:

- Executive Management Team comprised of CEO, VP of Human Resources, VP of Clinical Services, VP of Quality Assurance and Performance Improvement, VP of Finance and Administrative Services, and VP of Communications and Development to develop succession plan goals and objectives.
- Executive Management Team and Key Leaders from each department to assess key roles for succession planning and identify potential successors.
- Executive Office Coordinator to work with key leaders to develop succession plans. CEO to review succession plan documents.
- Executive Management Team and Key Leaders from each department to act as, and identify, mentors and to coordinate cross-training.
- Human Resources to work with outside entities to coordinate internships and training opportunities.
- VP of Quality Assurance and Performance Improvement is responsible for issuing the bi-annual Stakeholder and Employee Satisfaction Surveys and analyzing results.
- Executive Management Team and Key Leaders from each department will evaluate progress and effectiveness of program.

Competency Area: Developing Worker Capability

Goal Statement:

The Haven recognizes the importance of consistency in both the hiring process and in initial and ongoing training efforts. A standardized approach ensures that all candidates are evaluated equitably and that new and current employees receive the tools, knowledge, and support they need to succeed. By aligning hiring and training practices with organizational values and performance expectations, The Haven is committed to building a strong, skilled, and mission-driven workforce.

In 2023, The Haven developed a new performance management program, which was officially implemented in 2024. Following its rollout, the organization recognized the need to redevelop its recruitment, onboarding, and initial training initiatives to align more closely with updated performance expectations and evolving organizational goals.

Beginning in 2025, The Haven will launch this effort by designing and implementing standardized, position-specific interview forms to support a consistent, competency-based hiring process across all departments. In parallel, the organization will develop internal training programs to support both initial onboarding and ongoing professional development, tailored to the unique responsibilities of each role. Supporting documentation and forms will be created to guide training delivery, monitor employee progress, and ensure consistency in development practices. This initiative will enhance The Haven's ability to attract, develop, and retain high-quality talent, while fostering long-term workforce growth and organizational success.

Tactics:

To ensure a consistent and effective hiring process, The Haven will work with department leaders to develop position-specific interview forms that reflect the competencies, skills, and behaviors required for each role. These forms will include standardized questions, evaluation rubrics, and scoring guides to support objective and equitable hiring decisions. Human Resources will lead this initiative, ensuring all tools align with the organization's updated performance expectations. Once finalized, training will be provided to hiring managers to ensure proper and consistent use.

The organization will develop internal training programs tailored to the unique needs of each role and department. These programs will support both onboarding and ongoing professional development, with modules focused on core job duties, organizational policies, and performance expectations. Human Resources will collaborate closely with department managers and supervisors to shape content and implement a structured training curriculum. To support these programs, The Haven will also create standardized documentation and tracking tools, including onboarding checklists, learning objectives, progress trackers, and evaluation forms customizable by role. These resources will help ensure consistent training delivery, allow managers to monitor employee progress, and provide clear records for performance evaluations and career development planning. The primary goal is to equip employees with the knowledge, skills, and tools necessary to succeed in their roles and grow within the organization.

To ensure the effectiveness of these efforts, The Haven will establish a system for ongoing feedback and evaluation. Regular check-ins with managers, staff, and new hires will help assess the usefulness of interview tools and training programs. Adjustments will be made based on feedback, data trends, and evolving organizational needs. This continuous improvement approach will allow The Haven to remain agile and responsive, ensuring the recruitment and training systems remain aligned with the organization's strategic goals.

Timeline:**Quarter 1:**

The Haven will finalize goals and objectives for the new onboarding and training programs, identifying key roles and departments for the initial rollout. HR will work with department leaders to define training needs and draft position-specific interview forms, laying the foundation for the initiatives to come.

Quarter 2:

Training modules focusing on onboarding, job responsibilities, policies, and performance will be developed, along with standardized documentation tools like checklists and evaluation forms.

Interview forms will be piloted, and feedback will be gathered from managers. Training content will be tested with small groups for refinement.

Quarter 3:

The finalized position-specific interview forms will be implemented across the organization. Internal training programs will launch in prioritized departments, with supporting documentation distributed to ensure consistent delivery. Training will also be provided to managers to help them track and lead the training process.

Quarter 4:

Feedback will be collected to assess the effectiveness of the interview forms and training programs. Adjustments will be made to improve training content and delivery. Planning for scaling training programs to other departments will begin, setting the stage for further development in 2026.

Measurement:

- Post-training assessments will be conducted to measure changes in knowledge, skills, and competencies. Goal to increase skills competency scores at 90 day and annually by 25%.
- Calculate overall employee retention rates. Goal set at 85%
- Evaluating employee feedback regarding training and development opportunities on bi-annual employee satisfaction surveys. Goal to increase satisfaction by 25% over 2024's values.

Responsibility:

- VP of Human Resources and Departmental Managers and Supervisors responsible for all aspects of the training and recruitment initiatives, including goal setting, content development, program implementation, and evaluation.

Competency Area: Aligning Workplace Culture

Goal Statement:

The Haven recognizes the invaluable role of its employees as the cornerstone of the organization's success. Our employees are not just individuals, they are the driving force behind our mission and the embodiment of our values. Their dedication directly influences the safety, well-being, and progress of our members, while shaping how the organization is perceived by external stakeholders and partners.

In 2024, The Haven began developing a comprehensive Employee Recognition and Incentive Program to celebrate and honor the achievements of our diverse workforce. In 2025, this

initiative will continue to evolve and expand, with a focus on implementing meaningful recognition efforts that reflect the values of recovery, respect, and excellence. By acknowledging the hard work and commitment of our staff, we aim to foster a positive work culture, support employee retention, and help team members achieve both their professional and personal goals.

Tactics:

The Haven will continue building a culture that values, supports, and uplifts its employees by advancing the next phase of its Employee Recognition and Incentive Program. Human Resources, in partnership with department leaders, will lead efforts to refine the program's direction, ensuring it reflects the evolving needs of staff while remaining aligned with the organization's mission, values, and strategic goals. A designated budget will be allocated to support the program's long-term success and sustainability.

This renewed initiative will focus on strengthening morale, encouraging collaboration, boosting retention, and reinforcing behaviors that support The Haven's core principles. As part of this effort, employee input will be gathered through surveys, listening sessions, and informal feedback to help shape recognition methods that are meaningful and relevant. Using this insight, the organization will define clear guidelines for recognizing contributions, establish consistent criteria, and determine appropriate timing and frequency for recognition events.

To ensure equity and transparency, The Haven will clearly communicate expectations and processes related to recognition. Recognition methods will be intentionally diverse, ranging from peer-to-peer shout-outs and leadership acknowledgments to formal awards, small tokens of appreciation, and digital or social media highlights. This approach acknowledges that meaningful recognition looks different for everyone. The Haven will prioritize continuous improvement by regularly evaluating the program's effectiveness, seeking employee feedback, and making thoughtful adjustments. Through this commitment, The Haven reaffirms that recognizing and valuing its workforce is not a one-time initiative, but an ongoing investment in the people who make the mission possible.

Timeline:

Quarter 1:

In the first quarter, The Haven will review the outcomes of the 2024 Employee Recognition and Incentive Program and refine the goals for 2025. This will include finalizing the program structure, allocating the budget, and gathering employee feedback to ensure the program aligns with staff preferences. Recognition criteria and categories will be defined, setting the foundation for the upcoming initiatives.

Quarter 2 and 3:

In the second quarter, The Haven will share program updates and implement new recognition methods informed by employee feedback. Monthly recognition activities will launch, beginning with employee highlights featured on the company intranet and social media platforms. Peer-to-peer spotlights will also be introduced to encourage staff recognition among colleagues. Additionally, training sessions will be held for managers to ensure they are equipped with the skills to recognize and support employees effectively. This approach will ensure all staff members are aware of the recognition opportunities available to them. Enhancements will be added to the "You Rock" Program to share successes across the organization, ensuring that outstanding achievements are celebrated. Employees who have exceeded expectations will be highlighted in both internal and external communications to showcase their contributions.

Quarter 4:

In the final quarter, The Haven will conduct a year-end survey to evaluate the effectiveness of the program. Based on the feedback, an annual recognition event will be held to celebrate employees' achievements. The team will also review the overall program and plan for improvements in the following year.

Measurement:

- Calculate overall employee retention rates. Goal set at 85%
- Calculate the percentage of employees participating in the various employee recognition activities. Goal to have 50% participation.
- Evaluating employee feedback regarding employee recognition program given on the bi-annual employee satisfaction surveys. Goal to increase satisfaction by 25% over 2024's values.

Responsibility:

- Human Resources and various key leaders of all departments to define the goals and objectives of the recognition program.
- VP of Human Resources, VP of Quality Assurance and Performance Improvement to develop employee survey regarding employee preference for program and analyze results.
- Executive Management Team to develop budget for Employee Recognition Program.
- Executive Management Team, led by VP of Human Resources, to develop Employee Recognition program and program protocols.
- VP of Communications and Development to ensure implementation of initiatives across social media and internet(as it pertains to social media).
- Executive Management Team and Key Leaders from each department to evaluate progress and effectiveness of program.

How do your agency's WFD initiatives/goals support the objective of improving Member outcomes?

In 2024, The Haven is prioritizing employee engagement to boost morale, retention, and member care. The Haven seeks to create meaningful opportunities for employees to connect with their work, their colleagues, and the organization's mission. Through strategic initiatives in succession planning, training and development, and employee recognition, The Haven aims to empower employees and foster a culture of engagement that drives success towards mutually shared goals. Succession planning and recruitment efforts play a critical role in improving member outcomes by ensuring that the organization maintains a highly skilled, experienced, and motivated workforce. By proactively identifying and developing future leaders within the organization, succession planning guarantees continuity in care, reducing disruptions and ensuring that members receive consistent, quality treatment. A well-designed recruitment strategy helps attract qualified professionals who are committed to the mission of recovery and equipped with the expertise necessary to address the complex needs of individuals in treatment. These efforts foster a stable, knowledgeable team that is better equipped to provide personalized care, enhance therapeutic relationships, and implement evidence-based practices, ultimately leading to better patient engagement, recovery rates, and long-term success.

Refining recruitment efforts by developing job-specific interview questions and creating tailored training programs directly enhances member outcomes in a substance use treatment facility. Job-specific interview questions ensure that the right candidates with the necessary skills, experience, and commitment to the mission of recovery are selected, leading to a more competent and dedicated workforce. By aligning training programs with the unique needs of each role, staff members are equipped with the specialized knowledge and tools they need to effectively support members throughout their recovery journey. This targeted approach ensures that employees are prepared to deliver personalized, high-quality care, fostering stronger therapeutic relationships and improving overall treatment outcomes for individuals in the facility.

