SKILL CREATIONS, INC.

Strategic Priorities
Fiscal Years 2025-2027

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 Years 2025-2027

Skill Creations, Inc.

2025-2027 Strategic Plan

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Message From our C.E.O.

It is our pleasure to share the 2025-2027 strategic plan for Skill Creations Inc. For forty years, Skill Creations Inc. has been an innovative leader in the industry, providing quality-based services and reaching anticipated outcomes. This plan presents our shared vision for the future of the organization. Grounded in our commitment to ***providing support and care that promotes independence to all those we serve***; we are driven by a set of goals and actions that expand the impact we have to ***create life skills for those we serve.***

We employ a comprehensive and collaborative process throughout the year that includes employees at all levels and our community stakeholders. Our process identifies strengths and challenges, analyzing the ever-changing landscape of human services. The result is a roadmap for the future of the organization.

This plan is our commitment to maintaining a supportive care and learning environment. We will carry this out with our expertise and dedication that each person brings to the organization, making our vision and mission a reality.

Introduction

This document represents the Strategic Plan for the fiscal years beginning on July 1, 2025 and ending June 30, 2027. Moving forward, after this plan, we will begin implementing a three-year plan format. 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, regulations and funding that we have no control over. For these reasons, we feel the 3-year plan better suits our organization.

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, respite care and supported living.

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), February 2022 (3-year accreditation) and again in May 2025. Our most recent re-accreditation survey that took place in May of 2025 resulted in zero recommendations.

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 2024-2025 Fiscal Year

The 2024-2025 Strategic Plan continued to focus on Company Culture and Customer Service. As we see little change in our strategic plan for the next year, it has been decided to return to a 3-year plan model, with the current plan taking us through June 2027. Renovations of our residential facilities continued this past year and will continue into the next year as funds allow. In May of 2025, we welcomed CARF reviewers virtually for our 3-year re-accreditation survey. We were awarded another 3-year accreditation and for the first time we received zero recommendations in our final survey report. We would also like to acknowledge that 2025 marks the 40th anniversary of Skill Creations. Inc.

Outcomes and Performance Analysis

Business Outcomes Review FY '24-'25:

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

Result:	**6/30/2025**	**6/30/2024**	**% Change (Annual)**
4073 (Housekeeping)	$170,707	$168,866	+1%
4250 (Direct Care Equipment)	$98,248	$62,109	+58%
4153 (Medical Supplies)	$288,533	$269,199	+8%

Analysis: This goal will be discontinued as this position has been determined to be useful and needed. Savings and efficiencies have been identified in other areas including waste management and efficient verification of needed supplies.

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 97.3% compared to 97.9% at the same period last year – a small decrease, but still lower than the 98.5% goal.
Corrective Action Plan: The 98.5% occupancy budgeting goal has not been reached the past 5 years. Therefore, the 2025-2026 budget was based on 97.5% occupancy. Next year's goal will be updated to this occupancy goal as well.

Goals 3: 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 1 out of the 4 quarters.
Analysis:
9/30/24: 7,139 ICF OT hours for the quarter compared to 5,688 hours during the same quarter last year.
12/31/24: 6,016 ICF OT hours for the quarter compared to 6,240 hours during the same quarter last year, a decrease of 3.6%.
3/31/25: 6,545 ICF OT hours for the quarter compared to 4,867 hours during the same quarter last year, an increase of 34%
6/30/25: 8,238 ICF OT hours for the quarter compared to 7,509 hours during the same quarter last year, an increase of 10%.
Corrective Action Plan: The first quarter included 150 hours at Burke ICF that were not include LFY. COO and VP level meetings were held during the quarter to make OT reduction a priority for the year. Interventions continue with quarterly VP meetings focused on intervention strategies. Increases may be attributed to continued staffing shortages and increased client needs.

