

Strategic Plan

FY 2017-2018

(January 1, 2017 through December 31, 2018)

HISTORY. Resolutions Substance Abuse Services, Inc. was founded on December 15, 2005 by Nelson Mellado C.A.D.C. His intent was to provide warm, caring, compassionate, individualized, and high-quality patient care for those suffering from substance use disorders, taking also into consideration, their ethnic background. The Resolutions founder wanted to open a facility that treated the individual suffering from a substance use disorder with respect and give them the support they need. Mr. Mellado wanted his facility to be the opposite of the typical correctional/punitive approach offered at other facilities in the area, by offering patient-centered counseling in a therapeutic environment where everyone felt safe and welcome. Resolutions got its start at 220 Lafayette St. in Iowa City, Iowa. In 2016 the organization relocated to a larger but more comfortable facility at 2030 Keokuk St. in Iowa City, Iowa that could accommodate more patients. Services are provided to residents of any county in Iowa; however, the majority of patients reside in Johnson, Linn, Cedar, Muscatine, Lousia, and Washington counties. Resolutions has been licensed in Iowa as a Substance Use Disorder Treatment Program since 2006. CARF accreditation was obtained on September 30, 2017 for the Intensive Outpatient and Outpatient substance use programs for Children/Adolescents and Adults. (The accreditation status is a One-Year accreditation and indicates that a high quality of services is being provided.)

MISSION STATEMENT. To provide warm, caring, compassionate, individualized, and high-quality patient care for those suffering from substance use disorders. We assist people with the process of healing by helping them regain control of their lives and evaluate how their life has become biologically, emotionally, and socially affected by substance use. We use an individualized bio-psycho-social approach to addiction to ensure every aspect of a patient's life is addressed throughout treatment.

PHILOSOPHY STATEMENT. Our philosophy is based on the belief that addiction to alcohol and drugs is a disease, a bio-psycho-social disease that affects one biologically, psychologically, and sociologically which is chronic, progressive and fatal in nature. The purpose is to assist the chemically dependent person in achieving his/her own long-term goals of abstinence and improve his or her own dysfunctional lifestyle.

VALUES. Integrity - We are consistently striving to be open, honest, ethical and genuine. Privacy - We are always in compliance with HIPAA privacy laws as well as a direct dedication to keep personal information private and confidential. Culture - We strive to create a culture of warmth and belonging, where everyone is welcome. Resolutions does not discriminate based on religion, sexual orientation, gender, political views, or race.

ONGOING STRATEGIC PLANNING. Resolutions establishes a foundation for success through taking advantages of strengths and opportunities and addressing weaknesses and threats. In developing this Strategic Plan, the following have been considered:

- **Expectations of Patients and Customers.** Patients in the Outpatient and Intensive Outpatient Treatment Programs are asked about their needs and level of satisfaction periodically before, during, and after therapy sessions as well as upon admission and at discharge. Formal patient satisfaction surveys are administered at least once per year. Refer to the Performance Analysis and Improvement Plan for more information.

