



MARYHAVEN®

Helping people restore their lives since 1953®

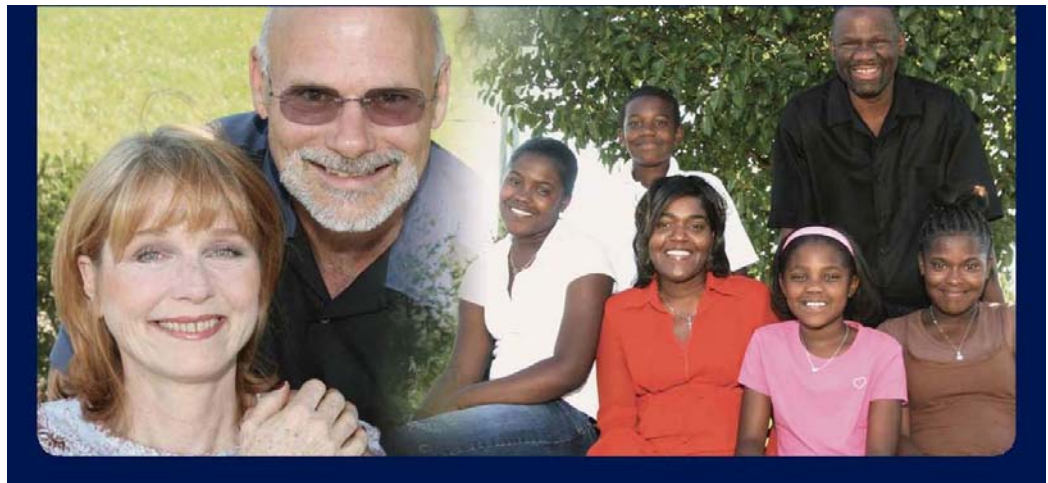
Planning for Success

Strategic Plan

July 1, 2008 - June 30, 2010

Mission Statement

MARYHAVEN helps men, women, and children to restore their lives, when those lives have been interrupted by addictive or mental illness.



Vision Statement

MARYHAVEN is a strong leader in behavioral healthcare, recognized and respected for the quality and effectiveness of its customer service and for its commitment to diversity.



MARYHAVEN'S Values

As an organization,
and as individuals
working within it,
MARYHAVEN and its
staff are guided by
the following values:



Service

Respect

Responsiveness

Diversity

Integrity

Loyalty

Teamwork

Quality

Strategic Goals

MARYHAVEN will focus its activities on four (4) goals during the 2 years of this strategic plan.



Goal I: Customer Service

Provide a superior level of customer service to our patients and business associates, consistent with available resources.

Objective I.A: Achieve high levels of satisfaction with MARYHAVEN by patients, funders, and the community.

Strategies	Indicators
I.A.1: Conduct customer service and marketing training across all levels of personnel, beginning in orientation.	<ul style="list-style-type: none">▪ Report by Human Resources Department of trainings conducted
I.A 2: Implement performance improvement strategies to improve responsiveness to customers, access to services, and/or patient retention.	<ul style="list-style-type: none">▪ Reports of program supervisors▪ QI/PI reports and committee minutes▪ Patient satisfaction surveys

Customer Service cont.

Strategies	Indicators
<p>I.A.3: Assign supervisors and directors to regularly meet with current and potential funders/referral sources to determine their needs and to market MARYHAVEN'S services</p>	<ul style="list-style-type: none"> ▪ Communications/marketing plan ▪ Reports of President and CEO and Senior Staff ▪ Maintenance/expansion of service contracts and number of referrals
<p>I.A. 4: Continue to maintain MARYHAVEN'S high level of recognition and positive reputation in the community through active and ongoing media relations and marketing.</p>	<ul style="list-style-type: none"> ▪ Inventory of marketing activities and electronic and print media exposures ▪ Referral source satisfaction surveys
<p>I.A.5: Actively participate in Franklin County Children Services Board levy campaign.</p>	<ul style="list-style-type: none"> ▪ Reports of levy campaign activities by President and CEO and Dir. of Development, Marketing, and Support services and others

Customer Service cont.

