



SKILL CREATIONS, INC.

Strategic Priorities Fiscal Year 2021-2022

1-Workforce Development

- Recruitment and Onboarding of Qualified Staff
- Retention of Staff
- Supervisory Development

2-Risk Management

- Being Equipped to Serve Difficult Referrals for Residential Vacancies
- Building/Strengthening Relationships with External Stakeholders
- Pandemic Planning
- Technology in Service Delivery



Creating Life Skills with Those We Serve

**STRATEGIC PLAN
Fiscal Year 2021-2022**



Skill Creations, Inc.

2021-2022 Strategic Plan

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Executive Summary and Introduction

This document represents a one year Strategic Plan for the fiscal beginning on July 1, 2021 and ending June 30, 2022. This document is dynamic and may be edited depending on changes to the nature and environment of our business and the variables that lie within this business that are out of our control. Since the majority of our funding comes from Medicaid, we must accommodate changing rules and regulations that we have no control over.

The C-Team of Skill Creations, Inc. developed this strategic plan with the assistance of the Strategic Planning Committee and stakeholder input. It reviews the company's strengths, weaknesses, opportunities and threats. The plan identifies proposed goals and strategies that promote the company's values and mission statement and desire to meet the needs of persons served, staff and other stakeholders.

It is our hope that this plan provides the company with a 1 year roadmap for organizational development and maintenance, as well as a guideline for other committee plans within the organization. The Strategic Planning Committee and Board of Directors will review this plan at least annually for necessary updates, changes and annual strategic priorities.

About SCI

Skill Creations, Inc. is a North Carolina based 501(c-3) non-profit organization that provides services for people with intellectual and/or developmental disabilities. The services we provide aim to support all people and help them achieve their full potential to live and grow in their community. Our services include community housing (group homes), alternative/host family living, community employment services, community integration and day program services, community based personnel support services and respite care.

Skill Creations, Inc. was incorporated in 1984 within the State of North Carolina, and opened its doors for business in August of 1985. The company has continually grown to a point where it currently serves more than 500 individuals, and employs more than 500 people across the state.

The company operates three service divisions and the administrative division. The original service division is the ICF/MR Division which currently provides 191 individuals with specialized residential care in 15 different towns in North Carolina. The second service division is the Community Operations Division which provides residential and non-residential services to persons in their home community. The third service division is the Child Development Division which is located in Goldsboro, NC. This division operates a 5 star rated preschool and child care center for all children ages birth – 5 and a 3-star rated child care center serving children ages birth-school age.

The Corporate Office is located at 2105 Royall Avenue in Goldsboro. Community Operations Division offices are located in Hudson, Morganton, Asheville, and Goldsboro.

Skill Creations, Inc. is a private, non-profit corporation with 501 (c) (3) status from the IRS. All donations are tax deductible and are utilized solely for client related needs.

Skill Creations, Inc. was fully accredited by the Council On Accreditation for Services of Families and Children, Inc. from 2000-2016.

Skill Creations, Inc. was fully accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF International) in March 2016 (3 year accreditation) and again in February 2019 (3 year accreditation) and currently in the process of re-accreditation in early 2022.

Skill Creations, Inc. is a member of Developmental Disabilities Facilities Association (DDFA).

Skill Creations, Inc. is a member of N.C. Association of Community Based ICF/MR Providers.

Skill Creations, Inc. is a member of the N.C. Provider Council

2019 Individuals Served Demographic Data (ICF and Community Operations)

	Persons Served	Staff*
Male	357	207
Female	293	778

*Staff reflects both full time and part time staff

	Persons Served	Staff*
African American	184	463
Asian	5	1
Hispanic/Latino	11	19
Native (American or Alaskan)	0	0
White	444	502
Other	7	0

*Staff reflects both full time and part time staff

	Persons Served	Staff*
**0-5	0	0
**6-17	4	79 (under 25)
18-40	299	374 (25-45)
41-65	150	433 (45-65)
65 +	198	99 (over 66)

*Staff reflects both full time and part time staff

**Numbers do not include child care centers

All of this data is based on population of staff and individuals served measured at the end of 2021. For the most recent and detailed demographic information reference SCI's most current Cultural Diversity Plan.

SCI Vision, Mission and Values

Vision

Skill Creations, Inc. envisions communities where all people have the ability to live, work and integrate into their communities regardless of disability and are provided with the highest quality of care and support needed to attain this.

Mission

The Mission of SCI is to provide Support and Care that promotes Independence.

Values

The following core operating values influence the culture and image of Skill Creations, Inc. as an effective organization serving a wide variety of individuals and their families. These values or ideals articulate what the organization aspires to hold itself accountable for and offer guidance about how the organization behaves in carrying out its mission.

