



SKILL CREATIONS, INC.

Strategic Priorities Fiscal Year 2023-2024

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
- Serve more referrals



Creating Life Skills with Those We Serve

**STRATEGIC PLAN
Fiscal Year 2023-2024**



Skill Creations, Inc.

2023-2024 Strategic Plan

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Message from our C.E.O.

This past year has been a busy one as we have emerged from the COVID-19 pandemic restrictions. Our strategic plan is the culmination of careful research and assessment of current initiatives and previous goals as well as some brainstorming on new areas on which to focus.

Over the past year, organization has been key in securing funding that allows our Direct Support Professionals higher wages as they care for our #1 priority- those that we serve. We have resumed our in-person meetings and implemented a new employee recognition program. We have enhanced our admission process and expanded programming. In March of 2023, our 5-star child development center was selected for a visit from Governor Roy Cooper and Secretary Kody Kinsley.

We look forward to continuing the path using our updated 2023-2024 Strategic Plan. The Strategic Plan provides the framework for our operations and serves as an important guide to help us succeed. Through the strategic planning process, we are also challenged to find opportunities to strengthen our programs and support innovation.

Many thanks to all who participate in the strategic planning process, shaping the content and assuring the follow through. At Skill Creations Inc. we will continue to use this process to uphold our values and foundational principles as well as create unity in meeting our mission.

Laurie Urland

C.E.O.

Introduction

This document represents a one year Strategic Plan for the fiscal beginning on July 1, 2023 and ending June 30, 2024. 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 personal 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:

| Gender | ICF | Community Operations | Total |
|---------------------|-----|----------------------|-------|
| Male | 107 | 221 | 328 |
| Female | 82 | 171 | 253 |
| Not Reported | 0 | 1 | 1 |
| Total Served | 189 | 393 | 582 |

| Race | ICF | Community Operations | Total |
|------------------------------|-----|----------------------|-------|
| African American | 84 | 82 | 166 |
| Asian | 0 | 4 | 4 |
| Hispanic/Latino | 2 | 9 | 11 |
| Native (American or Alaskan) | 0 | 0 | 0 |
| White | 98 | 282 | 380 |
| Not Reported | 4 | 15 | 19 |

| Age | ICF | Community Operations | Total |
|---------|-----|----------------------|-------|
| **0-5 | 0 | 0 | 0 |
| **5-15 | 0 | 3 | 3 |
| 16-25 | 13 | 54 | 67 |
| 26-40 | 30 | 172 | 202 |
| 41-55 | 54 | 87 | 141 |
| 56-70 | 77 | 63 | 140 |
| Over 70 | 15 | 14 | 29 |

**Numbers do not include child care centers

All of this data is based on individuals served measured in June 2023. 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 2022-2023 Fiscal Year

Since the pandemic, Skill Creations, Inc. has been through some changes including a new administration. The 2022-2023 Strategic Plan was the first plan since the pandemic to focus on all new strategic priorities. As a result, many of those priorities are still very much a focus for the organization in the new fiscal year. Some of the highlights that were accomplished included the launch of our Leadership Training Program, the addition of a new holiday (SCI Celebration Day) and company-wide focus on particular awareness (theme) months. Our foundation also raised the most money in a single year's fundraiser to date. We also added new positions aimed at increasing efficiency and staff satisfaction. The 2023-2024 Strategic Plan will be a continuation of the same focus areas and goals with some modifications and updates.

Outcomes and Performance Analysis

Business Outcomes Review FY '22-'23:

Goal 1: REVISED to Explore systems to maximize billed vs authorized units. Leave no more than 10% of authorized units unbilled.

Result: NA

Analysis: This strategy will be tabled and revisited once the Medisked System is fully implemented and the Eclipse system is closed.

