

# University Psychological Center, Inc. – Recovery Network

## 2018 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 performance improvement. Within these processes, UPCRN develops an Annual Strategic Plan to establish goals and direction for the organization in the year ahead. It is the goal of the organization to communicate these plans to its stakeholders through regular stakeholder meetings, networking, and marketing efforts on behalf of UPCRN.

These goals are based on key elements of strategic planning, including but not limited to: Cultural Competency; Technology; Risk Management; Revenue Cycles and Financial Solvency; Accessibility; and other elements identified by Management and the organizations stakeholders. Goals for 2018 Strategic Planning are also based on outcomes seen in the 2017 Annual UPCRN Organizational Analysis.

The organization continues to work towards strengthening integration of services, reducing barriers to care, and providing quality services in line with its Mission, Vision, and Values. To enhance quality integration of healthcare, UPCRN is working towards providing a continuum of services which include co-occurring Substance Abuse, Mental Health, and Medical collaborative care meeting the holistic needs of each person served.

The goals for 2018 are outlined so that stakeholders on all levels can comprehend. If any person has questions about the UPCRN 2018 Plan, please submit questions to the management team formally or informally for review and response.

**2018 UPCRN GOALS**

1. **Accessibility:** It is the policy of UPCRN to promote accessibility and to identify and remove barriers to accessibility that may affect patients, visitors, and staff. The program's goal is to meet legal and regulatory requirements, stakeholder expectations, and to enhance the quality of life for patients and family.
  - a. **Facilities:** UPCRN will be updating the antiquated architecture and physical space of the 25<sup>th</sup> Street Outpatient Office to promote a more safe and therapeutic environment for patients and staff (Starting February 2018 and to be completed Nov. 2018).
  - b. **Facilities:** UPCRN will also be renovating multiple residential facilities to improve quality of living for residential patients (To be completed Summer 2018).
  - c. **Access to Care:** Following the implementation of an Admissions Department in July 2017, UPCRN continues to work towards streamlining access to treatment services.
    - i. It is the goal of UPCRN to provide admission to treatment within 48-hours of requested appointment (2018 Ongoing Action).
    - ii. It is the goal of UPCRN to connect patients to ancillary or co-occurring programs within 1-week from evaluation or screening (2018 Ongoing Action).
  - d. **Community Integration:** UPCRN increased collaboration within programs twofold in 2017 through reorganization and increase in number of treatment teams.
    - i. It is the goal of UPCRN to continue increase collaboration across treatment teams with inclusion of patients in the Interdisciplinary treatment planning process (2018 Ongoing Action).
    - ii. UPCRN continues to introduce medical services to the program, with the goal of having full Primary Medical Care available 2018/2019.
  - e. **Program Development:** In 2018, UPCRN Billing and Management are working to contract with Medicaid MCO's and other eligible payers to provide Primary Medical Services in-house. In November 2017, UPCRN began providing Medical services in the III.3 Medium-Intensity Residential Treatment Program.

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2. **Technology:** It is UPCRN’s policy to proactively plan for the use of technology and electronic communication. The organization seeks to adopt precautions and preventive measures against potential threats, and to ensure safe and uninterrupted operation of information systems while reducing risks, losses, or potential liabilities on the systems and network..
- a. Telecommunications: UPCRN is working towards increasing communication between offices through intercom systems allowing offices to be interconnected to improve efficiency and accessibility for office support (To be completed Spring 2018)
  - b. Telehealth: UPCRN envisions a treatment network that is free of barriers and provides access to care to for those seeking services. UPCRN will be upgrading its technology capabilities through development and implementation of telehealth treatment services in 2018. It is the goal of the organization to begin medication-management for non-controlled substances by the end of year.
3. **Risk Management:** It is the policy of UPCRN to support the mission and vision with respect to clinical risks and liabilities, health and safety, and protection of other staff, visitors, and other stakeholders of the organization. This plan seeks to identify and address risks associated with business, property, financial, and operational matters. Goals associated with risk management are included in the organizations strategic plan which is reviewed annually, and as needed, to address trending needs and concerns of the organization.
- a. Health and Safety: UPCRN will be adding additional security measures within the 25<sup>th</sup> Street Outpatient office, including:
    - i. Interior and exterior surveillance cameras with centralized and mobile monitoring and security
    - ii. Front Office Peer Support
    - iii. Interoffice integrated phone systems
  - b. Health and Safety: *See Accessibility 1a. and 1b.* – As UPCRN has grown in service delivery, the needs for infrastructure have also grown for the organization. UPCRN is dedicated in 2018 to expanding office space, updating to infrastructure for health and

