



SKILL CREATIONS, INC.

Strategic Priorities Fiscal Year 2024-2025

1-Maintain Company Culture

- Communicate and Publicize Company Culture
- Retention of Staff

2-Customer Service

- Consider Stakeholder Feedback to Improve Operations
- Modernize/Update Operations and Facilities
- Serve more referrals



Creating Life Skills with Those We Serve

**STRATEGIC PLAN
Fiscal Year 2024-2025**



Skill Creations, Inc.

2024-2025 Strategic Plan

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Messages from our C.E.O.

(Reprinted excerpts from The Messenger December 2023 and July 2024 editions)

The Messenger-December 2023-From the C.E.O.:

2023 was another excellent year for Skill Creations Inc.! Our programs are very strong and we have been able to expand programming on our Child Development Division and Community Operations Division. Our ICF has seen a year with very few openings and lots of progress everywhere. We have been able to begin to renovate some of our older buildings and beautify grounds. We have been able to get out and resume programming that shut down during the pandemic. We could not have done any of it without you! Thank you for your dedication. Thank you for your hard work and most importantly, thank you for your love for those we serve! We look forward to another outstanding year ahead.

The Messenger-July 2024-From the C.E.O.:

We have had a couple of changes over the past month as we have welcomed our Goldsboro Day Program to its new location on Ash Street in Goldsboro and our afterschool and summer program for K-6 to the location behind the Corporate Office where the Goldsboro Day Program used to be. We are looking forward to these changes and this growth! We have finished renovations at 4 of our 15 bed ICF facilities and we expect to finish the other four between now and the end of next June. They are so beautiful and we are excited that we can do this for the individuals living there. And because silent gratitude is not much use to anyone, let me again thank you all for all that you do every day for Skill Creations Inc. and to make the lives of those we serve richer and fuller. You are appreciated.

Introduction

This document represents an annual Strategic Plan for the fiscal beginning on July 1, 2024 and ending June 30, 2025. 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 yearly 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). 2025 will be our next CARF re-accreditation year. We will welcome CARF surveyors on site sometime in early 2025.

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	Total
Male	252
Female	323
Not Reported	0
Total Served	575

*Race	Total
African American	156
Asian	2
Hispanic/Latino	7
Native (American or Alaskan)	1
White	388
Native Hawaiian or Other Pacific Islander	3
Not Reported/Declined to Specify	18

*Age	Total
0-5 (Children)	64
6-17 (Adolescents)	25
18-40 (Adults)	202
41-65 (Adults)	200
66-85 (Adults)	73
86+ (Adults)	4
Unknown	7

*Numbers do not include child care centers

Data based on individuals served through our ICF Division and Community Operations Division as reported in Medisked in July 2024 and our Child Development Division Fall 2024 enrollment

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 ability 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**
- **Dedication (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 2023-2024 Fiscal Year

The 2023-2024 Strategic Plan continued to focus on Company Culture and Customer Service. One of the highlights from the past year was the renovations at some of our residential facilities which will continue into our new fiscal year. The SCI Foundation is back in full operation after having a few slow years due to the pandemic. The 2024-2025 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 '23-'24:

Goal 1: New: Monitor housekeeping, direct care equipment, and medical supplies for year over year improvement with the addition of an inventory management position.

Result:	6/30/2024	6/30/2023	% Change(Annual)
4073 (Housekeeping)	\$168,866	\$146,934	+14.9%
4250 (Direct Care Equipment)	\$62,109	\$67,925	-8.5%
4153 (Medical Supplies)	\$270,921	\$272,836	-.0001%

Analysis: Two out of three line item categories showed an improvement over the prior year.

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

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: FYTD Occupancy rate is 97.9% compared to 97.3% at the same period last year – a small improvement, but still lower than the 98.5% goal.

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: New: Monitor ICF overtime to decrease to lowest possible levels. Month to month and year over year performance improvement is expected.

Result: This goal was met for 2 out of the 4 quarters.

Analysis:

9/30/23: 5,688 ICF OT hours for the quarter compared to 7,150 hours during the same quarter last year, a reduction of 21%.

12/31/23: 6,995 ICF OT hours for the quarter compared to 6,689 hours during the same quarter last year, an increase of 5%.