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: Occupancy is 98.4% an improvement over LFY which was 97.1%.

| Last year: | Current Year: |
|--------------------------|---------------|
| 1 st Q: 96.3% | 95.7% |
| 2 nd Q: 96.7% | 97.1% |
| 3 rd Q: 96.4% | 98.1% |
| 4 th Q: 97.1% | 98.4% |

Corrective Action Plan: No corrective action needed since considerable and increasing improvement is noted. This Strategy will continue into next year's plan.

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: Target met

Analysis: As of March 2023, AR Days were 17.7 compared to 18.5 at the same period last year. This is lower and a desired trend. EVV has not been a significant concern over the past year. This strategy will be completed.

Program and Service Delivery Outcomes Review FY '22-'23:

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

Effectiveness Outcome(s):

1A. Clients served will be employed.

Result: Performance Target Not Met

Analysis: Target is 90% and annual analysis was 78.4%. Five out of seven were employed the first 2 quarters. Beginning 3rd quarter and continuing to the end of the fiscal year there were 6 out of 7 employed.

Corrective Action Plan: Progress was made by end of year so continue with efforts to help folks maintain their employment and identify/obtain jobs for those still unemployed.

Efficiency Outcome(s):

1B. Maximize service utilization

Result: Performance Target Met

Analysis: Target is 85% and the estimated annual analysis is 89%.

Service Access Outcome(s):

1C. Timely access to employment opportunities.

Result: No Data collected

Analysis: There were no new Supported Employment clients this fiscal year.

Stakeholder Input/Satisfaction Outcome(s) - Person Served:

1D. Supported Employment Client

Result: Performance Target Met

Analysis: 100% of surveys completed met the performance indicator

Stakeholder Input/Satisfaction Outcome(s) - Other Stakeholder:

1E. Employers/Vendors

Result: Performance Target Met

Analysis: 100% of surveys completed met the performance indicator

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

Effectiveness Outcome:

2A. Maintain placement in AFL setting

Result: Performance Target Met

Analysis: Performance target set for 95% and annual analysis was 97.80%.

Efficiency Outcome(s):

2B. Reduce medication Errors by 25% from last year in all AFL homes.

Result: Performance Target Met

Analysis: Target was set for 25% less than the year before which had 1 med error. There were no med errors for the entire year. *(continued education around medication administration/med errors and incident reporting to ensure all errors are captured)*

Service Access Outcome(s):

2C. Compliance with AFL Requirements

Result: Performance Target met

Analysis: Target met at 100% for zero deficiencies cited. Over the entire fiscal year there were 63 Annual Reviews completed.

Stakeholder Input/Satisfaction Outcome(s)-Person Served:

2D. Clients/Legal Guardian (Question #11 on Periodics/AFL Family Satisfaction Survey)

Result: Performance Target Met

Analysis: Performance Target set for 85% - met at 100% of the 19 that checked "AFL" box

Stakeholder Input/Satisfaction Outcome(s)-Other Stakeholder:

2E. External Stakeholder Satisfaction Survey – (Question #12)

Result: Performance Target Met

Analysis: Performance target set for 85% and met with 100% based on the ranking of "true" on #12

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

Effectiveness Outcome(s):

3A. Reduce the time it takes from hire date to complete Part 1 of orientation. (Goal is currently to complete part 1 orientation within 3 weeks from hire date)

Result: Target not met

Analysis: It is felt that the reason this goal is not being met is due to difficulties with getting the TB test completed because it is difficult in some locations to find a place to have this done.

Corrective Action Plan: To change goal to state Reduce the time it takes from completing onboarding documents to starting in the facility to 2 weeks or less. It is felt that the goal is to begin building that relationship with the administrators, employees and clients early to attempt to increase our longevity rates, so this seems to be a more appropriate goal to measure that. Performance target will be 75%.

3B. Reduce medication errors by 25% from previous year in all residential facilities.

Result: Target not met

Analysis: It is felt that this has not been met due to several factors including that there are more individuals passing medications and there has been some resistance from some individuals to passing medications. That has been an ongoing project to work out over the past year.