Goals 4: *New* – Maintain a sufficient level of cash and cash reserves for at least 60 days of operations, $8.3M.
Result: This goal was met.
Analysis:
9/30/24: Cash on hand: $9,687,000
12/31/24: Cash on hand: $9,091,000
3/31/25: Cash on hand: $9,192,000
6/30/25: Cash on hand: $9,081,643
The 2025-2026 plan will include an updated reserve threshold of $8.6M

Program and Service Delivery Outcomes Review FY '24-'25:

*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 an average of 84%. Employed vs authorized for each quarter were 9/11, 10/11, 11/13, 11/14. There was an increase in the number of clients authorized for SE in the 3rd and 4th quarter.

Corrective Action Plan: It is still felt that 90% remains a reasonable target and because the service definition for SE is focused on ultimately becoming employed the goal will remain.

Efficiency Outcome(s):

1B. Maximize service utilization

Result: **Performance Target Not Met**

Analysis: Average of all 4 quarters was 20%. The performance target is 23%.

Corrective Action Plan: Efforts will continue to have plans reflect the clients' needs/wishes. Do they want to be employed? After careful consideration what are the number of units that will be requested by care manager. As QP's assess service delivery over the year, what changes need to be made if any.

Service Access Outcome(s):

1C. Timely access to employment opportunities.

Result: **Performance Target Not Met**

Analysis: Data collected for 3 quarters at 66%. Performance target is 100%. Data collected on clients being employed within 6 months. This applies to clients who are new to SE services. Two quarters reflected a new client becoming employed within 6 months. One quarter shows a client in job development so not actually employed. 4th quarter data is still pending (6 months).

Corrective Action Plan: Continue gathering same data – assess barriers to employment.

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 employs 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 98%

Efficiency Outcome(s):
2B. Reduce medication Errors from last year in all AFL homes.
Result: **Performance Target Met**
Analysis: Target was set for less than 75 med errors. 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)* It is still felt that med errors are not being captured. Goal will remain for next year and a checklist tool will be put into place to discover trends/issues around no med errors.

Service Access Outcome(s):
2C. Compliance with AFL Requirements
Result: **Performance Target Not Met**
Analysis: There were 43 reviews and 11 deficiencies for an annual outcome of 75%. Performance target is 100% as SCI expects zero deficiencies. 10 deficiencies were from 1 house – 2 of these are being appealed – the rest have been fixed but were cited previously ok.
Corrective Action Plan: Continue with the same plan and performance target of 100%.

Stakeholder Input/Satisfaction Outcome(s)-Person Served:
2D. Clients/Legal Guardian (Question #9 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/Question #10 (Note: only 2 checked this box)

Stakeholder Input/Satisfaction Outcome(s)-Other Stakeholder:
2E. External Stakeholder Satisfaction Survey – (Question #12) *(Overall, I am satisfied with my interactions and experiences dealing with Skill Creations, Inc).*
Result: **Performance Target Met**
Analysis: 100% of those that answered the question answered "true". There were some that did not answer this question. Our external stakeholder survey goes to a wide variety of stakeholders and some do not answer all of the questions. This is not uncommon. Note: No one who did answer this question answered "false".

*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: Still having a hard time getting TB skin tests in some locations, also have many staff that will complete on-boarding and then you are unable to get in contact with them after.
Corrective Action Plan: Recommended not to change goal, but to begin analyzing data by location to determine the cause in each location. Due to the fact that the issues may be different from facility to facility. So, if we are able to review by location and come up with solutions for the issues per facility this may be more successful in getting staff members in faster. (No changes to how we take data for walker grid, but when

looking at the data letting the VP of the location know when it appears there are higher trends in a particular location)

3B. Reduce medication errors by 15% from previous year in all residential facilities.
Result: **Performance Target Not Met**
Analysis: This was not met due to an issue in one location that was not discovered right away so all medication errors discovered retroactively were reported on one quarter which skewed the numbers.
Corrective Action Plan: Camera audits are now completed on a regular basis in all residential locations, problems observed on the audit are shared with the team and addressed as needed. No changes recommended to this goal.

