

THE HAVEN  
CEO's Report  
Submitted to the Board by Aimee Graves  
May 21, 2025

**Quality Assurance and Performance Improvement**

The Haven's CARF Survey dates are pending. CARF has indicated that the survey will be scheduled some time between August 1 and September 30, 2025.

**Workforce**

- Human Resources continues the project of individualizing 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 April, we continued to recruit for the clinical and quality/compliance leadership positions. We interviewed several additional qualified candidates from Duffy Group, an executive search firm. We also circled back around with an earlier clinical candidate to see if her interest in working at The Haven might have shifted.

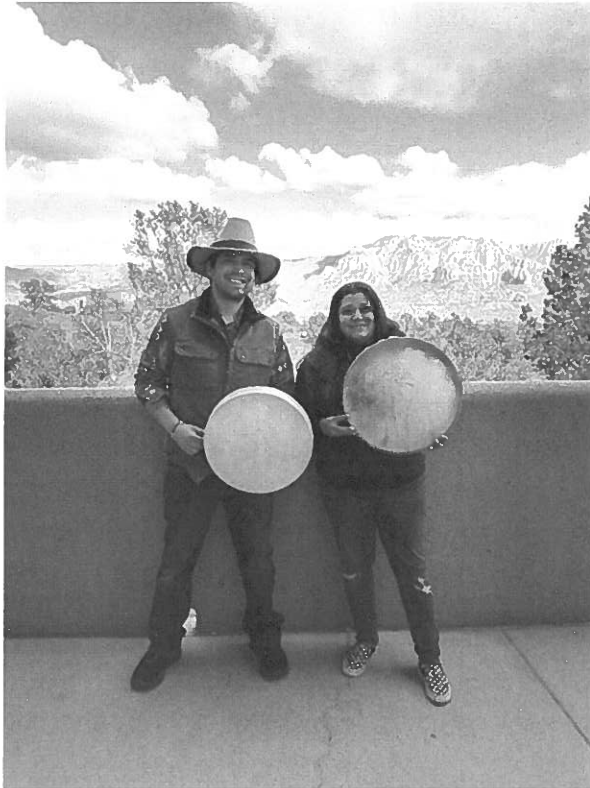
As of the writing of this report, we have filled both the Vice President of Clinical Service and the Vice President of Quality Assurance and Performance Improvement positions. Start dates, respectively, are 6/23/25 and 6/9/25. Please see attached resumes of Sara Cohen and Katheryn "Kat" Owen at the end of this report.

*Diversity and Inclusion*

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

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Native Ways



April kicked off with the addition of two new Native Ways contractors serving our Haven Members.

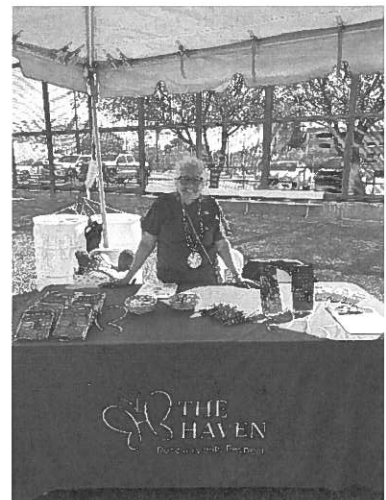
Martha, a valued Haven Alumna, now leads weekly drum circles—Fridays at Residential and Tuesdays at IOP—bringing rhythm and healing to both programs.

Ricky has also joined us, introducing a wellness-based art and craft class at IOP on Fridays, titled *"Cultivating Creative Expressions."* His sessions invite participants to explore creativity as a path to recovery and self-discovery.

- We transported Residential members to the San Xavier Farm Co-Op to attend the *Red Road to Wellbriety* event. Nati helped organize the gathering in

collaboration with Eddie Grijalva, creating a powerful space for cultural connection and recovery-centered support.

- We represented Haven at the University of Arizona's Social Pow Wow, where she also brought along a couple of Residential members to volunteer at the registration table—an inspiring example of community engagement and visibility.
- Nati and Sandra traveled to Chicago, Illinois to participate in the Safety & Justice Challenge Network convening as members of the Wichoyanke Network, contributing to national conversations on equity and justice reform.
- We accompanied Haven members to the Community Circle of Healing Gathering at the San Xavier Community Building, fostering connection, cultural healing, and support.



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- 4/18/2025 and 4/25/2025-YWorks resumed with the YWCA, and they hosted a special resume building group on 4/25/2025.
- 4/19/2025-Women's Empowerment Photo Shoot at Residential-Melissa S., who is also a photographer, offered to do a photo shoot with residential members! She provided the backdrop, props, and allowed the members to pose alone or with other members. They had a fabulous time, and the pictures came out great!
- 4/20/2025-Easter Sunday, the members had an egg hunt, and all received Easter baskets with candy!
- 4/23/2025-Administrative Professionals Day-The residential team celebrated Ms. Linda and got her a card and flowers.
- 4/29/2025-5/1/2025-The members in the Native Ways program were able to participate in the Community Circle of Healing Gathering at San Xavier. This is center on activities that encourage the community to work through trauma, grief, and loss due to violence and COVID. Activities include discussion on violence and providing survivors the tools to work through their trauma, and help the community on a path towards healing.
- 4/30/2025-Denim Day, staff and members were encouraged to wear denim in support of Sexual Assault Awareness month and survivors of sexual violence.

