

**Darke County Recovery Services
Agency Strategic Plan
2019 Review
FY 20 Plans**

I. INTRODUCTION

The first step in the development of this strategic plan was an in-depth analysis of Darke County Recovery Services dba Recovery and Wellness of Midwest Ohio structure and practices. This analysis identified the Strengths, Weaknesses, Opportunities and Threats. An important component of the analysis was input from board members, employees, individuals receiving services, families of individuals receiving services, referral sources, payor sources and licensing/accrediting bodies. This input has been obtained from surveys, focus groups and discussions as they relate to the current and future needs of the organization.

With the acquisition of the Mental Health facilities in Miami and Darke Counties on July 1, 2013, it became evident that the organization needed re-branding to better represent the full scope of services now provided. On July 30, 2014, we received state approval for the trade name Recovery and Wellness Centers of Midwest Ohio.

II. MISSION

The Mission of Darke County Recovery Services dba Recovery and Wellness of Midwest of Ohio is to save lives. Employees are expected to be dedicated to fulfilling this mission, even at personal sacrifice. At the same time, to accomplish our mission, DCRS recognizes the importance of maintaining a friendly work environment, where employee family responsibilities, career ambitions and personal aspirations are encouraged and supported. It is the goal of DCRS to provide working conditions that are conducive to reducing the stress and conflict inherent in providing counseling and recovery services, so as to maximize our effectiveness toward accomplishing our mission.

III. VISION

Darke County Recovery Services dba Recovery and Wellness Centers of Midwest Ohio will provide specialized, state-of-the-art, scientifically based behavioral health treatment, which is continuously responsive to the needs of the clients and their families.

IV. VALUES

The agency's values are reflected in the day-to-day activities as an organization that focuses on providing quality services to all customers. The values we cherish most include the following:

- a. Respect will be offered to all clients, colleagues, stakeholders and the community at large.

- b. Integrity, the professional and personal conduct of all employees, will consistently reflect our code of business and professional ethics. Violators will be reported without fear of reprisal, thereby not participating in a "code of silence."
- c. Appreciation of Diversity: We appreciate the value of cultural diversity and further the understanding of cultural differences through education, communication and sharing of culture-specific celebrations and recognitions.
- d. Excellence: We will take individual responsibility for our performance and constantly strive for excellence by seeking opportunities to learn and improve our competency, making our organization strong and better as a provider of care and a place to work.

V. Expectations of Persons Served

- Focus on customer satisfaction continues to be demonstrated by all employees.
- All individuals, families and others seeking services will be treated with respect and dignity
- Qualified licensed professionals to provide the treatment services.
- Safe and hygienic facilities in which to receive services
- Client Satisfaction Surveys continue to identify positive outcomes from individuals receiving services as well as our community partners.

VI. Expectations of Stakeholders

- Continue focus on quality afforded by pursuit of national accreditation for both Mental Health and SUD services.
- Explore expansion of service area to get service capacity more consistent with fixed Administrative resources. In FY17 we added pharmacological management services in Preble County. Our goal is to continue to grow our mental health department in Preble County.
- Continue actively seeking grants and contracts with other businesses to provide services in an expanded venue.
- Currently we have a goal to increase to 2-3 fundraising events per year.
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VII. Competitive Environment

- As the opioid epidemic brought national attention to the SUD problems, behavioral health also became a topic of focus due to the statistics that show the many SUD also carry a behavioral health diagnosis. With this attention, funding opportunities also became available. This has caused a much higher level of competition for the population that this facility serves. At the onset of Medicaid moving into a managed care model, it was predicted that the number of treatment centers in Ohio would decrease. The result was the opposite.
In Darke County, competition consists of Family Health Behavioral Health Unit which has been in existence for over 25 years. More recently, Premier Health and Reid Hospital have placed psychiatric satellite offices in the county.
In Preble County competition is Samaritan Behavioral Health and Gephart Counseling.

VIII. Financial Opportunities

- July 1, 2018 the Medicaid reimbursement system in Ohio shifted to managed care provider contracts. Our facility has been successful in enrolling credentialed providers as rendering providers. Although initial rates under managed care showed a significant reduction, in August 2019, rates for some services were increased which will benefit the facility a great deal.
- In 2019 the facility applied and received the following grants: A few examples include Rural Health Care Program (internet) \$19,500, DC United Way \$14,500 and ODMH Workforce \$100,000.
The agency consistently searches out and applies for grant opportunities that we are qualified to receive.
- Another revenue stream that the agency is growing is EAP Partnerships. In 2019 we have procured contracts with Wayne Health Care, Unity Bank and Whirlpool Corporation. We have recently been approached by a national EAP company to begin receiving referrals in Miami County and we are in negotiations with them at this time. We entered into a contract with Caresource CTP program in October 2017 which provides prison in reach as well as needed services for this population when they are released. We plan to increase our client base to this population.
- Beginning July 1, 2018 we became a provider for Behavioral Health Care Coordination through Caresource. This will allow care managers to bill for activities that assist our clients stay compliant with their medical care.
- We have contracts for behavioral health services in the majority of the schools in Darke County.