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: **Performance Target Not Met**
Analysis The organization experienced a 78.9% increase in UTI/dehydration-related hospitalizations from FY 2023–2024 to FY 2024–2025. Several ICFs (Kenansville, Tarboro, Sanford) saw significant increases, while others (East, Wilson, Triangle) remained stable. New cases appeared in Kinston and Mount Olive group homes.
Corrective Action Plan: Conduct root-cause analysis for high-incidence facilities (to discuss with Nursing Meeting 10/10/25). Reinforce hydration initiatives and early UTI detection (ongoing surveillance at facilities by nursing staff, encouraging participation with administrators, and educating staff Quarterly). Review recurrent cases for clinical interventions (identify specifics by location that may impact increase in rate other than change in data collection practices over past year, change in client constituency). Provide targeted staff education and refresher training (ongoing as part of Quarterly Staff Meetings).

Efficiency Outcome(s):
3D. Staff Retention: retain 60% of newly hired staff past probationary period.
Result: **Performance Target Not Met**
Analysis: Some that are in this number never even make it into the building. They will complete the onboarding paperwork so they are hired, but then you cannot reach them. This is happening frequently and at most or all locations. For those that do make it into the building they don't stay long and there tends to be a trend of staff leaving and saying it is because the clients are more challenging to care for. Sometimes there is a longer time between hire date and actually making it in the facility for different reasons mention above in 3A.
Corrective Action Plan: Assure that in-house training is completed in a timelier manner and that it is a thorough training through new process of submitting the on-site orientation checklists with paperwork requests to HR.

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: More difficulty with finding appropriate clients vs geographic location of vacancies. Some things that have affected this are clients not having established guardianship, many referrals don't have ID diagnosis as primary diagnosis vs MH diagnosis. MCOs no longer have electronic databases that you can advertise vacancies on. Most homes are maxed out on wheelchairs and can only take ambulatory clients.

Corrective Action Plan: Continue to make contacts in community for more referral sources, reaching out to MCOs directly, request enhanced rates for clients that are more difficult to serve so that we are able to admit.

Service Access(s):
3F. Timely service implementation-Reduce the time from screening date of new client to admission to 40 days or less for 90% of new admissions.
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 for many of the reasons listed above, i.e., Guardianship not established, having to get their psych testing completed, client was under 18 so an age waiver had to be obtained, medical issues that delay admission, scheduling in person tours or meeting clients before acceptance but after screening.
Corrective Action Plan: Continue to work through the things that we as an agency have control over in a timely manner, i.e., Making ourselves available as soon as possible for screenings and tours, etc.

Stakeholder Input/Satisfaction Outcome(s)-Person Served:
3G. Residential persons served/Guardian: 85% overall satisfaction of persons served (Question #14).
Result: **Performance Target Met**
Analysis: 100% answered they were overall satisfied.

Stakeholder Input/Satisfaction Outcome(s) - Other Stakeholder:
3H. Employees: 85% overall satisfaction (Question #6)
Result: **Performance Target Not Met**
Analysis: 82% reported overall satisfaction. There were very few comments to analyze why the lower response. There were a few comments regarding pay and higher demands of job. We are implementing some new initiatives next year around employee health and wellbeing. We are hopeful that these initiatives will help employees feel more supported and achieve a healthy work/personal life balance leading to higher satisfaction with their jobs.

*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: Target is 10 and the estimated annual analysis is 12
Corrective Action Plan: Progress was made by the end of the year so continue with efforts to lessen the level 2 incidents.

Efficiency Outcome(s):
4B. Implement service from referral/request to intake within 10 days.
Result: **Performance Target Met**
Analysis: Target is within 10 days and the estimated annual analysis is 9.7 days.

Service Access Outcome(s):

4C: **Increase number of staff available to provide overnight respite in their home.**
Result: Performance Target Not Met
Analysis: Target is 50% increase and the annual analysis is 30%.
Corrective Action Plan: Discontinue this goal. Adding the goal: Implement service from referral/request to intake within 10 days.