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safety, and supporting the physical growth of the program services. The facilities department, in consultation with other contracting services, will update multiple facilities over the course of the year.

- c. Licensing: UPCRN continues to strive to adhere to the highest regulatory and organizational standards for quality care as evidenced by CARF accreditation in December 2015 and re-accreditation in 2018.
  - i. UPCRN Executive Management will comply with the Maryland Department of Health (MDH, *formerly DHMH*) COMAR 10.63 regulations for an updated accreditation-based licensure (To be completed April 1, 2018).
  - ii. UPCRN Leadership will continue to aspire to excellence through conformance to a CARF reaccreditation survey in Fall/Winter of 2018.
  
- d. Financial: UPCRN recognizes the impact of the IMD 1115 Waiver on Residential Treatment Services provided by the organization as the funding will shift from grant-based funding to a fee-for-service Medicaid reimbursement. UPCRN has positioned itself as an experienced fee-for-service provider.
  - i. The billing department and management are committed to attending scheduled provider meetings and trainings to ensure a seamless transition in revenue cycles beginning January 1, 2018 for III.3 – Medium Intensity Residential.
  - ii. Change in Reimbursement Structure - III.I Low-Intensity Residential funding will transition from grant-based to fee-for-service billing effective January 1, 2019. UPCRN Management and Billing Department will participate in all external stakeholder meetings involving transition and new workflows.
  
- e. Data Collection: UPCRN relies on data collection and analysis to understand effectiveness and efficiency of program operations and services. UPCRN Management has dedicated part of their Continuous Quality Improvement (CQI) processes to collecting, analyzing, and using data to improve performance of staff, services, and all around quality patient care. UPCRN has developed a system for 2018 to monitor staff productivity and patient care through data processing.

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- i. UPCRN has assigned one individual to monitor staff productivity in services rendered. This information will be shared with staff and management on a quarterly basis for review. Information shared will include: Number of Evaluations, Counseling Services; Treatment Plans; Discharges; Aftercare or Continuing Care Plans; Caseload Retention; and overall service delivery.
- ii. Additional supervision time will be dedicated to clinical supervisor schedules for the purpose of managing quality recordkeeping and documentation of patient services in each electronic health record (EHR).
- iii. UPCRN has revised workflows and data matrices in 2017 to improve data input and output of admission and discharge information for 2018 analysis.

**4. Cultural Competency (See 2018 Cultural Competency and Diversity Plan)**

- 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.
  - iii. UPCRN Leadership is committed to gaining external input through referral source surveys regarding access, customer service, and service delivery.

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- b. Staff Development: UPCRN believes that continuing education is critical in the retention of competent and qualified staff members.
- i. In 2018, UPCRN will be developing a Continuing Education/Tuition Reimbursement Program for qualified staff to pursue work-related opportunities for occupational growth (Expected Benefits Summer 2018).
  - ii. Throughout the data collection process in 2017, UPCRN recognized the need for increased training of residential staff in de-escalation and conflict resolution in complex populations. UPCRN will be training two staff to train Peer Advocacy - Connecticut Community for Addiction Recovery (CCAR) Program. These identified staff will train residential staff in Peer Advocacy within the residential programs and community.
  - iii. To address the ongoing need of staff support, managing self-care, and providing training to staff, UPCRN has increased interoffice trainings and staff activities to promote competency-based learning, team building activities, and strengthen the organization at its roots. UPCRN will close a half-day on the first Friday of the Month for a “Lunch and Learn” All-Staff Meeting.