- **Expectation of Other Stakeholders.** Feedback from stakeholders such as family members, external consultants, contractors, vendors, professional networking groups and others are obtained informally through routine contact. Formal satisfaction surveys are administered periodically throughout the year. Refer to the Performance Analysis and Improvement Plan for more information.
- **Competitive Environment.** There are many behavioral health organizations and providers in Iowa City, Iowa, many of whom offer a sliding-fee scale and are providers for more insurance companies as compared to Resolutions. One main competitor is the University of Iowa Substance Use Disorders Unit. Insurance includes Medicaid. Some competitors are also CARF-accredited behavioral health organizations. For example, Prelude Behavioral Health offers Outpatient and Intensive Outpatient Treatment as well as other services. They accept Medicaid and may offer a sliding-fee scale and are state funded.
- **Financial Opportunities.** Resolutions continues to expand as related to increased public awareness of our services as evidenced by an increased number of views on our website and number of evaluations being scheduled. In the past several years, there has also been an increase in number of people pursuing evaluations and treatment of their own volition and not because of being court ordered.
 - o CARF Accreditation Another financial opportunity involves maintaining CARF Accreditation. Optimal benefits would be obtained by earning and maintaining a Three-Year Accreditation. (Refer to the Financial Threats section regarding Accreditation Requirements for more information.) Specific benefits: Assurance to persons seeking services that a provider has demonstrated conformance to internationally accepted standards; improved communication with patients; person-focused standards that emphasize an integrated and individualized approach to services and outcomes; accountability to funding sources, referral agencies, and the community; management techniques that are efficient, cost-effective, and based on outcomes and consumer satisfaction; evidence to federal, state, and local governments of commitment to quality of programs and services that receive government funding; guidance for responsible management and professional growth of personnel; a tool for marketing programs and services to consumers, referral sources, and third-party funders; support from CARF through consultation, publications, conferences, training opportunities, and newsletters.
- **Financial Threats.** Threats and challenges include the 2013 change in CPT codes and publication of the DSM-5 as well as changes with the state Medicaid program, all of which have implications for treatment and insurance reimbursement.
 - o CPT Codes. Effective on January 1, 2013 changes were made to many Current Procedural Terminology (CPT) codes. The most significant change that negatively affects treatment for more complex issues (e.g., trauma) was the elimination of a CPT code for a 90-minute session. As a result, when the duration of sessions is beyond 60 minutes, there is a loss of revenue in order to provide quality services. Another issue is that incorrect coding for insurance billing can result in denial or delay of insurance reimbursement.
 - o Iowa Medicaid. During 2014 to 2016, the State of Iowa's Medicaid program, as part of its cost cutting agenda, continued to work to restrict consumer access to services while making it more difficult for providers to claim and receive payment for services. A significant change occurred in 2016 regarding managed care. In early 2014, Iowa Department of Human Services (DHS) began to develop a plan for the transition of Iowa Medicaid to a comprehensive managed care model (then dubbed "Medicaid Modernization") and on April 1, 2016, DHS completed a plan to transition the vast majority of the 560,000 members in the state's \$4.2 billion Medicaid program to three private managed care organizations (MCOs): Amerigroup Iowa, Inc.; AmeriHealth Caritas Iowa, Inc.; and United Healthcare Plan of the River Valley, Inc. (Prior to April 1, 2016, Iowa operated a handful of managed care programs, which collectively covered a relatively narrow range of services and/or member groups.) As background information, 48 states and the District of Columbia have implemented some form of Medicaid managed care. Approximately 80% of Medicaid members receive some service through managed care and 55% receive most of their services through

managed care. The 2016 Medicaid Modernization in Iowa presented many challenges. For example, the Centers for Medicare & Medicaid Services (CMS) delayed its approval of the plan and the original transition date of January 1, 2016. The MCOs scrambled to develop the infrastructure to meet contractual and regulatory obligations and specifically appeared to fall short on developing their provider networks in time for the original transition date. Unsuccessful bidders to the RFP process challenged the contract procurement process in court. Medicaid members and providers expressed frustration, confusion and fear about the transition. According to a December 24, 2017 article in the Des Moines Register (part of the USA Today network), Iowa's new Medicaid program had been under extra scrutiny in recent weeks. One of the three insurance companies (AmeriHealth Caritas Iowa, Inc.) terminated coverage recently over failed negotiations with the state over money. Since then, Iowa DHS announced there would be limited choice temporarily for patients between the remaining two companies. Resolutions decided to no longer accept Medicaid as of January 1, 2018 because we no longer found it cost-effective or otherwise beneficial to our organization to continue in the program. We often had to "fight" with the MCOs in order to obtain our contracted payment, oftentimes our calls or e-mails went unanswered, and we do not have time to deal with these challenges on a regular basis.