3/31/24: 4,607 ICF OT hours for the quarter compared to 5,136 hours during the same quarter last year, a decrease of 11%. Trend is in the right direction.

6/30/24: 7,509 ICF OT hours for the quarter compared to 5,965 hours during the same quarter last year, an increase of 26%.

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

Program and Service Delivery Outcomes Review FY '23-'24:

***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 Met

Analysis: Target was 90% and was met at 91%.

Efficiency Outcome(s):

1B. Maximize service utilization

Result: Performance Target Met

Analysis: Target is 85% and the target was met beyond 85% with an average of 26% (annually authorized) each quarter.

Service Access Outcome(s):

1C. Timely access to employment opportunities.

Result: Performance Target Not Met

Analysis: Out of the four quarters, only two received new clients. In the first quarter, one new client began services and was employed within 6 months. In the third quarter, two new clients began services with only one finding employment within 6 months.

Corrective Action Plan: Since there can be so many varying factors with finding employment we will begin to focus on the reasons for any trends or challenges as it pertains to securing a job. It is still felt that 6 months is a reasonable time to find employment so for now, objective will remain

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

1D. Supported Employment Client

Result: Performance Target Met

Analysis: 100% of surveys completed met the performance indicator. This is a very small service in our company with less than 10 served throughout the entire year.

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

1E. Employers/Vendors

Result: Performance Target Met

Analysis: 100% of surveys completed met the performance indicator. This is a very small service in our company with less than 10 served throughout the entire year. One employer employees multiple clients.

*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%. Changes in placement were due to death, changing providers, or care becoming too much due to behaviors.

Efficiency Outcome(s):

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

Result: Performance Target Not Met

Analysis: Target was set for 25% less than the year before which had 0 med errors. There was a marked increase in med errors this year (22 in the 3rd quarter and 53 in the 4th quarter), but they mainly revolved around a med change not being implemented on time, a prior authorization being needed to refill prescription causing missed doses until resolved and a staff mistakenly thinking a new med was PRN.

Corrective Action Plan: Staff were given additional medication administration training. The 75 errors were from very few staff for only 3 clients. Objective will remain for 2024-2025 year with additional oversight and training as needed.

Service Access Outcome(s):

2C. Compliance with AFL Requirements

Result: Performance Target Not Met

Analysis The performance target of 100% was not met. After 17 reviews in the 1st and 2nd quarter by DHSR, there were 3 homes cited which resulted in 81% and 83% success. The last 2 quarters had a total of 32 reviews with zero deficiencies. The average for year was 91%.

Corrective Action: While the goal was not met the deficiencies came from only 3 out of 49 reviews. All deficiencies were addressed and the outcome will remain as providing safe and secure residences for clients is of utmost importance.

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% for those 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 completing onboarding documents to starting in the facility to 2 weeks or less.

Result: Performance Target Not Met

Analysis: The performance target was to meet this 75% of the time. The annual average was 68% with one quarter exceeding the target at 87%.

Corrective Action Plan: Recommend keeping it at the same goal. We are making progress on meeting it, so more time may help. TB skin test timelines sometimes cause delays, hopefully community providers access to the serum will improve.

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

Result: Performance Target Not Met

Analysis: This goal was not met, however the number of med errors did decrease from last year.

Corrective Action Plan: We will continue this goal as we are making progress. In addition, we will be implementing cameras in medication administration areas in 2025 for some facilities.

3C. Identify all urinary tract infections and associated dehydration diagnoses that require client hospitalization each quarter to establish a baseline measurement over the next year.

Result: Target was to establish baseline.

Analysis: This was new data. We implemented a hydration program to increase client hydration and training on UTIs and hydration issues. We can track monthly data, to see if there is a particular month that we have higher numbers to see if there is an explanation. New Goal: Reduction in hospitalizations due to associated diagnosis of dehydration or UTI by 10% over prior year.

Efficiency Outcome(s):

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

Result: Performance Target Not Met

Analysis: Keep same goal as we met it for the first time for at least 1 quarter since we have been tracking. We are making progress even though we didn't meet the goal for most of the year.

Corrective Action Plan: We have made additional changes to the orientation process to streamline staff training more. We feel this may help with retention. We have also put some additional processes in place to hopefully help staff feel more comfortable in the beginning.