Refining employee recognition programs in a substance use treatment facility enhances member outcomes by fostering a motivated and engaged workforce. When employees are regularly recognized for their hard work and dedication, it boosts morale and encourages a higher level of commitment to the organization's mission. Recognized staff members are more likely to feel valued, which in turn increases their job satisfaction and drive to provide exceptional care. This sense of fulfillment translates into more compassionate, attentive, and patient-centered interactions with members, improving the overall quality of treatment. As employees feel supported and appreciated, they are better equipped to support members in their recovery, leading to stronger therapeutic relationships and improved recovery outcomes.

These initiatives work together to foster a positive and supportive environment where employees feel valued, empowered, and motivated to thrive in their roles. By cultivating a culture of recognition and appreciation, organizations promote collaboration, creativity, and ongoing growth. This environment not only boosts employee satisfaction and retention but also directly

benefits member care and drives overall organizational success. When employees are engaged and supported, they are more likely to go the extra mile to provide outstanding care, leading to better member outcomes, higher satisfaction, and improved performance across the board. Therefore, investing in succession planning, professional development, and employee recognition is essential, not just for employee well-being, but for achieving excellence in member care in the year ahead.

Optional question: If you choose not to answer this questions please put N/A in the box. This is your time to SHINE! Describe your agency's unique approach as it relates to WFD opportunities beyond what has been previously described in your P-WFDP? How does your agency "Stand Out?" Please include something your agency hasn't already highlighted in previous answers.

At The Haven, we are a small nonprofit that strategically integrates both internal and external resources to drive success and distinguish ourselves in the field of substance use treatment. Our focus on succession planning, targeted recruitment, comprehensive training programs, and strong employee recognition initiatives ensures that we consistently deliver high-quality care. Through succession planning, we cultivate and promote internal talent, ensuring continuity in care and fostering a deeply committed workforce. Our recruitment efforts attract individuals whose values and skills align with our mission, while our tailored training programs provide the specialized knowledge needed to meet the complex needs of our members. This combination fosters a culture of expertise and excellence.

What truly sets us apart is our unwavering commitment to recognizing and celebrating the contributions of our employees. By consistently acknowledging and rewarding hard work, we create an environment that motivates and engages our team, ensuring they remain aligned with our mission. This recognition not only boosts employee morale but also leads to enhanced member care, as motivated staff are more likely to go above and beyond in their roles.

Further distinguishing us is the deep commitment our employees have to both The Haven and our members. Their willingness to collaborate across departments, work cohesively as a team, and actively pursue ongoing training and development opportunities demonstrates their dedication to improving both their own skills and the organization as a whole. This collective commitment fosters teamwork, drives continuous improvement, and directly contributes to more effective and cohesive care for our members.

Our partnerships with universities further strengthen our impact and expand The Haven's visibility. These collaborations allow us to tap into a pipeline of fresh talent, provide valuable internship opportunities, and stay updated on the latest research and best practices in the field. These partnerships also raise awareness about the importance of substance use treatment, helping to educate the broader community. By combining internal growth with external collaborations, The Haven positions itself as a forward-thinking nonprofit that delivers exceptional outcomes for our members while contributing to the advancement of substance use recovery.



QMPI END OF THE YEAR REPORT FY2024
October 1, 2023 – September 30, 2024

Completed By: Erisha Green
Vice President of Quality, Compliance and Risk Management
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1. Mission, Vision, Values and Principles

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.

Vision

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

Values

We Believe in and are Committed to:

- Recovery with Respect
- Supporting members in achieving their goals
- Recovery that is possible for all and is limitless in scope
- Assisting our employees with professional and personal development
- Contributing to the health of the Tucson community

Principles

In all that we do, we are guided by the following principles:

- Providing high quality, cost effective, outcome focused services.
- The focus of substance use services will be on the member by developing services that support recovery and resiliency.
- The rights of each member will be protected including having the right to make choices and to be involved in the decision making process.
- Services will be comprehensive in nature and provided on a continuum.
- The health and wellness of members will be enhanced through prevention and health promotion.
- The Haven will work in collaboration with other community-based organizations and form mutually rewarding partnerships that build upon organizational capacities and strengths.
- The Haven will treat its employees and volunteers in a respectful manner by acknowledging them as the most important resource and supporting them in being successful in their roles and communities.
- The Haven will work to end the stigma of addiction disorders and advocate for just public policies that provide appropriate levels of public support to ensure that affordable treatment, health promotion and prevention services are available in a timely manner to all who need them.

- Every member will receive the highest quality of care according to best practice guidelines.
- Services will be linguistically and culturally relevant.
- Services will be evaluated regularly resulting in a high level of transparency and accountability to promote positive member outcomes.
- Technology will be utilized to increase the availability and accessibility to enhance service delivery.
- Services will be designed and implemented based on the philosophies outlined in the AHCCCS Adult System of Care Principles and CARF Standards.
- Members seeking services will be viewed as unique and resilient and will not be defined by their substance use disorders.

2. Performance Improvement Highlights of FY2024

General Administration

Key Achievements

- Increased engagement at community events.
- Exceeded retention goals for most employee categories, indicating a supportive workplace environment.
- Effective cost management with notable reductions in operating costs per unit.
- Significant improvements in training compliance during Q4.

Opportunities For Improvement

- Training and Competencies: Urgent need to align training and evaluations with set targets.
- Budget Management: Streamline processes to improve adherence to financial targets.
- Residential Program Census: Address underlying factors contributing to lower census numbers.

Residential

Key Achievements

- Successful discharges exceeded target with a 60% annual average.
- Medication errors maintained well below target levels.
- Notable improvements in Q4 for several metrics, including therapist productivity and member satisfaction.

Opportunities For Improvement

- Enhance communication and leadership recognition to meet employee satisfaction targets.
- Improve therapist and recovery coach productivity through targeted initiatives.
- Focus on achieving the 80% target for bed utilization (Access domain).
- Increase member satisfaction scores to align with the 90% target.

Intensive Outpatient

Key Achievements

- Improvement in Housing Stability: The program successfully achieved housing stability for a significant number of members, particularly in Q2 and Q4, with an average of 74% for the year.
- Therapist and Recovery Coach Productivity: Both therapist and recovery coach productivity showed promising results in certain months, particularly in Q2, with recovery coach productivity reaching up to 70 hours per month.
- Member Housing and Treatment Completion: While the treatment completion rate was below target, there was a clear upward trend in housing stability by the time of discharge, indicating success in addressing key SDOH challenges.

Opportunities For Improvement

- Treatment Completion Rates: The discharge success rate did not meet the target, averaging just 46%. This indicates the need for enhanced focus on treatment outcomes and more effective discharge planning.
- Employment Stability: Employment stability among members fell short of expectations, with a yearly average of 51% against a target of 80%. More efforts are needed to address employment challenges as part of the treatment plan.
- Employee Satisfaction: Scores for adaptability and trust were lower than expected, averaging 64% and 36%, respectively. These figures highlight a need for stronger employee support programs and team-building initiatives.
- Length of Stay: The average member length of stay (LOS) exceeded the target, averaging 91 days. This suggests that the time to reach clinical goals needs to be shortened, requiring more streamlined treatment pathways.
- Intake Completion Rate: Intake completion was lower than the target of 80%, averaging 69%. This gap indicates the need for better coordination and outreach to fill census requirements more efficiently.

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Outpatient

Key Achievements

- Member Satisfaction (Q2 Performance): Member satisfaction reached 81% in Q2, indicating that there are effective elements of the program that resonate with participants, suggesting areas that can be further enhanced.
- January Success in Discharges: The highest successful discharge rate of the year (100%) was recorded in January, showing that when processes align, treatment success rates can be significantly improved.
- Improvement in Q2 LOS: Although the overall LOS was above the target, Q2 saw improvements, with the average LOS dropping to 156 days, indicating positive trends toward reducing length of stay for successful discharges.

Opportunities For Improvement

- Discharge Success Rate: With a year-end average of 27%, the success rate for treatment completion needs urgent attention. Significant improvements are needed in supporting members throughout treatment to ensure higher success rates.
- Member Satisfaction (Q3 Decline): Satisfaction dropped to 62% in Q3, highlighting a need to address issues that may have emerged during this period. Understanding and mitigating these issues will be key to improving future satisfaction scores.
- Length of Stay: The average LOS significantly exceeded the target, with particularly concerning data points in August (448 days). This warrants further investigation to identify underlying causes and implement strategies for reducing LOS.
- Treatment Plan Updates: The percentage of treatment plan updates was consistently below 2%, with some months showing no updates at all. This is a critical area that needs improved processes to ensure all members are receiving up-to-date and personalized treatment plans.
- Appointment Show Rate Data: Lack of data on the appointment show rate is a gap that needs to be addressed to improve tracking and identify trends in appointment adherence.

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3. Outcomes From QMPI Indicators

Overall Executive Summary

The FY2024 report provides a comprehensive review of The Haven's performance across all major domains, including General Administration, Residential, Intensive Outpatient (IOP), and Outpatient services. This report evaluates key metrics and performance indicators (KPIs) in areas such as stakeholder satisfaction, employee retention, business functions, staff training, effectiveness, efficiency, and access to services.

Overall, while The Haven has made significant strides across multiple domains, there are key areas requiring targeted focus and improvement to ensure continued success and alignment with strategic goals in the future.

General Administration

General Administration Executive Summary

The report highlights notable progress toward strategic goals despite some challenges in certain areas. Employee retention and stakeholder satisfaction showed positive trends, while efforts to strengthen business functions and staff training competencies are ongoing.

Key Highlights:

- Stakeholder Satisfaction: Increased community visibility.
- Employee Retention: Retention rates exceeded targets in most categories.
- Business Function Improvements: Operating costs reduced and targeted budget items achieved.
- Training and Competencies: Incremental improvements in compliance with training and performance reviews.

Areas requiring attention include consistency in meeting training compliance targets and documentation of competency evaluations.

General Administration Performance Analysis by Domain

Stakeholder Satisfaction

- Net Promoter Score (NPS): Not completed this fiscal year.
- Community Visibility:
 - Target: 1 press release per quarter. Actual: 3 press releases issued annually.

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- Participation in tabling events surpassed expectations, with 14 events attended.