Stakeholder Input/Satisfaction Outcome(s)-Person Served:
4D. Person Served/Legal Guardian: 85% overall satisfaction of persons served.
Result: Performance Target Met
Analysis: 90% of persons served/guardians reported satisfaction with services.

Stakeholder Input/Satisfaction Outcome(s)-Other Stakeholder:
4E External Stakeholder Satisfaction Survey – (Question #12) *(Overall, I am satisfied with my interactions and experiences dealing with Skill Creations, Inc).*
Result: Performance Target Met
Analysis: 100% of those that answered the question answered "true". There were some that did not answer this question. Our external stakeholder survey goes to a wide variety of stakeholders and some do not answer all of the questions. This is not uncommon. Note: No one who did answer this question answered "false".

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

Effectiveness Outcome(s):
5A. Coordinate at least 1 activity per quarter with outside agencies for client participation.
Result: Performance Target Not Met
Analysis: Target is 100% and annual analysis informs that all but one location has met the criteria by identifying and developing a relationship with a local community partner and coordinating quarterly activities with a community partner.
Corrective Action Plan: One location struggles to maintain a community partner. Some of our locations are in small rural areas and it is difficult to maintain community engagement with the same partner. We will continue to focus on this goal next year.

Efficiency Outcome(s):
5B. Staff retention
Result: Performance Target Not Met
Analysis: Target is 90% but quarterly numbers range from 72% to 83%. 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 72% and 83%. While we did not hit 90%, the numbers have improved from last year.
Corrective Action Plan: This is an upward trend. We will review this goal and determine how to revise if needed, but for now we will continue to reach this target.

Service Access Outcome(s):
5C. Add five day supports clients per year across the company.
Result: Performance Target Not Met

Analysis: Goal was five new day supports clients. Overall, we did add five but we lost fourteen for a net loss of nine day supports clients.
Corrective Action Plan: Goal will continue as written as we continue to review this goal and the best way to implement and measure.

Stakeholder Input/Satisfaction Outcome(s)-Person Served:
5D. Person Served/Legal Guardian: 85% overall satisfaction of persons served.
Result: **Performance Target Met**
Analysis: 90% of persons served/guardians reported satisfaction with services.

Stakeholder Input/Satisfaction Outcome(s) - Other Stakeholder:
5E. External Stakeholder Satisfaction Survey – (Question #12) *(Overall, I am satisfied with my interactions and experiences dealing with Skill Creations, Inc).*
Result: **Performance Target Met**
Analysis: 100% of those that answered the question answered "true". There were some that did not answer this question. Our external stakeholder survey goes to a wide variety of stakeholders and some do not answer all of the questions. This is not uncommon. Note: No one who did answer this question answered "false".

*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: Even though we are making progress on this goal we would like to keep it ongoing for more data.

Efficiency Outcome(s):
6B. Service goals will be achieved.
Result: **Performance Target Not Met**
Analysis: There wasn't enough clear data to obtain to keep this goal ongoing.
Corrective Action Plan: Goal discontinued. Added the goal: Maximize service utilization for CLS EVV 1915i only.

Service Access Outcome(s):
6C. Serve appropriate referrals we know we are able to provide services for.
Result: **Performance Target Met**
Analysis: Even though we are making progress on this goal we would like to keep it ongoing for more data.

Stakeholder Input/Satisfaction Outcome(s)-Person Served:
6D. Person Served/Legal Guardian: 85% overall satisfaction of persons served.
Result: **Performance Target Met**
Analysis: 90% of persons served/guardians reported satisfaction with services.

Stakeholder Input/Satisfaction Outcome(s) - Other Stakeholder:
6E. External Stakeholder Satisfaction Survey – (Question #12) *(Overall, I am satisfied with my interactions and experiences dealing with Skill Creations, Inc).*
Result: **Performance Target Met**

Analysis: 100% of those that answered the question answered "true". There were some that did not answer this question. Our external stakeholder survey goes to a wide variety of stakeholders and some do not answer all of the questions. This is not uncommon. Note: No one who did answer this question answered "false".