Corrective Action Plan: We still have a lot of new medication passers this year. This continue to improve now that we have worked out some of the resistance issues so we would like to continue this goal as is.

Efficiency Outcome(s):

3C. Staff Retention: retain 60% of newly hired staff past probationary period.

Result: Target not met

Analysis: The trends currently are: individuals not being reliable in their attendance and having to be let go; not completing Relias training (Com. Ops); complete orientation and then don't come back; or once they start working with clients and client has challenging behavior they leave.

Corrective Action Plan: We are hoping the changes to goal 3A will make a difference in building relationships earlier with the staff.

3D. Limit the Length of vacant bed post-discharge of a client to 95% of vacant beds will be filled within 60 days.

Result: Target not met

Analysis: This has improved significantly over the past year. The times that it has not been met have been extenuating circumstances that have been out of our control.

Corrective Action Plan: The new dedicated admissions position has helped trend this in the right direction. We expect this to continue trending in a positive direction next year. Continue goal with no changes.

Service Access(s):

3E. Timely service implementation-Reduce the time from screening date of new client to admission to 30 days or less for 90% of new admissions.

Result: Target not met

Analysis: Due to the tightening requirements of MCOs surrounding new admissions this goal has become somewhat difficult to meet with the majority of referrals.

Corrective Action Plan: Recommendation to update the goal to 45 days and keep all other parameters the same.

Stakeholder Input/Satisfaction Outcome(s)-Person Served:

3F. Residential persons served/Guardian: 85% overall satisfaction of persons served (Question #10).

Result: Target was met

Analysis: 96% answered they were overall satisfied.

Stakeholder Input/Satisfaction Outcome(s) - Other Stakeholder:

3G. Employees: 85% overall satisfaction (Question #7)

Result: Target was met.

Analysis: 86.7% 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.

Efficiency Outcome(s):

4B. Maximize occupancy at Bethel (MRC)

Result: Target Not met

Analysis: Due to the workforce crisis and the shortage of DSPs, Bethel was unable to maximize occupancy.

Corrective Action Plan: This goal will be discontinued for 2023-2024 and replaced with developing a survey of what type of Respite is preferred by our members. (over nights, community, facility, or in-home.)

Service Access Outcome(s):

4C. Serve more people at ENRC

Result: 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 still.

Corrective Action Plan: This goal will continue to be ongoing in hopes that there will be an increase in staff hired and retained in 2023-2024.

Stakeholder Input/Satisfaction Outcome(s)-Person Served:

4D. Client/Legal Guardian Survey: Overall Satisfaction 85% (Question #11)

Result: Met

Analysis: During the 2022-2023 fiscal year, we met this goal at 92% when our goal percentage was set for 85%.

Stakeholder Input/Satisfaction Outcome(s)-Other Stakeholder:

4E External Stakeholder Satisfaction Survey – (Question #12)

Result: Performance Target Met

Analysis: Performance target set for 85% and met with 100% based on the ranking of "true" on #12

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

Effectiveness Outcome(s):

5A. Identify and begin to develop a relationship with and commit to at least one community partner.

Result: Target not met.

Analysis: While several day programs were able to identify and develop community relationships, there are still a few programs who are struggling to locate a partner.

Corrective Action Plan: Time will be extended to identify and establish a community partner for those who have not met this goal. For those who have achieved this goal, the next step of the goal will be to coordinate an event with their community partner.

Efficiency Outcome(s):

5B. Staff retention

Result: Target not met.

Analysis: The target was to retain at least 90% of hired staff beyond the 3 month probationary period. With, the final quarter not completely calculated due to the 90 day probationary period, the projected retention rate will likely be less than 70%.

Corrective Action Plan: Staffing continues to be challenging for all services. Team needs to reanalyze the methods of data collection and the parameters for calculating success rates.

Service Access Outcome(s):

5C. All staff vehicles will contain emergency first aid kits

Result: Target not met.