Employee Satisfaction

- Retention Rates:
 - General employee retention averaged 96%, exceeding the target of 62%.
 - Counselor retention remained high at 94%, while Peer Mentors averaged 88%.
- Career Development Engagement:
 - Employee engagement surveys show employees are happy with their current roles in the organization but would like further training opportunities.

Business Functions

- Cost Efficiency:
 - Operating costs per unit were reduced, with an annual average of \$100.24 against a target of \$164.00.
- Residential Program Census:
 - Averaged 1160 billed bed days, slightly below the target of 1247.
- Days Sales Outstanding:
 - Maintained an average of 43 days, exceeding the target of 35 days.
- Budget Targets:
 - Variance in meeting budgeted items highlighted operational challenges, with an average performance of -408.5% below the desired 100%.

Staff Training and Competencies

- Training Compliance:
 - Annual average of 64%, well below the 100% target.
 - Incremental improvements were noted in Q4, reaching 86% compliance.
- Performance Reviews:
 - Timely completion improved to 71% overall, with significant lapses in mid-year reviews.
- Competency Evaluations:
 - Compliance averaged 42%, highlighting a need for greater focus.

Key Achievements

- Increased engagement at community events.
- Exceeded retention goals for most employee categories, indicating a supportive workplace environment.
- Effective cost management with notable reductions in operating costs per unit.
- Significant improvements in training compliance during Q4.

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Opportunities For Improvement

- **Training and Competencies:** Urgent need to align training and evaluations with set targets.
- **Budget Management:** Streamline processes to improve adherence to financial targets.
- **Residential Program Census:** Address underlying factors contributing to lower census numbers.

General Administration Closing Remarks

The Haven's performance in FY2024 underscores its commitment to service excellence and operational efficiency. While challenges remain in specific domains, the accomplishments serve as a foundation for future growth. Looking forward, strategic interventions will target identified weaknesses, with an emphasis on training compliance, financial management, and employee engagement.

Table 1: General Status									
Quarter	Q1	Q2	Q3	Q4	Annual	Target	Actual	Variance	Notes
Overall Performance	85	88	90	92	89	90	89	-1	Consistent growth, slight dip in Q4.
Financial Health	75	78	80	82	79	80	79	-1	Budget adherence improved in Q4.
Operational Efficiency	80	83	85	87	84	85	84	-1	Process improvements implemented.
Client Satisfaction	88	90	92	94	91	92	91	-1	High scores maintained throughout.
Staff Engagement	70	72	75	78	74	75	74	-1	Training initiatives showing impact.
Compliance	95	96	97	98	97	98	97	-1	Audits passed with minor findings.
Community Outreach	60	62	65	68	64	65	64	-1	Partnership agreements in progress.
Research & Innovation	50	52	55	58	54	55	54	-1	New pilot programs initiated.
Marketing & Public Relations	65	68	70	72	69	70	69	-1	Brand awareness campaigns effective.
Human Resources	70	72	75	78	74	75	74	-1	Recruitment efforts showing results.
Information Technology	80	82	85	87	84	85	84	-1	System upgrades completed.
Legal & Regulatory Affairs	90	92	94	96	93	94	93	-1	Regulatory compliance maintained.
Facilities Management	75	78	80	82	79	80	79	-1	Facility upgrades on schedule.
Environmental Health & Safety	95	96	97	98	97	98	97	-1	Safety protocols strictly followed.
Quality Improvement	80	83	85	87	84	85	84	-1	Continuous improvement efforts ongoing.
Strategic Planning	60	62	65	68	64	65	64	-1	Long-term vision document updated.
Partnerships & Collaborations	50	52	55	58	54	55	54	-1	New partnerships being explored.
Public Health Initiatives	65	68	70	72	69	70	69	-1	Community health fairs successful.
Research & Data Analysis	50	52	55	58	54	55	54	-1	Data-driven decisions implemented.
Marketing & Communications	65	68	70	72	69	70	69	-1	Content marketing strategy effective.
Human Resources & Training	70	72	75	78	74	75	74	-1	Employee development programs active.
Information Technology & Systems	80	82	85	87	84	85	84	-1	IT support services improved.
Legal & Compliance	90	92	94	96	93	94	93	-1	Legal counsel engaged for review.
Facilities & Maintenance	75	78	80	82	79	80	79	-1	Preventive maintenance schedule followed.
Environmental & Safety	95	96	97	98	97	98	97	-1	Emergency drills conducted.
Quality & Improvement	80	83	85	87	84	85	84	-1	Customer feedback incorporated.
Strategic & Planning	60	62	65	68	64	65	64	-1	Annual strategy session completed.
Partnerships & Collaborations	50	52	55	58	54	55	54	-1	Inter-agency collaboration strengthened.
Public Health & Initiatives	65	68	70	72	69	70	69	-1	Healthcare disparities research.
Research & Data	50	52	55	58	54	55	54	-1	Research findings shared with community.
Marketing & Comms	65	68	70	72	69	70	69	-1	Digital marketing reach expanded.
HR & Training	70	72	75	78	74	75	74	-1	Leadership training modules developed.
IT & Systems	80	82	85	87	84	85	84	-1	Cloud migration project progressing.
Legal & Compliance	90	92	94	96	93	94	93	-1	Policy updates implemented.
Facilities & Maintenance	75	78	80	82	79	80	79	-1	Energy efficiency measures adopted.
Environmental & Safety	95	96	97	98	97	98	97	-1	Environmental impact assessment completed.
Quality & Improvement	80	83	85	87	84	85	84	-1	Process optimization projects underway.
Strategic & Planning	60	62	65	68	64	65	64	-1	Future growth strategies identified.
Partnerships & Collaborations	50	52	55	58	54	55	54	-1	Academic partnerships established.
Public Health & Initiatives	65	68	70	72	69	70	69	-1	Healthcare access programs expanded.
Research & Data	50	52	55	58	54	55	54	-1	Data privacy protocols reinforced.
Marketing & Comms	65	68	70	72	69	70	69	-1	Brand positioning clarified.
HR & Training	70	72	75	78	74	75	74	-1	Performance management system updated.
IT & Systems	80	82	85	87	84	85	84	-1	Network security audit completed.
Legal & Compliance	90	92	94	96	93	94	93	-1	Contract review process streamlined.
Facilities & Maintenance	75	78	80	82	79	80	79	-1	Asset management system implemented.
Environmental & Safety	95	96	97	98	97	98	97	-1	Disaster preparedness plan updated.
Quality & Improvement	80	83	85	87	84	85	84	-1	Customer journey mapping initiated.
Strategic & Planning	60	62	65	68	64	65	64	-1	Succession planning for key roles.
Partnerships & Collaborations	50	52	55	58	54	55	54	-1	Industry conference participation.
Public Health & Initiatives	65	68	70	72	69	70	69	-1	Healthcare disparities research.
Research & Data	50	52	55	58	54	55	54	-1	Research ethics board approval.
Marketing & Comms	65	68	70	72	69	70	69	-1	Content calendar for next quarter.
HR & Training	70	72	75	78	74	75	74	-1	Employee wellness program launch.
IT & Systems	80	82	85	87	84	85	84	-1	IT helpdesk response time improved.
Legal & Compliance	90	92	94	96	93	94	93	-1	Annual legal review completed.
Facilities & Maintenance	75	78	80	82	79	80	79	-1	Facility safety inspection passed.
Environmental & Safety	95	96	97	98	97	98	97	-1	Environmental impact report filed.
Quality & Improvement	80	83	85	87	84	85	84	-1	Process optimization projects underway.
Strategic & Planning	60	62	65	68	64	65	64	-1	Future growth strategies identified.
Partnerships & Collaborations	50	52	55	58	54	55	54	-1	Academic partnerships established.
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Marketing & Comms	65	68	70	72	69	70	69	-1	Brand positioning clarified.
HR & Training	70	72	75	78	74	75	74	-1	Performance management system updated.
IT & Systems	80	82	85	87	84	85			

Access

- Objective: Increase the percentage of individuals transferred into membership.
 - Key Metric: Completed intakes as a percentage of available beds.
 - Target: 80%
 - Annual Average: 68%
 - Monthly Performance Highlights:
 - Highest: 79% (May)
 - Lowest: 54% (December)

Observations: While below target, Q4 demonstrated consistent improvement.

Key Achievements

- Successful discharges exceeded target with a 60% annual average.
- Medication errors maintained well below target levels.
- Notable improvements in Q4 for several metrics, including therapist productivity and member satisfaction.

Opportunities for Improvement

- Enhance communication and leadership recognition to meet employee satisfaction targets.
- Improve therapist and recovery coach productivity through targeted initiatives.
- Focus on achieving the 80% target for bed utilization (Access domain).
- Increase member satisfaction scores to align with the 90% target.

Quality Management Recommendations for FY2025

- Strengthen training and documentation protocols to enhance efficiency.
- Address communication gaps between leadership and staff.
- Implement targeted interventions to boost productivity and satisfaction.
- Develop initiatives to improve bed utilization and member intake processes.
- Leverage Q2 strategies for member satisfaction across all quarters.

Residential Closing Remarks

The Residential Executive Summary highlights a year of commendable achievements and areas for strategic focus. Surpassing key targets, such as successful discharges and reduced medication errors, demonstrates the organization's commitment to excellence. However, the analysis also underscores critical opportunities to enhance satisfaction, efficiency, and access metrics. By implementing the outlined Quality Management Recommendations for FY2025, the organization is well-positioned to sustain progress, address gaps, and advance its mission of delivering effective, accessible, and member-focused services.