*Program 7: Supported Living (Community Operations Supported Living Homes)

**Program Supported Living beg 10.1.24 (only 3 quarters for data collection)*

Effectiveness Outcome(s):

7A. Maintain living in the home of their choice

Result: Annual data will be off due to data taken for only 3 quarters

Analysis: Target is 100% and annual analysis was 100%. There are 2 SL homes and both maintained their homes through SL services each quarter.

Efficiency Outcome(s):

7B. Maximize service utilization

Result: Annual data will be off due to data taken for only 3 quarters

Analysis: Annual Target is 95% and the analysis for 3 quarters was an average of 25% and an overall 75%.

Service Access Outcome(s):

7C. Staff are available to provide services as requested throughout the year.

Result: Annual data will be off due to data taken for only 3 quarters

Analysis: Annual performance target is 100%. Data from 3 quarters is 100%.

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

7D. Person Served/Legal Guardian: 85% overall satisfaction of persons served.

Result: **Performance Target Met**

Analysis: 90% of persons served/guardians reported satisfaction with services.

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

7E. External Stakeholder Satisfaction Survey – (Question #12) *(Overall, I am satisfied with my interactions and experiences dealing with Skill Creations, Inc).*

Result: **Performance Target Met**

Analysis: 100% of those that answered the question answered "true". There were some that did not answer this question. Our external stakeholder survey goes to a wide variety of stakeholders and some do not answer all of the questions. This is not uncommon. Note: No one who did answer this question answered "false".

2025 S.W.O.T. Analysis

Strengths:	**Weaknesses:**
Internal-These are things that we are doing well now ***(Items below appeared multiple times/in multiple discussions)*** **-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**	***Internal-These are things that we need to improve on*** ***(Items below appeared multiple times/in multiple discussions)*** **-Staff retention and recruitment** **-DSP staff working as a team/morale**
Opportunities:	**Threats:**
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** **- DSP use of technology(improving). Build on use of technology, strengthen DSP skills by providing opportunities for training** **-Possible collaboration between DHHS/NCCC system to offer Advanced Training Certificate for DSP (TBD)**	***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)** **-Aging long-term staff (not used to new level of behaviors/more difficult referrals)** **-Referrals becoming harder to serve in residential Facilities(behaviors, dual diagnosis-MH and/or SA)**

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 company culture and subsequently educate and motivate our employees to adopt it through communication and publicity. - Target Date of 6-30-2027**
  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 (every other year-next one 2026)
  - 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 (possibility in the future)
  - Community Awareness of SCI

❖ **Goal 2: Retention of Qualified Staff- Target Date of 6-30-2027**

Strategies:

- Encourage ownership of position-make this a practice instead of micro-management
- 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)
- DSP Week- DSP Highlight nominations/recognition and celebration during DSP week in September
- 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 staff time (cut down on travel) by using all avenues as appropriate and easiest for individual (virtual, face to face, written instruction, etc.)
- Utilize new community college program as details emerge and become available

❖ **Goal 3: Staff Wholistic Well-Being (Physical, Mental and Beyond) - Target Date of 6-30-2027**

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.
- Local Mental Health Resources: Providing local, mostly free resources for mental health and wellness to be posted in the facilities
- 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.)
- Wellness Committee (Co-chaired by Robin L. and Kassi S.) to facilitate staff initiatives to focus not only on physical health but mental health preservation in the workplace: Healthy Cooking Resources, Spring Wellness Day, Mindful Mondays, Fun Run/Color Run/Walk/5K, Quarterly SCEye submission (Jan., April, July, October); with focus on employee and client wellness such as infectious diseases, outbreaks, seasonal health, policy-driven. Committee will meet throughout the year.
- SCI employees will demonstrate an improved self-reported perception of wellness—including physical health, emotional/mental health, and work-life balance—as measured by an increase in average Likert scale scores on 6-month and annual staff wellness surveys compared to baseline (initial, 6-month, year-end).
- Goshen Wellness Clinic: **Regional Coverage**-Clinics scheduled every 6 months at Southeastern DP, Goldsboro ICF, Greenville DP, Roanoke DP, and Triangle DP (goal to expand to quarterly). **Scheduling:** Sign-ups will be coordinated via Google Forms with QR codes and email links. Minimum 20 participants required per clinic.