- **Client First Attitude and Services**
- **Quality Care**
- **Integrity, Honesty and Ethical Practices**
- **Loyalty and Fairness**
- **Dedicated (to clients and staff)**
- **Positive Reputation**

Skill Creations, Inc. operates under the guiding principle that the client is the #1 priority. All decisions are made based on client needs, safety and well-being and overall quality of life. Skill Creations, Inc. works with a variety of partners both internally and externally to ensure that quality services are provided in the most efficient and effective manner for the long term stability of the organization. Skill Creations, Inc. has the highest level of integrity in its administrative and service activities, as well as maintaining and reporting accurate records. Skill Creations, Inc. holds all employees to these same standards and in return provides them with the opportunity to claim ownership for their roles and responsibilities within the organization. The organization utilizes its own set of *Courtesy Standards* as a guideline. Skill Creations, Inc. holds all of their staff and partners to the highest standard of ethical behavior in order to provide the highest level of quality services to the clients and families served as well as uphold the mission of the organization. The organization demonstrates compassion and support for the people and families of which it serves.

Analysis of the 2020-2021 Fiscal Year

This past year we have continued to navigate the challenges of the pandemic. Although, we feel that as a company we have handled those challenges well, it has affected all aspects of our company and therefore our strategic efforts as well. Due to these factors, much of this plan is carried over from last year with some modifications, deletions and additions to the current focus areas. In each of the strategic focus areas, we did make some progress towards our goals, however, Covid-19 policies and challenges demanded the majority of our attention. In addition, some of our strategic goals just could not be carried out during the pandemic due to logistics.

Although technology was not listed in our Strategic Plan last year, we continue to make strides in that area and will continue to strategically introduce new technology into our services in the future.

Outcomes and Performance Analysis

Business Outcomes Review

Goal 1: Revamp the fundraising committee and goals to reflect the current financial and pandemic environment.

Result: This goal was not met.

Analysis: Since his retirement, Paul Hackmann has assumed the role of Fundraising Coordinator. The pandemic has reshaped fundraising abilities. The pandemic severely affected fundraising. Year over year fundraising is down. However, efforts will continue.

Corrective Action Plan: This strategy will be carried over to next year's plan.

Goal 2: Reduce State and/or Audit paybacks to less than \$15,000 per fiscal year.

Result: This goal was met.

Analysis: There were \$0 State and/or audit paybacks this year.

Goals 3: Maintain non-audit based write-offs to less than \$25,000 per year.

Result: This goal was met.

Analysis: Total non-audit based write-offs for the year totaled \$18,584.62.

Goal 4: Monitor ICF vacant bed days to ensure rate does not drop below budgeted 98.5% rate.

Result: This goal was not met.

Analysis: Average occupancy rate for the year was 97.9%. Although the target of 98.5% was not met, there was noted improvement over last year.

Current year: Last Year:

1st Q: 98.2% NA

2nd Q: 98.3% 97.7%

3rd Q: 98% 96.7%

4th Q: 97% 97.9%

The improvement was reflected in ICF revenue.

Corrective Action Plan: This strategy will continue next year as ICF bed days significantly affect cash flow. Focused efforts to reduce vacancies will continue with interventions as needed.

Program and Service Delivery Outcomes Review

***Program 1: Community Employment Services: Job Development, Employment Supports, Self-Employment Services (Community Operations Supported Employment)**

Effectiveness Outcome(s) 1A: Clients with a job will maintain their employment.

Result: Target not met.

Analysis: 1 client was added to this program during the fiscal year, but only briefly due to medical reasons. . Out of the 7 total clients served this year, 4 maintained employment. COVID had severely impacted this outcome.

Corrective Action Plan: We will continue to support those clients who have jobs. Currently, at years' end, we are only serving 5 clients and one is unemployed due to COVID.

Efficiency Outcome(s) 1B: Maximize service utilization

Result: Target not met

Analysis: The target was set at 85%. 75% of services authorized were billed during the year. COVID had severely impacted this outcome as there were times when workplaces were closed due to the pandemic.

Corrective Action Plan: Continue with this outcome for the next year in hopes that the effects of the pandemic will be less.

Service Access Outcome(s) 1C: Timely service implementation: Clients with this service, will be employed within 4 months.

Result: N/A

Analysis: No data to analyze. There was one new client for the entire year, but his services ended within the same quarter due to medical reasons.

Service Access Outcome(s) 1D: Serve more Supported Employment clients.

Result: Target not met.

Analysis: COVID had severely impacted this outcome. At the end of June 2019 we were serving 10 clients with the hopes of increasing that number. By the end of June 2020, we were serving 6 clients and by the end of June 2021 we were serving 5 clients. The reduction in number is directly related to the pandemic.

Corrective Action Plan: We would like to see the number of admissions to this service increase as we emerge from the pandemic. Although the workforce shortage has negatively affected our direct care staffing, we are hopeful that it will positively affect or Supported Employment clients and services.

Stakeholder Input/Satisfaction Outcome(s) 1E: Person Served: Supported Employment Client: 90% overall satisfaction of persons served.

Result: Target met.

Analysis: Only 1 surveys was returned. With so few clients working consistently and only a total of 5 working clients throughout the year, this is not surprising.

Stakeholder Input/Satisfaction Outcome(s) 1F: Other Stakeholder: Client's Employer and/or Vendors: 90% overall satisfaction

Result: Target met.

Analysis: Only 1 surveys was returned. With so few clients working consistently and only a total of 5 working clients throughout the year, this is not surprising.

***Program 2: Family-Based/Shared Living Supports: Host Family/Shared Living Services (Community Operations AFL's)**

Effectiveness Outcome(s) 2A: Maintain placement in same residence.