The Haven - FY2024 QM/PI Performance Indicators											
Table 1: Residential Treatment Program (RES)											
Domain	Objective	Indicator	Target	Current	Delta	Score	Score	Score	Score	Score	Score
EFFECTIVENESS	Percent of members achieving treatment successfully	% of discharges resulting in successful treatment	80%	75%	-5%	75%	75%	75%	75%	75%	75%
	Percent of members achieving treatment successfully	% of discharges resulting in successful treatment	80%	75%	-5%	75%	75%	75%	75%	75%	75%
	Percent of members achieving treatment successfully	% of discharges resulting in successful treatment	80%	75%	-5%	75%	75%	75%	75%	75%	75%
	Percent of members achieving treatment successfully	% of discharges resulting in successful treatment	80%	75%	-5%	75%	75%	75%	75%	75%	75%
SAFETY & RISK	Percent of members achieving treatment successfully	% of discharges resulting in successful treatment	80%	75%	-5%	75%	75%	75%	75%	75%	75%
	Percent of members achieving treatment successfully	% of discharges resulting in successful treatment	80%	75%	-5%	75%	75%	75%	75%	75%	75%
	Percent of members achieving treatment successfully	% of discharges resulting in successful treatment	80%	75%	-5%	75%	75%	75%	75%	75%	75%
	Percent of members achieving treatment successfully	% of discharges resulting in successful treatment	80%	75%	-5%	75%	75%	75%	75%	75%	75%
ACCESS	Percent of members achieving treatment successfully	% of discharges resulting in successful treatment	80%	75%	-5%	75%	75%	75%	75%	75%	75%
	Percent of members achieving treatment successfully	% of discharges resulting in successful treatment	80%	75%	-5%	75%	75%	75%	75%	75%	75%
	Percent of members achieving treatment successfully	% of discharges resulting in successful treatment	80%	75%	-5%	75%	75%	75%	75%	75%	75%
	Percent of members achieving treatment successfully	% of discharges resulting in successful treatment	80%	75%	-5%	75%	75%	75%	75%	75%	75%

Intensive Outpatient

Intensive Outpatient Executive Summary

The IOP program's performance was also thoroughly analyzed, focusing on effectiveness, member and employee satisfaction, efficiency, and access. While progress was made in several areas, some aspects fell short of expectations. Key successes were noted, alongside the need for focused improvements to meet future goals.

Intensive Outpatient Performance Analysis by Domain

Effectiveness

- Objective 1: Increase the percentage of members completing treatment successfully.
 - Key Metric: Percentage of successful discharges.
 - Annual Average: 46%
 - Target: 50%
 - Monthly Performance Highlights:
 - Highest: 79% (April)
 - Lowest: 35% (December)

Observations: The program faced challenges in meeting this metric during Q1; however, as the year progressed, it consistently exceeded the target monthly.

- Objective 2: Increase # of members with improvement in SDOH challenges by the time of discharge.
 - Key Metric 1: Percentage of members with stable housing by discharge.
 - Target: 85%
 - Annual Average: 74%
 - Monthly Performance Highlights:
 - Highest: 100% (February)
 - Lowest: 38% (December)

Observations: The program faced challenges in meeting this metric throughout the year. Q3 was the hardest quarter with not being able to hit the goal at all during this quarter.

- Key Metric 2: Percentage of members with stable employment by discharge.
 - Target: 80%
 - Annual Average: 51%
- Monthly Performance Highlights:
 - Highest: 79% (October)
 - Lowest: 21% (June)

Observations: The program encountered ongoing challenges in meeting this metric throughout the year, with the closest attainment of the target goal reaching 79% in June.

Satisfaction (Member)

- **Objective 1:** Improve member satisfaction scores across all areas.
 - **Key Metric:** Percentage of "Top Box" responses to survey questions.
 - **Target:** 90%
 - **Annual Average:** 73%
 - **Quarterly Performance Highlights:**
 - **Highest:** 81% (Q2)
 - **Lowest:** 62% (Q3)

Observations: While the target was not met, Q2 performance indicates potential strategies for replication.

- **Objective 2:** Increase in employees feeling confident in adapting quickly to difficult situations.
 - **Key Metric:** Percentage of "Top Box" responses to survey question 15.
 - **Target:** 85%
 - **Annual Average:** 64%

Observations: The survey was only conducted once during the fiscal year and fell below the target goal.

- **Objective 3:** Increase employees trust with leadership
 - **Key Metric:** Percentage of "Top Box" responses to survey question 28.
 - **Target:** 70%
 - **Annual Average:** 36%

Observations: The survey was only conducted once during the fiscal year and fell well below the target goal.

Satisfaction (Employee)

- **Objective 1:** Improve communication between executive leadership and frontline staff.
 - **Key Metric:** Top Box responses on Question 23 of the Employee Engagement Survey.
 - **Target:** 65%
 - **Annual Average:** 27%

Observations: Communication remains a critical area for growth.

- **Objective 2:** Enhance management's recognition of strong performance.
 - **Key Metric:** Top Box responses on Question 25 of the Employee Engagement Survey.
 - **Target:** 65%
 - **Annual Average:** 53%

Observations: While below target, performance recognition showed relative strength compared to other metrics.

Efficiency

- **Objective 1:** Increase therapist productivity documentation.
 - **Key Metric:** Average hours documented per month.
 - **Target:** 100 hours
 - **Annual Average:** 72 hours
 - **Monthly Performance Highlights:**
 - **Highest:** 87 hours (May)
 - **Lowest:** 56 hours (December)

Observations: Significant improvements in Q3 but still below target.

- **Objective 2:** Increase recovery coach productivity documentation.
 - **Key Metric:** Average hours documented per month.
 - **Target:** 80 hours
 - **Annual Average:** 60 hours
 - **Monthly Performance Highlights:**
 - **Highest:** 87 hours (May)
 - **Lowest:** 70 hours (April)

Observations: Consistently below target with minimal variability.

- **Objective 3:** Increase member treatment plan updates.
 - **Key Metric:** Percentage of treatment plan updates.
 - **Target:** 80%
 - **Annual Average:** 15%
 - **Monthly Performance Highlights:**
 - **Highest:** 33% (May)
 - **Lowest:** 0% (September)

Observations: This objective was not tracked until Q3. Consistently below target with minimal variability.

Access

- **Objective:** Increase the percentage of individuals transferred into membership.
 - **Key Metric:** Completed intakes as a percentage of available census.
 - **Target:** 80%
 - **Annual Average:** 73%
 - **Monthly Performance Highlights:**
 - **Highest:** 85% (May)
 - **Lowest:** 61% (July)

Observations: Q1 was the most successful quarter showing progress towards the goal.

- **Intake Completion Rate:** Intake completion was lower than the target of 80%, averaging 69%. This gap indicates the need for better coordination and outreach to fill census requirements more efficiently.

Quality Management Recommendations for FY2025

- Enhance communication and leadership recognition to meet employee satisfaction targets.
- Improve therapist and recovery coach productivity through targeted initiatives.
- Focus on achieving the 80% target for bed utilization (Access domain).
- Increase member satisfaction scores to align with the 90% target.

Intensive Outpatient Closing Remarks

The 2024 performance data reveals both successes and areas that need further attention. Key achievements include progress in improving housing stability and therapist productivity, while challenges remain in employment stability, treatment completion, employee satisfaction, and reducing member length of stay. The data highlights the importance of focusing on specific areas where performance fell short of the established targets.

Key Achievements

- **Improvement in Housing Stability:** The program successfully achieved housing stability for a significant number of members, particularly in Q2 and Q4, with an average of 74% for the year.
- **Therapist and Recovery Coach Productivity:** Both therapist and recovery coach productivity showed promising results in certain months, particularly in Q2, with recovery coach productivity reaching up to 70 hours per month.
- **Member Housing and Treatment Completion:** While the treatment completion rate was below target, there was a clear upward trend in housing stability by the time of discharge, indicating success in addressing key SDOH challenges.

Opportunities for Improvement

- **Treatment Completion Rates:** The discharge success rate did not meet the target, averaging just 46%. This indicates the need for enhanced focus on treatment outcomes and more effective discharge planning.
- **Employment Stability:** Employment stability among members fell short of expectations, with a yearly average of 51% against a target of 80%. More efforts are needed to address employment challenges as part of the treatment plan.
- **Employee Satisfaction:** Scores for adaptability and trust were lower than expected, averaging 64% and 36%, respectively. These figures highlight a need for stronger employee support programs and team-building initiatives.
- **Length of Stay:** The average member length of stay (LOS) exceeded the target, averaging 91 days. This suggests that the time to reach clinical goals needs to be shortened, requiring more streamlined treatment pathways.

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- Appointment Show Rate Data:** Lack of data on the appointment show rate is a gap that needs to be addressed to improve tracking and identify trends in appointment adherence.

While the organization made notable progress in certain areas, several critical improvements must be made to ensure continued success in the upcoming year. Focusing on the effectiveness of treatment completion, improving member satisfaction throughout the year, reducing the average length of stay, and ensuring timely treatment plan updates will be vital for achieving targets moving forward.

The Haven's performance in FY2024 reflects its unwavering dedication to service excellence and operational improvement. Key accomplishments, such as surpassing targets for successful discharges and maintaining low medication error rates, underscore the organization's strengths and commitment to quality care. Progress in housing stability and therapist productivity further highlights areas of positive momentum.

Looking ahead to FY2025, The Haven will prioritize addressing these areas through the implementation of targeted Quality Management Recommendations. By building on its successes and addressing its weaknesses, the organization is well-positioned to enhance satisfaction, efficiency, and access, advancing its mission of delivering effective, member-focused, and accessible services.



Quality, Compliance and Risk Management Annual Report FY2024

October 1, 2023 – September 30, 2024

Completed By: Erisha Green

Vice President of Quality, Compliance and Risk Management

Published Date: March 1, 2025

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1. Mission, Vision, Values and Principles

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.

Vision

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

Values

We Believe in and are Committed to:

- Recovery with Respect
- Supporting members in achieving their goals
- Recovery that is possible for all and is limitless in scope
- Assisting our employees with professional and personal development
- Contributing to the health of the Tucson community

Principles

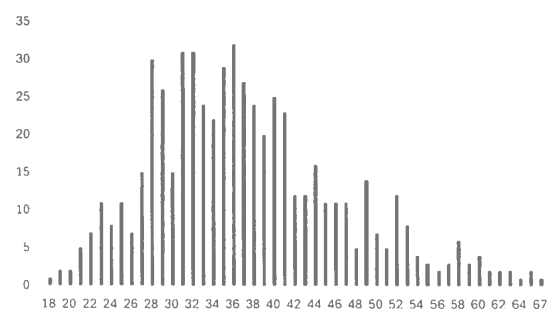
In all that we do, we are guided by the following principles:

- Providing high quality, cost effective, outcome focused services.
- The focus of substance use services will be on the member by developing services that support recovery and resiliency.
- The rights of each member will be protected including having the right to make choices and to be involved in the decision-making process.
- Services will be comprehensive in nature and provided on a continuum.
- The health and wellness of members will be enhanced through prevention and health promotion.
- The Haven will work in collaboration with other community-based organizations and form mutually rewarding partnerships that build upon organizational capacities and strengths.
- The Haven will treat its employees and volunteers in a respectful manner by acknowledging them as the most important resource and supporting them in being successful in their roles and communities.
- The Haven will work to end the stigma of addiction disorders and advocate for just public policies that provide appropriate levels of public support to ensure that affordable treatment, health promotion and prevention services are available in a timely manner to all who need them.

