

# Amethyst House Strategic Plan

## **Mission**

Amethyst House provides a foundation for sober living by partnering with individuals, families and communities impacted by addictions and substance-abuse issues, offering quality recovery services and guidance for clean, sober and healthy living.

## **Brand Statement**

Building foundations for sober living.

## **Vision**

Amethyst House will promote a world where:

- Recovery services are accessible to all,
- The stigma of addiction is eliminated, and
- Life-long recovery is a reality.

## **Values**

Amethyst House conducts its business in a way that reflects:

- A client focused and evidence-based approach,
- Respect in all interpersonal interactions,
- The concept that addiction is a disease,
- A Twelve step process,
- Full accessibility to recovery services,
- Acceptance of the most challenging cases within our scope of practice
- The importance of personal accountability and integrity,
- Continuous improvement in our process, and
- That hope and compassion are paramount in our efforts.

## **Preface**

This plan was originally developed in 2010-11 by the Strategic Planning Committee (SPC) and updated in 2015 by the agency directors and the following board committees: Finance, Fundraising, Governance, and Program.

The purpose is to understand the agency's needs in a rapidly changing environment and to make recommendations for Board approval in a way that: Spans a 2 – 3 year time frame, provides direction and monitoring for Board and Staff efforts and is inclusive of all ideas, concepts, and notions and exclusive of none. In our 35<sup>th</sup> year of operation we are an institution that is essential for our community's health and growth. Our organizational infrastructure and financial plan will allow us to continue that role in this rapidly changing environment. The agency will continue to grow vertically, not horizontally, but open to opportunities.

# Strategic Goal Areas

Program  
Organizational  
Financial  
Fundraising / Media  
Board Development  
Collaboration

## A) Program

Goal: Maintain high standards for program operations

Objectives:

- 1) Utilize best practices:
  - o Utilize evidence based practices in services.
  - o Employ staff with credentials that meet funding requirements (i.e. DMHA, Medicaid, private insurance) and assure ongoing trainings on current evidence based practices
- 2) Maintain high quality clinical documentation
- 3) Improve program outcomes
- 4) Improve client satisfaction

## B) Organizational

Goal: Improve service quality by increasing efficiency

Objectives:

- 1) Hire quality, and qualified staff
- 2) Strive for staff diversity
- 3) Maintain staff professionalism and accountability
- 4) Support staff in continuing education and credentialing
- 5) Protect the equity and value of physical assets by regular maintenance
- 6) Utilize new technologies as they become available

## C) Financial

Goal: Ensure fiscal responsibility

Objectives:

- 1) Utilize best practices according to Federal and State accounting guidelines.
- 2) Keep a balanced budget
- 3) Be transparent
- 4) Establish & maintain a reserve fund
- 5) Identify & pursue new revenue sources

## **D) Fundraising / PR**

Goal:

Objectives:

- 1) Cultivate relationships with stakeholders/funders & expand donor database
- 2) Fundraising Events / Income
- 3) Develop a Media plan
- 4) Cultivate Board/Client involvement

## **E) Board Development**

Goal: Maintain a strong and effective Board of Directors to lead the organization

Objectives:

- 1) Recruit passionate board members with Time, Talent, and Treasury
- 2) Strive for diversity among board members
- 3) Assist the organization into the future
- 4) Maintain a full board of directors
- 5) Increase board involvement in fundraising and special events

## **F) Collaboration**

Goal: Work with other agencies and stakeholders to assist in providing quality programming.

Objectives:

- 1) Provide support to clients in all areas needed through collaborations with community agencies.
- 2) Strengthen existing and build new relationships with stakeholders.
- 3) Continue community outreach activities, following at minimum the standards / requirements of the DMHA gambling funding program.
- 4) Collect alumni feedback regarding programming.

# Operational Plan

Purpose: To outline short term annual goals that support the long term Strategic Plan.

## A) Program

Metrics:

- Evidence based practices will be utilized in services and measured. e.g. MATRIX and Living in Balance curriculum; Motivational Interviewing techniques; Cognitive Behavioral Therapy; Stages of Change model; ASAM criteria. Documentation of the practices used in programming throughout the year will be reviewed by the Committee annually. (ref A.1)
- Staff will participate in available trainings on evidence based practices and obtain CEUs in order to meet License and credentialing requirements as specified by DMHA. Program Committee will ensure the completion of staff credentialing and/or license renewals. (ref A.1)
- Peer Chart Reviews will be conducted by all counselors; aim at reviewing 10% of each counselor's caseload; and aim at 90% compliance with documentation standards. Program Committee will discuss any patterns of errors or other notable findings as they result from Clinical Director's evaluation of the total number of chart reviews conducted annually. (ref A.2)
- Program outcomes will aim at these standards, some of which are requirements for maintenance of funding (indicated in parenthesis): (ref A.3)
  - 70% of clients that complete 6 sessions (or 3 weeks of programming) or more will complete the program as recommended for them (marked as "Mutual Discharge" on DSC Discharge Form).
  - 90% of clients will maintain or improve employment status (DMHA).
  - 45% of clients will show improvement in one domain of Adult Needs and Strengths Assessment (ANSA) (DMHA).
  - 40% of clients will improve on substance abuse disorder measures on ANSA (DMHA).
  - 35% of clients will reduce criminal activity as measured on Crime Module of ANSA (DMHA).
  - 80% will establish a social support network (DMHA, CARES).
  - 70% of residential clients will have maintained abstinence from drugs/alcohol for a minimum of three months at time of discharge (CARES).
  - 70% of residential clients upon exiting will have increased their monthly income (CARES, HUD).
  - 65% of residential clients upon exiting will have obtained permanent housing (CARES, HUD).
- Distribute Program Evaluation questionnaires to a minimum of 80% of clients completing half or more of the program as assigned to them with a goal of receiving 85% positive responses (i.e. "Agree" or "Strongly Agree"). (ref A.4)