*Celebrating Families!*

- We completed our 14<sup>th</sup> group of the 4<sup>th</sup> round of CF! in April. There has been a consistent group of 4 members and families. They have been very engaged in groups 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.

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- 3 were Administratively Discharged
  - 1 due to insurance not providing an initial authorization due to her not meeting medical necessity criteria. She was able to step down to The Haven IOP.
  - 2 due to not following program guidelines, despite multiple interventions from their treatment team.
- 4 Left Against Staff Advice
  - One returned within 24 hours and left ASA again the following day. She was approved to re-admit a couple weeks later, and left ASA again after a few days.
  - One left after 22 days in treatment due to various external familial issues and wanting to be with them during a difficult time.
  - Another left after six days.

*Residential Events*

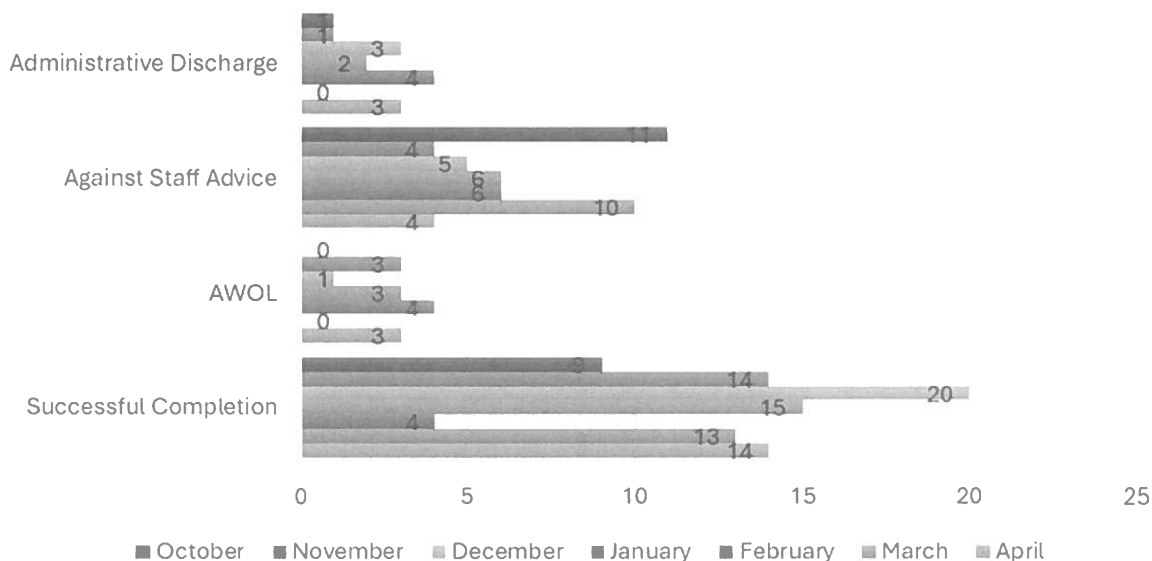
- 4/2025-Counselor Appreciation Month-All Counselors received a special gift this month!
- 4/2025-Sexual Assault Awareness Month, many members and staff have been impacted by some form of sexual violence. We recognize the strength of survivors.
- 4/2/2025-Wear Teal Day in support of Sexual Assault Awareness Month, many staff and members wore teal in support!
- 4/5/2025-Wellbriety Native HIV/AIDS Awareness Event at the San Xavier Co-Op, many residential members attended.
- 4/10/2025-Annual Residential Picnic at the Park, all residential members and staff attending the outing and everyone had a wonderful time. There was grilling, great food, music, dancing, Loteria, kickball, cornhole! It was a blast!
- 4/12/2025-A Haven Alumni volunteered her time to facilitate an art group with the residential members, she plans to do this on a monthly basis, hopefully more in the future.
- 4/14/2025-4/17/2025-Nati and Sandra attended the Safety and Justice Challenge Network in Chicago
- 4/15/2025-The TIC Leadership classes that the members in Native Ways were completed.
- 4/16/2025-Dine Out For Safety SACASA Fundraising Event, The Haven supported the event by having staff meet at Charro Chico for lunch to support the cause, since many members and staff have been impacted by some form of sexual violence.

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### Residential

We are shifting to a 60-day residential program. This is because insurance plans are generally cover only 60 days. Additionally, Federal Pretrial also seems to be making that shift. We are adapting the program to base it on clinical appropriateness. We are discussing what program updates we may want to make. This is an opportunity for residential to revamp programming and the services we offer to ensure we are setting our members up for success in a shorter time frame.