- Every member will receive the highest quality of care according to best practice guidelines
- Services will be linguistically and culturally relevant.
- Services will be evaluated regularly resulting in a high level of transparency and accountability to promote positive member outcomes.
- Technology will be utilized to increase the availability and accessibility to enhance service delivery.
- Services will be designed and implemented based on the philosophies outlined in the AHCCCS Adult System of Care Principles and CARF Standards
- Members seeking services will be viewed as unique and resilient and will not be defined by their substance use disorders

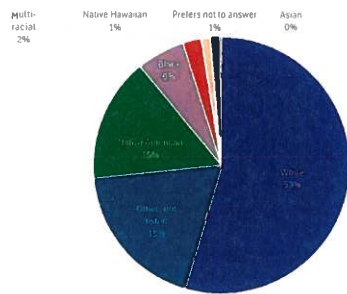
2. Member Demographics

Age

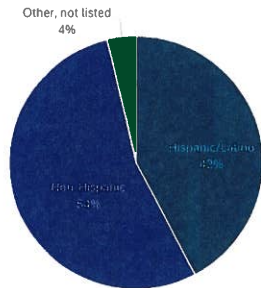


Average Age = 37 Minimum Age = 18 Maximum Age = 67

Race



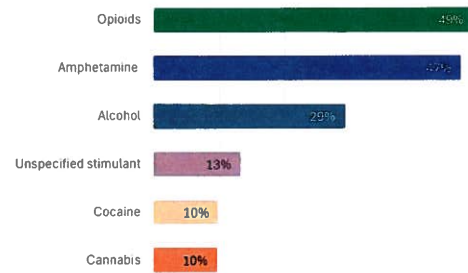
Ethnicity



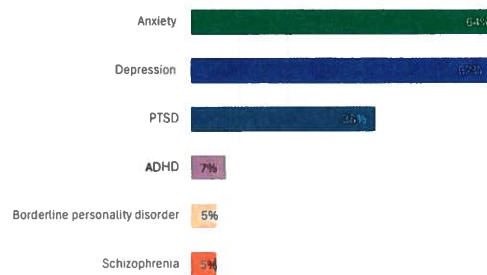
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3. Diagnosis

Severe Substance Use Disorders by Category

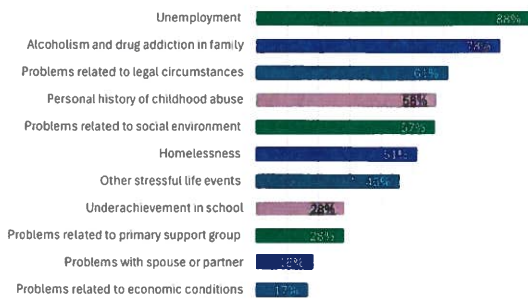


Mental Health Diagnosis



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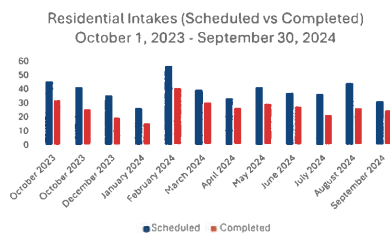
4. Prevalence of Social Determinants of Health



5. Clinical Outcomes

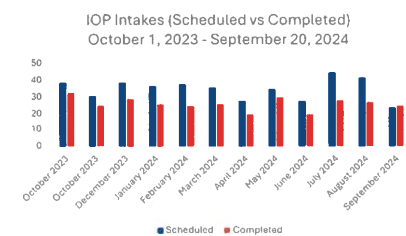
Utilization

- Admits to Programming – 800 (18% increase from previous year)
- Total Members Served- 587 Members Served (23% increase from previous year)
- Total Residential Admissions



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Total IOP Admissions

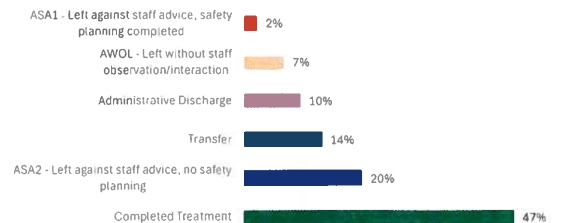


Treatment Outcomes

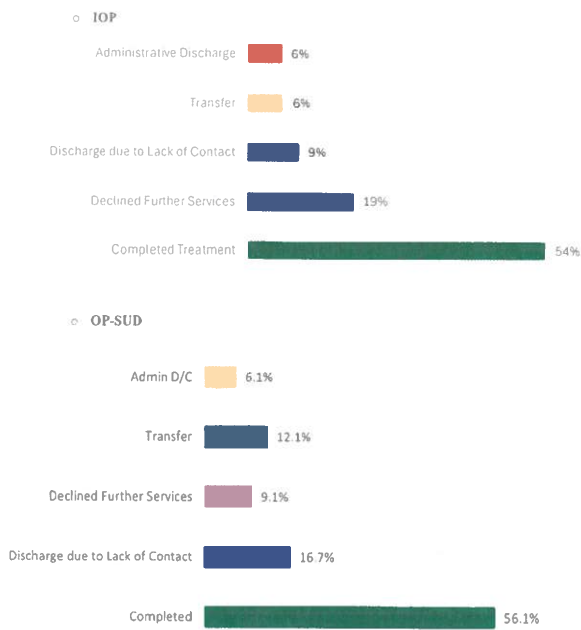
Notes:

- The national average of successful discharges is 44%.
- The Haven defines Transfers as those members who need

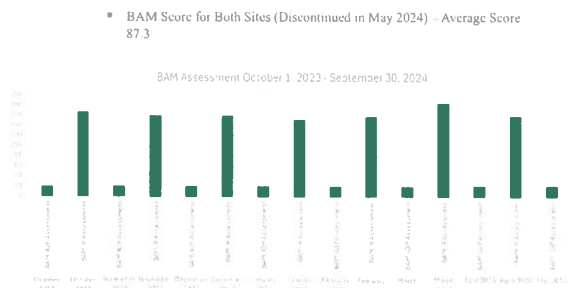
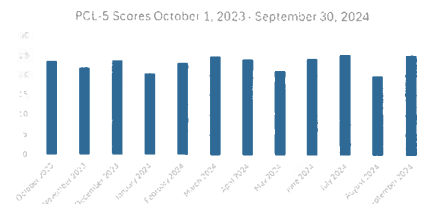
Residential



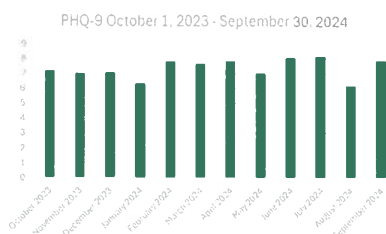
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- **Average Length of Stay (LOS)**
 - Residential Average Length of Stay: 46 days
 - IOP Average Length of Stay: 66 days Outpatient
 - Average Length of Stay: 119 days
 - Average daily census: 125 individuals
- **Impact**
 - **Residential**
 - 77% decrease in Depression Score
 - 83% decrease in Impairment Level
 - **IOP/OP**
 - 68% decrease in Depression Score
 - 84% decrease in Risk Factors
 - **Keeping Families Together**
 - Supported 32 pregnant women
 - Prevented 7 likely removals by Department of Child Safety
 - Had 5 newborns discharged home to Residential with their mothers
 - Had 17 children living at the Residential campus and 8 at the IOP Recovery Housing
 - Worked with Department of Child Safety to coordinate 16 cases of supervised visitation
 - **Improvement with Social Determinants of Health**
 - 74% of members had stable housing when they completed IOP
 - 51% of members had stable employment when they completed IOP
 - **Improved Effectiveness**
 - 68% of Residential referrals transferred into members
 - 73% of IOP referrals transferred into members
 - **Assessment Outcome Scores**
 - PCL-5 Score for Both Sites: Average Score 23.0



PHQ-9 Score for Both Sites: Average Score 7.3



6. Performance Improvement Highlights of FY2024

General Administration

Key Achievements

- Increased engagement at community events.
- Exceeded retention goals for most employee categories, indicating a supportive workplace environment.
- Effective cost management with notable reductions in operating costs per unit.
- Significant improvements in training compliance during Q4.

Opportunities For Improvement

- **Training and Competencies:** Urgent need to align training and evaluations with set targets.
- **Budget Management:** Streamline processes to improve adherence to financial targets.
- **Residential Program Census:** Address underlying factors contributing to lower census numbers.

Residential

Key Achievements

- Successful discharges exceeded target with a 60% annual average.
- Medication errors maintained well below target levels.
- Notable improvements in Q4 for several metrics, including therapist productivity and member satisfaction.

Opportunities For Improvement

- Enhance communication and leadership recognition to meet employee satisfaction targets.
- Improve therapist and recovery coach productivity through targeted initiatives.
- Focus on achieving the 80% target for bed utilization (Access domain).
- Increase member satisfaction scores to align with the 90% target.

Intensive Outpatient

Key Achievements

- **Improvement in Housing Stability:** The program successfully achieved housing stability for a significant number of members, particularly in Q2 and Q4, with an average of 74% for the year.

- **Therapist and Recovery Coach Productivity:** Both therapist and recovery coach productivity showed promising results in certain months, particularly in Q2, with recovery coach productivity reaching up to 70 hours per month.
- **Member Housing and Treatment Completion:** While the treatment completion rate was below target, there was a clear upward trend in housing stability by the time of discharge, indicating success in addressing key SDOH challenges.

Opportunities For Improvement

- **Treatment Completion Rates:** The discharge success rate did not meet the target, averaging just 46%. This indicates the need for enhanced focus on treatment outcomes and more effective discharge planning.
- **Employment Stability:** Employment stability among members fell short of expectations, with a yearly average of 51% against a target of 80%. More efforts are needed to address employment challenges as part of the treatment plan.
- **Employee Satisfaction:** Scores for adaptability and trust were lower than expected, averaging 64% and 36%, respectively. These figures highlight a need for stronger employee support programs and team-building initiatives.
- **Length of Stay:** The average member length of stay (LOS) exceeded the target, averaging 91 days. This suggests that the time to reach clinical goals needs to be shortened, requiring more streamlined treatment pathways.
- **Intake Completion Rate:** Intake completion was lower than the target of 80%, averaging 69%. This gap indicates the need for better coordination and outreach to fill census requirements more efficiently.