Result: Target met

Analysis: 1st quarter – someone changed provider. 4th quarter – 1 AFL resigned, 2 deaths, 1 change of address and 1 new AFL. Goal is set for 95% leaving room for natural circumstances that cause a move such as resignation/retirement, illness, changing level of care or choice to make a change for example. SCI is committed to providing quality of care that supports a healthy, long term placement.

Efficiency Outcome(s) 2B: Reduce medication Errors by 25% from last year in all AFL homes.

Result: Target not met

Analysis: Target was set for 25% less than the year before which = 3 or less. There were 5 medical errors all in the 2nd quarter of 20-21'. Living in a pandemic where things were shut down – people couldn't attend day programs or work their jobs normally could have caused numbers to go up. If folks were home all the time, then more opportunity for medication errors.

Corrective Action Plan: Continued oversight by QPs and QM while doing supervisions or reviews. Continued education of staff through yearly medication administration class by RN.

Service Access Outcome(S) 2C: AFL Staff will received annual feedback in November.

Result: Target not met.

Analysis: Goal is set for 100% but 85% is what was achieved. Out of 65 AFL staff, only 55 evaluations were completed.

Corrective Action Plan: Provide clear communication about expectations to QPs and improve oversight by Executive Directors. Ensure that evaluations for this purpose are only AFLs who provide Residential Supports in a shared living situation. All evaluations were moved to the same time yearly – expectation is this will be easier for QP's to capture all.

Service Access Outcome(S) 2D: All private vehicles transporting clients contain emergency procedures/first aid kits.

Result: Target Met

Analysis: Goal was set for 100% which was met every quarter. At annual recertification staff are asked to check cars for this material and if necessary it is replaced.

Service Access Outcome(S) 2E: Compliance with AFL Requirements

Result: Target not met.

Analysis: Goal was set for 100% achieving 95% this year. There were 4 deficiencies out of 58 reviews.

Corrective Action Plan: Consistent, effective oversight by QP's doing monthly supervisions and QM completing their reviews prior to MCO reviews.

Stakeholder Input/Satisfaction Outcome(s) 2F: Person Served: Clients/Legal Guardian: 85% overall satisfaction (Question #9 Periodics Survey)

Result: Target not met.

Analysis: Only 2 surveys checked the box for “AFL”. Of those 2 surveys, 1 answered they were completely satisfied with services and the other answered they were neutral/unsure. This survey is sent to all guardians and it is likely that this is not an appropriate representation of the number of AFL surveys actually returned. It is likely some guardians did not check the appropriate service box. With only 2 surveys, it is difficult to form any trends.

Corrective Action Plan: We are changing our guardian survey process beginning in July 2021. All surveys are going to be sent to program specific guardians in “batches” by quarter.

Stakeholder Input/Satisfaction Outcome(S) 2G: External Stakeholder satisfaction survey – 85% Overall satisfaction (Question #10 External Survey)

Result: Target was met.

Analysis: 100% of returned surveys noted they were completely satisfied.

***Program 3: Community Housing (ICF Homes and Community Operations Group Home**

Effectiveness Outcome(s) 3A: Reduce the number of level 2 and 3 (critical) incidents due to injury

Result: Target not met

Analysis: With the past year dealing with all of the changes to normal client routines and being cooped up in the house we feel that the number of injuries increased due to this reason. We would like to continue this outcome as it is important and continue to work towards reducing these incidents.

Corrective Action Plan: As routines are slowly normalizing we should see a decrease in incidents, we have also made some changes to training in some areas that increase training in some areas we noted trends.

Effectiveness Outcome(s) 3B: Reduce the time it takes from hire date to starting in the facility for new employees.

Result: Target not met

Analysis: The percentages have steadily increased over this past year. Recent changes to the training process have helped with this as well. The orientation modules are now split and new hires can begin working in the facility after the first list of classes are completed, instead of having to complete all classes before starting in the facility.

Corrective Action Plan: The recent change is felt to be assisting in us meeting this target.

Efficiency Outcome(s) 3C. Staff retention

Result: Target not met

Analysis: Staffing is unfortunately challenging across the board in this field as well as others. This is felt to be due in part to the pandemic.

Corrective Action Plan: As things begin returning to the “new normal” it is felt that an increase in hiring and retention will be seen.

Efficiency Outcome(s) 3D: Limit the length of vacant beds post-discharge

Result: Target not met

Analysis: There have been more beds vacant than in previous years and fewer appropriate referrals for the vacant bed.

Corrective Action Plan: We recently implemented a new referral intake form that will hopefully make the process more seamless as different people are reviewing referrals for placement.

Efficiency Outcome(s) 3E: Reduce medication errors by 25% from last year in all residential facilities.

Result: Target not met.

Analysis: This past year there was a change in policy in which we are now training all DSP staff in passing medications. There have been more new medication staff. As well as some areas have less staff.

Corrective Action Plan: Hiring and retention of new staff as well as coming through the transition to all staff passing medications. Also, as areas with higher incidences are noted they are evaluated and additional measures are taken to address any patterns noted.

Efficiency Outcome(s) 3F: All facility vehicles transporting clients contain emergency procedures/first aid kits.

Result: Target not met

Analysis: Target is 100%. We had one vehicle for the entire year that did not have these items in it during 1 inspection. We were at 98%.