### Residential Discharge Trends FY' 25



- 24 Residential Discharges
  - 14 were successful discharges.
    - 8 went to The Haven's IOP
    - 3 went to external IOP/OP programs.
    - 3 transferred to another level of care that was more appropriate for their needs, which is still successful for their situation.
  - 3 left AWOL

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whatever I can give back. I really do appreciate everything I have learned at The Haven; my dream is to one day work here. I have so much compassion for people that really want Recovery. One piece of advice I have for others is, if you really want recovery and are willing to work for it, focus on your own recovery ... It is Possible! Thank you for everything the Haven has given me, and I am so grateful for the experiences I have gained here."

Cheree came to The Haven in January 2025 from a residential treatment center in Phoenix. She was terrified to come back to her hometown because she had to seek treatment outside of Tucson due to a toxic and violent partner. By the time she completed her IOP program, she was blooming like a rose. As she learned about the 5 stages of recovery, she became aware and compassionate towards those who struggled staying clean and sober. She shared "I don't have another recovery left in me; I will die out there!".

*Outpatient Census Updates (as of 4/30/25)*

- Total Outpatient census = 57 members.
  - 3 - IOP-External (not in Haven Recovery Housing)
  - 54 - IOP in Haven Recovery Housing (Maximum capacity 56)
    - 5 pregnant
  - 20 - IOP-Native Ways (in Haven Recovery Housing)
  - 0 - IOP- Native ways (not in Haven Recovery Housing)
  - 19 - OP Census
- 14 Successful IOP completions
- 9 Unsuccessful IOP discharges
  - 3 - discharged due to lack of contact
  - 2 - administrative discharge
  - 1 - declined further services
  - 3 - IOP Transfer
- 0 Successful OP completions
- 1 Unsuccessful OP discharges
  - 0 - discharged due to lack of contact
  - 1 - administrative discharge
  - 0 - declined further services

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TOTAL # OF NO-SHOWS:	3	1: Amity 1: HOPE 1: The Haven IOP
TOTAL # OF CANCELLATIONS/RESCHEDULED:	8	5: Cancelled 3: Rescheduled
TOTAL # OF UNPLANNED DISCHARGES:	N/A	Admissions staff is not provided with this information
TOTAL # OF PREGNANT ADMISSIONS:	4	

### Outpatient

- IOP has hired and onboarded two new full-time therapists, one of whom with training in EMDR therapy. This means we are able to increase the amount of targeted trauma therapy we are able to offer to members.
- "Cultivating Creative Expressions," a Native Ways offering creative writing practices, facilitated by Ricky Triana began being offered weekly for The Haven members in April. Attendance continues to increase.
- The Native Ways "White Bison" recovery group has had steadily increasing attendance.

### *Member stories from March*

*Kettisha* came into our IOP program on 1/24/2025 and successfully completed on 4/24/2025. During her time in treatment, she displayed strong leadership skills and was a positive role model to other members. In groups, she actively engaged with others and shared insightful feedback. She fully completed the workforce program with DKA and is working on obtaining employment. She secured a section 8 housing voucher and is actively seeking stable housing of her own. We will continue to support her progress while in OP.

The first time *Brandi* was at The Haven, she was under a federal probation requirement. This is her second time at The Haven. She says, "I entered Residential on 12/31/2024 of my own free choice. From the first day that I came into the Haven, I have been very dedicated to my recovery and the things that The Haven has taught me: how to establish healthy boundaries and how important I am, not only to myself, but to my kids and my support team. I was also taught to advocate for myself and my participation in the classes is one of my main keys to my recovery. My time in IOP housing and classes have been a real inspiration to me. I have been more motivated here this time than the first time. I walked into IOP with a plan and my recovery coach Tracey has helped me with my plan after IOP. I, in turn, try to help anyone I can with rides or