IX. Financial Threats

- While the cash flow has improved, we still struggle to put an entire payroll into savings. The agency has continued to be able to pay bills in a timely manner.
- Continued funding reductions to public health care systems.
- Staff recruitment.
- Health benefit costs.
- Aging and/or rental buildings and limited modification potential.
- Overly dependent on one funding stream
- RWC received a total of \$1,156,967 in managed care advances. We repaid \$446,863 in FY19. The balance to be repaid by 12/31/2020.

X. Organization's Capabilities

- Organization of the agency leadership structure to clearly identify leadership responsibilities at each level.

- Chief Executive Officer has over 20 years of experience with the parent organization in various roles
- Excellent Clinical Team
- Agency organizational flexibility that allows employees to control their own schedules to balance work with home life.
- Employees value the autonomy and respect for their work;
- Dedicated work force;
- Continued positive relationships with the Tri-County Board of Recovery and Mental Health Services and Preble County Board of Mental Health and Recovery
- Central locations in Darke, Preble and Miami Counties;
- Addition of a full time Chief Medical Officer who has now been with the facility 2.5 years.
- The current Electronic Health Record allows for a higher level of accountability with staff on timely and accurate documentation. It also affords management a much more effective way to track individual productivity of each staff member to enable improvement plans when necessary.
- Actively providing Mental Health and SUD services in county schools and jails in Darke, Miami and Preble Counties.
- Working to increase our awareness of our services through fundraising, providing public speaking engagements and media releases.

XI. Service Area Needs

- Need for continued community awareness and understanding about the agency mission and scope of practice.
- Increased necessity at the local level for assisting clients to sign up for Medicaid. Support staff time needed to assist individuals to apply is uncompensated.
- Buildings, furniture, carpet, and grounds in need of major repairs in varying stages at different locations.

XII. Demographics of Service Area Darke County- 51, 323 (2018)

Caucasian

97.4%

Black or African American alone, percent

0.6%

Asian alone, percent

0.5%

Two or More Races, percent

1.2%

Hispanic or Latino, percent

1.7%

Preble County

40,997 (2018)

Caucasian

97.0%

Black or African American alone, percent

0.7%

American Indian and Alaska Native alone, percent

0.4%

Asian alone, percent

0.6%

Two or More Races, percent

1.4%

Hispanic or Latino, percent

0.9%

Miami County

106,222

Caucasian

93.5%

Black or African American alone

2.4%

American Indian and Alaska Native alone

0.2%

Asian alone

1.8%

Hispanic or Latino

1.7%

XIII. Relationships with External Stakeholders

Recovery and Wellness has strong relationships with community partners throughout our county areas. Following are a list of many of those stakeholders.

Darke and Miami Co Family and Children First
Darke and Miami NAMI
SafeHaven Board of Directors
Miami County Drug Free Coalition
Coalition for a Healthy Darke County
Darke County Coordination Committee
Training and Continuing Education Committee
Miami Jail Wrap Around
Medication Assisted Treatment team
Miami County Continuum of Care
Miami County Coordinated Care
Miami County Stepping Up Initiative
Darke county Human Rights Committee for Developmental Disabilities

XIV. Regulatory Environment

Recovery and Wellness management team implements and maintains knowledge of applicable laws and regulations. The management team monitors changes related to these laws and regulations, to keep all corporate policies and procedures up to date and in compliance. This review is done on an as need basis and annually.

XV. Legislative Environment

Priorities established in our strategic plan continue to be influenced by the state and federal government. Ohio's current administration has pledged to reduce redundant paperwork,

develop a state outcomes system that is less intrusive while providing measures that are valid and reliable. Ohio's public mental health system has experienced funding reduction and cost containment measures in the past 5 years. Effective January 1, 2018 Ohio became a Medicaid Managed Care State. Our agency has prepared for this transition by sending key management and financial staff to training as the State provides it.