- o Collection of Clinical Services Fees. Follow-up regarding denial of insurance claims, collection of past-due patient accounts, and other issues is time-consuming. Failure to have insurance claims approved and non-payment by patients decreases revenue.
- o Uninsured Patients. One of our biggest challenges is that we often provide services to patients who do not have any insurance and are paying "out-of-pocket." Oftentimes these clients will make small payments while in treatment, but once they are discharged (i.e., "graduated"), we never hear from them again. (We do have a policy that 75% of a person's bill must be paid before we inform the courts of treatment completion, so it is to their disadvantage that they do not pay.) This poses financial challenges for us as Resolutions is not state funded and we do not receive any United Way funds or grants.
- o Accreditation Requirements. In 2017, Resolutions was informed that BC/BS would no longer contract with providers that were not independently accredited. Because BC/BS is the primary insurance for our patients, we wanted to ensure that we could still contract with them. Therefore, Resolutions began the process of pursuing CARF accreditation in 2017. The on-site CARF survey was conducted on September 11-13, 2017. Resolutions earned a One-Year Accreditation which expires on September 30, 2018. If Resolutions is not operating at the level of a Three-Year Accreditation at that time as determined by the CARF surveyors and CARF decision-makers, then the survey outcome will be a Provisional Accreditation which will expire one year later. If at the time of the next survey, Resolutions is again not operating at the Three-Year Accreditation level, then the final outcome will be Non-accreditation. Therefore, anything less than a Three-Year Accreditation outcome for the 2018 survey will pose significant financial and other challenges for Resolutions. To increase the likelihood of earning a Three-Year Accreditation for the 2018 survey and to avoid incurring significant future financial cost, Resolutions decided to contract with a CARF consultant.
- **Organization's Capabilities.** Resolutions has many strengths. As a small organization, we are able to offer more individualized and patient-centered care. Because Resolutions does not have the bureaucracy that is evident in larger organizations, patients receive more of our attention (as opposed to the personnel being distracted by the politics of an organization). Strengths also include a diverse staff of counselors regarding age, degrees, experience, and ethnicity. This diversity is appealing to people because it is likely the patient will find a counselor with whom they are compatible and understands their needs and preferences. In addition, Resolutions does not have a correctional-style approach. The building is clean, and our clinical environment is more welcoming, safe, and comfortable (including offering coffee, water, snacks, and food for patients). The founder of our organization, Mr. Nelson Mellado, is a native Spanish

speaker. This means we have the ability to treat Spanish-speaking individuals, whereas no facility in the area has the ability to offer this service in-house without hiring external interpreters. Finally, Mr. Mellado truly cares about each patient and that is apparent in his management style. These thoughts and feelings are then passed down to the staff and the patients see the benefits.