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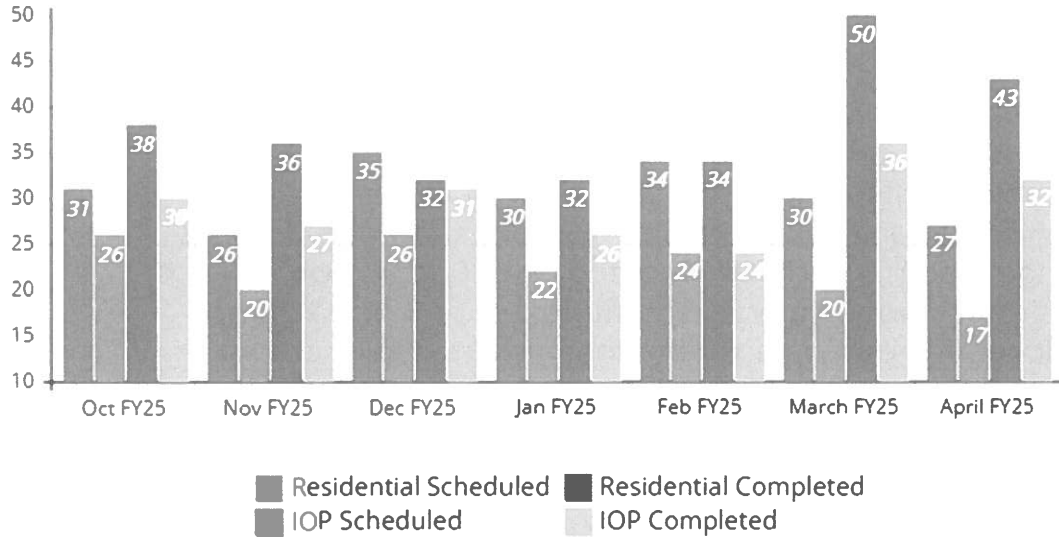
APRIL RESIDENTIAL SNAPSHOT		
TOTAL # INTAKES SCHEDULED:	27	3: DCS 2: Detox/Hospital 7: Fed Pretrial/Fed Probation 6: Justice 2: La Frontera 2: Napchare 2: The Haven IOP 1: Terros 2: Word of Moth
TOTAL # OF ADMISSIONS:	17	
TOTAL # OF NO-SHOWS:	3	1: Federal Probation 2: DCS
TOTAL # OF CANCELLATIONS/RESCHEDULED:	7	3: Cancelled 1: Detained 2: Rescheduled 1: Left before intake was completed
TOTAL # OF UNPLANNED DISCHARGES:	9	7: ASA 1: AWOL 1: Admin Discharge
TOTAL # OF CHILD(REN):	3	1: child residing with member from 4.16.25-4.30.25 1: child residing with member from 4.16.25-4.30.25 1: child residing with member from 4.1.25-4.30.25
TOTAL # OF PREGNANT ADMISSIONS:	5	

APRIL IOP SNAPSHOT:		
TOTAL # INTAKES SCHEDULED:	43	5: Amity 3: ARC IOP/RTC 3: Buena Vista RTC 1: Casa De Vida 2: CBI 1: COPE 2: DCS 1: Fed Pretrial/Fed Probation 1: Former member 3: HOPE 2: Justice 13: The Haven Residential 1: Villa Maria RTC 2: Word of Mouth 3: The Haven IOP
TOTAL # OF ADMISSIONS:	32	



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## ADMISSIONS TRENDS



APRIL 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
<p><b>Note:</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>1 Residential bed space reserved from March 6, 2025-March 31, 2025. (member is autoimmune sensitive requires own room)</li> <li>1 Residential bed space reserved from March 1, 2025-March 31, 2025. (one child)</li> <li>1 Residential bed space reserved from March 1, 2025-March 21, 2025. (one child)</li> <li>IOP bed spaces all accounted for with a standby list.</li> <li>IOP standby list: 5 members</li> <li>1 OP intakes completed by IOP staff.</li> <li>Number of pregnant women entering treatment increased from 0 to 4 members.</li> <li>16 Pima County Jail/In Custody Referrals, 2 Santa Cruz County Jail/In Custody Referrals</li> <li>Residential and IOP combined referrals increased in March 2025, from February 2025, by 25%.</li> </ul> <p>As a result, Residential and IOP combined scheduled intakes increased in March 2025 from February 2025, by 18%. Residential and IOP combined completed intakes increased in March 2025 from February 2025, by 17%</p>	

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Facilities

- Damage control on Glenn Unit J roof micro-burst damage, arrange roof repairs.
- Drug Dog visit
- Service AC and Refrigeration systems.
- Replace two washers Glenn.
- Assemble grant funded patio furniture for IOP housing.
- Lots of soil amenity and irrigation work on raised bed gardens
- Change location and view of a couple of Residential cameras
- Doors and Windows measurements taken, product ordered.
- 112 tickets for repairs, maintenance, moving, replacement
- In-Kind donation wrangling
- Purchasing
- Monthly and quarterly checklists

Other

- Working on moving 403b funds from Nationwide to Capital Bank and Trust
- Completed SUBG deliverables.
- Finally secured all paperwork needed for submission to ADHS for licensing remodeled kitchens.
- Initiated subterranean storage document destruction project

**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.

Admissions

*A total of 127 referrals were received in April 2025.*

- *Of 127 referrals,*
  - *41 were referred to and approved for IOP programming at The Haven.*
  - *23 were referred to and approved for residential programming at The Haven.*
  - *63 were declined, referred outside of The Haven or incomplete referrals.*  
*(11) Primary Diagnosis: Mental Health, (1) Primary Diagnosis: Medical, (1) Referred outside of The Haven, (2) Members enrolled with Commercial Insurance, (6) Members dually enrolled with Commercial Insurance, (11) Referred to detox, (3) Not eligible for AHCCCS, (3) Member does not meet criteria, (1) Member is a minor, (22) Lack of contact from agency or member despite attempts to follow up.*