Corrective Action Plan: Several people now check the vehicles throughout the year to assure the needed items are present.

Service Access Outcome(s) 3G: Improve Access to psychiatric services

Result: Discontinued

Analysis: After one quarter, it was decided that this information was not useful.

Service Access Outcome(s) 3H: Reduce time from screening a new client to admission

Result: Target not met

Analysis: The overall average for days between screening to admission was 32.

Corrective Action Plan: There has been an improvement toward the end of the year toward meeting this target.

Stakeholder Input/Satisfaction Outcome(s) 3I- Person Served: Residential Clients/Guardian: 85% overall satisfaction of persons served (Question #10).

Result: Target was met

Analysis: 100% answered they were overall satisfied.

Stakeholder Input/Satisfaction Outcome(s) 3J- Other Stakeholder: Employees: 85% overall satisfaction (Question #7)

Result: Target was met.

Analysis: 87% reported overall satisfaction

***Program 4: Respite Services (Community Operations Facility-Based and Community Respite)**

Effectiveness Outcome(s) 4A: Assure client safety during service

Result: Target was met.

Analysis: Even though the goal was met we would like to continue this outcome as it is important we keep our clients' safety top priority, especially during a world-wide pandemic.

Effectiveness Outcome(s) 4B: All vehicles transporting clients contain emergency procedures/first aid kits.

Result: Target was met.

Analysis: All vehicles are checked regularly to ensure all have emergency procedures and first aid kits at the Respite Facility. We would like to continue this outcome to ensure this safety measure is being met 100% for the entire year.

Efficiency Outcome(s) 4C: Staff retention

Result: Target not met

Analysis: Staffing is unfortunately challenging across the board in this field as well as others. This is felt to be due in part to the pandemic.

Corrective Action Plan: Once businesses begin to reopen from closing during the pandemic we are hopeful we will see an increase in hiring and retention will be seen.

Service Access Outcome(s) 4D: Serve more people at the ENRC

Result: Target not met

Analysis: Due to COVID-19 there hasn't enough people moving in and out of the ENRC to provide vacant beds to be filled. If there are vacant beds, there are potential applicants that cannot be approved due to positive COVID tests or their placement with other individuals in the ENRC would be too dangerous due to their behavior history.

Corrective Action Plan: Once current placements move out, we could place people who do not test positive and also have people with behavioral histories placed due to having less individuals in the home.

Service Access Outcome(s) 4E: Serve more people at the Morganton Respite Center

Result: Target not met.

Analysis: Due to COVID-19 the Bethel Respite home has remained closed, keeping the number of people lower than in the past we have served. Another contributing factor is people not wanting to have their individuals staying somewhere other than their home due to the pandemic.

Corrective Action Plan: Reopening the Bethel home when the number of positive COVID-19 cases decrease will hopefully help the number of people wanting have Respite services.

Stakeholder Input/Satisfaction Outcome(s) 4F: Person Served: Clients/Legal Guardian: 85% overall satisfaction (Question #9 Periodics Survey)

Result: Target not met.

Analysis: 75% of our periodics clients and guardians were overall satisfied. However, since most respite clients generally have other periodics services too, the survey covers all periodics services.

Corrective Action Plan: We are changing our guardian survey process beginning in July 2021. All surveys are going to be sent to program specific guardians in “batches” by quarter. We are hoping to be able to develop a respite survey specifically for those utilizing our respite centers.

Stakeholder Input/Satisfaction Outcome(s) 4G: Other Stakeholder: External Stakeholder satisfaction survey – 90% Overall satisfaction (Question #10 External Survey)

Result: Target was met.

Analysis: 100% of returned surveys noted they were completely satisfied.

***Program 5: Community Integration (Community Operations and ICF Day Programs and ICF working clients)**

Effectiveness Outcome(s) 5A: Consistent Attendance - Number of clients typically attending vs number who should be attending

Result: NA due to COVID closures

Analysis: Day Programs re-opened in April 2021. Due to COVID limited attendance has occurred.

Corrective Action Plan: Temporarily, for many clients services have been provided through Appendix K which allows for some in home services. Once fully re-opened, we will resume this outcome.

Effectiveness Outcome(s) 5B: Day program clients will participate in monthly scheduled community integration activities per activity calendar.

Result: NA due to COVID closures

Analysis: Day Programs re-opened in April 2021. Due to COVID limited attendance has occurred and almost no community exposure.

Corrective Action Plan: Temporarily, for many clients services have been provided through Appendix K which allows for some in home services and alternative programming. Once fully re-opened, we will resume this outcome.

Efficiency Outcome(s) 5C. Staff retention

Result: Target not met

Analysis: Staffing is unfortunately challenging across the board in this field as well as others. This is felt to be due in part to the pandemic.

Corrective Action Plan: As things begin returning to the “new normal” it is felt that an increase in hiring and retention will be seen.

Efficiency Outcome(s) 5D: Minimize number of deficiencies from regulatory agencies. (Look at regular and complaint based)- 75% of facilities with zero complaint surveys and zero deficiencies

Result: Target was met

Analysis: There were no complaint surveys this year.