- **Service Area Needs.** According to SAMHSA, approximately 8.9 million adults have co-occurring disorders (i.e., both mental health and substance use disorders). Only 7% of individuals receive treatment for both conditions, and 56% receive no treatment at all. In addition, about 90% of individuals who receive mental health and addiction treatment have a history of trauma, which is often not adequately assessed or treated. Therefore, our assessment process involves screening for mental health and trauma and making referrals to external providers as needed. In addition, because many patients have serious and chronic health issues and do not receive routine medical care and/or have a primary care physician, a primary target for referrals and service coordination is medical practitioners (e.g., physicians, physician assistants, and advanced nurse practitioners). As mentioned previously, service area needs regarding interpretation for Spanish-speaking patients is provided in-house by Resolutions personnel.
- **Demographics of the Service Area.** Services are provided to residents of any county in Iowa; however, the majority of patients reside in Johnson, Linn, Cedar, Muscatine, Lousia, and Washington counties. Information about patients, personnel, and other stakeholders is provided below:
 - **Patients.** Age: 11% age 13-18; 72% age 19-40; 17% age 41-65; 0% over 65. Sex: 31% female; 69% male. Gender: 31% female; 69% male. Sexual Orientation: 0% heterosexual; 0% homosexual; 0% bisexual. Race: 68% Caucasian; .03% Black; 29% Other. Ethnicity: 68% European American; .03% African American; 29% Hispanic/Native American. Languages: 72% English; 28% Spanish. Education: .06% current high school; 42% high school graduate or GED; 18% some college (no degree); 14% associate's degree; .09% bachelor's degree; .01% master's degree; 0% Ph.D. Insurance: 15% Private Pay; 57% BC/BS; 18% Medicaid; .09% UMR. Religion: 100% undetermined.
 - **Personnel.** Age: 60% age 19-40; 30% age 41-65; 10% over 65. Sex: 60% female; 40% male. Gender: 60% female; 40% male. Sexual Orientation: 70% heterosexual; 0% homosexual; 30% bisexual. Race: 50% Caucasian; 10% Black; 40% Other. Ethnicity: 50% European American; 10% African American; 40% Other. Languages: 100% English; 30% Spanish (some staff are bilingual). Education: 0% high school graduate or GED; 0% some college (no degree); 30% associate's degree; 30% bachelor's degree; 40% master's degree; 0% Ph.D. Religion: 100% undetermined.
 - **Other Stakeholders.** Demographic information is provided for Iowa City, Iowa for 2010-2016. Population estimate: 74,398 (in 2016) Age: 13% age 5-17; 19% age 18-24; 14% age 25-34; 9% age 35-44; 9% age 45-54; 5% age 55-59; 2% age 61-64; 5% age 65-75. Sex: 51% female; 49% male. Gender: 51% female; 49% male. Sexual Orientation (in Iowa): 97% heterosexual; 3% LGBT. Race: 81% Caucasian; 5% Black; 13% Other. Languages: 71% English; 29% Spanish. Education: 5% less than high school diploma; 14% high school graduate or GED; 23% some college (no degree) or associate's degree; 27% bachelor's degree; 32% master's degree or Ph.D. Religion: 1% Baptist; 1% Episcopalian; 13% Catholic; 4% Lutheran; 8% Methodist; 1% Pentecostal; 3% Presbyterian; 2% LDS; 4% Other Christian; 1% Jewish; 1% Eastern; 1% Islam; 60% Other or None.
- **Organization's Relationship with External Stakeholders.** Resolutions engages the community by developing relationships with institutional entities locally and regionally. To widen the patient base, Resolutions collaborated with employees at Unity Point Chemical Dependency, Prelude Behavioral Health, the Sixth Judicial District, the University of Iowa, the Area Substance Abuse Council (ASAC), local church bodies, the local and extended Spanish-speaking community, creating a Facebook page and maintaining positive relationships with former and current patients. Prelude and the Sixth Judicial district have continued to send referrals for persons in need of Spanish treatment services in the area, who are on probation, or with legal infraction. Resolutions maintains a relationship with the University of Iowa and

Kirkwood Community College by hiring their graduates and gaining referrals by working with the campus police. The Area Substance Abuse council continues to be a resource for organizational changes and assistance with I-Smart. The Spanish-speaking churches continue to send referrals when persons in need of substance use services are identified.

- **Regulatory and Legislative Environment.** The major issues over the next several years related to healthcare reform, accountability, primary care legislation, and electronic health records. In order to obtain current information in the behavioral health field, Resolutions subscribes to Behavioral Healthcare magazine and Addiction Professionals magazine as well as United Health, Nurses Service Organization, BC/BS Healthcare Bulletins.
 - o Health Care Reform & Electronic Medical Records. In the next few years, there will be a growing number of individuals eligible for Medicaid as well as a large portion of the population with some form of health care benefits. Along with healthcare reform (i.e., the Accountable Care Act; ACA) will be an increased level of accountability for actual patient outcomes and the meaningful use of an electronic health record. This accountability is closely related to the national adaption of an electronic health record with the ability to share information across health care providers and consumers.
 - o Integration of Behavioral Health and Primary Care. There is also an increase emphasis on primary care integration in behavioral health as well as behavioral health integration into primary care.
 - o Peer Recovery Specialists. Another national focus which has both national, state, and local implications is the emphasis on peer-directed and consumer-run recovery services and supports. The emphasis on mental health and addiction recovery is supported by the understanding and belief that individuals with chronic mental health and substance use disorders can recover and lead productive lives. The implications of this is the initiative to encourage behavioral health organizations to employ recovery specialists or peer counselors on staff who can work with patients with similar issues. There is also an emphasis on consumer representation on boards and committees both at the governance level as well as administration and direct services. Although Resolutions does not employ Peer Recovery Specialists (aka Peer Support Specialists), since onset of services, Resolutions has invited guest speakers and former patients to periodically provide presentations and share a message of faith and recovery to our patients. We started having them more regularly (at least once a month) as of the beginning of 2017. The guest speakers and former patients share their life stories and how they stayed sober.
- **Use of Technology to Support Efficient Operations, Effective Service Delivery, & Performance Improvement.** Risk Management and Technology Plans assess risks and technology needs for incorporation into strategic planning and performance improvement. (Refer to the Risk Management Plan and the Technology Plan for more information.) Resolutions does not currently contract with external vendors for reliable website development and Internet management services (to include HIPAA-compliant data recovery backup services). Data backup is done through the use of flash drives and does not include all electronic data of the organization. The need for secure remote data backup and Internet management services has been added to the Technology Plan. Resolutions Offers after-hours emergency access by Mr. Nelson Mellado providing his work cell phone number to all patients at the admission of treatment, other individuals may call the Resolutions Office number after-hours and if they listen to the voice mail it will provide them with Mr. Nelson Mellado's work cell phone number for emergencies. Resolutions does not currently offer a Patient Portal on the website and personnel are not currently able to communicate with patients via encrypted e-mail. Secure and HIPAA-compliant billing services are completed in house. Credit card processing is contracted with **Staples Merchant Services.**