I.A.6: Increase attention to client rights through education of patients and staff and more ready access to Client Rights Officer

- Client satisfaction survey
- CRO records of trainings
- Annual summary of complaints and grievances

Objective I.B: Continue MARYHAVEN'S recognized progress in cultural competence.

Strategies

Indicators

I.B.1: Continue activities of Cultural Diversity Council, involving all Maryhaven associates.

- Annual Cultural Diversity Committee work plan, committee reports, and minutes
- HR Dept. reports on inclusion of cultural diversity in employee recruitment, training, and evaluation
- Patients' ratings of MARYHAVEN'S cultural competence in satisfaction surveys

Customer Service cont.

Objective I.C: Continue to maintain the safety and security of MARYHAVEN'S patients, associates, and the community.

Strategies

Indicators

I.B.1: Anticipate and proactively address risk issues in all MARYHAVEN programs and operations; monitor and report risk management activities through QI and Risk Management Committee.

- Periodic review and revision of Emergency Response Manual
- Documentation of staff training in Emergency Response

Goal II: Quality of Treatment Programs

Provide addiction recovery and mental health services of the highest quality and value.

Objective II.A: Provide treatment programs that are based upon evidenced-based, best, or emerging practices.

Strategies	Indicators
II.A.1: Systematically implement and document use of best-practices/science-based interventions in treatment programs.	<ul style="list-style-type: none">▪ Minutes of QI Committee▪ Inventory of best practices in use across programs▪ Inventory of staff training programs
II.A.2: Continue to participate in the NIDA Clinical Trials Network (CTN).	<ul style="list-style-type: none">▪ Minutes of QI Committee describing active involvement in research projects and projects in developmental stage▪ Inventory of adoption of NIDA CTN-proven practices at Maryhaven

Quality of Treatment Programs cont.

Objective II.B: Earn recognition of the quality of MARYHAVEN'S programs through national and state accreditations.

Strategies

Indicators

II.B.1: Maintain all present licensures, accreditations, and certifications and acquire necessary additional ones for development and expansion of services.

- Continued good standing of ODADAS and ODMH certifications (all sites), CARF accreditation, OANO certification
- Achieve ODMH recertification in Feb. 2009
- Achieve ODADAS Prevention Certification

Objective II.C: Improve the measurement and reporting of effectiveness of MARYHAVEN'S patient services through performance improvement and program

Outcome evaluation strategies.

Strategies

Indicators

II .C.1: Maintain positive ratings in the ADAMH Board's quarterly System Quality Indicators (SQI) reports.

- Quarterly ADAMH SQI reports and discussion of same in QI meetings
- Performance Improvement projects focused on SQI indicators

Quality of Treatment Programs cont.

Strategies	Indicators
II .C.2: Improve production/submission rate of outcome evaluation data, including ASI, ODMH Consumer B, and ODMH Ohio Scales surveys.	<ul style="list-style-type: none">▪ Production reports from ODMH and ADAMH comparing number of surveys expected and number submitted▪ Description of steps taken to maximize submission of outcome data
II .C.3: Increase utilization of outcome data for programmatic, clinical, and marketing purposes.	<ul style="list-style-type: none">▪ Reports on use of outcomes data prepared for ADAMH and ODMH▪ Minutes of QI Committee meetings▪ Documentation of dissemination of evaluation results
II.C.4: Complete patient outcome evaluation/cost-offset studies of Adolescent Residential and Adult Treatment programs funded by The Columbus Foundation and publicize the same.	<ul style="list-style-type: none">▪ Final report on projects submitted to The Columbus Foundation▪ Publication of findings of studies▪ Print and electronic media clips and excerpts

Quality of Treatment Programs cont.

Objective II.D: Continue to recruit and retain a superior behavioral healthcare workforce.