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## **Administration & Facilities**

### Billing

- Billed 5,057 units of service for a net of \$569,207.
- Posted \$333,952 in payments and \$150,395 in contractual adjustments and denials
- Submitted January and February 2025 claims to AHCCCS for AIHP members. At the time of writing this report, we received our first denials due to timing out (1 year old) and so are in conversation with legal counsel to determine whether or not to file Notice of Claim.
- AHCCCS is still very deliberative in their payment and denial processing.
- For AIHP services only, we are considering billing 12 units of H0004HQ (a three-hour group) with the same documentation that goes with the H0015 (IOP day code) because AHCCCS pays this way. While it appears that AHCCCS would consistently pay The Haven for H0004HQ, it would mean billing \$13.71 less per member per day.
- Recredentialed with Banner and United.
- Inquired of Banner the reason why it is writing off as "contractual disallowance" all of its payments to The Haven. We are told that it will take six weeks for Banner to sort this out.
- Coaching the Intake department on consolidating the words that they use for our Referral sources so we have better data for decision-making.
- AHCCCS confirmed in writing that, at this time, it do not require providers to use a particular tool for performing an ASAM criteria evaluation.

### Information Technology

- Mostly done 'reorganizing' the SharePoint drives. Normalizing our electronic document storage. Continuation of this project would require intensive meetings with program staff.
- Company score 672 of 800 in gamified micro-trainings
- In contact with CartridgeWorld to see if they can meet our supply and service requirements for the Xerox copiers that we will own in August
- Evaluated use of Compliatric software – retaining only employee background check module
- Participated in Quarterly Business Review with Managed Service Provider, JNR.
- Deployed Windows 11 universally

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2021. Her sons Brad and Shane encouraged donations to The Haven in her memory. We are grateful to the 14 individuals who contributed to Sheila's honor.

We have submitted grant applications for Lerner & Rowe Gives Back for IOP Recovery Housing and for Arizona Bowl for Native Ways programming. We are working on applications to the Foothills Club for children's costs and to Tohono O'odham Nation for the Native Ways cultural education site.

Our members and employees will paint a new mural at the Glenn housing complex on May 29. Local artist Jodie Lewers Chertudi has designed the mural, and she will lead the project. Mark's Ace Hardware has donated the paints and supplies for the project.

Our team is working on two additional murals to make the large group rooms more welcoming and inspiring. Our other big projects include finding new chairs for the group rooms and creating the Native Ways cultural education site. We are also working on some smaller projects to make our spaces more welcoming.

Our most popular social media posts for the month were pictures related to the Missing and Murdered Indigenous People's Awareness Day. The picture from the official 5k walk was viewed by 1,217 people and gained 71 interactions. The pictures from The Haven's own commemoration event were viewed by 1,037 people and gained 53 interactions. Our April newsletter was read by 33% of the recipients.

Although we lost our outreach team in early April, we have continued to maintain a presence in the community by participating in several events. April and May are typically among the busiest months for community engagement. Below is a list of events we attended to maintain The Haven's visibility.

- Spring Pow Wow on April 19
- HOPE in the Park homeless outreach event on April 25
- Arizona Palooza mental health awareness event on May 3
- Missing and Murdered Indigenous People's Awareness Day Walk on May 3
- Pascua Yaqui 5k wellness walk and run on May 10

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## Development and Communications

As of May 16, 2025

Breakdown	Year to Date	Goal FY 25	Progress
# individual donors \$1,000 +	9	25	32%
# individual donors \$1-999	254	175	135%
# individual in-kind donors	69		
Raised from individual donors	\$122,479	\$137,000	89.4%
Average gift (excluding gifts over \$1,000)	\$218	\$300	
Median gift	\$110		
# organizations/businesses	41		
Raised from organizations/businesses	\$40,774	\$40,000	102%
# Grants submitted	10		
# 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	\$11,582	\$15,000	77%
Chrysalis luncheon	\$52,518	\$43,000	122%
Mother's Day	\$1,685	\$5,000	
Champions for Recovery		\$40,000	
House Parties		\$5,000	

This year's Mother's Day campaign did not perform as well as anticipated. We mailed 300 letters to donors and sent an electronic appeal to over 1,200 contacts, resulting in \$1,685 raised. In previous years, we have observed that the timing of the Mother's Day campaign overlaps with both the Chrysalis Luncheon and the Tax Credit campaign, potentially impacting its effectiveness. This year's results appear to support that concern. As a result, we do not plan to place strong emphasis on the Mother's Day campaign moving forward.

A long-time supporter and Board Member Sheila Hipps passed away on April 27. She dedicated nearly 18 years of service to our Board of Directors, from 2004 to

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Members will be placed in IOP houses A, B, E, F, Butterfly, Velva, and the Duplex. We will use DCS guidelines to ensure that we meet basic expectations for clean and safe accommodation. Overflow beds will not be used on a permanent basis. Because we have an historical 80% chance on any given day that a member will leave ASA or AWOL, or be administratively discharged, we do not expect that we will need to use overflow beds, and in the event we do, a member would not be in such a bed more than 4 nights. We will continue to prioritize Haven Residential members' placement in Haven IOP Recovery Housing.