Analysis: Our target of 100% was not met. However, there were only 3 vehicles out of 222 checked over the course of the year without emergency first aid kits. We do realize that every car should meet this standard at all times.

Corrective Action Plan: Emergency first aid kits will be made available at facility locations and supervisors will check in with staff monthly to ensure each staff has one in their vehicle. In addition to the emergency first aid kits being provided at annual trainings.

Stakeholder Input/Satisfaction Outcome(s)-Person Served:

5D. Person Served/Legal Guardian: 85% overall satisfaction of persons served.

Result: Target was met

Analysis: 94% of persons served/guardians reported satisfaction with services.

Stakeholder Input/Satisfaction Outcome(s) - Other Stakeholder:

5E. 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. Provide authorized services

Result: Target Met

Analysis: The goal was set for 80%. Over the course of the year, 85% of services were provided as authorized. It has been decided to discontinue this goal for 2023-2024 and replace it with reducing the number of level 2 incidents in the community.

6B. Reduce over billing of services. (Providing more units than authorized)

Result: Not met

Analysis: There has been an issue with over billing units that are not authorized due to lack of monitoring authorizations for each client. There was a consistent amount of units being over billed each quarter.

Corrective Action Plan: It has been decided to discontinue this goal for 2023-2024 and replace it with increasing service utilization to ensure all units authorized are being billed and utilized accordingly.

Efficiency Outcome(s):

6C. Staff retention

Result: 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 still.

Corrective Action Plan: It has been decided to discontinue this goal for 2023-2024 and replace it with increasing the amount of referrals/intakes for the community, including Family Hosts and their implementation.

Stakeholder Input/Satisfaction Outcome(s)-Person Served:

6D. Person Served/Legal Guardian: 85% overall satisfaction of persons served.

Result: Target was met

Analysis: 92% of persons served/guardians reported satisfaction with services.

Stakeholder Input/Satisfaction Outcome(s) - Other Stakeholder:

6E. External Stakeholder Satisfaction Survey – (Question #12)

Result: Performance Target Met

Analysis: Performance target set for 85% and met with 100% based on the ranking of “true” on #12

2023 S.W.O.T. Analysis

Strengths:

Internal-These are things that we are doing well now

(Items below appeared multiple times/in multiple discussions)

- New strategic focus on company culture and customer service
- 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 retention
- 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
- Funding created by persons served leaving programs
- 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
- No staff to serve increased referrals

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: Continue to define and communicate SCI's company culture and subsequently educate and motivate our employees to adopt it. - Target Date of 6-30-2024**

Strategies:

- Results Oriented Work Environment (rather than structured time)
- Professional but comfortable/relaxed environment
- Technology Forward
- Environment of Communication and Trust (post-Covid new administration)
- Courtesy for others and the role they have at SCI
- Multi –level input from employees, foster willingness to provide feedback
- Cultural Competency and Diversity, Equity and Inclusion-information in Spanish, awareness months (other from CCDI Committee)
- Expanded/diverse board
- SCI Family Day
- SCI Messenger
- Continue and improve Leadership Training
- Foundation fundraiser

❖ **Goal 2: Emphasize Courtesy Standards - Target Date of 6-30-2024**

Strategies:

- Emphasize Courtesy Standards through monthly Messenger communication

❖ **Goal 3: Retention of Qualified Staff- Target Date of 6-30-2024**

Strategies:

- Encourage ownership of position-make this a practice instead of micro-management
- Provide relevant feedback/communicate where employee needs to improve through evaluation
- Continue to improve Leadership Program based on feedback
- New position dedicated to staff appreciation, focus on longevity and personal contact
- 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)
- Outstanding DSP nominations (through SCI and Medisked during DSP Recognition week)

Customer Service:

❖ **Goal 1: Use of satisfaction surveys and other feedback to improve operations- Target Date of 6-30-2024**