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

Result: Performance 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. We also have a small number of vacancies each quarter so that one not being filled within 60 days skews the entire quarter.

Corrective Action Plan: Recommendation to review data annually instead of quarterly to get a true percentage of the entire year.

Service Access(s):

3F. Timely service implementation-Reduce the time from screening date of new client to admission to 45 days or less for 90% of new admissions.

Result: Performance Target Met

Analysis: This goal was met 100%. Possible recommendation to reduce target to 40 days for the next year.

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

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

Result: Performance Target Met

Analysis: 100% answered they were overall satisfied.

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

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

Result: Performance Target Met

Analysis: 92% reported overall satisfaction

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

Effectiveness Outcome(s):

4A. Assure client safety during service

Result: Performance Target Not Met

Analysis: Even though we are making progress on this goal we would like to keep it ongoing for more data. We have recently converted one of our general respite centers to an emergent needs respite center. These types of facilities house more difficult referrals and hence more incidents are reported.

Corrective Action Plan: At this time, with the new type of facility, we feel we need to process more data on our emergent needs respite center. Very few incidents are reported during respite services outside of these 2 facilities.

Efficiency Outcome(s):

4B. Develop survey: what type of respite service is preferred (over nights, community, facility, or in-home)

Result: Performance Target was met

Analysis: We were able to meet this goal by receiving completed surveys. Added the goal for next year: Implement service from referrals within 10 days.

Service Access Outcome(s):

4C. Serve more people at ENRC

Result: Performance Target Not Met

Analysis: Even though we are making progress on this goal we would like to discontinue this goal. Since the beginning of the year, we have converted a regular respite facility to an emergent needs respite facility leaving a need for more community based overnight respite providers.

Corrective Action Plan: Adding the goal: Serve more community respite requests such as overnight respite.

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

4D. Client/Legal Guardian Survey: Overall Satisfaction 85%

Result: Performance Target Not Met

Analysis: 66% noted they were satisfied with respite services. *Note that another 23% of respondents chose "neutral" which is a large percentage and unclear as to actual satisfaction or possible use of services.

Corrective Action Plan: Adding the goal: Serve more community respite requests such as overnight respite. We are hoping to provide more respite options.

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. Step 1- Identify and begin to develop a relationship with and commit to at least one community partner.

Once Step 1 is completed: Step 2- Day programs will coordinate at least one activity within the year with their partnered organization.

Result: Performance Target Met

Analysis: All locations have identified and established a local community connection. All locations are working to engage with their local partner and coordinate at least one event throughout the year. Target is 100% and annual analysis informs that each location has met the criteria by identifying and developing a relationship with a local community partner.

Efficiency Outcome(s):

5B. Staff retention

Result: Performance Target Not Met

Analysis: Locations are working to retain staff beyond the probationary period. The analysis for this year states that we have not come near our 90% goal, with numbers between 65% and 74%.

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. We will review this goal and determine how to revise as needed.

Service Access Outcome(s):

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

Result: Performance Target Not Met

Analysis: Our target of 100% was not met. This goal is to be accomplished by kits being handed out annually at training and checked monthly by supervisors. For two quarters, we did reach 100% however the other two quarters were 96% and 98% with an annual average of 99%. We will continue to work on this goal and revise as needed.

Corrective Action Plan: Will continue as written with first aid kits being handed out annually during training and checked monthly by supervisors. Emergency first aid kits will be made available at facility locations and when supervisors do monthly checks.

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

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

Result: Performance Target Met

Analysis: 100% of persons served/guardians reported satisfaction with services.

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

5E. Employees: 85% overall satisfaction of employees

Result: Performance Target Met

Analysis: 92% reported overall satisfaction

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

Effectiveness Outcome(s):

6A. Reduce the number of Level 2 and 3 incident reports to under 20.

Result: Performance Target Met

Analysis: The target was set at 20 or less for the year. We recorded 12 Level 2 and 3 incidents for the year.

6B. Maintain current clients receiving this service. *This outcome was changed after the 2nd quarter due to new software system not able to pull data for prior outcome.

Result: Performance Target Met

Analysis: The target was set to maintain 95% of clients receiving this service. This target was exceeded at 99%.