## **B) Organizational**

### Metrics

- Outpatient Counselors have minimum Master's Degree (ref B.1).
- Case Managers and Counselors must have the ICAADA substance abuse certificate or in the process of obtaining (ref B.1).
- Demonstrate an awareness of, respect for, and attention to diversity (ref B.2).
- Emphasize staff professionalism (ref B.3).
- Supervisors must complete annual staff evaluations on a timely basis (ref B.3).
- Staff required to obtain 3.5 average rating or higher on annual performance evaluations (ref B.3).
- Improve documentation and time management (ref B.3).
- Outpatient Counselors encouraged to pursue licensure in a related field (ref B.4).
- Continue paying for staff trainings and a portion of cost to obtain credentials (ref B.4).
- Develop a maintenance schedule for repairs and a system for reporting repair requests. (monthly walk thru, report to Safety Committee) (ref B.5).
- Address maintenance issues in a timely manner (ref B.5).
- Develop and adhere to a technology replacement schedule and adjust yearly budget accordingly (ref B.6).
- Continue to explore new technologies and pay for trainings (ref B.6).

## **C) Financial**

Goal: Ensure fiscal responsibility

### Objectives & Metrics:

- 1) Utilize best practices according to Federal and State accounting guidelines.
  - a. All annual audits without any adverse findings
  - b. Adhere to the Line of Credit Policy guidelines
  - c. Maintain 90% capacity at the houses and outpatient groups
  - d. Review the net benefit of our Evansville sub-contract annually
- 2) Keep a balanced budget
  - a. Yearly positive cash flow
- 3) Be transparent
  - a. Make financial statements available for review for public by request
  - b. Finance Committee meet a min of 10 months out of the year to review finances
  - c. Finance Committee will include a min of 3 board members
- 4) Establish & maintain a reserve fund
  - a. Add \$5k / yr to cash reserve account
  - b. Add budgeted depreciation minus any capital outlays into our depreciation savings account.
- 5) Identify & pursue new revenue sources
  - a. Continue to pursue new revenue sources

## **D) Fundraising / PR**

### Metrics:

- Talk to members of the community regarding AH on a monthly basis (Ref D.1)
- Set a fundraising goal annually (Ref D.2)
- Continue to host events that focus on fundraising (Ref D.2)
- Send out a quarterly e-Newsletter (Ref D.3)
- Expand Social Media presence Website, Facebook, Twitter (Ref D.3)
- Host annual Celebration & Alumni Picnic (Ref D.4)

## **E) Board Development**

Metrics:

- Increase financial support from board members yearly. All board members make at least one contribution annually (ref D.1).
- Diversify board composition (ref D.2).
- Increase board member knowledge, awareness, and appreciation of our organizational mission by requiring board members to attend at least one house meeting per year, the annual board retreat, attend special events (ref D.3).
- Strive for 18 active board members (ref D.4).
- 100% committee participation (ref D.5).
- 90% board participation in all fundraising events (ref D.5).

## **F) Collaboration**

Metrics:

- Network with local agencies for resources to serve our clients' needs, by maintaining a list of identified client needs and the agencies with which AH has collaborated to address clients' needs. (ref F.1)
- (ref F.2):
  - a) Communicate program successes and needs of agency with stakeholders through social media and community events,
  - b) Create and distribute an annual executive summary to community contacts.
  - c) Distribute satisfaction questionnaires to stakeholders at least once annually to receive feedback regarding the quality of AH programming, and possible areas for improvement.
  - d) Continue to sponsor community events; maintain a list of events held throughout the year and approximate number of attendants and/or attendance of important stakeholders.
  - e) Keep a record of any new relationships developed each year.
- Maintain a list of outreach activities carried out throughout the year and approximate number of people reached, assuring in a quarterly basis that standards / requirements of the DMHA gambling funding program are met. (ref F.3)
- Collect feedback from AH alumni through Program Evaluation forms and exit interviews: (ref F.4)
  - Goal: 95% of clients completing the program will have an exit interview and 80% will complete a Program Evaluation (it is voluntary participation). Results of these evaluations will be reviewed by Program Committee annually in order to monitor quality of services and assess if any changes are needed.