Service Access Outcome(s) 5E: Timely service implementation (within our control)-90% within 30 days of admission assessment

Result: Target was met

Analysis: All services for new clients have been implemented within 30 days of the assessment tool.

Service Access Outcome(s) 5F: All facility vehicles transporting clients contain emergency procedures/first aid kits.

Result: Target was met

Analysis: Emergency kits are in facility vehicles.

Stakeholder Input/Satisfaction Outcome(s) 5G - Person Served: Client/Legal Guardian: 85% overall satisfaction of persons served.

Result: Target was met

Analysis: 87% of clients/guardians reported satisfaction with services.

Stakeholder Input/Satisfaction Outcome(s) 5H - Other Stakeholder: Employees: 85% overall satisfaction of employees

Result: Target was met

Analysis: 100% reported overall satisfaction

***Program 6: Personal Supports Services (Community Operations Periodics Services-Community and In-Home)**

Effectiveness Outcome(s) 6A: Clients maintaining services

Result: Not met

Analysis: We are currently at 99%, just shy of meeting this goal 100%. We have lost 2 and then gained 2 clients from July 2020-October 2020. We lost a total of 4 clients from January-March 2021. We believe this is due to the pandemic in that people are not able to work, therefore causing clients not to get services through SCI due to staffing shortages.

Corrective Action Plan: Once the “new normal” is in place, we hope to see more people able to work and willing to work once the unemployment benefits are closed, thereby increasing clients’ service performance.

Efficiency Outcome(s) 6B: Reduce overbilling of services. (Providing more units than authorized)

Result: Not met

Analysis: There has been an issue with overbilling units that are not authorized due to lack of monitoring authorizations for each client. Also with the new Appendix K where AFL’s and parents are able to work with their clients or children on a more consistent basis, it has caused some units to be missed and overbilled.

Corrective Action Plan: Increase in monitoring authorizations by implementing a check in schedule of checking how many units are left to bill on an authorization every 3 months. Hopefully this will decrease the number of units overbilled.

Service Access Outcome(s) 6C: Staff retention

Result: Pending results for the last quarter, previous quarters target was not met

Analysis: Staffing is unfortunately challenging across the board in this field as well as others. This is felt to be due in part to the pandemic.

Corrective Action Plan: Once businesses begin to reopen from closing during the pandemic we are hopeful we will see an increase in hiring and retention will be seen.

Service Access Outcome(s) 6D: All private vehicles transporting clients contain emergency procedures/first aid kits

Result: Not met

Analysis: We feel that private vehicles are not being checked as often as facilities due to only having monthly supervision from QPs.

Corrective Action Plan: QPs will check their subordinates’ vehicles more often to ensure their private vehicles have emergency procedures/first aid kits. Also, any new employees will be given a kit at orientation to place in their vehicles.

Stakeholder Input/Satisfaction Outcome(s) 6E: Person Served: Clients/Legal Guardian: 85% overall satisfaction (Question #9 Periodics Survey)

Result: Target not met.

Analysis: 75% of our periodics clients and guardians were overall satisfied. This includes respite only and respite center clients as well.

Corrective Action Plan: We are changing our guardian survey process beginning in July 2021. All surveys are going to be sent to program specific guardians in “batches” by quarter. Periodics services is the hardest to single out since so many clients overlap multiple services.

Stakeholder Input/Satisfaction Outcome(s) 6F Other Stakeholder: External Stakeholder satisfaction survey – 90% Overall satisfaction (Question #10 External Survey)

Result: Target was met.

Analysis: 100% of returned surveys noted they were complete

2021 Strategic Planning Survey Results and S.W.O.T. Analysis

Strengths:

Internal-These are things that we are doing well now

(Items below appeared multiple times/in multiple discussions)

- Management of Covid-19 pandemic, detailed and thorough pandemic planning w/few gaps in service delivery/ability to adapt during pandemic, teamwork, ability of staff to continue services remotely
- Strong management, progressive and pro-active
- Communication
- Use of technology
- Integrity
- Staff /resilience within staff/longevity

Weaknesses:

Internal-These are things that we need to improve on

(Items below appeared multiple times/in multiple discussions)

- Staff recruitment and retention/longevity (especially 15 bed homes with more medically fragile), wages not competitive, inability to fill vacancies, inability to sustain COVID level pay/provide competitive wages
- Timely communication between supervisors/staff and administrators
- Ability to provide full services during COVID (due to exposure, sanitation, etc.)
- Managing CO and ICF in a unified fashion, even though they are different. (EX-email blasts driven by ICF, pertaining to ICF going to all)

Opportunities:

External-These are things that we could benefit from in the future

(Items below appeared multiple times/in multiple discussions)

- New EMR-more organized and efficient, especially for DSP's
- COVID: Opening and growing after pandemic-jobs, etc. Re-entry after pandemic could create opportunities to do things differently, more efficiently and mindful. Happy employees =increased productivity and longevity. Learning how to continue operations efficiently and effectively during a pandemic. Continue use of virtual platforms.
- Continue involvement w/government agencies. Lobby for legislation to support more funding and state bills that will increase rates to allow for increasing staff base pay.
- Work on communication

Threats:

External-These are things that are outside of our control but may present a barrier to carrying out our mission

(Items below appeared multiple times/in multiple discussions)

- Financial/funding: Burden of COVID 19 pandemic, lack of funding to pay employees competitive wages, ability to compete in current job market, proposed minimum wage increase to \$15 –could we compete above that, competition from outside employers able to pay more
- People not applying for jobs, staffing crisis
- Increased referrals for client w/more intense mental health issues
- Future of COVID and how vaccines will change over time and how staff and clients adapt (boosters, etc.)

