

# University Psychological Center, Inc. – Recovery Network

## 2017 Annual Strategic Plan

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### **PURPOSE**

University Psychological Center, Inc. – Recovery Network (UPCRN) strives to deliver quality healthcare services to the community through integration, development, and continuous quality improvement. Within these processes, UPCRN develops an Annual Strategic Plan to establish goals and action for the upcoming year and also to communicate these plans to its stakeholders.

These goals are based on key elements of strategic planning, including but not limited to: Cultural Competency; Technology; Risk Management; Grants Management, Billing, and Finances; Accessibility; and other elements identified by Management and the organizations stakeholders. Goals for UPCRN fall in line with outcomes from the 2016 Organizational Analysis and are set for the purpose of performance improvement and quality assurance.

The organization strategized for anticipated shifts in the Maryland Healthcare System as there were changes to the Maryland Department of Health and Mental Hygiene (DHMH), Maryland Medicaid, and proposed regulations regarding 10.47 COMAR governing treatment providers in the community. Changes in these regulations have the potential to influence staffing patterns, insurance benefits and covered services, referral streams, length of stay, and other regulatory standards for care.

While also planning for anticipated, yet unknown changes in the healthcare system, UPCRN was tasked in the 2017 Strategic Planning process with expanding the continuum of clinical and support services within the organization. UPCRN believes that treatment should foster autonomy and independence, therefore providing a range of intensities of clinical and support services. This includes introduction of medical services, non-clinical supportive housing, change in bed utilization, and need for expeditious access to care.

UPCRN identified accessibility as a primary goal in the 2017 Annual Strategic Planning Process. The below plan will outline goals set towards maximizing bed use across multiple residential programs, developing new admissions workflows, improving physical space, and integrating new and improved programs into the organizational structure.

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**2017 GOALS**

**1. Accessibility**

a. Program Development

i. Residential

1. Expand non-clinical transitional/supportive housing by seven (7) beds for males in SW residential facility by October 2017.
2. Increase female III.I beds through re-organization of residential facilities. UPCRN will increase female bed capacity by eight (8). (*See Facilities and Clinical Strategic Planning Section*)

ii. Medical

1. As part of the III.3 Medium Intensity Residential regulations, UPCRN will begin offering wellness physical exams and primary medical services to the III.3 residential patients in November 2017.

iii. Community Integration (PRP):

1. For 2017, UPCRN has applied to expand Psychiatric Rehabilitation (PRP) services to the 25<sup>th</sup> St. office for easier coordination of care and access to services for patients living in various parts of the city. Services will be available in May 2017.
2. Human Resources will be actively recruiting for qualified Direct Care Staff to expand PRP service delivery.

iv. Outreach:

1. It is the goal of UPCRN to provide screening, brief intervention, and referral into treatment (SBIRT), as well as case management through street-level outreach in the community. UPCRN will be expanding outreach services in 2017 to include Overdose Response, NARCAN training, and other Peer Advocacy.

- v. Admissions Department: In the 2016 data collection and analysis process, UPCRN observed that patients had higher incidence of dropping out of treatment or leaving against medical advice (AMA) when they weren't connected to timely mental health services. To address this, Executive Management in 2017 will:

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1. Organize an Admissions Department, consisting of a: Director of Admissions, Clinical Coordinator, and Patient Service Coordinator. Other positions will be evaluated as need arise.
    - a. Director of Admissions – will complete SA evaluation on day of admission and make any needed referrals for MH or MAT treatment within 24-hours of evaluation.
    - b. Clinical Coordinator – will complete full mental health evaluation and assessment. Coordinator will make any additional referrals for medication evaluation/management, neurofeedback, or psychiatric rehab (PRP) services.
    - c. Patient Service Coordinator will manage all scheduling and referrals during the integrated admissions process and communicate schedule verbally and in writing to patients admitted.
  2. Ensure Substance Abuse or Mental Health Evaluation is completed on the day of admission.
  3. Ensure any referral from SA or MH evaluation results in connection to ancillary or additional clinical services within 5-days of initial referral.
- b. Infrastructure
- i. Administrative Space: UPCRN strives to create a safe, positive, and productive work environment for all staff. In that regard, UPCRN will be working in 2017 to expand administrative space, staff, and services within the organization.
2. **Technology**
- a. Hardware: UPCRN recognizes that in a society where technology is continuously evolving, it is important to invest in up-to-date technology systems for the benefit of efficient business operations. In 2017, UPCRN will be updating hardware, including: servers, computer systems, anti-virus and malware protection, and ongoing review of computer processes by through consulted IT support.