Efficiency Outcome(s):

6C. Serve appropriate referrals we know we are able to provide services for.

Result: Target was to establish a baseline.

Analysis: We can see we are making progress on this goal we would like to keep it ongoing for more data, now that we 2 positions dedicated to referrals and tracking of referrals.

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

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

Result: Performance Target Met

Analysis: 100% 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

2024 S.W.O.T. Analysis

Strengths:

Internal-These are things that we are doing well now

(Items below appeared multiple times/in multiple discussions)

- Better financial place to start tailored plans
- Strong management, progressive and pro-active
- Communication
- Use of technology
- Integrity
- Staff /resilience within staff/longevity/caring and flexible
- Facilities updated and look positive to community
- Leadership development
- Client first attitude
- Client longevity

Weaknesses:

Internal-These are things that we need to improve on

(Items below appeared multiple times/in multiple discussions)

- Staff retention and recruitment
- Communication between supervisors/staff and administrators
- DSP use of technology
- DSP staff working as a team/morale

Opportunities:

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

(Items below appeared multiple times/in multiple discussions)

- Tailored plan
- 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.
- External trainings offered

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
- Staff longevity
- Increased referrals for individuals w/more intense mental health issues
- No staff to serve increased referrals or more difficult referrals
- quality of available workforce
- Economy/effect on staffing
- Medicaid funding
- Tailored plans affecting services (clinically, financially)

Strategic Focus Areas

1. Company Culture: Skill Creations, Inc. realizes that since the 2020 pandemic, there has been a global shift in workplace culture. As a company we decided 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. Skill Creations, Inc. strives to be a positive and known presence in the communities in which we serve individuals.

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.

Company Culture:

❖ **Goal 1: Continue to maintain SCI's new company culture and subsequently educate and motivate our employees to adopt it through communication and publicity. - Target Date of 6-30-2025**

Strategies:

- Results Oriented Work Environment/Flexible Schedule (rather than structured time)
- Relaxing leave time for salaried staff/PTO
- 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, foster willingness to provide feedback
- Cultural Competency and Diversity, Equity and Inclusion-information in Spanish, awareness months (other from CCDI Committee)
- SCI Family Day
- SCI Messenger (revised format and content)
- Continue and improve Leadership Training
- Foundation fundraiser
- Continue to emphasize Courtesy Standards-highlight monthly in Messenger
- Social media presence-Facebook, Instagram, Linked In, etc.
- Newsletters to guardians/families
- Community Awareness of SCI

❖ **Goal 2: Retention of Qualified Staff- Target Date of 6-30-2025**

Strategies:

- Encourage ownership of position-make this a practice instead of micro-management
- Procedure to follow up from supervisors on staff evaluations.
- Continue to improve Leadership Program based on feedback
- Position dedicated to staff appreciation, focus on longevity and personal contact
- Work smarter not harder (efficient/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/recognition
- Develop leadership skills in critical thinking and decision making through hands-on team building and leadership development workshops in stress management and team work
- Place value on face-to-face trainings and workshops

❖ **Goal 3: Staff Wholistic Well-Being (Physical, Mental and Beyond) - Target Date of 6-30-2025**

Strategies:

- Place value on our employees through recognition and support
- Staff education and communication to reduce outside stressors though The Messenger, Health Education emails, Quarterly Staff Meetings, etc.
- Identify Mental Health resources and communicate with staff
- Promote BCBS Telehealth opportunities for those with SCI insurance (including Behavioral Health)
- Offer classes/presentations or information on topics to help improve staff lives outside of work (health, wellness, financial, etc.)
- Form Wellness Committee (implement small "Care Packages", wellness activities, trainings, etc.)