Strategies:

- Continue to assess satisfaction surveys for modifications and additions
- Use aggregated data (trends) from surveys to make improvements where appropriate
- Build/strengthen relationships with external stakeholders
- Pilot targeted feedback meeting (small groups, certain facilities, etc.)
- Use of targeted questions in quarterly staff meetings to facilitate feedback

❖ **Goal 2: Modernize/update operations and facilities - Target Date of 6-30-2024**

Strategies:

- Continue ICF facility updates
- Use (and care) of facilities
- Serve more people (accessibility) respite
- Building security (doors, etc.)
- Use of space (day program participation)

❖ **Goal 3: Serve more referrals - Target date of 6-30-2024**

Strategies:

- Hire more staff-possible increase in pay (CS)
- Retain staff

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

2023-2024:

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 2023-2024 budget includes funding for strategic plan initiatives including facility upgrades, staff development, technology 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 2024

Revenues

ICF \$ 28,900,000

CS \$ 16,000,000

Child Development \$ 570,000

Contributions \$ 30,000

Total Revenues \$ 45,500,000

Operational Expenses

Nursing Services \$ 3,621,000

Direct Care Services \$ 31,100,000

Special Services \$ 194,000

Dietary \$ 1,311,000

Day Programs \$ 337,000

Laundry & Linen \$ 110,000

Facility Operations and Maintenance \$ 4,573,000

Total Operational Expenses \$ 40,246,000

Revenue in Excess of Operational Expenses \$ 5,254,000

General and Administrative Expenses \$ 5,049,000

Persons Served Charity Expenses \$ 30,000

Operating Income (Loss) \$ 175,000

Financial and Other Expenses \$ 25,000

Net Income \$ 150,000

Net Assets Beginning of Year \$ 11,400,000

Donor Restricted Net Assets \$ 20,000

Net Assets End of Year \$ 11,570,000

SCI Pro Forma Balance Sheet

FYE 2024

Assets

Current Assets

Cash and cash equivalents \$ 10,275,000

Restricted cash - residents' deposits \$ 340,000

Accounts receivable

ICF \$ 1,100,000

CS \$ 905,000

Other \$ 50,000

Linens Inventory at Cost \$ 19,100

Prepaid expenses and other current assets \$ 400,000

Total Current Assets \$ 13,089,100

Property and Equipment

Land and land improvements \$ 224,000

Buildings \$ 940,000

Leasehold improvements \$ 2,500,000

Departmental Equipment \$ 1,500,000

Transportation Equipment \$ 1,800,000

\$ 6,964,000 Less Accumulated Depreciation \$ (5,000,000)

Net Property and Equipment \$ 1,964,000

Total Assets \$ 15,053,100

Liabilities and Net Assets

Current Liabilities

Accounts Payable \$ 700,000

Payroll Accruals \$ 1,733,100

Short term notes payable \$ 100,000

Resident's deposits \$ 340,000

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

Current portion of capital leases \$ 35,000

Total Current Liabilities \$ 3,158,100

Long-term Liabilities

Capital Lease obligation \$ 60,000

Long term debt \$ 550,000

*less current portions \$ 325,000

Total Liabilities \$ 3,483,100

Net Assets (Restricted and Unrestricted) \$ 11,570,000

Total Liabilities and Net Assets \$ 15,053,100

Business Outcomes FY'23-'24:

Financial Stability – Business Function Outcomes FY 2023-2024

#1. New: Monitor housekeeping, direct care equipment, and medical supplies for year over year improvement with the addition of an inventory management position. Target Date: 6/30/24

#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: 6/30/24

#3: New: Monitor ICF overtime to decrease to lowest possible levels. Month to month and year over year performance improvement is expected. Target Date: 6/30/24

Note: Program and Service Delivery Outcomes for FY '23-'24 are contained in a Walker Grid format as a separate document due to size and efficiency for monitoring throughout the year.

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.