- d. We now have a total of 66 IOP beds. We continue to explore the viability of increasing the number of IOP beds on the Adelaide property beyond this initial 10 from the duplex.
3. Expanding our programming to include general mental health (GMH) across Residential, IOP, and OP levels of care.
  - a. AzCH does not have any interest in The Haven expanding to include GMH. They say that the system already has enough such providers, and they are invested in The Haven maintaining its SUD specialty services.
  - b. While this bears additional exploration with other payors, and perhaps even AzCH, this strategy is a low priority at this time.
4. Revamp our outreach strategy to emphasize marketing, sales, and business development over tabling and positive visibility in the wider community.
  - a. We contracted with Brock Pennington, a well-respected business development representative, to review The Haven's outreach and admissions practices, policies, and job descriptions, then give us his recommendations.
  - b. We plan to contract with one or two business development representatives with known experience in Southern Arizona's public behavioral health sector.
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.

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For the seven months ended April 30, 2025, the Operating deficit is -\$594,595 compared to a budgeted gain of 87,702. Last year at this time the Operating deficit was -\$216,874.

Accounts Payables and the credit cards are 65% current. Insurance premiums for liability and workers' compensation are being paid in monthly installments. Rent is being paid on the 1<sup>st</sup> day of the month. \$75k was pulled from investments in April. MetLife has not been able to invoice us since the beginning of the year. The 403b non-participant contribution for calendar year 2024 has not yet been contributed.

Residential YTD	Outpatient YTD	Program other (intake,NW & QM)	Admin & Development YTD	Total YTD
-\$189,775	+\$297,846	-\$344,862	-\$357,807	-\$594,595

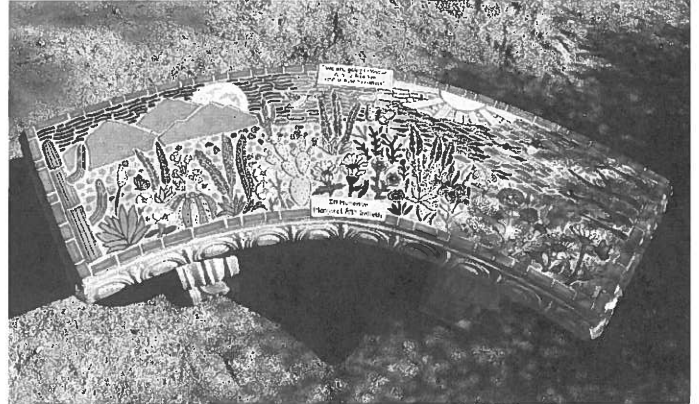
As of this writing, May 9, we have not yet received the final SUBG ARP payment of \$17k from AZCH. \$150k was withdrawn from investments on May 2<sup>nd</sup>.

We continue to work on our five actionable strategies that we believe will lead to revenue generation. As of the writing of this report, here is a status update:

1. Doubling the use of our existing IOP space (fixed costs) by building out our afternoon/evening programming.
  - a. Two groups are currently being offered in the afternoon, and we are recruiting members to participate in them, as well as using them as "make up sessions" for members who miss group in the morning.
2. COMPLETE - Increased IOP housing on Adelaide parcel by converting the duplex into IOP housing and excluding it from the Residential license footprint.
  - a. Residential members were moved to locations other than the duplex before 5/16/25 so that Facilities could prepare it for IOP use, including raising a fence to comply with licensure's rule to keep members in the two levels of care physically separated.
  - b. Admissions screened 10 women who are slated for intake and arrival at the duplex on 5/27/25.
  - c. We are investing in 8 "overflow" beds. These are roll-away beds to mitigate the risk of having promised referral sources and members placement but miscalculating when a bed will be available.

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As a part of the rejuvenation campaign, we received a memorial bench at Residential. The bench was donated to us by a woman whose sister, Mary Ann Golseth, was in recovery and brought 12 step meetings to The Haven. The bench has been placed in the quad area, providing a peaceful space for reflection. The donor was able to join a community meeting at Residential on May 20 to share a few words about her sister and why she decided to donate the bench to The Haven.



### **Finance**

For April 2025, Cash; Investment; and net Accounts Receivable balances are \$3.5m with 183 days (6.02 months) cash on hand, down 9.08 days from March. The Current Ratio, current assets over current liabilities, is 4.44 to 1. All of the investments are included in this calculation and none of the long-term debt, \$1.6m. At April's close, 94% of non-American Indian AHCCCS Client Accounts Receivable were aged at 90 days or less.

Only 23% 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 due is \$426,287.