Strategies	Indicators
II.D.1: Decrease the overall rate of staff turnover through continuation of Employer of Choice activities (e.g. employee incentive program, training opportunities, orientation and support)	<ul style="list-style-type: none"> ▪ Reports on annual turnover rate as measured by formula agreed upon by the Director of Human Resources and Diversity Development and the Director of Business Operations and CFO
II.D.2: Maintain quality health insurance benefit in a challenging market environment.	<ul style="list-style-type: none"> ▪ Annual review of health benefit plan as evidenced in minutes of Senior Staff and Personnel Committee meetings

Objective II.E.: Review MARYHAVEN'S current provision of mental health services and strategize how, if at all, it should be significantly altered

Strategies	Indicators
II.E.1: Conduct a review and planning process looking at patient mental health needs, services gaps, opportunities to integrate AOD and MH services, and available revenues	<ul style="list-style-type: none"> ▪ Establishment of a review process ▪ Reports of review team ▪ Plan for mental health services, with sources of revenue identified ▪ Mental health service productivity and revenue reports

Goal III: Service Development

Generate financial resources to support MARYHAVEN'S current programming and continue attempts at diversification and expansion were appropriate.

Objective III.A: Maintain and maximize utilization of current revenue allocations from present funding sources (e.g. ADAMH Board, DMMHR SB, FCCS, Community Shelter Board, City of Columbus, United Ways of Central Ohio and Delaware).

Strategies	Indicators
III.A.1: Through high levels of program occupancy and counselor productivity, earn down MARYHAVEN'S full allocation from all revenue sources, especially the Franklin County ADAMH Board, DMMHR SB, and FCCS.	<ul style="list-style-type: none">▪ Program census and productivity reports; monthly and annual financial reports▪ Review of achievement of grant program revenue targets—e.g. MDFT and ACRA/ACC programs

Service Development cont.

Strategies	Indicators
<p>III.A.2: Successfully operate and retain funding of ADAMH RFR projects:</p> <ol style="list-style-type: none"> 1)ADAMH Training Institute at Maryhaven 2)Older Adult MH Treatment Program 3)Detoxification Enhancement 4)Opiate Treatment Program 	<ul style="list-style-type: none"> ▪ Periodic RFR reports as required by ADAMH ▪ Maintenance of RFR allocations ▪ Rigorous evaluation of success of revised affiliation agreement with Netcare
<p>III.A.3: Retain to the extent possible current program revenues that are at jeopardy in the present economic environment or are subject to periodic renew:</p> <ol style="list-style-type: none"> 1)Advocate with the City of for continued funding of health and human service programs 2)Retain funding at present levels for 3 programs currently funded by of 3)Successfully renew 2 HUD grants for Commons at Chantry 	<ul style="list-style-type: none"> ▪ Funding allocations from City of Columbus and United Way of Central Ohio ▪ HUD grants renewed at present level of effort

Service Development cont.

Strategies

Indicators

III.A.4: Attempt to replace funding for Women's Program and Detoxification lost through re-prioritization of funding by of , by pursuing public and private philanthropic sources	<ul style="list-style-type: none">▪ Record of contacts made▪ Proposals filed▪ Revenues acquired
III.A.5: Proactively plan for possibility of sizeable decline in revenues from select revenue sources due to the economic downturn.	<ul style="list-style-type: none">▪ Budget planning process▪ Contingency plan▪ Success of plan implementation, if necessary

Service Development cont.

Objective III.B: Identify and aggressively pursue sources of revenue for expansion of current programs and diversification into new, mission-congruent lines of services.

Strategies	Indicators
<p>III.B.1: Respond to new funding opportunities with of 's new Impact Areas Requests for Proposals beginning in fall of 2008.</p>	<ul style="list-style-type: none"> ▪ Internal planning process ▪ Applications filed
<p>III.B.2: Advocate with Franklin County ADAMH for expansion of funding for residential detoxification service.</p>	<ul style="list-style-type: none"> ▪ Correspondence and meetings with ADAMH ▪ Funding request and subsequent funding decision
<p>III.B.3: Continue geographic expansion of programming through: 1)Marketing of Adolescent Residential Treatment and Detoxification Program to public behavioral health and child protective agencies beyond 2)Marketing of driver intervention programs beyond</p>	<ul style="list-style-type: none"> ▪ Correspondence and meetings with public behavioral health and child protective service officials ▪ Contracts for services ▪ Number of patients admitted under contracts agencies beyond with ▪ Driver intervention programs operating out of

Service Development cont.