Outpatient

Key Achievements

- **Member Satisfaction (Q2 Performance):** Member satisfaction reached 81% in Q2, indicating that there are effective elements of the program that resonate with participants, suggesting areas that can be further enhanced.
- **January Success in Discharges:** The highest successful discharge rate of the year (100%) was recorded in January, showing that when processes align, treatment success rates can be significantly improved.
- **Improvement in Q2 LOS:** Although the overall LOS was above the target, Q2 saw improvements, with the average LOS dropping to 156 days, indicating positive trends toward reducing length of stay for successful discharges.

Opportunities For Improvement

- **Discharge Success Rate:** With a year-end average of 27%, the success rate for treatment completion needs urgent attention. Significant improvements are needed in supporting members throughout treatment to ensure higher success rates.

- **Member Satisfaction (Q3 Decline):** Satisfaction dropped to 62% in Q3, highlighting a need to address issues that may have emerged during this period. Understanding and mitigating these issues will be key to improving future satisfaction scores.
- **Length of Stay:** The average LOS significantly exceeded the target, with particularly concerning data points in August (448 days). This warrants further investigation to identify underlying causes and implement strategies for reducing LOS.
- **Treatment Plan Updates:** The percentage of treatment plan updates was consistently below 2%, with some months showing no updates at all. This is a critical area that needs improved processes to ensure all members are receiving up-to-date and personalized treatment plans.
- **Appointment Show Rate Data:** Lack of data on the appointment show rate is a gap that needs to be addressed to improve tracking and identify trends in appointment adherence.

4. Outcomes From QMPI Indicators

Overall Executive Summary

The FY2024 report provides a comprehensive review of The Haven's performance across all major domains, including General Administration, Residential, Intensive Outpatient (IOP), and Outpatient services. This report evaluates key metrics and performance indicators (KPIs) in areas such as stakeholder satisfaction, employee retention, business functions, staff training, effectiveness, efficiency, and access to services.

Overall, while The Haven has made significant strides across multiple domains, there are key areas requiring targeted focus and improvement to ensure continued success and alignment with strategic goals in the future.

General Administration

General Administration Executive Summary

The report highlights notable progress toward strategic goals despite some challenges in certain areas. Employee retention and stakeholder satisfaction showed positive trends, while efforts to strengthen business functions and staff training competencies are ongoing.

Key Highlights:

- **Stakeholder Satisfaction:** Increased community visibility.
- **Employee Retention:** Retention rates exceeded targets in most categories.
- **Business Function Improvements:** Operating costs reduced and targeted budget items achieved.
- **Training and Competencies:** Incremental improvements in compliance with training and performance reviews.

Areas requiring attention include consistency in meeting training compliance targets and documentation of competency evaluations.

General Administration Performance Analysis by Domain

Stakeholder Satisfaction

- **Net Promoter Score (NPS):** Not completed this fiscal year.
- **Community Visibility:**
 - Target: 1 press release per quarter. Actual: 3 press releases issued annually.
 - Participation in tabling events surpassed expectations, with 14 events attended.

Employee Satisfaction

- **Retention Rates:**
 - General employee retention averaged 96%, exceeding the target of 62%.
 - Counselor retention remained high at 94%, while Peer Mentors averaged 88%.
- **Career Development Engagement:**
 - Employee engagement surveys show employees are happy with their current roles in the organization but would like further training opportunities.

Business Functions

- **Cost Efficiency:**
 - Operating costs per unit were reduced, with an annual average of \$100.24 against a target of \$164.00.
- **Residential Program Census:**
 - Averaged 1160 billed bed days, slightly below the target of 1247.
- **Days Sales Outstanding:**
 - Maintained an average of 43 days, exceeding the target of 35 days.
- **Budget Targets:**
 - Variance in meeting budgeted items highlighted operational challenges, with an average performance of -408.5% below the desired 100%.

Staff Training and Competencies

- **Training Compliance:**
 - Annual average of 64%, well below the 100% target.
 - Incremental improvements were noted in Q4, reaching 86% compliance.
- **Performance Reviews:**
 - Timely completion improved to 71% overall, with significant lapses in mid-year reviews.

- **Competency Evaluations:**
 - Compliance averaged 42%, highlighting a need for greater focus.

Key Achievements

- Increased engagement at community events.
- Exceeded retention goals for most employee categories, indicating a supportive workplace environment.
- Effective cost management with notable reductions in operating costs per unit.
- Significant improvements in training compliance during Q4.

Opportunities For Improvement

- **Training and Competencies:** Urgent need to align training and evaluations with set targets.
- **Budget Management:** Streamline processes to improve adherence to financial targets.
- **Residential Program Census:** Address underlying factors contributing to lower census numbers.

General Administration Closing Remarks

The Haven's performance in FY2024 underscores its commitment to service excellence and operational efficiency. While challenges remain in specific domains, the accomplishments serve as a foundation for future growth. Looking forward, strategic interventions will target identified weaknesses, with an emphasis on training compliance, financial management, and employee engagement.

The Home - FY2025 Performance Summary									
Table 1: Overall Data									
Domain	Objective	Key Metric	Target	Annual Average	Monthly Performance Highlights	Observations	Efficiency	Access	Quality Management
Effectiveness	Objective 1: Increase the percentage of members completing treatment successfully.	Key Metric: Percentage of successful discharges.	Target: 50%	Annual Average: 60%	Monthly Performance Highlights: Highest: 80% (May), Lowest: 34% (March)	Observations: Despite fluctuations, the annual average surpassed the target, with notable peaks in Q2 and Q4.			
	Objective 2: Enhance member satisfaction scores across all areas.	Key Metric: Percentage of "Top Box" responses to survey questions.	Target: 90%	Annual Average: 73%	Quarterly Performance Highlights: Highest: 81% (Q2), Lowest: 62% (Q3)	Observations: While the target was not met, Q2 performance indicates potential strategies for replication.			
	Objective 3: Improve communication between executive leadership and frontline staff.	Key Metric: Top Box responses on Question 23 of the Employee Engagement Survey.							
	Objective 4: Increase the percentage of individuals transferred into membership.	Key Metric: Completed intakes as a percentage of available beds.	Target: 80%	Annual Average: 68%	Monthly Performance Highlights: Highest: 79% (May), Lowest: 54% (December)	Observations: While below target, Q4 demonstrated consistent improvement.			
Satisfaction (Member)	Objective 1: Increase therapist productivity/documentation.	Key Metric: Average hours documented per month.	Target: 100 hours	Annual Average: 64 hours	Monthly Performance Highlights: Highest: 88 hours (April), Lowest: 51 hours (February)	Observations: Significant improvements in Q4 but still below target.			
	Objective 2: Increase recovery coach productivity/documentation.	Key Metric: Average hours documented per month.	Target: 80 hours	Annual Average: 53 hours	Monthly Performance Highlights: Highest: 67 hours (April), Lowest: 37 hours (November)	Observations: Consistently below target with minimal variability.			
	Objective 3: Reduce medication errors.	Key Metric: Number of errors reported.	Target: Below 10 errors/month	Annual Average: 4 errors		Observations: Performance consistently surpassed the target, demonstrating strong procedural controls.			
	Objective 4: Increase member satisfaction scores across all areas.	Key Metric: Percentage of "Top Box" responses to survey questions.	Target: 90%	Annual Average: 73%	Quarterly Performance Highlights: Highest: 81% (Q2), Lowest: 62% (Q3)	Observations: While the target was not met, Q2 performance indicates potential strategies for replication.			
Satisfaction (Employee)	Objective 1: Increase therapist productivity/documentation.	Key Metric: Average hours documented per month.	Target: 100 hours	Annual Average: 64 hours	Monthly Performance Highlights: Highest: 88 hours (April), Lowest: 51 hours (February)	Observations: Significant improvements in Q4 but still below target.			
	Objective 2: Increase recovery coach productivity/documentation.	Key Metric: Average hours documented per month.	Target: 80 hours	Annual Average: 53 hours	Monthly Performance Highlights: Highest: 67 hours (April), Lowest: 37 hours (November)	Observations: Consistently below target with minimal variability.			
	Objective 3: Reduce medication errors.	Key Metric: Number of errors reported.	Target: Below 10 errors/month	Annual Average: 4 errors		Observations: Performance consistently surpassed the target, demonstrating strong procedural controls.			
	Objective 4: Increase member satisfaction scores across all areas.	Key Metric: Percentage of "Top Box" responses to survey questions.	Target: 90%	Annual Average: 73%	Quarterly Performance Highlights: Highest: 81% (Q2), Lowest: 62% (Q3)	Observations: While the target was not met, Q2 performance indicates potential strategies for replication.			

- Target: 65%
- Annual Average: 27%

Observations: Communication remains a critical area for growth.

- Objective 2: Enhance management's recognition of strong performance.
 - Key Metric: Top Box responses on Question 25 of the Employee Engagement Survey.
 - Target: 65%
 - Annual Average: 53%

Observations: While below target, performance recognition showed relative strength compared to other metrics

Efficiency

- Objective 1: Increase therapist productivity/documentation.
 - Key Metric: Average hours documented per month.
 - Target: 100 hours
 - Annual Average: 64 hours
 - Monthly Performance Highlights:
 - Highest: 88 hours (April)
 - Lowest: 51 hours (February)

Observations: Significant improvements in Q4 but still below target.

- Objective 2: Increase recovery coach productivity/documentation.
 - Key Metric: Average hours documented per month.
 - Target: 80 hours
 - Annual Average: 53 hours
 - Monthly Performance Highlights:
 - Highest: 67 hours (April)
 - Lowest: 37 hours (November)

Observations: Consistently below target with minimal variability.

- Objective 3: Reduce medication errors.
 - Key Metric: Number of errors reported.
 - Target: Below 10 errors/month
 - Annual Average: 4 errors

Observations: Performance consistently surpassed the target, demonstrating strong procedural controls.

Residential

Residential Executive Summary

The report emphasizes the organization's performance in four key domains: Effectiveness, Satisfaction, Efficiency, and Access. Performance metrics were compared against established targets, with several areas showing strong achievements, although opportunities for further improvement were identified.

Residential Performance Analysis by Domain

Effectiveness

- Objective: Increase the percentage of members completing treatment successfully.
 - Key Metric: Percentage of successful discharges.
 - Target: 50%
 - Annual Average: 60%
 - Monthly Performance Highlights:
 - Highest: 80% (May)
 - Lowest: 34% (March)

Observations: Despite fluctuations, the annual average surpassed the target, with notable peaks in Q2 and Q4

Satisfaction (Member)

- Objective: Improve member satisfaction scores across all areas.
 - Key Metric: Percentage of "Top Box" responses to survey questions.
 - Target: 90%
 - Annual Average: 73%
 - Quarterly Performance Highlights:
 - Highest: 81% (Q2)
 - Lowest: 62% (Q3)

Observations: While the target was not met, Q2 performance indicates potential strategies for replication

Satisfaction (Employee)

- Objective 1: Improve communication between executive leadership and frontline staff.
 - Key Metric: Top Box responses on Question 23 of the Employee Engagement Survey.