***Red=appeared multiple times**

Top Priorities (listed in order as number of times appeared on survey:

1. General staffing crisis - staff recruitment, hiring and retention-also included is funding required to be able to pay competitive wages and/or COVID level pay
2. EMR/Medisked/electronic data- Implementation, training staff
3. CARF Accreditation (also meeting other standards such as DHHSR, etc.)
4. COVID recovery- Economic recovery and financial stability, moving towards normalcy in all programs/areas
5. Government lobbying for what we need to provide services (funding for clients and staff, etc.

Strategic Focus Areas

1. Workforce Development

Skill Creations, Inc. will recruit and retain a skilled, caring workforce and will support and partner with its employees to become an “Employer of choice”. A qualified, trained and motivated workforce will assure high quality programs and service delivery that are reflected by documented stakeholder satisfaction.

2. Risk Management

Skill Creations, Inc. will continue to identify potential problems before they occur so that risk-handling activities may be planned and invoked as needed to mitigate adverse impacts on the company and its mission, especially in the areas of anticipating change as we navigate Medicaid reform, strengthening relationships with external stakeholders and equipping our staff to handle the challenges they face in this field.

Goals and Strategies

In order to pursue the Strategic Focus Areas described above, Skill Creations, Inc. has developed the following goals and strategies. These are listed in prioritized order. Updates after 7/1/2021 are preceded by *.

Workforce Development:

❖ **Goal 1: Recruitment and Onboarding of Qualified Staff - Target Date of 6-30-22**

Strategies:

- Exposure at local events/job fairs. Explore ways to maximize representation at local events and allow the public and community to better understand SCI and what we do. Look at data on job fairs and decide if they are beneficial.*Job fairs not well attended-at least during pandemic. Online advertisement (Indeed, Facebook, etc.) is more beneficial. Ads have been re-worded to attract more applicants. Appeal to younger workforce by utilizing electronic recruiting and application process. We are getting some applicants and interviewing but certain locations have a lot of vacancies and harder time filling them. (COO-HR-Susan Tyner, Staff Education Dept.)
- The Employment Professional position is helping with higher quality applicants being selected, positions getting filled quicker and more efficient starting time. Employment Professionals are getting exposure and utilizing all resources to get applicants. (COO-HR-Susan Tyner, Staff Education Dept.)
- Monitor effectiveness of ICF in-house orientation. (COO-HR-Susan Tyner, COO-East, Seslie Roughton, ICF-ED’s-Stacie Hurdle, Katrina Whitted, Angie Copeland)

❖ **Goal 2: Retention of Qualified Staff - Target Date of 6-30-22**

Strategies:

- Focus on retention. Retention begins when applicant accepts job. Monitor ICF pilot “split” training program into “pre-facility modules” and “post facility modules” to develop relationships and prevent

investing time into applicants that never progress past training. It is beneficial for new staff to be exposed to the job before completing the entire training process to establish if it is a good match. (Staff Education Dept., ICF-ED's)

- Monitor newly developed on-site orientation-revised with more supervisor contact within first 6 weeks. New employees will need an adjustment period including on the job training and relationship building, especially with supervisors. Community Operations supervisors need to build relationships with staff in the community. (C-Team, COO-East-Seslie Roughton, ICF-ED's, CO ED's and QP's)
- Continue and strengthen on the job training and retraining throughout employment. *Provide upward mobility for DSP's.(C-Team, Supervisors)
- Stay active in associations working with the legislature to increase staff wages. (C-Team, Governmental Affairs Consultant-Fontaine Swinson)
- Continue to work with Relias to enhance the education and training of direct care staff with current modules or future modules of training (CIO-Mark Gragg)
- Look into the possibility of adding a mentor program for staff in the future. (C-Team)-HOLD *At this time, the areas that need it the most are the most short staffed. Areas that have implemented similar programs have been successful, but can't be implemented in most areas any time soon due to staffing shortages, COVID, staff turnover, etc.

❖ **Goal 3: Supervisory Development – Target Date of 6-30-22**

Strategies:

- Continue to look at Relias and other training for non DCE staff and supervisors to assist and strengthen supervision. Assign individual modules to supervisory staff as needed. (C-Team, Staff Education Dept., CIO-Mark Gragg)
- Emphasize we have a multi-generational workforce with varying supervisory needs and adapt to the needs. Understand that different generations respond differently- for the younger generation the need to use technology and receive immediate communication/supervision, for the older workforce the need for education surrounding technology. (COO-HR-Susan Tyner, Supervisors)
- Quarterly face to face meeting with ED's and/or QP's to discuss trainings completed and implementation of training. Develop framework for implementing training into real life events through Relias, quarterly staff meetings, etc. (COO's –Lindy Davis, Seslie Roughton, Staff Education Dept.)
- Look into the possibility of adding a mentor program for QP's in the future. (C-Team)*The ED's support the QP staff in the west in a mentor way. The East is working on this with new supervisor positions.
- Increase face to face time with supervisors with modeling and OTJ training. (Executive Directors, Directors, QP's)