Strategies

Indicators

III.B.4: Aggressively pursue public and private sector program grants, applying for at least \$2,000,000 in new program funding over the plan period.	<ul style="list-style-type: none">Files and reports of office of QI and Planning and Director of Development, Marketing and Support Services
III.B.5: Be available as an alternative service provider to public behavioral healthcare funders in , should other service providers fail as a result of economic conditions.	<ul style="list-style-type: none">Correspondence and meetings with public behavioral healthcare providersResponses to RFP's and other offerings

Goal IV: Accountability

Account with the highest integrity to our patients, funders, and community for the resources entrusted to us.

Objective IV.A: Improve quality of clinical documentation as demonstrated by satisfactory performance on internal and external audits.

Strategies	Indicators
IV.A.1: Continue intensive training of clinical staff and monitoring through patient record reviews and financial chart audits.	<ul style="list-style-type: none">▪ QI reports and committee minutes▪ Reports of ADAMH Board's annual records audit▪ Annual report of Corporate Compliance Officer
IV.A.II: Pursue appropriate personnel action, up to and including termination in cases of persistent or egregious performance.	<ul style="list-style-type: none">▪ HR records and reports

Accountability cont.

Objective IV.B: Continue improving our information systems.

Strategies	Indicators
IV.B.1: Expand use of patient information and billing software system (XAKTsoft) for purposes of clinical documentation and program management, to improve efficiency and enhanced quality of information	<ul style="list-style-type: none">▪ Number of clinical staff utilizing XaktClaim for clinical documentation▪ Number of forms and clinical applications in use▪ Number of XAKTsoft generated reports in use by clinical supervisors and directors
IV.B.2: Continue to improve and expand the features and content of the MARYHAVEN'S website, www.maryhaven.com .	<ul style="list-style-type: none">▪ Periodic review of website content▪ Reports on number of website visitors and electronic interactions (e.g. employment applicants, training registrations)

Accountability cont.

Objective IV.C: Maintain optimum staffing to achieve quality, efficiency, and profitability in all clinical programs—with the right people, in the right numbers, doing the right things

Strategies	Indicators
IV.C.1: Conduct program audits to identify necessary and reimbursable services and activities and the kinds and numbers of staff required to accomplish them.	<ul style="list-style-type: none">▪ Program audit process established by President and CEO▪ Reports of program audits
IV.C.II: Review and revise where appropriate position descriptions and take appropriate personnel action to enhance quality, efficiency, and profitability	<ul style="list-style-type: none">▪ Reviewed and revised position descriptions▪ Changes in staffing patterns▪ Personnel changes

Accountability cont.

Objective IV.D: Maintain a low level of administrative expense while providing adequate and effective support for growth and multi-site operations

Strategies

Indicators

IV.D.1: Evaluate levels of support and administrative staff needed to competently support expanded and multi-site operation.

- Planning documents, budgets, and minutes of senior staff meetings and meetings of Personnel Committee of the Board
- Budgets and audited financial reports indicating administrative expenses as percent of total (7.11% in FY08)

Accountability cont.

<u>Objective IV.E: Continue to achieve outstanding financial audits</u>	
Strategies	Indicators
IV.E.1: Maintain excellence in financial management and reporting, producing accurate and useful budgets and financial reports that are recognized as such by funders and auditors.	<ul style="list-style-type: none"> ▪ Auditors' reports offering unqualified opinions ▪ Continued designation as "low-risk auditee" ▪ Congruence of budgets with financial reports ▪ Annual report of Corporate Compliance Officer
<u>Objective IV.F: Maintain high degree of proficiency of Senior Management</u>	
Strategies	Indicators
IV.F.1: Continue succession planning to effect smooth transitions in senior management positions.	<ul style="list-style-type: none"> ▪ Succession and transition plans ▪ Success of recruitment efforts ▪ Skills and effectiveness of officers' successors