GOALS and OBJECTIVES. Refer to Appendix A for the Action Plan which lists goals and objectives for management consulting and clinical services.

PRIORITIZATION OF OBJECTIVES. Prioritization of objectives will be determined by using the following scale:

% of People Impacted

- High – Greater than 70%
- Medium – Between 30% and 70%
- Low – Below 30%

Impact

- High – Significantly interferes with accessing or deciding to seek services at Resolutions Substance Abuse Services, Inc.
- Medium – Moderately interferes with accessing or deciding to seek services at Resolutions Substance Abuse Services, Inc.
- Low – Do not noticeably interfere with accessing or deciding to seek services at Resolutions Substance Abuse Services, Inc.

Impact	H	Yellow	Red	Red
	M	Green	Yellow	Red
	L	Green	Green	Yellow
		L	M	H
		% of People Impacted		

Priority ratings: Red = 1 Yellow = 2 Green = 3

Objectives that fall within the RED and YELLOW zones will be targeted for strategic planning. Analysis of strategic needs that have been prioritized using the qualitative impact analysis process and their effect on business operations will be estimated, a numerical rating applied to each strategic need based on this analysis, and then documented in the Action Plan (i.e., Appendix A).

- On the Action Plan table in Appendix A, the letters in the left column below the numerical priority rating refer to % of People Impacted-Impact. For example, the designation of **L-H** refers to **Low** % of People Impacted, **High** impact (thus the priority rating of 2).

INFORMATION FROM PERFORMANCE ANALYSIS. Refer to Appendix A as well as the Performance Analysis and Improvement Plan.

Reference: 1) CARF 2017 BH Standards Manual, section 1.C

Date Initiated: December 28, 2017 (approved by Nelson Mellado, Executive Director)

Dates of Review and Revision:

January 29, 2018 (approved by Nelson Mellado, Executive Director)