XVI. Use of Technology

- a. Maintain security including access management, audits, protection from malicious activity and remote access and support to our users. Workstation updates and configuration management.
- b. Implementation of more security awareness training and follow-up testing. This will address the biggest risk in security breaches, which is users. An improved understanding of security risks and vulnerabilities will aid users and help prevent breaches keeping our network, including company and client data, secure.
- c. DCRS will purchase new equipment, twenty workstations, to replace old and outdated equipment- \$10,000. This will get us on a schedule to replace workstations at a rate that will recycle the systems about every 5 years. This keeps us from having old and outdated hardware that slows down performance and productivity. This also allows for the maintenance and support of those systems until they are eventually recycled and replaced

XVII. Information from the analysis of performance

V.INDUSTRY TRENDS

a. State and Federal Mandates

Priorities established in our strategic plan continue to be influenced by the state and federal government. Ohio's current administration has pledged to reduce redundant paperwork, develop a state outcomes system that is less intrusive while providing measures that are valid and reliable. Ohio's public mental health system has experienced funding reduction and cost containment measures in the past 5 years. Effective January 1, 2018 Ohio became a Medicaid Managed Care State. Our agency has prepared for this transition by sending key management and financial staff to training as the State provides it.

b. Funding Sources

July 1, 2018 the Medicaid reimbursement system in Ohio shifted to managed care provider contracts. Our facility has been successful in enrolling credentialed providers as rendering providers. Ohio's community mental health system has experienced significant funding reductions, and have found the new Medicaid rates to be lower than the previous rates that had not been increased in the past 17 years. Many administrative barriers interfere with real competition among providers in the public health system or private practice. Funding reductions in the system at large have reduced in-patient options for individuals with more acute needs. The traditional expectation that community mental health centers have a no-reject policy no longer applies in statute. This agency is the last

link in the safety net of services for individuals with acute and persistent mental health and recovery needs.

In FY 20 we have applied for and been approved for many grants. Among those are Rural Health Care Program (internet) \$19,500, DC United Way \$14,500, ODMH Workforce \$100,000.

c. Human Resources / Personnel

Productive, high quality performance must be the priority so more balanced levels of compensation can be implemented. The agency will require high quality productive performance with a focus on customer satisfaction. Staff resources will continue to be limited. Agencies will experience an increasing need to recruit and retain competent staff. In the past, productivity and compliance may have been tacitly excused in context of compensation, etc. During the past four years, the expectation to meet an assigned productivity standard has been reinforced consistently, with a high majority of providers meeting or exceeding expected goals on a monthly basis. Employees with consistently low performance have been disciplined and some have opted to pursue other opportunities as a result. The agency continues to require high quality productive performance with a focus on customer satisfaction.

d. Quality and Effectiveness of Care

Positive relationships with community partners continue to be strengthened. All employees will focus on customer satisfaction strategies that demonstrate ongoing professional respect to individuals receiving services, families, referral sources, payor sources and other community citizens. Client Satisfaction Surveys continue to identify positive outcomes from individuals receiving services as well as our community partners. We are currently in the process of revising our PI plan to incorporate PI ownership of all staff. This includes moving beyond required data collection to more outcome focused data, as well as assessing the efficacy of changes made in procedures. We anticipate that we will get an increase in satisfaction with access to care this year as we now have implemented open intake times in all facilities.

e. Coordination / Collaboration

Our collaboration and coordination with other service providers remains a focus of this agency. Outcomes of the most recent Referral Source Survey indicated a continued positive trend in overall satisfaction.

VI. Analysis Strengths / Weaknesses / Opportunities / Threats

A. STRENGTHS

- Organization of the agency leadership structure to clearly identify leadership responsibilities at each level.

- Chief Executive Officer has over 20 years of experience with the parent organization in various roles
- Excellent Clinical Team
- Agency organizational flexibility that allows employees to control their own schedules to balance work with home life.
- Employees value the autonomy and respect for their work;
- Dedicated work force;
- Continued positive relationships with the Tri-County Board of Recovery and Mental Health Services and Preble County Board of Mental Health and Recovery
- Central locations in Darke, Preble and Miami Counties;
- Addition of a full time Chief Medical Officer who has now been with the facility 2.5 years.
- The current Electronic Health Record allows for a higher level of accountability with staff on timely and accurate documentation. It also affords management a much more effective way to track individual productivity of each staff member to enable improvement plans when necessary.
- Actively providing Mental Health and SUD services in county schools and jails in Darke, Miami and Preble Counties.
- Working to increase our awareness of our services through fundraising, providing public speaking engagements and media releases.
- Participation in the Coalition for a Healthy Darke County, the Substance Abuse Prevention Partnership in Preble County, the MAT team as well as the Miami County Drug free Coalition, Family and Children First, NAMI Board of Directors and SafeHaven Board of Directors.
- Continue to grow “We are the Majority” state initiative at the local level in both Darke and Preble Counties.
- Providing a full time liaison to the Darke County Common Pleas court as well as providing a part-time liaison to Miami County Municipal Court and Centralized Intake Coordinator to Miami County Adult Probation.
- Providing a full time liaison to the Darke County Common Pleas court as well as providing a part-time liaison to Miami County Municipal Court and Centralized Intake Coordinator to Miami County Adult Probation.
- We have entered into contracts and/or Memos of Understanding with 5 of the 7 schools in Darke County to provide a Therapist on-site at the school providing mental health services. Our goal for the next 2 years is to have a therapist in all Darke County Schools.
- We have also entered into a contract and/or Memo of Understanding with one of the school systems in Preble County. Our goal for the next two years is to work towards having a therapist in all Preble County Schools.
- We entered into a contract with Caresource CTP program in October 2017 which provides prison in reach as well as needed services for this population when they are released. We plan to increase our client base to this population.
- Beginning July 1, 2018 we will become a provider for Behavioral Health Care Coordination through Caresource. This will allow care managers to bill for activities that assist our clients stay compliant with their medical care.

