



SKILL CREATIONS, INC.

Strategic Priorities Fiscal Year 2022-2023

1-Company Culture

- Define and Adopt Company Culture
- Courtesy Standards
- Retention of Staff

2-Customer Service

- Satisfaction Surveys/Feedback to Improve Operations
- Modernize/Update Operations and Facilities
- Fill Vacant Beds



Creating Life Skills with Those We Serve

**STRATEGIC PLAN
Fiscal Year 2022-2023**



Skill Creations, Inc.

2022-2023 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, 2022 and ending June 30, 2023. 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 an after-school program for school aged children.

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 persons served 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). SCI was re-accredited in February 2019 (3 year accreditation) and again in February 2022 (3 year accreditation).

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

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, play 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.

- **Person Centered Attitude**
- **Quality Care and Services**
- **Integrity, Transparency and Ethical Practices**
- **Loyalty and Fairness**
- **Dedicated (to persons served and staff)**
- **Positive Reputation**
- **Excellent Customer Service**

Skill Creations, Inc. operates under the guiding principle that the person served is the #1 priority. All decisions are made based on the individual's 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 person served 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 2021-2022 Fiscal Year

This past year we have continued to navigate some of the challenges and permanent changes caused by the pandemic. Although, we feel that as a company we have handled those challenges well and made modifications and positive improvements, 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.

Outcomes and Performance Analysis

Business Outcomes Review FY '21-'22

Goal 1: Revamp the fundraising committee and goals to reflect the current financial and pandemic environment. (Continued from last year's plan)

Result: This goal was met.

Analysis: Since his retirement, Paul Hackmann has assumed the role of Fundraising Coordinator. The pandemic severely affected fundraising, however, this year's contributions were almost double those of the previous year. There is also a major fundraiser underway with proceeds appearing in the 2022-2023 fiscal year finances.

Goal 2: Monitor ICF vacant bed days to ensure rate does not drop below budgeted 98.5%. (Continued from last year's plan)

Result: This goal was not met.

Analysis: Average occupancy rate for the year was 96.6%. This was a decrease from last year (97.9%). Efforts are ongoing and addressed in the Risk Management Plan.

Current year:	Last Year:
1 st Q: 96.3%	98.2%
2 nd Q: 96.7%	98.3%
3 rd Q: 96.4%	98%
4 th Q: 97.1%	97%

Corrective Action Plan: A new position, "Director of Admissions", has been hired to address this issue in the next fiscal year. The goal will continue next year.

Goals 3: Monitor EVV development and processes to prevent cash flow disruption-new to this year's plan due to the implementation of the new state-wide system. This strategy is also monitored in the Risk Management Plan.

Result: This goal was not met.

Analysis: Implementation date was moved to 8/31/21 by the state. After that date, implementation was inconsistent between MCO's across the state. There was a retroactive rate increase late in the year driving AR higher than last year although AR days were lower.

Corrective Action Plan: We will continue to monitor this for the next fiscal year now that rates and expectations are more consistent.

Program and Service Delivery Outcomes Review FY '21-'22

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

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

Result: Target Not Met 80% (goal is 100%)

Analysis: There were 5 individuals receiving SE at end of year and 4 are employed. One continues to search for employment. While many were affected in their employment due to pandemic, the %'s show people are getting back out and working.

Corrective Action Plan: Continue moving forward with supporting folks finding jobs and keeping them. The one person not employed is looking into a microenterprise so identifying the supports needed and building them around this person. Continue to identify areas of need for currently employed folks and troubleshooting any problems that come along in an effort to do the best job possible and sustain employment.

Efficiency Outcome(s) 1B: Maximize service utilization

Result: Target not met 80% (goal is 85%)

Analysis: When someone is not employed they are most likely not using all of the units even if looking for work. We need to ensure people's plans are reflecting what they really need. During the pandemic we saw a decrease in utilizing units but the units were still authorized.

Corrective Action Plan: Review service delivery vs authorization. We need to identify if folks being over authorized or units being underutilized. QP's should be very involved with families as they meet with the team for plan development based on participants wishes and needs. QP should provide oversight and monitoring of service delivery and advocate for adjustments based on need.

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

Result: Target Met at 100%.

Analysis: There was only 1 new person in this year and they were employed within a few weeks of being authorized for SE.

Service Access Outcome(s) 1D: Serve More Supported Employment Individuals.

Result: Target Met (increase by 1)

Analysis: Within this planning year the number of persons served increased by 1.

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

Result: Target Met at 100%

Analysis: Having the help of others get these out to individual's helps get them all completed and returned.