The Net Operating loss for April was -\$174,608, an unfavorable variance to budget of \$215,802 (-424%). Revenue for April was 68% of budget (under budget \$201,611 in earned revenue) and Costs were 102% of budget (over \$14,191 from budget). There was a bad debt expense accrual for \$22k for some Residential days for which we have not yet received a re-authorization (affirmative concurrent review). The average daily census at Residential was 27 with a budget of 48 and the average daily IOP day code billed was 47 with a budget of 59.



# SARA COTHERN, LCSW

## PROFILE

Results-oriented behavioral health executive with expertise in clinical leadership, quality assurance, and staff development. Passionate about trauma-informed care and creative problem-solving to enhance service delivery and patient outcomes. As Clinical Administrator at Buena Vista Health and Recovery, oversees clinical operations, quality assurance, and training across four sites. Serves as the primary clinical leader, driving system-wide initiatives in policy development, compliance, and performance improvement. Previously served as Director of Community Integration at Heritage Behavioral Health Center, managing compliance, grants, and clinical supervision. Holds an MSW, LCSW, and multiple instructor certifications, including Mental Health First Aid, BLS/First Aid, and Recovery-Oriented Cognitive Therapy. Recognized for leadership, innovation, and community contributions.

## CONTACT

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sarakate@lovellettroy.org

## EDUCATION

North Central College; Naperville, IL

BA, Psychology; 2004; Cum Laude

University of Illinois; Champaign, IL

Master of Social Work; 2011

## CERTIFICATIONS

- Licensed Clinical Social Worker, Arizona
- Clinical Supervisor, LCSW - Arizona
- Licensed Clinical Social Worker, Illinois
- Mental Health First Aid Instructor
- BLS/First Aid Instructor
- Recovery Oriented Cognitive Therapy Trainer - Beck Institute
- Montreal Cognitive Assessment

## PROFESSIONAL AND COMMUNITY LEADERSHIP

Illinois Coalition Against Sexual Assault

- Member Statewide Program Committee
- Chair South and Central Region Counselor Meeting

HSHS St. Mary's Hospital

- Named Nursing Partner of the Year, 2018
- Served on the inaugural Diversity and Inclusion Committee (2018)

- Selected for Emerging Leaders Program initially scheduled fall 2020

Decatur Public School District #61

- Boundary Committee Member

## PROFESSIONAL EXPERIENCE

*Buena Vista Health and Recovery*

### Clinical Administrator

2024 - present

- Executive team member and lead clinical authority, overseeing all levels of clinical care across four sites.
- Spearheaded the transition from ASAM to ASAM CONTINUUM, including policy review, EMR integration, training, rollout, and quality monitoring for over 40 team members.
- Responsible for oversight and quality assurance of all levels of clinical services and clinical sites.
- Developed and implemented clinical policies and performance monitoring tools to enhance service delivery and compliance.
- Revamped clinical audit processes to improve feedback loops and drive quality improvement.
- Designed and led clinical training programs, ensuring professional development and adherence to best practices.

*Heritage Behavioral Health Center*

### Director of Community Integration

2022 - 2024

- Led and cultivated a multidisciplinary team of 25 individuals, strategically fostering an environment of high team cohesion, minimizing burnout, and prioritizing robust internal communication channels.
- Successfully directed implementation of 5 grants over 4 years, ensuring targets and fidelity reviews among top performers statewide.
- Ensured good stewardship of grant and agency funding across 5 grants
- Provided clinical oversight and supervision for leadership program managers and direct care staff.
- Facilitated comprehensive training programs for onboarding and ongoing staff development agency wide, covering Mental Health First Aid, BLS, CT-R, and additional modules.
- Partnered with senior leadership to identify unmet client needs, develop and implement new positions

# SARA COTHERN, LCSW

## SKILLS

- Quality Monitoring
- Training Development
- Policy Development
- Process Improvement
- Trauma-informed care
- Emotional Intelligence
- Conflict Resolution
- Mentoring
- Motivational Interviewing
- Boundary setting
- Prioritization
- Clear, kind feedback
- Facilitation
- Delegation

### Program Manager, Williams Transition Program

2020-2022

- Provided direct oversight for all activities required within the consent decree.
- Conducted weekly direct supervision for multidisciplinary program staff, covering ongoing training, employee wellness, clinical skills, deliverables, and staff development.
- Ensured responsible use of programmatic funds, balancing class member safety, program goals, and fiscal responsibility

HSHS St. Mary's Hospital

### Case Manager

2014-2020

- Conducted comprehensive patient assessments to identify discharge requirements, facilitated essential services, and collaborated with a diverse healthcare team to ensure seamless and compliant patient discharges, optimizing length of stay within CMS guidelines.
- Spearheaded the creation and implementation of a robust social work protocol for the labor and delivery unit, emphasizing safety assessment and patient education on postpartum disorders, while actively conducting assessments for postpartum depression.