Risk Management:

- ❖ **Goal 1: Be Better Equipped to Maintain Difficult Admissions in our Residential Programs and Build and Strengthen Relationships with External Stakeholders, Especially as We Navigate Challenging Environments - Target Date of 6-30-22**

Strategies:

- As we admit more difficult referrals we are now navigating other challenging situations. We need to strengthen relationships with law enforcement agencies, mental health agencies and provide more crisis response training. Talk to other provider agencies about barriers to providing services. (C-Team)
- Utilize internal resources for clients in crisis such as the respite centers and cross training of staff across divisions. (COO's –Lindy Davis, Seslie Roughton, Executive Directors)
- Continue to change mindset to “new normal” when it comes to referrals. Most referrals are either medically or behaviorally challenging. Decrease internal barriers that prevent us from accepting certain referrals. (C-Team)
- Continue involvement in governmental affairs at the local level (MCO's) and state level (professional organizations, committees, etc.), especially lobbying for rate increases. (C Team, CEO-Laurie Urland, Governmental Affairs Consultant-Fontaine Swinson)
- Strengthen relationships with MCO's offering residential referrals as Medicaid reform may affect admissions. Monitor for full year, watching restructuring of personnel. (C Team)
- Gather contact information and develop relationships/share resources with hospitals (D/C planners) who may have little knowledge of IDD and ICF placement. (CMRO-Robin Leib)
- Managers and supervisors must understand the situation of needing to accept difficult referrals and be on board in order for their staff to be on board. We need to be more willing to accept clients that are difficult and repair relationships with referring MCO's or we will lose referrals which becomes a financial risk as well. Utilize smaller admission teams. (C Team)

❖ Goal 2: Pandemic Planning - Target Date of 6-30-22

Strategies:

- Formalize and structure the current plan with ongoing updates and consistent oversight. QM will review and tighten plan and C-Team will review quarterly. Pandemic Plan will become part of disaster planning. (CEO-Laurie Urland, CMRO-Robin Leib, QM Dept.- CCO-Amy Sills-Jones, C-Team)
- Ongoing pandemic planning within QM Department. We have a plan and are using it and will update as needed with oversight from C Team. (CEO-Laurie Urland, CMRO-Robin Leib, QM Dept.- CCO-Amy Sills-Jones, C-Team)

*Edit (11/10/21): Endemic Plan-plan for the end of the pandemic and moving forward from here: re-opening services and day programs to full capacity. The Pandemic Plan has been replaced in policy by a new Infection Control Policy (for any healthcare crisis) with specific Universal Pandemic Precautions. Since it is in policy, it is no longer part of the All Hazards Plan and will be reviewed and updated as needed in the policy manual by CMRO/nursing department.

❖ Goal 3: Improve Technology in Service Delivery- Target Date of 6-30-22

Strategies:

- Fully implement a more user friendly EMR (Medisked) for all locations (in final phase of development with pilot project to be launched soon) (CFO-Stacy Garnett, CIO-Mark Gragg, IT Dept.)
- Implement system (Medisked) that includes EVV (electronic visit verification) as required by NCDHHS. (CFO-Stacy Garnett, CIO-Mark Gragg, IT Dept., COO's-Seslie Roughton, Lindy Davis)

- Continue to research an EMAR system (Medisked does not have this component). (CFO-Stacy Garnett, CIO-Mark Gragg, Robin Leib-CMRO)

❖ **Goal 4: CARF Re-Accreditation-Target Date of December 2021**

Strategies:

- Committees to meet and review all CARF standards and re-accreditation procedures. (CARF Committees)
- Submit all required documentation prior to on-site visit. (CARF Committees)

Long Term Visions

While this plan is designed to be executed for a one year period, the Strategic Planning Committee and C-Team recognize that there are issues that will need to be addressed outside of the one year period. These issues are not a priority for this year due to various reasons, but the company would like to remain active in pursuing them when the time is appropriate or it becomes necessary. Those items are listed below.

- ❖ **Continue to watch implementation of value based outcomes (VBO) alongside external agencies, such as MCO's, to ensure we have access to the data needed to be successful. At this point managed care is on hold due to COVID-19 and budget issues.**
- ❖ **Continue to stay on top of technology as developments occur.**
- ❖ **The Board continues to work on expanding the number of members and to add cultural diversity to the membership. This is an ongoing endeavor.**
- ❖ **Monitor cash flow.**

Financial Projections/Forecast

Financial stability is essential for all goals and strategies discussed in this plan. As a part of the planning process, the C-Team and Strategic Planning Committee recognize the importance of budgeting and successfully mitigating internal and external financial threats to the organization. As such, a balanced budget is prepared and SCI Board approved annually. The 2021-2022 budget includes funding for strategic plan initiatives including Medisked, Relias Training Software, the Electronic Medical Record, staff development, and others. In addition, Skill Creations, Inc. has developed business outcomes and pro forma financial statements to enhance its financial position.