Customer Service:

❖ **Goal 1: Use of customer feedback to improve operations- Target Date of 6-30-2025**

Strategies:

- Continue to assess satisfaction surveys for modifications and additions
- Use targeted feedback to implement changes and meet needs of the community
- Build/strengthen relationships with external stakeholders
- Invest in clients by controlling costs and utilizing resources to make improvements

❖ **Goal 2: Modernize/update operations and facilities - Target Date of 6-30-2025**

Strategies:

- Continue ICF facility updates as funds allow
- Use (and care) of facilities-direct resources towards building improvements
- Serve more people (accessibility) respite
- Building security (cameras, doors, etc.)
- Use of space (day program participation)

❖ **Goal 3: Serve more referrals - Target date of 6-30-2025**

Strategies:

- Hire high quality staff to deal with more difficult referrals
- Retain staff (higher wages)
- Positions to track referrals
- Track referrals-reasons why we can't serve some
- Grow services for ERO and MRO
- Take advantage of funds gained by clients leaving the program (as a whole)
- Increase/add services to some areas (Expand AFL's, Overnight Community Respite, Supported Employment, Supported Living)

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.**
- ❖ **Monitor cash flow.**
- ❖ **Continue to prioritize building improvements and directs resources towards those improvements.**

Financial Projections/Forecast

2024-2025:

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 2024-2025 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 2025

Revenues

ICF \$ 30,100,000

CS \$ 18,880,000

Child Development \$ 560,000

Contributions \$ 3 0,000

Total Revenues \$ 49,570,000

Operational Expenses
 Nursing Services \$ 3,000,000
 Direct Care Services \$ 31,435,000
 Special Services \$ 293,000
 Dietary \$ 1,450,000
 Day Programs \$ 309,000
 Laundry & Linen \$ 117,000
 Facility Operations and Maintenance \$ 3,500,000
 Total Operational Expenses \$ 40,104,000
 Revenue in Excess of Operational Expenses \$ 9,466,000
 General and Administrative Expenses \$ 8,625,000
 Client Charity Expenses \$ 45,000
 Operating Income (Loss) \$ 796,000
 Financial and Other Expenses \$ 53,000
 Net Income \$ 743,000
 Net Assets Beginning of Year \$ 11,340,000
 Donor Restricted Net Assets \$ 20,000
 Net Assets End of Year \$ 12,103,000

SCI Pro Forma Balance Sheet

FYE 2025

Assets

Current Assets

Cash and cash equivalents \$ 9,900,900
 Restricted cash - residents' deposits \$ 340,000
 Accounts receivable
 ICF \$ 1,250,000
 CS \$ 1,100,000
 Other \$ 100,000
 Linens Inventory at Cost \$ 19,100
 Prepaid expenses and other current assets \$ 500,000
 Total Current Assets \$ 13,210,000

Property and Equipment

Land and land improvements \$ 230,000
 Buildings \$ 7,140,000
 Leasehold improvements \$ 2,800,000
 Departmental Equipment \$ 1,400,000
 Transportation Equipment \$ 2,300,000
 \$ 13,870,000
 Less Accumulated Depreciation \$ (4,700,000)
 Net Property and Equipment \$ 9,170,000

Total Assets \$ 22,380,000

Liabilities and Net Assets

Current Liabilities

Accounts Payable \$ 700,000
 Payroll Accruals \$ 1,700,000
 Short term notes payable \$ 2,100,000
 Resident's deposits \$ 340,000

Current portion of long-term debt \$ 120,000
Current portion of capital leases \$ 32,000
Total Current Liabilities \$ 4,992,000
Long-term Liabilities
Lease Obligations \$ 4,900,000
Long term debt \$ 537,000
*less current portions \$ 5,285,000
Total Liabilities \$ 10,277,000
Net Assets (Restricted and Unrestricted) \$ 12,103,000
Total Liabilities and Net Assets \$ 22,380,000
Performance Ratios
Current 2.65
Net Profit Margin 1.50%
Gross Profit Margin 19.10%
Debt to Asset 45.92%
AR Days 17.3

Business Outcomes FY'24-'25:

Financial Stability – Business Function Outcomes FY 2024-2025

#1. Monitor housekeeping, direct care equipment, and medical supplies for year over year improvement with the addition of an inventory management position. Continued from last year's plan. Target Date: 6/30/25

#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: 6/30/25

#3: New: Monitor ICF overtime to decrease to lowest possible levels. Month to month and year over year performance improvement is expected. Continued from last year's plan. Target Date: 6/30/25

#4. New: Maintain a sufficient level of cash and cash reserves for at least 60 days of operations. Target Date: 6/30/25

Note: Program and Service Delivery Outcomes for FY '24-'25 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.