Customer Service:

- **Goal 1: Use of customer feedback to improve operations- Target Date of 6-30-2027**
  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 6-30-2027**
  Strategies:
  - Continue ICF facility updates as funds allow-two 15-beds left (funding slow)
  - Use (and care) of facilities-direct resources towards building improvements
  - Serve more people (accessibility) respite-Increase community homes (increased requests)
  - Building security (cameras, doors, etc.)
  - Use of space (day program participation)
  - Implement use of EMAR
  - Google to Microsoft Transition - Three stages: Email will switch first, then cloud storage for docs, and then the phone system

- **Goal 3: Serve more referrals - Target date of 6-30-2027**
  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

2025-2026:

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 2025-2026 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 2026
Revenues
ICF $ 29,871,000
CS $ 19,665,000
Child Development $ 600,000
Contributions $ 30,000
Total Revenues $ 50,166,000
Operational Expenses
Nursing Services $ 2,904,000
Direct Care Services $ 31,554,000
Special Services $ 309,000
Dietary $ 1,437,000
Day Programs $ 341,000
Laundry & Linen $ 119,000
Facility Operations and Maintenance $ 3,518,000
Total Operational Expenses $ 40,182,000
Revenue in Excess of Operational Expenses $ 9,984,000
General and Administrative Expenses $ 9,552,000
Client Charity Expenses $ 45,000
Operating Income (Loss) $ 387,000
Financial and Other Expenses $ 44,000
Net Income $ 343,000
Net Assets Beginning of Year $ 11,785,000
Donor Restricted Net Assets $ 15,000
Net Assets End of Year $ 12,143,000

SCI Pro Forma Balance Sheet

FYE 2026

Assets
Current Assets
Cash and cash equivalents $ 8,044,900
Restricted cash - residents' deposits $ 400,000
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 $ 125,000
Total Current Assets $ 11,039,000
Property and Equipment
Land and land improvements $ 237,000
Buildings $ 7,100,000
Leasehold improvements $ 3,000,000
Departmental Equipment $ 1,400,000
Transportation Equipment $ 2,700,000
$ 14,437,000
Less Accumulated Depreciation $ (5,000,000)
Net Property and Equipment $ 9,437,000
Total Assets $ 20,476,000
Liabilities and Net Assets
Current Liabilities
Accounts Payable $ 600,000
Payroll Accruals $ 1,700,000
Short term notes payable $ 1,900,000
Resident's deposits $ 400,000
Current portion of long-term debt $ 152,000
Current portion of capital leases $ 32,000
Total Current Liabilities $ 4,784,000
Long-term Liabilities
Lease Obligations $ 3,300,000
Long term debt $ 433,000
*Less current portions $ 3,549,000
Total Liabilities $ 8,333,000
Net Assets (Restricted and Unrestricted) $ 12,143,000
Total Liabilities and Net Assets $ 20,476,000
Performance Ratios
Current 2.31
Net Profit Margin .68%
Gross Profit Margin 19.90%
Debt to Asset 40.70%
AR Days 17.1

Business Outcomes FY'25-'26:

Financial Stability – Business Function Outcomes FY 2025-2026

#1. *NEW:* Pursue Client Specific Enhanced Rates for clients requiring additional resources. Target Date: 6/30/26

#2. Monitor ICF vacant bed days to ensure occupancy rate does not drop below budgeted 97.5% rate. Due to years of increased vacancies, the occupancy target is revised to 97.5%. Target Date: 6/30/26

#3: 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: 6/30/26

#4. *New*: Maintain a sufficient level of cash and cash reserves for at least 60 days of operations, $8.6M. Target Date: 6/30/26

Note: ***Program and Service Delivery Outcomes for FY '25-'26 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. Performance analysis of outcomes will be updated in the plan annually at the end of each fiscal year.