Skill Creations Pro Forma Profit and Loss Statement

FYE 2022

Revenues

ICF	\$	24,700,000
CS	\$	14,900,000
Child Development	\$	814,000
Contributions	\$	25,000
	\$	40,439,000

Total Revenues Operational

Expenses

Nursing Services	\$	3,272,000
Direct Care Services	\$	26,606,000
Special Services	\$	135,000
Dietary	\$	1,039,000
Day Programs	\$	341,000
Laundry & Linen	\$	113,000
Facility Operations and Maintenance	\$	3,869,000

Total Operational Expenses	\$	35,375,000
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Revenue in Excess of Operational Expenses	\$	5,064,000
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General and Administrative Expenses	\$	4,463,000
Client Charity Expenses	\$	20,000

Operating Income (Loss)	\$	581,000
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Financial and Other Expenses	\$	24,000
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Net Income	\$	557,000
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Net Assets Beginning of Year	\$	5,582,340
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Donor Restricted Net Assets	\$	15,000
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Net Assets End of Year	\$	6,154,340
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SCI Pro Forma Balance Sheet

FYE 2022

Assets

Current Assets

Cash and cash equivalents	\$	5,370,000
Restricted cash - residents' deposits	\$	350,000

Accounts receivable

ICF	\$	980,000
CS	\$	800,000
Other	\$	50,000
Linens Inventory at Cost	\$	19,100
Prepaid expenses and other current assets	\$	339,970

Total Current Assets

\$ 7,909,070

Property and Equipment

Land and land improvements	\$	210,270
Buildings	\$	964,000
Leasehold improvements	\$	1,700,000
Departmental Equipment	\$	1,395,000
Transportation Equipment	\$	1,620,000

\$ 5,889,270

Less Accumulated Depreciation

\$ (4,424,000)

Net Property and Equipment

\$ 1,465,270

Intangible Assets and Deposit

\$ 80,000

\$ 9,454,340

Total Assets

Liabilities and Net Assets

Current Liabilities

Accounts Payable	\$	475,000
Payroll Accruals	\$	1,400,000
Short term notes payable	\$	200,000
Resident's deposits	\$	350,000
Current portion of long-term debt	\$	150,000
Current portion of capital leases	\$	100,000

Total Current Liabilities

\$ 2,675,000

Long-term Liabilities

Capital Lease obligation	\$	125,000
Long term debt	\$	500,000

\$ -

\$ 625,000	\$ 3,300,000	
Total Liabilities		\$ 6,154,340
Net Assets (Restricted and Unrestricted)		\$ 9,454,340
Total Liabilities and Net Assets		

Performance Ratios	2.96	1.38%	
Current			12.52%
Net Profit Margin			34.90%
Gross Profit Margin			
Debt to Asset			

Cash Management Objectives

1. Maintain a sufficient level of cash for at least 90 days of operations
2. Maximize cash inflows
3. Control cash outflows
4. Optimum investment of surplus cash in excess of 60 day threshold

Normal Period Safety Level Cash safety level
of cash = desired days of cash X avg daily
cash outflow

SCI level -	days	30	45	60
Avg Daily cash outflow		\$123,266	\$123,266	\$123,266
Required Safety level		\$ 3,697,994	\$ 5,546,992	\$ 7,395,989

In normal operations, the goal is to maintain In the event that cash reaches and maintains a level at or above \$3,500,000 for 30 consecutive days, the following cash management/debt reduction plan will be implemented to reduce debt.

1. Use cash in excess of safety level to reduce short term debt (credit lines)
2. Use cash in excess of safety level to reduce low balance/high interest long term debt
3. Use cash in excess of safety level to reduce low balance/low interest long term debt

	July	August	September	2020
ICF	\$2,386,612	\$1,717,082	\$2,409,045	
CS	\$1,611,637	\$1,502,997	\$1,525,964	
Child Development	\$58,656	\$59,755	\$68,768	
Total	\$4,056,905	\$3,279,834	\$4,003,777	\$11,340,516
Days	31	31	30	92
Average Daily Expenditures				\$123,266

Business Outcomes

- ❖ **Goal 1. Revamp the fundraising committee and goals to reflect the current financial and Pandemic environment.(CFO) Target Date of 6/30/22**
 - Monitor year to date comparisons in fundraising performance. Maintain relevance and steady fundraising stream.

- ❖ **Goal 2. Reduce State and/or Audit paybacks to less than \$15,000 per fiscal year. (COO's and CFO) Target Date of 6/30/22**
 - Monitor write-offs for audit paybacks.

- ❖ **Goal 3: Monitor ICF vacant bed days to ensure rate does not drop below budgeted 98.5% rate. (CFO, CNO, COO-East)**
 - Quarterly report from financial analysis reports.

Conclusion

Skill Creations, Inc. believes that this plan is comprehensive, yet evolutionary and dynamic. The plan is designed to be used as a mapping tool for individual service divisions to meet desired outcomes as well as the company as a whole. The plan will be reviewed throughout the year and revisions will be made as needed. Progress towards individual goals and strategies implemented will be documented by the responsible parties and communicated quarterly to the Strategic Planning Committee. Quality assurance and quality improvement efforts are imbedded throughout this plan. For more information on Quality Management and Quality Improvement practices, see Skill Creations, Inc.'s QM/QI Operational Procedures Plan.