Appendix A: Action Plan

Business Operations & Clinical Services

Goal # 1 – Prepare for and obtain CARF accreditation for the Intensive and Outpatient treatment programs: IOP (A), IOP (C/A), OT (A), and OT (C/A).						
Priority	Objective	Method / Tools / Measures	Person(s) Responsible	Target Date	Completion Date	Updates / Barriers / Comments
1 H-H	Create a Customer Connect account on the CARF website and initiate contact with a CARF Resource Specialist	CARF Customer Connect website CARF Resource Specialist	Nelson Mellado	01/01/2018	11/01/2017	11/01/2017 Customer Connect account created. 02/13/2018 Initiated contact with CARF Resource Specialist, Vidal Ramirez, via e-mail.
1 H-H	Submit the Survey Application	CARF Customer Connect website CARF Resource Specialist	Nelson Mellado	07-31-17	07-17-17	07-17-17: Survey Application submitted, and fee paid (\$995). 08-11-17: Survey fee paid (\$5,010)
1 H-H	Participate in a CARF original survey	CARF Customer Connect website CARF Resource Specialist	Nelson Mellado	9-30-17	9-13-17	9-13-17: A 3-day survey was conducted by one CARF Surveyor.
1 H-H	Obtain Three-Year CARF accreditation	CARF Customer Connect website CARF Resource Specialist	Nelson Mellado	11-30-17	n/a.	10-17-2017: Received the CARF Accreditation Report indicating that a One-Year Accreditation was received. The QIP is due on 1-17-18.
1 H-H	Complete & submit the Quality Improvement Plan (QIP)	CARF Customer Connect website CARF Resource Specialist CARF Consultant	Nelson Mellado	1-17-18	01-08-18	12-28-17: A draft of the QIP was completed by the CARF Consultant. 01-08-18: The QIP was submitted to CARF

Appendix A: Action Plan (cont.)

Business Operations & Clinical Services

Goal # 1 – Maintain CARF accreditation for IOP (A), IOP (C/A), OT (A), and OT (C/A) and obtain a Three-Year Accreditation outcome for next survey.						
Priority	Objective	Method / Tools / Measures	Person(s) Responsible	Target Date	Completion Date	Updates / Barriers / Comments
1 H-H	Contract with a CARF Consultant	CARF Resource Specialist Internet search	Nelson Mellado Kenzie Stucker	12-31-17	12-18-18	12-4-17: Contacted Brenda Rohren (Behavioral Health Resources, LLC) regarding options and fees for CARF consulting services. 12-6-17: Received information about consulting options and fees 12-18-17: Consulting Agreement #1 signed by Nelson Mellado; total consulting fee is \$4,300; check for partial payment of consulting fee mailed (i.e., \$2,150). 1-16-18: Check for final payment of \$2,150 mailed to CARF Consultant; consulting services are scheduled to end on 3-28-18.
1 H-H	Submit the Survey Application. (Current accreditation period ends on September 30, 2018.)	CARF Customer Connect website CARF Resource Specialist	Nelson Mellado	2-28-18	03-21-18	03-21-18: CARF Survey Application submitted and fee paid (\$995).
1 H-H	Pay the CARF Survey fee (3-day survey)	Via check	Nelson Mellado	4-30-18	05-09-18	0-0-18: Survey fee paid (\$5,010).
1 H-H	Participate in a CARF original survey	CARF Resource Specialist	Nelson Mellado	Jul/Aug 2018	Scheduled for July 9 th , 2018- July 11 th 2018	
1 H-H	Obtain Three-Year CARF accreditation	CARF Customer Connect website CARF Resource Specialist	Nelson Mellado	9-30-18		
1 H-H	Complete and submit the Quality Improvement Plan (QIP)	CARF Customer Connect website CARF Resource Specialist	Nelson Mellado	12-31-18	01/16/2018	

Appendix A: Action Plan (cont.)

Business Operations & Clinical Services

Goal # 4 – Maintain Iowa licensure as a Substance Abuse Treatment Center; obtain deemed status based on CARF accreditation.						
Priority	Objective	Method / Tools / Measures	Person(s) Responsible	Target Date	Completion Date	Updates / Barriers / Comments
1 H-M	Maintain licensure as an outpatient Substance Use Disorder Treatment Program. (Current SUDP license expires on February 2017)	<ul style="list-style-type: none"> Lori Hancock-Muck, DPH (515) 242-6162 	Nelson Mellado	10-31-2016 n/a.	10-28-2016 n/a.	<p>10-28-2016: Renewal application sent.</p> <p>February 2017: Renewal certificate received.</p> <p>Resolutions is currently working with IDPH to obtain a 2018 licensure.</p>
1 H-M	Obtain deemed status based on CARF accreditation.	<ul style="list-style-type: none"> Lori Hancock-Muck, DPH (515) 242-6162 	Nelson Mellado	12-31-17 n/a.	n/a. n/a.	<p>10-27-17: Application for deemed status submitted however Resolutions was informed that there were too many corrections that needed to be made to obtain deemed status and we would have to receive our state license for another year.</p> <p>11-15-17: Notified that application was not approved based on accreditation status of One-Year Accreditation.</p>