Stakeholder Input/Satisfaction Outcome(s) 1F - Other Stakeholder: Person Served's Employer and/or

Vendors: 90% overall satisfaction

Result: Target Met at 100%

Analysis: A new survey is being developed for the next fiscal year.

***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: Performance Target met at 96% (target 95%)

Analysis: There were changes in placement 3 out of 4 quarters due to death, retirement and AFLs switching providers – all normal activity in the ebb and flow of this service.

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

Result: Performance Target met with 1 med error which is less the 25% from '20-21' year.

Analysis: Target was set for 25% less than the year before which had 5 med errors. There was only 1 med error for the entire year.

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

Result: Performance Target met at 100% (target 100%)

Analysis: All 62 staff received annual feedback.

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

Result: Performance Target Met at 100%.

Analysis: Goal was set for 100% which was met every quarter. At annual walkthrough vehicles are checked.

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

Result: Performance Target Met at 100% (target 100%)

Analysis: There were no deficiencies cited.

Stakeholder Input/Satisfaction Outcome(s) 2F: Person Served: Person Served/Legal Guardian - 85% overall satisfaction (Question #11 Periodics Survey)

Result: Target was met.

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

Stakeholder Input/Satisfaction Outcome(s) 2G: External Stakeholder satisfaction survey – (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: The target was 21 and there were 37 this year (a 21% increase).

Corrective Action Plan: We are increasing staffing in our facilities as more applicants are available. We are also increasing staff to persons served ratios in facilities that have individuals with more intense needs.

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 first quarter started off in the right direction, but numbers declined as the year progressed. We will continue this goal next year but we will change the target to 85% and instead of starting in the facility, the goal will be to finish Part 1 of orientation.

Corrective Action Plan: We have restructured the orientation process which will begin 8/1/22. Employees will begin their orientation immediately in-house and will be paid hourly for Relias rather than a bonus upon completion.

Efficiency Outcome(s) 3C. Staff retention

Result: Target not met

Analysis: Staffing is still an ongoing concern in the workforce as a result of the pandemic.

Corrective Action Plan: We have revamped our orientation process and increased starting pay. We are looking at outside agencies to expedite TB testing so new hires can start in the facility sooner. We are also offering potential new hires tours of the building so that they can get a feel for the job environment prior to accepting the position.

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

Result: Target not met

Analysis: There have been very few appropriate referrals this year. Several facilities are at their max number of non-ambulatory individuals. Several are also limited by gender needed.

Corrective Action Plan: We have hired a new position dedicated to filling vacancies and admissions. This person is also responsible for building relationships with referring agencies.

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

Result: Target met

Analysis: We have increased staffing and implemented a new 2 staff check within 2 hour window to ensure no missed doses.

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

Result: Target met

Analysis: Target met at 100%.

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

Result: Target not met

Analysis: 60% of new persons served were admitted within 30 days, however, most were due to things out of our control (outside evaluation scheduling, guardian delay by choice, etc.)

Corrective Action Plan: We will continue this goal for next year but reduce the target to 90% to allow for things outside of our control and monitor at that level.

Stakeholder Input/Satisfaction Outcome(s) 3H- Person Served: Residential persons served/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) 3I- Other Stakeholder: Employees: 85% overall satisfaction (Question #7)

Result: Target was met.

Analysis: 90% reported overall satisfaction

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

Effectiveness Outcome(s) 4A: Assure individual's 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 individual's safety top priority, especially during a world-wide pandemic.

Effectiveness Outcome(s) 4B: All vehicles transporting persons served 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.

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. This outcome will be discontinued for Respite Services for the 2022-2023 fiscal year as we are addressing this company wide.

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

Result: Target not met

Analysis: During the 2020-2021 fiscal year, we only occupied 80% of our ENRC beds due to having one quarter where there wasn't enough staff to maintain all 4 beds at one time.

Corrective Action Plan: Increase our amount of staff so we can provide enough to staff our 4 bed ENRC.

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: This goal will be discontinued in 2022-2023 due to the home remaining closed at this time. Hopefully, we will be able to re-open sometime in the 2022-2023 fiscal year, but without knowing for sure it is not useful to include this as an outcome.

Stakeholder Input/Satisfaction Outcome(s) 4F: Person Served: Person served/Legal Guardian: 85% overall satisfaction (Question #11 Periodics Survey)

Result: Target was met.

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

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 individuals)**

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

Result: Target not met.

Analysis: Due to COVID many individuals were still not back in day programs during this period of time. Services were still provided but due to Appendix K exceptions, day supports services could be provided in alternative locations such as residential facilities, family homes, etc.