Growing Strong Sexual Assault Center

### Counseling Supervisor

2012-2014

- Supervised, coordinated, evaluated, and trained counseling personnel
- Represented the agency to the local Human Service Agency Consortium (HSAC).
- Maintained counseling, crisis intervention and advocacy services

### Sexual Assault Counselor

2009-2011

- Counseled victims of sexual assault/abuse and their significant others; provided crisis intervention and advocacy through on-call rotation
- Delivered impactful training sessions, empowering clients and community members with comprehensive knowledge about sexual assault and related issues.

Webster-Cantrell Hall

### Foster Care Case Manager

2006-2009

- Conducted monthly home visits, designed and supervised client service plans, maintained detailed case records, and interacted with court personnel

Kemmerer Village

### Child Care Counselor

2005-2006

Monitored client behavior and safety, designed and led group therapy sessions, diffused potential crisis situations, and modeled positive social and problem-solving skills

Office of Congressman Lane Evans

### Congressional Intern

2003

Researched legislation to craft policy letters to constituents.  
Analyzed and recommended responses to constituent requests.

## **Kathryn Robin Owen, M. Ed, CPHQ**

(520)403-5060

KRO.Saliba@Gmail.com

Certified Professional in Healthcare Quality and master's level educator with twenty years of experience in behavioral health.

### **WORK EXPERIENCE**

#### ***Easterseals Blake Foundation***

##### **Director of Quality Improvement**

**July 2024-Current**

Responsibilities: oversight of the Quality Improvement department and subsidiary departments, including medical records and data validation. Maintenance of CARF accreditation and compliance with AHCCCS Differential Adjusted Payment (DAP) and Targeted Investments 2.0 Programs. Maintenance of licensure and licensing of new sites and programs. Education of staff on continuous quality improvement, and collaboration across departments on implementation of quality improvement tools for advancement of key performance metrics. Investigations into potential issues with patient care or safety.

- Establishment of satisfaction feedback process for stakeholders and members.
- Creation of agency-wide CARF-required performance measurement and management plan with collaboration of all departments and dissemination of results to various departments, the board, and other stakeholders.
- Revision of sentinel event, root cause, and investigation protocols to utilize evidence-based principles and a systems-focus.
- Expansion of Quality Improvement department support to all programs, including those that had previously had little contact with QI.

##### **Quality Improvement Specialist**

**January 2024-Current**

- Wrote agency-wide performance analysis for presentation to internal and external stakeholders and the board.
- Assumed interim directorship in July 2024 and full directorship shortly after.

#### ***Arizona State University***

##### **Master's level education intern/resident**

**January 2022-May, 2023**

- Maintained accelerated master's level course load throughout internship
- Graduated with distinction with a 4.0 average

#### ***Desert Star Addiction Recovery Center***

##### **Clinic Manager**

**October 2017 - October 2021**

- Coordinated total operations of a busy mental health and addiction treatment clinic.
- Lead development of 2 new programs: sober living housing and eating disorders treatment.
- Successfully negotiated rate increases with 9 different health insurance providers annually.

- Coordinated transition to fully virtual provision of treatment services in a two-week period.

#### **Office Manager/Human Resources**

**June 2016 - October 2017**

- Created employee handbooks for entire agency.
- Created and implemented trainings on compliance and quality for all levels of staff.
- Promoted to highest level management after one year.

#### **Regulatory Compliance Specialist**

**January 2012 - June 2016**

- Successful annual licensure with state of Arizona with no lapses or sanctions.
- Responsible for successful maintenance of continual CARF accreditation.
- Creation of policy handbook to comply with organization, state, and federal regulations.

#### **Intake Coordinator/Administrative Assistant**

**May 2009 - January 2012**

- Founding employee.
- First employee to be promoted from part to full-time.

### **EDUCATION**

May, 2023 - Arizona State University. Master of Education with distinction.

December, 2007 - University of Arizona. Bachelor of Arts in Psychology, *magna cum laude*.

### **CERTIFICATIONS**

Certified Professional in Healthcare Quality (CPHQ)

### **SKILLS**

- Deep familiarity with the standards of the Commission on Accreditation of Rehabilitation Facilities (CARF), resulting in successful 3-year accreditation through four audits.
- Adept in the usage of quality improvement tools such as plan-do-study-act cycles, process mapping, and root cause analyses to effect real and demonstrable success.
- Experienced in leveraging training, education, and activities to shift agency culture to better understand systems focus and just culture principles.
- Educated in best practices of lesson planning and learning principles.
- Seasoned in adapting communication to relay vital information in an understandable format to various audiences, including direct service employees, leadership staff, chief level staff, the board of directors, members/clients and their family members, regulatory bodies, and other stakeholders.
- Proficient in office applications and word processing software including Word, OpenOffice, Excel, Access, Outlook, Publisher; various electronic medical records systems, and various online data management applications.
- Quick to adapt to new software and technology.
- Able to work efficiently in crisis situations and under pressure from a deadline.
- Accustomed to adhering to complex regulatory standards, including operating under strict HIPAA privacy rules and within state and federal regulations.