Business Operations & Clinical Services

Goal # 5 – Maintain Listing on the SAMHSA Behavioral Health Treatment Services Locator.						
Priority	Objective	Method / Tools / Measures	Person(s) Responsible	Target Date	Completion Date	Updates / Barriers / Comments
1 H-M	Maintain listing on the SAMHSA Behavioral Health Treatment Services Locator website for Resolutions as Substance Abuse Treatment Services (SSATS).	www.findtreatment.samhsa.gov	Nelson Mellado	4-30-17 05-31-18	04-30-17 05-24-2018	<p>04-30-17: Completed the on-line 2017 National Survey of Substance Abuse Treatment Services (N-SSATS).</p> <p>05-24-2018: Completed the on-line 2017 National Survey of Substance Abuse Treatment Services (N-SSATS).</p>

Appendix A: Action Plan (cont.)

Business Operations & Clinical Services

Goal # 8 – Increase patient referrals and admissions for the IOP (A), IOP (C/A), OT (A), and OT (C/A) programs.						
Priority	Objective	Method / Tools / Measures	Person(s) Responsible	Target Date	Completion Date	Updates / Barriers / Comments
1 H-H	Collect data for statistical analysis for admissions to the OT and IOP programs for Children/Adolescents and Adults.	Excel spreadsheet	Kenzie Stucker	ongoing (reviewed quarterly)	Q1: 3-31-17 Q2: 6-30-17 Q3: 9-30-17 Q4 12-31-17 Q1: 3-31-18 Q2: 6-30-18 Q3: 9-30-18 Q4 12-31-18	12 Patients admitted – 05 OT(A), 01 OT(C/A), 05 IOP(A), 01 IOP(C/A) 12 Patients admitted – 08 OT(A), 01 OT(C/A), 03 IOP(A), 00 IOP(C/A) 16 Patients admitted – 09 OT(A), 01 OT(C/A), 05 IOP(A), 01 IOP(C/A) 16 Patients admitted – 13 OT(A), 00 OT(C/A), 03 IOP(A), 00 IOP(C/A) 05 Patients admitted – 03 OT(A), 00 OT(C/A), 02 IOP(A), 00 IOP(C/A)
1 H-H	Maintain a log of patient referrals and admissions for each program that indicates the source of the referral	Excel spreadsheet	Kenzie Stucker	ongoing (reviewed quarterly)	Q1: 3-31-17 Q2: 6-30-17 Q3: 9-30-17 Q4 12-31-17 Q1: 3-31-18 Q2: 6-30-18 Q3: 9-30-18 Q4 12-31-18	66% of referrals documented for each program 58% of referrals documented for each program 46% of referrals documented for each program 87% of referrals documented for each program 71% of referrals documented for each program

Appendix A: Action Plan (cont.)

Business Operations & Clinical Services

Goal # 9 – Obtain input from patients, personnel, and other stakeholders.						
Priority	Objective	Method / Tools / Measures	Person(s) Responsible	Target Date	Completion Date	Updates / Barriers / Comments
1 H-H	Administer satisfaction surveys at least annually to patients.	Patient Satisfaction Survey Given to patients at the end of their treatment services.	Kenzie Stucker	12-31-17 10-31-18	12-29-17	100% response rate (00 of 00) Data will be collected and analyzed by 10-31-2018
1 H-H	Administer satisfaction surveys at least annually to personnel.	Employee Satisfaction Survey	Kenzie Stucker	n/a. 08-01-18	n/a. 05-30-18	Resolutions did not administer employee satisfaction surveys in 2017. Data will be collected and analyzed by 08-01-2018.
1 H-H	Administer satisfaction surveys at least annually to other stakeholders.	Stakeholder Satisfaction Survey on-line via Survey Monkey	Kenzie Stucker	n/a. 12-03-18	n/a. - -18	Resolutions did not administer stakeholder satisfaction surveys in 2017. 00% response rate (00 of 00) (will do at the end of the year)