Corrective Action Plan: This goal will be discontinued due to an updated service definition that no longer requires individuals to attend physical day programs, thus making this outcome not applicable as stated.

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

Result: Target not met.

Analysis: During the height of Covid, many outings were cancelled or postponed to keep individuals protected from outside sources. Community integration activity locations were limited also as many places prohibited visitors.

Corrective Action Plan: This goal will be discontinued due to difficulty in data collection accuracy and effectiveness. Also, the service definition has changed as noted above for Outcome 5A.

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. Goal was not met during the previous year. Team determined that new strategies needed to be analyzed and put into place to increase staff retention.

Corrective Action Plan: Goal will continue to allow new measures to be employed and analyzed.

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 not met.

Analysis: There were many contributing factors to delay service implementation within 30 days of the admission assessment for new individuals. Processes were severely delayed to begin new services and staff were difficult to obtain and have trained within the thirty daytime period.

Corrective Action Plan: Goal discontinued at this time due to unrealistic timelines, staffing and other issues outside of our control.

Service Access Outcome(s) 5F: All facility vehicles transporting persons served 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: Person Served/Legal Guardian: 85% overall satisfaction of persons served.

Result: Target was met

Analysis: 100% of persons served/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: Persons served maintaining services

Result: Target not met

Analysis: We are currently at 98%, just shy of meeting this goal 100%. Since COVID has improved we have been able to staff our persons served more and provide them their services.

Corrective Action Plan: It has been decided to discontinue this goal for 2022-2023 as we feel that we have maintained close to 100% of our persons served during a very difficult 2 years.

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

Result: Target not met

Analysis: There has been an issue with overbilling units that are not authorized due to lack of monitoring authorizations for each person served. Also with the new Appendix K where AFL's and parents are able to work with their person served 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: 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 the Appendix K sunsets in Jan. 2023, we look for more positions to open up and have more hours to provide for potential DSPs.

Service Access Outcome(s) 6D: All private vehicles transporting persons served 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. This goal is being discontinued for 2022-2023 as it being tracked by staff development.

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

Result: Target was met.

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

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 completely satisfied.

2022 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
- 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 longevity (especially 15 bed homes with more medically fragile), wages not Competitive
- Communication between supervisors/staff and administrators

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: 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.
- 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: Lack of funding to pay employees competitive wages, ability to compete in current job market, competition from outside employers able to pay more
- Staff longevity
- Increased referrals for individuals w/more intense mental health issues

Strategic Focus Areas

1. Company Culture: Skill Creations, Inc. realizes that there has been a global shift in culture as a result of the pandemic. As a company we would like to address this shift by re-defining our company culture including but not limited to alternate ways to communicate, diversity and inclusion, technology and social media and a changing workforce. We believe that as the company culture changes and we forge better connections, our workforce will improve and become as stable as it has been over the history of the company.

2. Customer Service: Skill Creations, Inc. strives to be a provider and employer of choice by strengthening relationships with external stakeholders and equipping our staff to handle the challenges they face in this field as well as continuing to provide the best quality services for the people we serve. We strive to forge better connections with both our internal and external stakeholders by providing excellent customer service and making changes based on feedback. A qualified, trained and motivated workforce will assure high quality programs and service delivery that are reflected by documented stakeholder satisfaction.

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 7/1/2022 are preceded by *.

Company Culture:

- ❖ **Goal 1: Define SCI's company culture and subsequently educate and motivate our employees to adopt it.**
- Target Date of 6-30-2023

Strategies:

- Results Oriented Work Environment (rather than structured time)
- Professional but comfortable/relaxed environment
- Technology Forward
- Environment of Communication and Trust
- Courtesy for others and the role they have at SCI
- Multi –level input from employees and revise as necessary all satisfaction surveys.
- Cultural Competency and Diversity, Equity and Inclusion-information in Spanish, special months of recognition (other from CCDI Committee)
- Expanded/diverse board
- SCI Family Day
- Revision of the Policy Manual

- ❖ **Goal 2: Revisit Courtesy Standards - Target Date of 6-30-2023**

Strategies:

- Revise and emphasize/Update current Courtesy Standards
- Add to monthly Messenger communication

❖ **Goal 3: Retention of Qualified Staff- Target Date of 6-30-2023**

Strategies:

- Encourage ownership of position-make this a practice instead of micro-management
- Provide relevant feedback/communicate where employee needs to improve-New evaluation
- Revising and re-implementing Leadership Program
- Re-visit dress code
- Wall of Fame Recognition program in Messenger
- Work smarter not harder (efficiency/effective workforce)
- Get back to relationships with staff (administrator/mid-level and DSP)
- Assimilate new staff into the company (relationships with co-workers and supervisors)

Customer Service:

❖ **Goal 1: Use of satisfaction surveys and other feedback to improve operations- Target Date of 6-30-2023**

Strategies:

- Review and revise as necessary all satisfaction surveys.
- Use aggregated data (trends) from surveys to make improvements where appropriate
- Build/strengthen relationships with external stakeholders

❖ **Goal 2: Modernize/update operations and facilities - Target Date of 6-30-2023**

Strategies:

- ICF facility model update planned
- Use (and care) of facilities
- Serve more people (accessibility) respite, CDC expansion
- Use of space (day programs)

❖ **Goal 3: Serve more difficult referrals/fill vacant beds - Target date of 6-30-2023**

Strategies:

- Hire Director of Admissions— Director of Admissions is helping with both filling beds and helping to bridge the gap with taking more difficult referrals

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 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 2023

Revenues

ICF \$ 28,100,000

CS \$ 15,700,000

Child Development \$ 451,000

Contributions \$ 25,000

Total Revenues \$ 44,276,000

Operational Expenses

Nursing Services \$ 3,819,750

Direct Care Services \$ 27,788,550

Special Services \$ 148,200

Dietary \$ 1,150,000

Day Programs \$ 252,100

Laundry & Linen \$ 114,700

Facility Operations and Maintenance \$ 5,187,900

Total Operational Expenses \$ 38,461,200

Revenue in Excess of Operational Expenses \$ 5,814,800

General and Administrative Expenses \$ 4,853,800

Persons Served Charity Expenses \$ 20,000

Operating Income (Loss) \$ 941,000

Financial and Other Expenses \$ 25,000

Net Income \$ 916,000

Net Assets Beginning of Year \$ 7,500,000

Donor Restricted Net Assets \$ 20,000

Net Assets End of Year \$ 8,436,000

SCI Pro Forma Balance Sheet

FYE 2023

Assets

Current Assets

Cash and cash equivalents \$ 7,700,000

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 \$ 400,000

Total Current Assets \$ 10,299,100

Property and Equipment

Land and land improvements \$ 210,270

Buildings \$ 966,630

Leasehold improvements \$ 2,200,000

Departmental Equipment \$ 1,500,000

Transportation Equipment \$ 1,700,000

\$ 6,576,900

Less Accumulated Depreciation \$ (4,700,000)

Net Property and Equipment \$ 1,876,900

Intangible Assets and Deposit \$ -

Total Assets \$ 12,176,000

Liabilities and Net Assets

Current Liabilities

Accounts Payable \$ 700,000

Payroll Accruals \$ 1,700,000

Short term notes payable \$ 250,000

Resident's deposits \$ 350,000

Current portion of long-term debt \$ 250,000

Current portion of capital leases \$ 45,000

Total Current Liabilities \$ 3,295,000

Long-term Liabilities

Capital Lease obligation \$ 45,000

Long term debt \$ 400,000

*less current portions \$ 445,000

Total Liabilities \$ 3,740,000

Net Assets (Restricted and Unrestricted) \$ 8,436,000

Total Liabilities and Net Assets \$ 12,176,000

Performance Ratios

Current 3.13

Net Profit Margin 2.07%

Gross Profit Margin 13.13%

Debt to Asset 30.72%

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 \$143,478 \$143,478 \$143,478

Required Safety level \$ 4,304,336 \$ 6,456,504 \$ 8,608,672

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

March April May 2022

ICF \$2,768,199 \$2,525,594 \$2,540,902

CS \$2,065,515 \$1,729,083 \$1,424,768

Child Development \$55,820 \$52,283 \$37,800

Total \$4,889,534 \$4,306,960 \$4,003,470 \$13,199,964

Days 31 31 30 92

Average Daily

Expenditures \$143,478

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

Financial Stability – Business Function Outcomes FY 2022-2023

#1. Maximize billed vs authorized units. Leave no more than 10% of authorized units unbilled. Target Date: 6/30/2023

#2. Monitor ICF vacant bed days to ensure rate does not drop below budgeted 98.5% rate. Continued from last year's plan. Target Date: 6/30/23

#3: Monitor EVV development and processes to prevent cash flow disruption. New to this year's plan due to the implementation on the new state –wide system. This strategy is also monitored in the risk management plan. Target Date: 6/30/23

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.