Access

- Objective: Increase the percentage of individuals transferred into membership.
 - Key Metric: Completed intakes as a percentage of available beds.
 - Target: 80%
 - Annual Average: 68%
 - Monthly Performance Highlights:
 - Highest: 79% (May)
 - Lowest: 54% (December)

Observations: While below target, Q4 demonstrated consistent improvement.

Key Achievements

- Successful discharges exceeded target with a 60% annual average.
- Medication errors maintained well below target levels.
- Notable improvements in Q4 for several metrics, including therapist productivity and member satisfaction.

Opportunities for Improvement

- Enhance communication and leadership recognition to meet employee satisfaction targets.
- Improve therapist and recovery coach productivity through targeted initiatives.
- Focus on achieving the 80% target for bed utilization (Access domain)
- Increase member satisfaction scores to align with the 90% target.

Quality Management Recommendations for FY2025

- Strengthen training and documentation protocols to enhance efficiency.
- Address communication gaps between leadership and staff.
- Implement targeted interventions to boost productivity and satisfaction.
- Develop initiatives to improve bed utilization and member intake processes.
- Leverage Q2 strategies for member satisfaction across all quarters.

Residential Closing Remarks

The Residential Executive Summary highlights a year of commendable achievements and areas for strategic focus. Surpassing key targets, such as successful discharges and reduced medication errors, demonstrates the organization's commitment to excellence. However, the analysis also underscores critical opportunities to enhance satisfaction, efficiency, and access metrics. By implementing the outlined Quality Management Recommendations for FY2025, the organization is well-positioned to sustain progress, address gaps, and advance its mission of delivering effective, accessible, and member-focused services.

The Haven - FY2024 QM/PI Performance Indicators												
Table 2: Residential Treatment Program (RES)												
Indicator	Objective	Measure	Target	Actual	Score	Weight	Overall	Q1	Q2	Q3	Q4	Annual
Effectiveness	Member satisfaction	Member satisfaction score	80%	79%	80%	10%	80%	78%	81%	79%	80%	79%
Efficiency	Discharge rate	Discharge rate	90%	88%	88%	10%	88%	85%	90%	88%	89%	88%
Access	Medication errors	Medication errors	5%	6%	6%	5%	6%	7%	5%	6%	6%	6%

Intensive Outpatient

Intensive Outpatient Executive Summary

The IOP program's performance was also thoroughly analyzed, focusing on effectiveness, member and employee satisfaction, efficiency, and access. While progress was made in several areas, some aspects fell short of expectations. Key successes were noted, alongside the need for focused improvements to meet future goals.

Intensive Outpatient Performance Analysis by Domain

Effectiveness

- Objective 1: Increase the percentage of members completing treatment successfully.
 - Key Metric: Percentage of successful discharges.
 - Target: 80%
 - Annual Average: 73%
 - Target: 80%
 - Monthly Performance Highlights:
 - Highest: 79% (April)
 - Lowest: 35% (December)

Observations: The program faced challenges in meeting this metric during Q1; however, as the year progressed, it consistently exceeded the target monthly.

- Objective 2: Increase # of members with improvement in SDOH challenges by the time of discharge.
 - Key Metric 1: Percentage of members with stable housing by discharge
 - Target: 85%
 - Annual Average: 74%
 - Monthly Performance Highlights:
 - Highest: 100% (February)
 - Lowest: 38% (December)

Observations: The program faced challenges in meeting this metric throughout the year. Q3 was the hardest quarter with not being able to hit the goal at all during this quarter.

- Key Metric 2: Percentage of members with stable employment by discharge
 - Target: 80%
 - Annual Average: 51%
- Monthly Performance Highlights:
 - Highest: 79% (October)
 - Lowest: 21% (June)

Observations: The program encountered ongoing challenges in meeting this metric throughout the year, with the closest attainment of the target goal reaching 79% in June.

Satisfaction (Member)

- Objective 1: Improve member satisfaction scores across all areas.
 - Key Metric: Percentage of "Top Box" responses to survey questions.
 - Target: 90%
 - Annual Average: 73%
 - Quarterly Performance Highlights:
 - Highest: 81% (Q2)
 - Lowest: 62% (Q3)

Observations: While the target was not met, Q2 performance indicates potential strategies for replication.

- Objective 2: Increase in employees feeling confident in adapting quickly to difficult situations.
 - Key Metric: Percentage of "Top Box" responses to survey question 15.
 - Target: 85%
 - Annual Average: 64%

Observations: The survey was only conducted once during the fiscal year and fell below the target goal.

- Objective 3: Increase employees trust with leadership.
 - Key Metric: Percentage of "Top Box" responses to survey question 28.
 - Target: 70%
 - Annual Average: 36%

Observations: The survey was only conducted once during the fiscal year and fell well below the target goal.

Satisfaction (Employee)

- Objective 1: Improve communication between executive leadership and frontline staff.
 - Key Metric: Top Box responses on Question 23 of the Employee Engagement Survey.
 - Target: 65%
 - Annual Average: 27%

Observations: Communication remains a critical area for growth.

- Objective 2: Enhance management's recognition of strong performance.
 - Key Metric: Top Box responses on Question 25 of the Employee Engagement Survey.
 - Target: 65%
 - Annual Average: 53%

Observations: While below target, performance recognition showed relative strength compared to other metrics.

Efficiency

- Objective 1: Increase therapist productivity/documentation.
 - Key Metric: Average hours documented per month.
 - Target: 100 hours
 - Annual Average: 72 hours
 - Monthly Performance Highlights:
 - Highest: 87 hours (May)
 - Lowest: 56 hours (December)

Observations: Significant improvements in Q3 but still below target.

- Objective 2: Increase recovery coach productivity/documentation.
 - Key Metric: Average hours documented per month.
 - Target: 80 hours
 - Annual Average: 60 hours
 - Monthly Performance Highlights:
 - Highest: 87 hours (May)
 - Lowest: 70 hours (April)

Observations: Consistently below target with minimal variability.

- Objective 3: Increase member treatment plan updates.
 - Key Metric: Percentage of treatment plan updates.
 - Target: 80%
 - Annual Average: 15%
 - Monthly Performance Highlights:
 - Highest: 33% (May)
 - Lowest: 0% (September)

Observations: This objective was not tracked until Q3. Consistently below target with minimal variability.

Access

- Objective: Increase the percentage of individuals transferred into membership.
 - Key Metric: Completed intakes as a percentage of available census.
 - Target: 80%
 - Annual Average: 73%
 - Monthly Performance Highlights:
 - Highest: 85% (May)
 - Lowest: 61% (July)

Observations: Q1 was the most successful quarter showing progress towards the goal.

Key Achievements

- Improvement in Housing Stability: The program successfully achieved housing stability for a significant number of members, particularly in Q2 and Q4, with an average of 74% for the year.
- Therapist and Recovery Coach Productivity: Both therapist and recovery coach productivity showed promising results in certain months, particularly in Q2, with recovery coach productivity reaching up to 70 hours per month.
- Member Housing and Treatment Completion: While the treatment completion rate was below target, there was a clear upward trend in housing stability by the time of discharge, indicating success in addressing key SDOH challenges.

Opportunities for Improvement

- Treatment Completion Rates: The discharge success rate did not meet the target, averaging just 46%. This indicates the need for enhanced focus on treatment outcomes and more effective discharge planning.
- Employment Stability: Employment stability among members fell short of expectations, with a yearly average of 51% against a target of 80%. More efforts are needed to address employment challenges as part of the treatment plan.
- Employee Satisfaction: Scores for adaptability and trust were lower than expected, averaging 64% and 36%, respectively. These figures highlight a need for stronger employee support programs and team-building initiatives.
- Length of Stay: The average member length of stay (LOS) exceeded the target, averaging 91 days. This suggests that the time to reach clinical goals needs to be shortened, requiring more streamlined treatment pathways.

- Intake Completion Rate: Intake completion was lower than the target of 80%, averaging 69%. This gap indicates the need for better coordination and outreach to fill census requirements more efficiently.

Quality Management Recommendations for FY2025

- Enhance communication and leadership recognition to meet employee satisfaction targets.
- Improve therapist and recovery coach productivity through targeted initiatives.
- Focus on achieving the 80% target for bed utilization (Access domain).
- Increase member satisfaction scores to align with the 90% target.

Intensive Outpatient Closing Remarks

The 2024 performance data reveals both successes and areas that need further attention. Key achievements include progress in improving housing stability and therapist productivity, while challenges remain in employment stability, treatment completion, employee satisfaction, and reducing member length of stay. The data highlights the importance of focusing on specific areas where performance fell short of the established targets.

Domain	Objective	Indicator	Target	Q1	Q2	Q3	Q4	Annual Average	Notes
ACCESS	Access	Intake Completion Rate	80%	69%	75%	72%	78%	73%	Below target, need for better coordination.
		Bed Utilization Rate	80%	75%	78%	72%	76%	75%	Below target, need for better coordination.
		Therapist Productivity	100 hours	87	92	78	85	85	Below target, need for better coordination.
		Recovery Coach Productivity	80 hours	70	75	68	72	71	Below target, need for better coordination.
EMPLOYMENT	Employment	Employment Stability	80%	51%	55%	53%	57%	51%	Below target, need for better coordination.
		Discharge Success Rate	80%	46%	50%	48%	52%	46%	Below target, need for better coordination.
		Member Satisfaction	90%	64%	68%	62%	70%	64%	Below target, need for better coordination.
		Length of Stay (LOS)	90 days	91	88	92	89	90	Below target, need for better coordination.
TREATMENT	Treatment	Treatment Completion Rate	80%	46%	50%	48%	52%	46%	Below target, need for better coordination.
		Discharge Success Rate	80%	46%	50%	48%	52%	46%	Below target, need for better coordination.
		Member Satisfaction	90%	64%	68%	62%	70%	64%	Below target, need for better coordination.
		Length of Stay (LOS)	90 days	91	88	92	89	90	Below target, need for better coordination.

Outpatient

Outpatient Executive Summary

A detailed assessment of KPIs was conducted, covering effectiveness, member and employee satisfaction, efficiency, and access. Although the organization experienced notable strengths in specific areas, challenges remain that will require attention and action in the coming year to ensure continued improvement and performance.