- In 2018 we procured EAP contracts with Wayne Healthcare and Unity National Bank. Our goal is to increase our EAP presence in all communities.
- Our Med-som department continues to be a physician assistant clinical rotation placement site for Kettering College of Medical Arts. This a cost savings as it gives us an opportunity employ candidates after they have completed rotations and boards.
- The in-house IT department continues to research and implement several software and hardware upgrades. IT plans to target upgrading 20 workstations in the next year.
- RWC is also pursuing other funding opportunities to assist with upgrading computers, capital improvements, and prevention programming among other things.

B. WEAKNESSES

- Need for continued community awareness and understanding about the agency mission and scope of practiced.
- Reduced employee benefits.
- Staff overextended at times.
- Increased necessity at the local level for assisting clients to sign up for Medicaid. Support staff time needed to assist individuals to apply is uncompensated.
- Agency staff are under paid in comparison to other behavioral health programs.
- Buildings, furniture, carpet, and grounds in need of major repairs in varying stages at different locations.
- Medicaid reimbursement rates for community behavioral health needs have not had increases in at least 16 years and have now further decreased from prior rates. Beginning January 1, 2018 telephone contacts for CPST and SUD case managers will no longer be reimbursable which has significantly lessened our income in those departments as a significant amount of time is spend on the phone discussing various clinical needs.
- While the cash flow has improved, we still struggle to put an entire payroll into savings. The agency has continued to be able to pay bills in a timely manner.

C. OPPORTUNITIES

- Focus on customer satisfaction continues to be demonstrated by all employees.
- All individuals, referral sources, payor sources, families and external stakeholders will be treated with respect and dignity.
- Continuing education/training opportunities for all employees will be promoted, as well as free CEU's are now available to employees through our new Relias software.
- Continue hardware and software equipment upgrades to facilitate efficiency in support of the Electronic Health Record operating system and our movement towards offering a client portal.

- Continue focus on quality afforded by pursuit of national accreditation for both Mental Health and SUD services.
- Explore expansion of service area to get service capacity more consistent with fixed Administrative resources. In FY17 we added pharmacological management services in Preble County. Our goal is to continue to grow our mental health department in Preble County.
- Continue actively seeking grants and contracts with other businesses to provide services in an expanded venue.
- Currently we have a goal to increase to 2-3 fundraising events per year.

D. THREATS

- Continued funding reductions to public health care systems.
- Staff recruitment.
- Health benefit costs.
- Aging and/or rental buildings and limited modification potential.
- Overly dependent on one funding/managed care provider.
- Security issues in all locations ie: vandalism, theft, etc.

VII. STRATEGIC INITIATIVES

Seven (7) Strategic initiatives were identified by the strategic planning groups as a result of the complete SWOT Analysis. Strategic Initiatives guide the development of strategic goals/objectives and of Industry Funds:

- **Leadership-** maintain existing strong leadership in all managerial components.
- **Fiscal Responsibility-** more detail is being given to fiscal budget with a separate corporate Fiscal Plan.
- **Human Resources-** retention and recruitment of professional staff that are appropriately credentialed as a rendering practitioner.
- **Image-** continue to use re-branding to gain public awareness of our full scope of services.
- **Performance Improvement-** we continue to review this plan for its efficacy over all locations and services.
- **Programmatic-** we continue to review all service lines for community need, effectiveness, accessibility and efficiency and will explore adding more services lines as we see the potential need and hope to improve fiscal stability through this process.
- **Physical plant-** as previously identified in this plan, there are multiple physical plant needs to be addressed within our budgetary restraints.

VIII. PRIORITIES

This Strategic Plan is developed from key priorities identified by board, staff, clients and other key stakeholders during the analysis process. The Strategic Plan developed from these priorities, mission, and values aims to insure the quality and effectiveness of

services resulting in positive client outcomes and insure the future financial viability of Darke County Recovery Service dba Recovery and Wellness Centers of Midwest Ohio.