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**3. Risk Management**

a. Financial Reporting and Claims Management

- i. Standardize reporting and review of billing, claims, collections, and finances on a weekly, monthly, and annual basis. Review in weekly billing meeting.
- ii. Review of weekly batch reports for claims and A/R management by billing department and management.

b. Workforce Development

- i. Institute active marketing and recruitment for qualified staff on a regular basis through the Human Resources Department.
  - 1. Expanded Prescriber Coverage is a primary goal for UPCRN in 2017
  - 2. Expanded therapist and MH clinical staff recruitment
  - 3. Expanded Billing Department for shift in revenue streams to fee-for-service

**4. Cultural Competency**

a. Stakeholder Input: It is the goal of UPCRN to collect stakeholder feedback from patients, referral sources, staff, funders, and other interested persons to continue evaluating effectiveness and appropriateness in operations to meet needs of persons served and organizational stakeholders.

- i. UPCRN Leadership will distribute patient satisfaction surveys throughout the year for those currently engaged in treatment services, as well as offer surveys at completion of treatment to collect and analyze data for performance improvement. All patients are encouraged to provide feedback to the organization for the continued growth of UPCRN.
- ii. UPCRN Leadership will distribute employee satisfaction surveys annually to gather input and feedback from its staff for the continued analysis and performance improvement of the organization.

b. Staff Development: UPCRN acknowledges the importance of evidence-based training for staff development in the organization. UPCRN has committed itself in 2017 to providing competency-based training for all staff education.

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**FACILITIES AND CLINICAL TEAMS PLANNING**

**Facilities Goal:** To address the changes in funding and support of residential services, University Psychological Center, Inc. – Recovery Network will be reorganizing the facilities and clinical services in the Baltimore locations.

**Facilities Plan:** Reorganize and relocate residential services within current facilities, expand use in occupancy in three residential facilities, vacate one facility due to associated liabilities, and relocate to a new and improved facility for women and children program expansion. Note that address and location of residential facilities is protected information, therefore, not included in this plan to maintain patient confidentiality.

**Timeframe:** Reorganize, relocate, and restructure over a 6-month period implementation plan.

1. **May 15, 2017**
  - a. Increase U/O for Courage house from 10 to 14-16
  - b. Relocate Serenity to Courage House (Serenity and Courage will remain as-is until U/O at Courage is completed – No moves to take place for the moment).
2. **May 18, 2017**
  - a. Relocate Women & Children III.I program
  - b. Relocate Supportive Housing
3. **June 1, 2017**
  - a. Relocate Alix to Guilford
  - b. Relocate Broadway to Guilford
4. **June 1, 2017**
  - a. Relocate Guilford to Broadway
  - b. Relocate Guilford to Broadway
5. **June 1, 2017**
  - a. Relocate Broadway to Alix

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**Clinical Teams Development Goal:** In addition to the geographical and logistical changes of programs and services, UPCRN will be restructuring the teams within each location to increase collaboration and integration of substance abuse, mental health, medical, and supportive services.

**Clinical Teams Development Plan:** Relocate and reorganize clinical oversight of facilities and teams by location and all comprised of a multidisciplinary team of providers and support staff. UPCRN will be doubling teams, having two multidisciplinary clinical teams within each location in Baltimore.

1. **25<sup>th</sup> St. Residential Team**: consisting of Guilford Women’s Houses; Alix, Serenity, and Courage Men’s Houses
  - a. **Staffing**: CEO, Clinical Director, Clinical Supervisor, Clinical Coordinator, Counselors, Therapists, Prescribers and Medical Director, and other site specific direct care staff.
2. **25<sup>th</sup> St. Outpatient Team**: MD Ave. Supportive Housing and Outpatient Programs
  - a. **Staffing**: CEO, Clinical Director, Clinical Supervisor, Clinical Coordinator, Counselors, Therapists, Prescribers and Medical Director, and other site specific direct care staff.
3. **Charles St. Men’s Program**: consisting of Lombard III.3 male and Broadway III.1 residential programs.
  - a. **Staffing**: CEO, Clinical Director, Clinical Supervisor, Counselors, Therapists, Prescribers and Medical Director, and other site specific direct care staff.
4. **Charles St. W&C Program**: consisting of St. Paul and Calvert III.I residential programs
  - a. **Staffing**: CEO, Clinical Director, Clinical Supervisor, Counselors, Therapists, Prescribers and Medical Director, and other site specific direct care staff.

\*As part of the Mission, Vision, and Values of the organization, UPCRN encourages collaboration and team interventions amongst providers and patients for the sole purpose of providing the best care possible. UPCRN seeks feedback from patients and stakeholders to formalize these plans in the reorganization process for minimizing any disruption of services.