Outpatient Performance Analysis by Domain

Effectiveness

- **Objective:** Increase the number of members completing treatment successfully.
 - **Key Metric:** Percentage of discharges that were successful.
 - **Target:** 50%
 - **Annual Average:** 48%
 - **Monthly Performance Highlights:**
 - **Highest:** 79% (April)
 - **Lowest:** 35% (December)
- Observations:** There were significant fluctuations throughout the year, with notably high success rates in January and February. Q4 saw a steep decline in successful discharges.

Satisfaction (Member)

- **Objective:** Improve member satisfaction scores in all areas.
 - **Key Metric:** Percentage of "Top Box" responses to survey questions.
 - **Target:** 90%
 - **Annual Average:** 73%
 - **Quarterly Performance Highlights:**
 - **Highest:** 81% (Q2)
 - **Lowest:** 62% (Q3)
- Observations:** While the target was not met, Q2 performance indicates potential strategies for replication.

Satisfaction (Employee)

- **Objective:** Reported in IOP program table (not detailed here).

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- **Action Points:**
 - Review employee satisfaction reports in upcoming reports.

Efficiency

- **Objective 1:** Decrease time to reach clinical goals of treatment.
 - **Key Metric:** Average member length of stay (LOS) for successful discharges.
 - **Target:** Less than 180 days.
 - **Annual Average:** 270 days.
 - **Quarterly Performance Highlights:**
 - **Highest:** 448 days (August)
 - **Lowest:** 77 days (October)
 - Observations:** There was a high variation, particularly in August where the LOS exceeded the target. There needs to be a follow up to address the outlier data point and ensure consistency in length of stay.
- **Objective 2:** Increase member "show" rate for appointments.
 - **Key Metric:** Percentage of kept appointments vs. scheduled appointments.
 - **Target:** 85%
 - **Annual Average:** Data not available for analysis.
 - **Action Points:**
 - Remove goal from the report for FY2025. There is a new additional being added to KIPU to assist in this objective.
- **Objective 3:** Increase treatment plan updates.
 - **Key Metric:** Percentage of treatment plan updates completed.
 - **Target:** 80%
 - **Annual Average:** 2%
 - **Key Insights:**
 - Low completion rates of treatment plan updates, indicating a need for process improvement.
 - **Action Points:**
 - Revise treatment plan update processes to ensure compliance and better tracking.

Access

- **Objective:** Increase the percentage of individuals transferred into members.
 - **Key Metric:** Reported in IOP program table (not detailed here).
 - **Action Points:**

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- Review employee satisfaction reports in upcoming reports.

Quality Management Recommendations for FY2025:

- **Increase Focus on Effective Treatment Completion:** Stabilize and consistently improve discharge success rates.
- **Enhance Member Experience:** Focus on addressing gaps identified in Q3 satisfaction to increase overall scores.
- **Streamline Efficiency Measures:** Investigate the causes of the high variation in LOS and focus on improving data integrity for appointment and treatment plan tracking.

Key Achievements

- **Member Satisfaction (Q2 Performance):** Member satisfaction reached 81% in Q2, indicating that there are effective elements of the program that resonate with participants, suggesting areas that can be further enhanced.
- **January Success in Discharges:** The highest successful discharge rate of the year (100%) was recorded in January, showing that when processes align, treatment success rates can be significantly improved.
- **Improvement in Q2 LOS:** Although the overall LOS was above the target, Q2 saw improvements, with the average LOS dropping to 156 days, indicating positive trends toward reducing length of stay for successful discharges.

Opportunities for Improvement

- **Discharge Success Rate:** With a year-end average of 27%, the success rate for treatment completion needs urgent attention. Significant improvements are needed in supporting members throughout treatment to ensure higher success rates.
- **Member Satisfaction (Q3 Decline):** Satisfaction dropped to 62% in Q3, highlighting a need to address issues that may have emerged during this period. Understanding and mitigating these issues will be key to improving future satisfaction scores.
- **Length of Stay:** The average LOS significantly exceeded the target, with particularly concerning data points in August (448 days). This warrants further investigation to identify underlying causes and implement strategies for reducing LOS.
- **Treatment Plan Updates:** The percentage of treatment plan updates was consistently below 2%, with some months showing no updates at all. This is a critical area that needs

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- improved processes to ensure all members are receiving up-to-date and personalized treatment plans.
- **Appointment Show Rate Data:** Lack of data on the appointment show rate is a gap that needs to be addressed to improve tracking and identify trends in appointment adherence.

Outpatient Closing Remarks

While the organization made notable progress in certain areas, several critical improvements must be made to ensure continued success in the upcoming year. Focusing on the effectiveness of treatment completion, improving member satisfaction throughout the year, reducing the average length of stay, and ensuring timely treatment plan updates will be vital for achieving targets moving forward.

The year's performance highlights both successes and opportunities for growth. With focused attention on the areas of improvement outlined above, the organization can drive more consistent outcomes and elevate both member and employee satisfaction. It is imperative to implement the necessary changes and continue tracking these KPIs to ensure that the program meets its objectives and fulfills its mission for better care delivery.

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End of the Year Overall Summary for FY2024

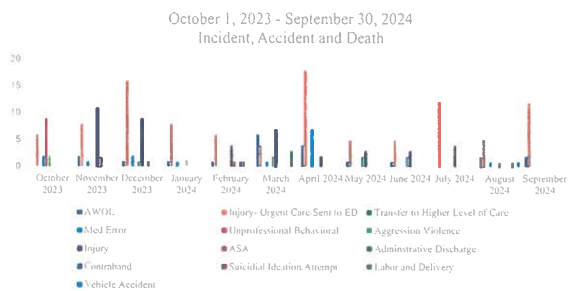
The Haven's performance in FY2024 reflects its unwavering dedication to service excellence and operational improvement. Key accomplishments, such as surpassing targets for successful discharges and maintaining low medication error rates, underscore the organization's strengths and commitment to quality care. Progress in housing stability and therapist productivity further highlights areas of positive momentum.

However, challenges persist in achieving targets for employee satisfaction, treatment completion, employment stability, and member length of stay. These gaps emphasize the need for focused interventions in training compliance, financial management, and communication to foster greater alignment with organizational goals.

Looking ahead to FY2025, The Haven will prioritize addressing these areas through the implementation of targeted Quality Management Recommendations. By building on its successes and addressing its weaknesses, the organization is well-positioned to enhance satisfaction, efficiency, and access, advancing its mission of delivering effective, member-focused, and accessible services.

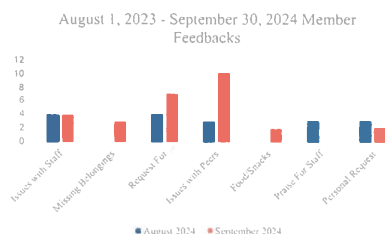
5. Incident, Accidents and Deaths

Incident, Accidents and Deaths

[illegible]

6. Member Feedback

* Started tracking on a spreadsheet in August 2024

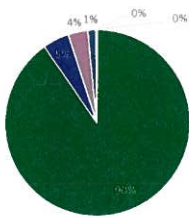


7. External Surveys

Date	Provider	Type	Notes	Outcome
3/14/2022	Alameda Complete Health	Remote Audio	All 5's	
3/15/2022	Alameda Complete Health NIA Program	Review- Phone Call	5 10P Members	No issues reported
3/16/2022	44HP	Site Visit/MSL	ACP	Followed by recommendations
3/17/2022	Uglen	Review- Phone Call	2 10P Members	Both Discharge before Call
3/22/2022	44HP	Site Visit/MSL	Member Call	Followed by recommendations
3/23/2022	Uglen	Review- Phone Call	2 10P Members	Discharge before Call
3/26/2022	Uglen	Review- Phone Call	2 10P Members	Discharge before Call
3/28/2022	Uglen	Review- Phone Call	2 10P Members	Discharge before Call
3/29/2022	Uglen	Review- Phone Call	2 10P Members	Approved
3/30/2022	Uglen	Review- Phone Call	2 10P Members	Member was reassigned at the time
3/31/2022	Uglen	Review- Phone Call	2 10P Members	Delayed 3/31/2022 Last expected to close 3/26/2024
4/1/2022	Uglen	Review- Phone Call	2 10P Members	
4/2/2022	Uglen	Review- Phone Call	2 10P Members	2 Locations, 1 Member not available, 1 Member closed
4/3/2022	Uglen	Review- Phone Call	2 10P Members	Administrative 100% and Clinical 7%
4/7/2022	Uglen	Remote Audio	ACP	
4/7/2022	Uglen	Review- Phone Call	2 10P Members	1 Member Disposed, 1 Member Approved, 1 Member to discuss
4/15/2022	BAH-SA	Site Visit/MSL	Item central	No issues reported
4/23/2022	Uglen	Review- Phone Call	2 10P Members	1 Member approved, 1 Discharge before call
4/29/2022	Uglen	Review- Phone Call	2 10P Members	Discharge before Call
5/2/2022	Uglen	Review- Phone Call	2 10P Members	Approved
5/2/2022	Uglen	Review- Phone Call	2 10P Member	Delayed as of 3/17/2024
6/16/2022	Uglen	Review- Phone Call	2 10P Member	Approved
7/5/2022	Uglen	Review- Phone Call	2 10P Members	Approved
7/20/2022	Uglen	Review- Phone Call	2 10P Members	1 Member approved, 1 Discharge before call
8/1/2022	Uglen	Review- Phone Call	2 10P Member	Discharge before Call
8/27/2022	Uglen	Review- Phone Call	2 10P Members	Discharge before Call
9/24/2022	Uglen	Review- Phone Call	2 10P Members	No calls

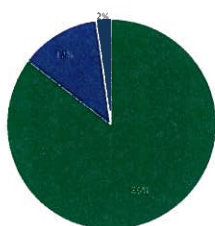
8. Financials

Revenue		
Government Contracts	\$6,329,320	
Contributions & Grants	\$318,883	
Investment Gain, Net	\$255,933	
Interest and Dividends	\$87,605	
Member Service Fees	\$15,900	
Other Support	\$4,037.00	
		\$7,011,671



- Government Contracts
- Contributions and grants
- Investment gain, net
- Interest and dividends
- Client service fees
- Other support

Expenses		
Program	\$6,256,003	
General and Administrative	\$905,783	
Fundraising and Development	\$166,060	
		\$7,327,846



- Program
- General and administrative
- Fundraising and development